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Scottish Parliament

Wednesday 12 September 2018

[The Presiding Officer opened the meeting at 13:30]

Portfolio Question Time

Environment, Climate Change and Land Reform

Environment (South Lanarkshire)

1. **James Kelly (Glasgow) (Lab):** To ask the Scottish Government what initiatives it plans to improve the environment in South Lanarkshire. (S5O-02329)

The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna Cunningham): The local authority, together with local partners, plays the lead role in improving the environment in South Lanarkshire. At a national level, standards and support are provided through public bodies such as the Scottish Environment Protection Agency and Scottish Natural Heritage, as well as targeted initiatives such as the central Scotland green network. The 2018-19 programme for government sets out a range of commitments to drive forward the Scottish Government's ambition for Scotland's environment and on climate change. They include a commitment to develop an environment strategy to guide future activity across Scotland's existing environment policies.

James Kelly: The cabinet secretary will be aware that South Lanarkshire Council has not declared a low-emission zone. Campaigning groups in Cambuslang, including Cambuslang community council, have highlighted the issue of emissions in Cambuslang Main Street, so I ask the cabinet secretary whether the Government will consider designating South Lanarkshire as a low-emission zone in order to tackle the emissions in Cambuslang Main Street.

Roseanna Cunningham: The member is aware that the focus of the current plans for low-emission zones is to progress those zones in the four major cities in Scotland, and thereafter to begin to look at those areas of Scotland that may indeed also require low-emission zones. If South Lanarkshire Council is thinking about that—I do not know whether it is—I hope that it will come forward with some ideas well in advance of that process. It will be able to learn from the process that is being gone through in respect of the four cities that we are talking about now.

The Presiding Officer (Ken Macintosh): That was an illuminating answer from the minister. *[Interruption.]* I say that because the lights came up as she was speaking. *[Laughter.]* I will put my hand up next time if I want to speak.

Linda Fabiani (East Kilbride) (SNP): Further to her response on low-emission zones, does the cabinet secretary recognise that, in order for cities to have successful low-emission zones, notice must be taken of surrounding towns, commuter towns and satellite towns? Does she agree that it would be beneficial for those heading up the initiatives in the cities to open discussions with groups in the surrounding towns, such as the East Kilbride task force in my constituency of East Kilbride?

Roseanna Cunningham: I am beginning to get the feeling that I might be stepping into a discussion or an argument that I have not hitherto been involved with, so I will tread warily and suggest that groups across Scotland that have a strong interest and concern in the issue should be flagging up their interests and concerns with all other areas. It is the case, particularly in urban Scotland, that the boundaries between local authorities do not simply cut off issues such as air quality. It may be different when it comes to more rural local authorities where there is a huge hinterland, but I take the point that the member is making about the need for there to be cross-boundary conversations, and I hope that those are going ahead.

Scottish Coastal Rubbish Aerial Photography Project

2. **Jenny Gilruth (Mid Fife and Glenrothes) (SNP):** To ask the Scottish Government whether it will provide an update on the Scottish coastal rubbish aerial photography project. (S5O-02330)

The Minister for Rural Affairs and the Natural Environment (Mairi Gougeon): I thank Jenny Gilruth for that question, because it is great to have the opportunity to say a little about the project. The Scottish coastal rubbish aerial photography project—or SCRAPbook—is a fantastic project that involves the work of volunteer pilots through Sky Watch Civil Air Patrol, capturing images of our coastline, highlighting where marine litter is collecting and trying to identify the often hard-to-reach areas where a lot of that litter can accumulate.

I had the opportunity to see that first hand in the summer, when I went out on an amazing, if slightly terrifying, gyrocopter flight to examine the coastline around the Moray Firth. All the images that the Sky Watch pilots capture are collated on the SCRAPbook website—scrapbook.org.uk—which has an interactive map that members of the public can use.

A pilot was funded by the Scottish Government earlier this year and, since then, the project has grown in size and success. More than 50 per cent of Scotland's mainland coasts have now been mapped and more data is being added to the online interactive map every day. That achievement is credited to the organisers Moray Firth Partnership, Marine Conservation Society and Sky Watch, and to the many volunteers who support the project.

Visitors to the SCRAPbook website can see the areas that are worst affected and use that information to prioritise beach clean-ups. The information has been invaluable to local coastal partnerships, organisations and individuals tackling marine litter first hand, and I applaud their efforts. I will meet representatives of SCRAPbook on Friday when I take part in the Marine Conservation Society's 25th Great British beach clean. I take this opportunity to urge others to do their bit for the environment and join their local beach clean this weekend.

Jenny Gilruth: I welcome the minister to her new role.

Although the SCRAPbook project is undoubtedly helpful in identifying where coastal litter collects, what action is the Scottish Government taking to protect and promote our coastline, including places that could benefit from investment, such as beautiful Leven beach in my constituency?

Mairi Gougeon: As Minister for Rural Affairs and the Natural Environment, I want to enhance the natural environment and promote it to people. A massive part of that is tackling the blight of litter on our coastlines. The vast majority of the litter that lands on our coasts originates on land, even though it comes in from the sea. The Scottish Government is taking a number of measures to prevent the use of single-use plastic and prevent it from entering the oceans, which causes the litter to accumulate in the first place.

I encourage as many people as possible to visit our incredible coastline, including at Leven, where Jenny Gilruth has invited me on Friday to take part in a beach clean. By doing our bit to encourage more people to visit our coastline, we will do a lot for tourism and give an extra boost to the local economy. I look forward to seeing Jenny Gilruth on Friday, and I again encourage members to get out and about and to do their bit for the environment.

John Scott (Ayr) (Con): The minister will be aware of the many voluntary organisations such as the Friends of Troon Beaches and the Ayrshire rotary clubs that organise litter picking on beaches in my area and elsewhere in Scotland. What support can the Scottish Government give to such

voluntary organisations, as well as local authorities, to address the problem?

Mairi Gougeon: We are keen to support that work. Another organisation that I am aware of is Surfers Against Sewage, which does a power of work in engaging with local communities and schools to get everybody out and about. Coastal litter is not one person's problem, and it is not entirely up to the Government or to any one individual to solve. We all have a part to play and we can all do our bit, whether as individuals picking up pieces of litter that we find on the beach or the Government leading with legislation and support. I actively encourage and support all those groups in the amazing work that they and their volunteers do. I again encourage everybody to do their bit.

Deposit Return Scheme

3. Clare Adamson (Motherwell and Wishaw) (SNP): To ask the Scottish Government whether it will provide an update on the establishment of a deposit return scheme. (S5O-02331)

The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna Cunningham): Scotland was the first country in the United Kingdom to commit to introducing deposit return on drinks containers and we have been making good progress since that commitment was announced. We are currently consulting on the range of options that will make up a successful scheme, building on the detailed analysis work that was previously done by Zero Waste Scotland. The consultation closes on 25 September 2018, after which the results will be analysed and published. If people have not already made their views heard, I encourage them to do so.

This year's programme for government commits us to bringing forward a final design that is based on the outcome of the consultation and our wider engagement.

Clare Adamson: Is there any further information about how the pilot programmes are performing and how that will inform the final scheme that will be introduced in Scotland?

Roseanna Cunningham: A number of organisations and businesses are piloting how reverse vending machines would operate in their shops. Although it is important to note that those schemes provide a reward rather than returning a deposit, we will view the results with interest alongside the various responses to our public consultation which, as I have already indicated, closes on 25 September. I look forward to bringing the deposit return scheme to Parliament next year.

Maurice Golden (West Scotland) (Con): I declare an interest based on my work in the waste sector.

How many jobs will be lost in local authority kerbside collection as a result of the introduction of a deposit return scheme?

Roseanna Cunningham: I am a little unclear from the member's question whether he supports a deposit return scheme or is opposed to it. I would be concerned if he is going to make an opposing argument.

A deposit return scheme will create jobs. That needs to be kept in mind. During the summer, I visited Norway to have specific conversations about Norway's scheme, and it is clear that the economic opportunities that spin off from such a scheme are enormous and there for the taking in Scotland. I hope that the scheme results in a net increase in jobs rather than a net loss.

James Kelly (Glasgow) (Lab): The cabinet secretary talked about widening engagement, which is vital. There is still misunderstanding about what can be recycled and where it can be recycled. Will the cabinet secretary look at running a public information scheme if a deposit return scheme is to be implemented so that we can raise public awareness of appropriate recycling?

Roseanna Cunningham: That is vital. There is a general sense that a deposit return scheme is a good thing to have. People want to see it happen. In its specifics, however, it might not be as well understood as we might want. There are issues about individual items. I hope that a Scottish scheme will be as ambitious as possible.

We have already reached an enormous number of people through the consultation. We have had just over 1,000 responses, which is a huge number, and the majority of those are from individuals.

Zero Waste Scotland is doing a good job of getting out into communities. If members get the opportunity to join in one of Zero Waste Scotland roadshows around Scotland, they should take it. That process will help with the issue that James Kelly raised. He is quite right that, when we get to introducing a scheme, there will have to be a further process of consultation, advice and education.

Chemicals of Environmental Concern

4. Iain Gray (East Lothian) (Lab): To ask the Scottish Government how it monitors and shares data on chemicals of environmental concern, particularly chemicals that are closely related to those that are already restricted. (S5O-02332)

The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna

Cunningham): This is quite a technical question, Presiding Officer, so I hope that you will bear with me.

The European Union REACH regulation provides a mechanism for the registration, evaluation, authorisation and restriction of chemicals across EU member states, and it provides a formal process for identifying substances of concern. The regulation also establishes the European Chemicals Agency to oversee the EU chemicals regime and requires each member state to designate a member state competent authority to share information.

As a Great Britain-wide agency, the Health and Safety Executive hosts the UK's member state competent authority and acts as the delegated competent authority for REACH on behalf of the secretary of state and all the devolved Administrations, supported in terms of environmental science by the chemicals assessment unit, which sits within the Environment Agency based in England. There are working arrangements in practice for collaboration between all the relevant departments and regulators, principally the chemicals delivery board and the enforcement liaison group, both of which are operated by the HSE.

Iain Gray: The question was prompted by a concern that, even when chemicals of environmental concern such as certain poly or perfluorinated alkyl substances that are covered by REACH are restricted by European legislation, substitute chemicals of similar composition and concern are still used for things such as stain-resistant coatings on school uniforms.

The environmental charity Fidra, which is based in my constituency, has highlighted its concerns that the current legislation is not able to tackle the substitution of chemicals of concern. Fidra also notes that data regarding monitoring is not readily accessible. What more can the Scottish Government do to ensure that environmental standards cannot be bypassed in that way? Will the cabinet secretary commit to making the monitoring data that is available to her more publicly accessible?

Roseanna Cunningham: I outlined in my opening answer the way in which the issue is dealt with overall. In relation to monitoring and sharing data on chemicals of environmental concern, if it became apparent that a new restriction on a substance might be appropriate—I think that that is the conversation that is taking place currently—the Scottish Environment Protection Agency would provide details of that to the HSE for submission to the ECHA on behalf of the UK. The process can also work the other way.

The difficulty with some of the discussion that is taking place about not just stain-resistant treatment but some of the other issues that are beginning to arise from chemicals of environmental concern is that, as yet, there is not sufficient global research and understanding to know exactly what we might be able to do to handle the issue. However, there is a process once monitoring and research has taken place.

I will take on board Iain Gray's question. I will endeavour to get more detailed information on the very specific issue that he has raised, and then I will have a conversation with him about that.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): With reference to chemicals of environmental concern, will the cabinet secretary look into the SEPA guidance to local authorities on issuing planning consent to car washes and on the disposal of their waste water? From my inquiries, I have concerns that the guidance might not be sufficiently robust.

Roseanna Cunningham: Planning consent for automatic and hand car washes is a matter for each local authority. SEPA guidance on vehicle washing and cleaning provides systematic requirements for a number of activities, including drainage. The preferred option is that any new discharge from a car wash should discharge into the Scottish Water public foul sewer or be stored in a holding tank as liquid waste, pending off-site disposal. However, SEPA is not routinely consulted by the planning authority on proposals for new car washes.

I am not aware whether Christine Grahame has a specific example or concern that she wants to raise, but if she does, I am happy to have that conversation with her.

Protection of Wild Mammals (Consultation)

5. Colin Smyth (South Scotland) (Lab): I refer members to the voluntary part of my entry in the register of members' interests, as I am a member of the League Against Cruel Sports.

To ask the Scottish Government by what date it will respond to the results of its consultation on improving the protection of wild mammals. (S5O-02333)

The Minister for Rural Affairs and the Natural Environment (Mairi Gougeon): Almost 20,000 people responded to our consultation on Lord Bonython's recommendations, and the analysis of those responses was published just before the summer recess. At that point, I was appointed Minister for Rural Affairs and the Natural Environment. Since then, I have been considering all the issues, and I have met a number of key organisations and individuals. I hope to be in a

position to announce the Scottish Government's response to the consultation soon.

Colin Smyth: I welcome Mairi Gougeon to her new ministerial role.

When Parliament voted for what became the Protection of Wild Mammals (Scotland) Act 2002, it did so believing that that would lead to a proper ban on hunting. Since then, some hunts have gone out of their way to ignore the law in spirit and in practice through exposing unintended loopholes in the act. Does the minister agree that, if the Government fails to bring forward proposals that would implement a proper ban, including ending the loophole that allows mounted hunts to flush out foxes and reducing the number of dogs that are used in all exemptions to two, the Government would be not only ignoring the overwhelming views that were expressed in the responses to its consultation but undermining the very credibility of Parliament?

Mairi Gougeon: I am well aware that Colin Smyth has been very vocal and active on the issue, as have other members across the chamber. A number of people feel very passionately about the issue, as we can see from the 20,000 responses that we received from the consultation. However, the last thing that I want to do is pre-empt what I will eventually bring to Parliament. If anybody has any evidence of illegal activity taking place, I urge them to contact Police Scotland but I hope that the member understands that I take the matter very seriously, given its nature and importance. I want to take the time to consider it properly before I make any recommendations to the Parliament, so I hope that he can allow that process to take place.

The Presiding Officer: I will take question 6 if Mr Finnie can keep his supplementary question brief.

Kelp (Mechanical Harvesting)

6. John Finnie (Highlands and Islands) (Green): To ask the Scottish Government what its response is to environmental protection concerns regarding proposals to mechanically harvest kelp by dredging. (S5O-02334)

The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna Cunningham): I am aware of concerns in light of a proposal from a company that seeks a marine licence to mechanically harvest kelp from multiple areas on the west coast, although I understand that the process is not dredging in the traditional sense. I assure John Finnie that the Scottish Government takes the protection of its marine environment very seriously. We have one of the world's richest marine environments and will continue to support clean, healthy, safe,

productive and biologically diverse seas, balancing sustainable development with environmental protection as set out in Scotland's national marine plan.

John Finnie: Kelp beds are vital ecosystems. They absorb the power of the waves, lock up millions of tonnes of carbon every year and provide shelter to many species, including harvested species. I hope that the cabinet secretary is fully aware of the concerns that exist on the west coast about dredging proposals. People are fully supportive of traditional harvesting methods, which are sustainable. It is clear that dredging will seriously damage the entire ecosystem and is not sustainable. Will the cabinet secretary acknowledge how disastrous it would be to permit dredging for kelp and put a stop to it now?

Roseanna Cunningham: John Finnie knows that we are currently in a process. It is early in that process. The company that has an interest in the matter is undertaking a scoping exercise. Of course I am well aware of the very strong views on the matter. Marine Scotland will take all that into account.

Rural Economy

Farming (New Entrants)

1. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the Scottish Government what steps it is taking to encourage a new generation of farmers into the agricultural industry. (S5O-02339)

The Cabinet Secretary for the Rural Economy (Fergus Ewing): The Scottish Government has done a lot to encourage new entrants. Key initiatives have been specific start-up support, which created more than 250 new businesses, most of which are for young people; support for another 600 business development projects for new entrants; the delivery of a farm advisory service that provides a network of new-entrant groups throughout the country and offers a free mentoring programme; the putting in place of the farming opportunities for new entrants—FONE—programme; and the development of a partnership with Lantra and the Royal Highland Education Trust to help to raise awareness of, and increase knowledge about, farming in schools.

Murdo Fraser: The cabinet secretary will be aware of the dismay among many farmers at the closure of the new entrants scheme two years early, which has caused particular concern to people who were in the process of submitting applications to it. Will there be a replacement for the scheme? If so, when will it be replaced and when will we hear the details?

Fergus Ewing: We are proud that the support for new entrants in Scotland has injected £22 million into new businesses over the past four years and has helped a huge number of young people. I have to say that there is no such programme in England. There has been no support whatever in England for new entrants.

We still support new entrants in Scotland in a number of ways. Direct support through the national reserve will continue, the farm advisory service remains ideally placed to provide support, and an independent European Union research study stated that our FONE initiative, which involves public bodies making available land for new entrants—around 60 such plots have been, or are to be made, available—was inspirational.

We continue to do more. In our paper “Stability and Simplicity: proposals for rural funding transition period”, we clearly state that we hope that all parties will wish to do more post-Brexit, provided that the funding is available. Given this morning's announcement on the Agriculture Bill, it is clear that there is no guarantee whatsoever about future funding levels for agriculture or for rural Scotland or Britain.

Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): Will the cabinet secretary consider in future crofting legislation any new measures that might limit speculation in croft tenancies, a trend which has had the effect of deterring many new entrants to crofting in some areas?

Fergus Ewing: I am aware of Dr Allan's close and constant interest in this important topic. Croft tenancies used to pass between family members. It is true that tenancies are now, as the member indicates, sometimes sold by crofters, with consequences for the availability of suitable crofts for new entrants. I am currently exploring what we might do in this regard to support more people to secure a croft.

We will consider what might be usefully included in the forthcoming crofting bill. I know that Dr Allan takes a close interest in all these matters and I would be happy to meet him and indeed any other MSPs with an interest in crofting to discuss any specific proposals or ideas that they may have to assist new entrants in the crofting counties.

Emma Harper (South Scotland) (SNP): With the average age of Scottish farmers at 58, attracting new entrants to farming is vital for the long-term sustainability of the industry. How is the Scottish Government making use of public land to attract people to farming and how many farmers have benefited as a result?

Fergus Ewing: As part of our commitment to developing opportunities for new entrants, the chance was offered to nine new entrants to lease part-time starter units on Scotland's national forest

estate. We want to go further in respect of our national forest estate.

The FONE group is developing a new entrants programme that includes maximising the amount of public land that is used to help farmers of the future. That could be land owned by the Scottish Government, agencies of the Scottish Government, local authorities or indeed non-departmental Government bodies. To date, it has helped to provide 59 new land opportunities across the national forest estate, with 37 being awarded to new entrants. Scottish Water, Highland Council and East Lothian Council are providing a further four new opportunities, which either have been finalised or are being progressed through marketing processes.

Working together across the board in the Scottish public realm, we are achieving a considerable amount, but we want to do much more. I hope that if we can get the funding and the powers secured in any Brexit deal, we will be able to do more still.

Farming and Food Production (Impact of Brexit)

2. Rona Mackay (Strathkelvin and Bearsden) (SNP): To ask the Scottish Government when it last met the United Kingdom Government to discuss the impact of Brexit on farming and food production in Scotland. (S5O-02340)

The Cabinet Secretary for the Rural Economy (Fergus Ewing): I last met the Secretary of State for Environment, Food and Rural Affairs to discuss these matters on 5 July 2018, along with the Welsh Cabinet Secretary for Environment and Rural Affairs and the Permanent Secretary of the Northern Ireland Executive. I also spoke with the secretary of state, Mr Gove, last week to discuss the UK Agriculture Bill.

Rona Mackay: Can the cabinet secretary assure us that he has had appropriate input to the Agriculture Bill and that its provisions do not attempt to grab powers over farming and food production that rightly sit with this Parliament?

Fergus Ewing: I wish I could, but I cannot provide those reassurances. I have repeatedly asked for discussion of the bill at the regular ministerial meetings between the Department for Environment, Food and Rural Affairs and devolved Administrations, but there has been zero discussion of the content and merely discussion about the timetable.

I acknowledge that there have rightly been many hours of discussion at official level, but we did not see the full version of the bill until the very end of August. I am sure that Parliament will share my concern about that and what it may mean for other important Brexit-related bills.

Far from allaying concerns about a power grab by the UK Government, the bill makes those concerns worse. In a number of areas, DEFRA is making the outrageous assertion that various areas of law are reserved when our position is that that is plainly not the case. This could result in serious constraints on Scotland's future choice of policies and schemes.

Colin Smyth (South Scotland) (Lab): I welcome the fact that the Scottish Government recently consulted on support for agriculture and the rural economy during the Brexit transition period. Will the cabinet secretary tell us when the Scottish Government will set out in detail the long-term vision for agricultural support after Brexit, which the industry is desperate to hear?

Fergus Ewing: I thank Mr Smyth for his recognition of the fact that we have introduced serious proposals in our paper, "Stability and Simplicity", and that that is a consultation to which there has been a substantial response. We will obviously need to study that response carefully, and I intend to report back to Parliament in due course. We also expect shortly to receive the report from the National Council of Rural Advisers, and it is correct that I have previously undertaken to make a report at some stage to Parliament on those matters.

I want to do all that sooner rather than later, although I am bound to say that we are debating this on the very day when, of all bodies, the National Audit Office—the UK's official audit office—has highlighted several respects in which a no-deal Brexit could cause absolute mayhem with regard to the lack of vets who are able to carry out inspections and the chemical industry's inability to deal with checks, other than on a manual basis. Those matters are very serious and we hope that the Brexit boorach can be sorted out sooner rather than later.

Protected Food Names and Geographical Indications (Impact of Brexit)

3. Linda Fabiani (East Kilbride) (SNP): To ask the Scottish Government what discussions it has had with the United Kingdom Government regarding maintaining Scotland's protected food names and geographical indications following Brexit. (S5O-02341)

The Cabinet Secretary for the Rural Economy (Fergus Ewing): Geographical Indications are vital to the Scottish food and drink sector with £1.37 billion of whisky and £282 million of salmon sold to Europe in 2017 alone. That needs to be protected. The UK white paper in July confirmed that the UK Government will be establishing its own GI scheme after exit, but there are no details.

The UK Government has failed to agree to the proposals in the draft withdrawal agreement for continued protection of European GIs in the UK. It seems to wish to use the scheme as a bargaining chip and is assuming that the EU will continue to protect UK GIs even if we do not reciprocate. This is no time to play games with the interests of our key businesses; PGIs are essential for a range of high-quality Scottish food and drink produce.

Linda Fabiani: I thank the cabinet secretary for that information, which ties in with the report that Michel Barnier has said that the UK Government has not yet agreed to protect geographical indications. I am really concerned about this issue; Scottish food and drink exports are at an all-time high and this is not a time to compromise the provenance of Scottish food and drink. Does the cabinet secretary agree that the UK Government must now make every effort to ensure that Scotland is protected in this regard and must open full discussions with the Scottish Government about how we move forward.

Fergus Ewing: I agree that it is extremely alarming that the European Union says that this matter has not been resolved. In the scheme of things, it is not complex to resolve and it should surely have been resolved. The reciprocal recognition of GIs has been hard earned by our beef, lamb, salmon and Arbroath smokies and in Europe by champagne and many products that have GIs. How complicated is the matter to resolve? The fact that it has not been illustrates just how parlous the Brexit boorach has become. I will meet Mr Gove on Monday next week and I shall most certainly press home this matter, which Linda Fabiani has rightly raised and which is essential for the continuing success of our food and drink sector.

David Stewart (Highlands and Islands) (Lab): The cabinet secretary will be well aware that GIs are vitally important in the Highlands and Islands. An example is Stornoway black pudding, which has been protected by GIs, and I thank Rhoda Grant for her great campaign. I have undergone extensive market testing of Stornoway black pudding; it is a first-class product with no adverse effect on my waistline.

Fergus Ewing: I am perfectly prepared to accept Mr Stewart's proposition, and I assume that he has consumed the excellent black pudding that can be purchased from the butchers in Stornoway, as I have done. We have a joint, shared, passionate, detailed, prolonged and protracted interest in the continuing success of Stornoway black pudding. Let us be ecumenical and include Cornish pasties, too. A series of food products across the UK have gained GIs because of their niche value. Having a GI helps companies to get a market, to export and to get a premium price.

David Stewart makes a good point and I am happy to join him in the crusade and campaign for the continuing worldwide success of Stornoway black pudding.

Healthy Food (Support for Small Retailers)

4. David Torrance (Kirkcaldy) (SNP): To ask the Scottish Government what it is doing to help small food retailers and convenience stores to provide healthy food options to local communities. (S5O-02342)

The Minister for Rural Affairs and the Natural Environment (Mairi Gougeon): The Scottish Government has provided £250,000 of funding to the Scottish Grocers Federation this year to support small independent grocers in introducing food-to-go stations in their stores. The fund provides grants of up to £7,500 to help individual retailers to innovate and respond to changing customer demands by developing a food-to-go offering, with a focus on fresh and healthy produce. There have been 62 successful applicants to the fund, of which eight are independent grocers from David Torrance's Kirkcaldy constituency.

David Torrance: I welcome the fund and the awards to businesses in my constituency. One issue that small retailers face is staying competitive. Does the minister agree that the biggest threat to small shops and their customers is a hard Brexit, which would result in huge food price increases?

Mairi Gougeon: David Torrance is absolutely right to raise concerns about the impact of Brexit on small grocery and convenience stores. To be honest, Brexit could have a number of harmful impacts that we do not know about yet. There are an awful lot of unknown unknowns.

Several bodies, such as the British Retail Consortium and the Institute for Fiscal Studies, have predicted that a hard Brexit could cause food prices to rise by about 22 per cent. David Thomson, who is the chief executive of the Food and Drink Federation Scotland, warned recently that a no-deal Brexit would lead to a rise in food prices and a reduction in the choices that are available in our stores.

There is no doubt that, if we end up facing a hard Brexit and if we have no deal, that will be extremely damaging not just for consumers but for small independent convenience stores, which already operate in a highly competitive trading environment.

Lewis Macdonald (North East Scotland) (Lab): The minister will know that local government has a role in promoting healthy options. I am sure that she knows about the innovative schemes that Aberdeen City Council

and North Lanarkshire Council put in place this summer to provide nutritious meals to schoolchildren outwith term time. Does she agree that such schemes are worthy of Government support, as they support producers and consumers of healthy food?

Mairi Gougeon: I am sure that the Minister for Local Government, Housing and Planning would also take an interest in such schemes, but I welcome all such initiatives. A large part of our food and drink strategy is about encouraging the use of local produce and access to it locally. It is only right to look at places where that is happening and to look at what we as a Government can do. We are keen to support and look at such work to encourage and promote access to local produce in our communities and in places such as our schools.

Farmers and Crofters (Impact of Adverse Weather)

5. Angus MacDonald (Falkirk East) (SNP): To ask the Scottish Government what action it is taking to help farmers and crofters cope with the impact of adverse weather. (S5O-02343)

The Cabinet Secretary for the Rural Economy (Fergus Ewing): The prolonged dry period compounded problems for farmers and crofters, who had already coped with the wet weather of 2017 and the subsequent late spring. The dry weather limited the growth of grass that is used for making silage or for livestock grazing purposes, so some farmers and crofters have had to use up feed and fodder stocks that were intended for the winter. It has also been reported that some farmers have had no choice but to sell their livestock early.

We have therefore worked with the agricultural weather advisory panel to take the following measures. We sought a derogation from greening crop diversification requirements in spring this year as farmers struggled to plant crops because of the poor weather. We are supporting a pilot that the Scottish Agricultural Organisation Society is running to help farmers and crofters to co-operate to take advantage of available grazing opportunities. Crucially, we are introducing a national basic payment loan scheme to provide access to much-needed funding to businesses that face additional costs and cash-flow shortages.

Angus MacDonald: I very much welcome the action that has been taken to date. However, it is clear that some farmers and crofters will struggle to meet their obligations to satisfy greening rules under the common agricultural policy. What temporary help might be available from the European Commission for farmers who are in such a situation as a result of the adverse weather?

Fergus Ewing: Mr MacDonald is correct. I am pleased to announce to the Parliament that the European Commission has accepted my request to increase the level of flexibility for Scottish farmers under greening rules regarding the use of catch and cover crops. The additional flexibility can allow farmers to continue to meet the greening obligations while increasing the availability of fodder in what has been an extremely testing year.

Transvaginal Mesh

The Presiding Officer (Ken Macintosh): The next item of business is a statement by Jeane Freeman on transvaginal mesh. The cabinet secretary will take questions at the end of her statement.

14:11

The Cabinet Secretary for Health and Sport (Jeane Freeman): I am grateful for the opportunity to make a short statement today on transvaginal mesh in NHS Scotland. I was appointed Cabinet Secretary for Health and Sport less than 80 days ago. Since then, this issue is among those to which I have given my highest attention.

I expect that most members of this Parliament have received letters from or met women who have suffered significant and life-changing complications following vaginal mesh surgery. I think that we would all want to acknowledge the bravery of the women who have come forward to tell their story—doing so would be by no means easy for them, given their pain, the impact on their lives and the very sensitive nature of the problem.

As members will be aware, regulatory power over medical devices is reserved to the Medicines and Healthcare products Regulatory Agency and the United Kingdom Government. However, within the limits of the powers that are available in Scotland, progress in restricting the use of mesh and improving surgical consent procedures has been made under the guidance of my predecessors Alex Neil and Shona Robison.

In 2014, in response to concerns about safety, the then acting chief medical officer requested that health boards suspend the use of vaginal mesh. That led to a substantial reduction in mesh implant surgeries. An independent review of the use of vaginal mesh was established, and a final report was published last year.

As a result of the recommendations made by the review, which are similar to those that have been made in other reviews across the UK and further afield, a number of actions are being taken. The development of clinical pathways is being progressed by individual health boards and through work at regional level. Management of patients throughout the care pathway has been considered, including care for women who experience complications from treatment.

It has been stressed that the care for each and every patient must be considered by a multidisciplinary team, and that that must occur in all cases. In addition, the need to restrict the number of surgeons who undertake procedures has been highlighted to medical directors, and

application of existing National Institute for Health and Care Excellence guidance on a minimum number of procedures to ensure sufficient experience has been advised.

Healthcare Improvement Scotland has established an oversight group, which is reviewing evidence and trends in procedures and reported adverse events. The group's work will influence the nature of clinical pathways and provide high-level external review.

The chief medical officer, Dr Catherine Calderwood, has been clear that all patients must be provided with information to help them to make informed decisions about their treatment. Scottish Government officials are working in partnership with colleagues from the Department of Health and Social Care in England and the devolved nations to establish a mesh registry, which will collect information on all procedures.

The CMO has continued to keep the issue under review. She and I have listened to the voices of the women who have been affected, and we have discussed what steps would be necessary that would satisfy me that every action has been taken to ensure that the national health service treatment options that are available are as safe as possible, irrespective of the views of the MHRA.

As a result, I have today asked the chief medical officer to instruct health boards immediately to halt the use of transvaginal mesh altogether in cases of both pelvic organ prolapse and stress urinary incontinence, pending the implementation of a new restricted use protocol that will ensure that procedures are carried out only in the most exceptional circumstances and subject to a robust process of approval and fully informed consent. Such a halt in use will not affect other uses of mesh—for example, transabdominal and in hernia repair—but we will continue to keep those areas under review.

The instruction to halt is, I believe, a proportionate measure while a rigorous, high-vigilance restricted use protocol for any future practice is developed and put in place. The lifting of the halt in use can be considered only once there is confidence that there is sufficient evidence that the protocol will be triggered in only the most limited of circumstances, informed by any new evidence and the forthcoming NICE guidance on the management of pelvic organ prolapse and stress urinary incontinence that is expected in the spring of next year.

There is one exception to this effective ban. A very small number of women are presently waiting for a mesh procedure under the treatment time guarantee. Such operations will be allowed to go ahead, provided that that is the women's express

wish and that their clear, informed consent is demonstrated.

The chief medical officer will write to health boards today to set out the high-vigilance restricted use protocol to be implemented, many elements of which are already occurring as a result of the recommendations of the independent review. The purpose of the protocol is effectively to ensure that transvaginal mesh is not used in Scotland's NHS save in the most exceptional circumstances, when there is absolutely no clinical alternative and it is the fully informed and consented wish of the woman concerned.

Subject to the evidence, should the halt be lifted, transvaginal mesh would be available in the NHS in Scotland only under the restricted use protocol, which would require the health board's medical director—who would become the accountable officer—to consider and agree each case individually, taking account of the clinical evidence, and would be subject to evidenced, informed and voluntary consent being obtained from the woman. The medical director will therefore be responsible for signing off the use of transvaginal mesh on an individual named patient basis, and no such mesh will be able to be used or procured by a surgeon except under those circumstances.

Even in those circumstances, and with those requirements, NHS procedures will then be permitted only in a very small number of designated centres of expertise, and only where the woman concerned has made the choice, with full information, to have such a procedure by using transvaginal mesh. Health board medical directors will be responsible for ensuring that the appropriate high-vigilance process is followed in each individual woman's case. Clinicians will be asked to document and retain confirmation of the information provided to patients, the agreement and consent of the patient, and the discussions of the multidisciplinary team assigned to the case. They will ensure that every patient is given documentation that details their procedure, the product used and the name of the surgeon. They will document all procedures in a local or national registry, report all complications to Health Facilities Scotland's incident reporting and investigation centre, and give patients information on how to report any complications. The chief medical officer will also make it clear that this high-vigilance procedure must apply to all treatments for pelvic organ prolapse and stress urinary incontinence—not only when the treatment option is mesh.

Finally, the chief medical officer has announced a prospective audit of all procedures carried out in Scotland in future, which will run until such time as

a UK-wide registry, which I touched on earlier, is developed.

In addition to the measures that are being taken directly by the CMO, the further NICE guidance that I have already mentioned is expected to be available for consultation in October and November of this year. We will, of course, consider any additional recommendations that are given in the guidance when it is published and take those into account when treating women in Scotland, regardless of the treatment chosen.

As the power over the approval of medical devices is a reserved one, the instruction to halt that we are instigating cannot extend beyond the bounds of NHS Scotland.

The measures that I have set out are intended to underline the clear message and my determination that our care is as safe as possible and that patients are listened to, are heard and, when confronted with decisions on their care, have the full facts available so that they can make informed decisions.

I thank the women who have campaigned tirelessly on the issue. I hope that all we have done, including the additional measures that I have announced today, gives them confidence that we have heard what they have said, taken their concerns seriously and, within the limits of our powers, acted.

Jackson Carlaw (Eastwood) (Con): I welcome the cabinet secretary to her post. As one of those who has been associated with the issue for a long time, I will want to reflect and consider with care the statement that she has just given.

However, I welcome the statement. It seems to me, and I hope to many others, to be a decisive step on a pathway to a different approach to the whole question of mesh. I hope that Elaine Holmes, Olive McIlroy and all the women who I hope are watching this afternoon can at least give one qualified cheer for the progress that it represents while recognising and paying tribute to Eileen Baxter and Michele McDougall, the women who have died—one directly and the other indirectly—as a result of this medical process.

It is an unhappy coincidence that the process has been available since 2007, but I consider that a Government of any stripe would have embraced it. It is only in recent times that many have felt that, in the face of evidence, we have not been pursuing the path that is clear and singularly appropriate. There is still an opportunity for the Government and this Parliament to apologise to all the women across Scotland whose lives have been so irredeemably and irreversibly compromised by the mesh scandal.

The cabinet secretary mentioned the MHRA. This is not an issue of whether the power on medical devices is devolved or reserved; it is not an issue of party politics. I repeat the offer that I have made here before. I am happy—as are others in this chamber—to join the Scottish Government in making the strongest representation to the UK Government that the MHRA has proven to be a hopelessly ineffective vehicle for considering the appropriateness of the mesh transplant implant process.

Is the high-vigilance restricted use protocol a completely new procedure, or is it a new protocol? I ask in order to know only whether it is a process that has been available to the Government and it chose not to implement it, or whether the cabinet secretary has identified a different way forward.

Alex Neil previously wrote to health boards with guidance. Although I know that such matters fall within the domain of medical directors, the advice was set aside and not always followed in the way that the Scottish Government had intended it to be. What enforcement is available to the Scottish Government to ensure that the new protocol is absolutely and rigorously applied?

Finally—at least for today—I say well done, cabinet secretary.

Jeane Freeman: I thank Jackson Carlaw for his comments. I commend him on the wisdom of wanting time to reflect on what I have said—he had only limited sight of my statement, albeit that he got it before I stood up to speak—because this issue deserves mature reflection and continued consideration.

I am happy to take up Jackson Carlaw's offer to join us in making representations to the MHRA. My predecessor, Ms Robison, wrote to the MHRA, and we have raised the matter with it. However, I am happy to look at the issue again and discuss it further with him.

Jackson Carlaw asked whether this is a new procedure or a new protocol. It is not a procedure. It is a protocol that is designed to put in place further steps that will restrict the use of the procedure and of mesh in these instances. It does so in a way that allows for clinical judgment and gives assurance that women are fully informed and have given voluntary consent on the basis that they know all the options that may be available to them and the consequences of those options as best as they can be anticipated, but which makes the medical director of a health board the accountable officer for ensuring that every step in the high-vigilance protocol has been taken. If all those steps have been taken, that triggers the use of mesh in those very limited circumstances, provided—as I said and keep repeating—that the woman has given her fully

informed and voluntary consent, and that that is evidenced, as I read out.

When it comes to ensuring that health boards are compliant, the chief medical officer has today instructed health boards to halt the use of transvaginal mesh in the two procedures that I identified. We have a number of steps that we can take to ensure that boards are compliant with the measures that I have read out today and what my predecessors put in place. That includes the engagement between the CMO and medical directors, the involvement of Health Improvement Scotland in looking at how boards perform and what they do on such matters and ministers' annual review of health boards, as well as the work that is undertaken on a regular basis by officials in the health directorate and boards to ensure that all the necessary steps are taken.

We will give thought to whether there is more that we can do on that, but we should take the time to hear and consider the views of the medical directors and the clinicians involved, as well as other voices. There is a degree of potential further work that we might do to ensure compliance that we should take a bit of time to reflect on.

Neil Findlay (Lothian) (Lab): The cabinet secretary has made an appeal for mature reflection, but it is sometimes difficult to engage in mature reflection when looking into the eyes of people whose lives have been ruined.

I thank the cabinet secretary for providing early sight of her statement, and I warmly welcome today's decision to halt the use of mesh in Scotland, which I and the Scottish mesh survivors have been calling for for the past six years. If the Scottish Government had acted at the time, thousands of women would have been spared the enduring anxiety and misery of lost mobility, constant pain, ruined lives and even the possibility of death, which we know exists because of what happened last week.

We know that the MHRA is not fit for purpose—I agree with Jackson Carlaw on that—but successive Government ministers have hidden behind the MHRA. They have used it as a shield and have claimed that medical devices being a reserved matter has prevented the Scottish Government from acting. Today, that claim has been exposed as the bogus smokescreen that we all knew it was. All the steps that have been announced today have been suggested by the mesh survivors for years.

Will the cabinet secretary confirm that the procedures that she has put in place today bring Scotland into line with what is already happening in the rest of the United Kingdom? Will she confirm that the claims that were made in the media last month by the chief medical officer about Scotland

having a more robust system were wholly misleading?

Does the cabinet secretary accept that the independent review of use of mesh was, indeed, a whitewash? When will the review of the review be published? Does she have it on her desk?

Does she accept that the campaigners' demands have been right all along? Will she now—in very clear and unambiguous terms, and without ducking the question—accept that the evidence that was available in 2014 was stark and more than enough to have allowed consecutive cabinet secretaries to take the action that she has taken today in order to have prevented many more women from being horribly injured or leading lives of anxiety and uncertainty?

Finally, how will today's decision and its implications be communicated to all past and present mesh patients?

Jeane Freeman: I thank Mr Findlay for those comments.

I want to make a point about what I mean by "mature reflection". I do not expect anybody in the chamber, other than those who have held the post of cabinet secretary for health, to feel sorry for me in doing the job that I have to do: it is a brilliant job. However, it always involves careful balancing of evidence from more than one source. It is, of course, entirely the right and the responsibility of Opposition members to argue their case hard, but mature reflection requires that while we acknowledge that it is absolutely the case that very many women have been damaged by the procedure, we also acknowledge that it has helped some women. Mr Findlay will have received the email that I received only last week from a woman who pointed out that no procedure had helped her but this one. It is not possible to be so binary on some such matters.

What I have said today is that I will listen to the voices of the women who have campaigned on the matter, look again at the evidence and decide whether there is more that we can do. What I will not do is agree with Mr Findlay that what our chief medical officer said was "wholly misleading", because it was not. Nor will I agree that what I have set out brings us

"into line with ... the rest of the United Kingdom".

In fact, it takes us ahead of the rest of the UK. We have taken steps beyond what the rest of the UK has done, and we have done so because I consider that to be proportionate and justifiable.

The review of the review is independent, and I do not know when it will be published. It is certainly not on my desk at this point in time. I expect that we will all know at the same time,

broadly speaking, when it is published and we will then be able to look at the matter.

As I said, what I am doing today is recognising the evidence that is before me, recognising the importance of clinical decision making, and recognising that I, as a politician, like everyone else in the chamber, am not a clinician, and will therefore try to make the best decisions for safety and care in our health service—in particular, for those who come to it for care and support.

I believe that what I have set out in the statement takes us in that direction. I am not closing the door to further issues that may arise—we will always be happy to look at them—but today we are able to say that we have heard what the women have said, and that we have put in place steps that will ensure that any woman who comes forward can be confident that she will be given all the information that she needs, and the opportunity to make a fully informed and voluntary choice about what happens to her body.

Alison Johnstone (Lothian) (Green): I, too, welcome the cabinet secretary's announcement, and I thank all those whose work has got us here—although I also think that it is fair to say that the halt is overdue.

The cabinet secretary said in her statement that the procedure will be permitted only when a woman makes the choice with "full information". Will a woman who chooses to go ahead with a transvaginal mesh implant be informed of the decision that the Government has taken today, and will she have an opportunity to meet people whose experience informed that decision? The women whom I met in Parliament said that their lives had been limited because of incontinence, but not to the extent that they are limited now, by having to use crutches and wheelchairs. Their relationships have also been severely impacted. I just want to understand what "full information" means.

Jeane Freeman: We have today put in place a halt to the procedure, with the exception of the very small number of cases that we have identified of women who currently have a treatment time guarantee in place. They, too, will be given the opportunity, in the light of what I have set out today, to determine whether they wish to go ahead with the treatment.

The halt will be lifted only when we have absolute confidence that all the steps that I have outlined are in place, including the high-vigilance protocol. At this point, there is a halt, with the exception of the cases of women who currently hold a treatment-time guarantee and who still, in the light of all the circumstances and what I have set out—of which they will be advised—wish their procedure to be carried out.

There will be no other procedures using mesh, as I have described, until we are certain and confident that all the steps that I have outlined are in place. That will involve making sure that we can evidence the situation as fully as possible so that any woman who, in the future, is presented with that treatment option has full information on what the option entails, on previous complications, on clinical advice and on alternatives, so that she can take time to discuss the matter with her family before she makes a decision about what might be best for her to do.

In devising what the full information might be and how fully informed consent would be evidenced, I am, of course, open to propositions being made to me by members, as well as by groups around the country.

Alex Cole-Hamilton (Edinburgh Western) (LD): I am grateful for advance sight of the cabinet secretary's statement and for its contents.

I have a constituent who has a hernia mesh problem. She has to go to London to have it removed. Will the cabinet secretary cover what the touchstones of the hernia mesh review will be and when that will be revisited? What provision will the NHS in Scotland make for surgery to remove mesh implants where it is appropriate to do so? What consideration is the cabinet secretary's Government giving to compensation for survivors of mesh implants?

Jeane Freeman: On the use of mesh for conditions other than the two that I have mentioned, the halt that I have advised members of does not apply to those other procedures, because we have no evidence at this point that would justify that. However, we will keep the situation under review. By that, I mean that we will constantly review whether evidence is coming forward from our boards and internationally or otherwise that suggests that we should look to take different steps in those circumstances.

Mr Cole-Hamilton asked about arrangements for removing meshes. I cannot give an answer to that question in detail today, but I would be happy to get back to him on it.

With respect to compensation, there is a procedure in place—I am sure that women are informed of it, but if they are not, we will certainly ensure that they will be—that women can use to have their case considered and to determine whether they are due financial compensation for a procedure that the health service has carried out.

The Presiding Officer: I am conscious that at least 11 more members wish to ask a question. The issue is very sensitive and emotional for many. All the front benchers have had a chance to make a point. I ask all members to keep their

questions succinct and the minister to be succinct in her answers.

Alex Neil (Airdrie and Shotts) (SNP): I, too, very much welcome the cabinet secretary's statement, which laid out a clear direction of travel. At long last, her foot is on the accelerator.

Is the cabinet secretary satisfied with the enforcement procedures in the national health service to ensure that, this time, her instructions will be carried out in full, unlike what happened when I issued the suspension request four years ago?

I suggest that the three or four health ministers in the UK—there are currently three—get together and agree a programme of action to deal with the MHRA. All parties agree that it is totally unfit for purpose. Any regulator that is funded by those whom it regulates is not fit for purpose, and any organisation that does not test devices before it authorises their use in the national health service is completely failing in its duty. The issue is not the only one in respect of which the MHRA has failed patients across the UK, and dealing with it is an urgent requirement if we are going to put an end to such incidents and examples of devices being misused, as has happened in the case of mesh.

Jeane Freeman: On the question of whether I am satisfied that the instructions that have been issued and the requirements that I have set out will be followed, I have already set out what the procedures are, but I am interested in considering whether we need to do more in to ensure that the halt is adhered to. The halt is a halt, and it will not be lifted until I am satisfied that all the steps that I have put in place are understood and will be enacted. I hope that that gives some assurance. We will certainly consider whether there is more that we can do.

The point about health ministers elsewhere in the UK is interesting, as I have been discussing inviting them to Scotland to discuss matters of common interest. We are likely to pursue that approach and, should they accept the invitation, I am happy to include the MHRA in that discussion.

Miles Briggs (Lothian) (Con): I sincerely hope that today is a step in the right direction and will help to regain the confidence of men and women across Scotland. Given the restriction of use announced in the past and the instruction to halt today, what guidance has the cabinet secretary issued to health boards about additional costs associated with more complex treatments and procedures, and the need for that not to form part of any consideration? It is clear that, since the announcement of restriction of use was made, some health boards have carried on with the use of the method, most notably NHS Greater Glasgow and Clyde, whereas other boards, such

as NHS Grampian, NHS Ayrshire and Arran and NHS Tayside have completely stopped using it.

Jeane Freeman: As I said earlier, the instruction that the chief medical officer issued today advised people of the halt of this procedure in relation to everyone apart from those women who have the treatment time guarantee. I have also outlined the situation with regard to the procedure being brought back in any respect.

On the issue of instructions to health boards about cost, I have made it clear to health boards that they should not be removing capacity in any respect on the ground of cost. That is not my expectation of how they should be delivering services in the name of the national health service in Scotland.

I will reflect on what Mr Briggs has said and will consider the evidence for myself. If I think that such considerations might be a factor in a health board's decision about how it enacts what we have set out, I will make it clear to it that cost should not be a factor in its decisions about alternative treatments.

Emma Harper (South Scotland) (SNP): I understand that NICE is currently carrying out a further review of the mesh. Can the cabinet secretary confirm that the halt will remain in place at least until the new guidance is completed? Can she advise how members of the public can provide their views to this further review?

Jeane Freeman: The halt will certainly remain in place until I am satisfied that all the steps that I have outlined are in place and will be followed. That includes the high vigilance protocol in terms of use.

The NICE guidelines, which we expect to be consulted on soon, will be part of that, but they will not in themselves be the trigger for the lifting of any halt that we have put in place today. They will inform that decision, but they will not be the trigger.

With regard to how members of the public might be involved in the consultation exercise, we will ensure that the Scottish Government website has the necessary link for people to follow so that they can provide their views, and I urge members to make that available via their own channels to their constituents.

Anas Sarwar (Glasgow) (Lab): In her statement, the cabinet secretary set out an exception to the ban, which involves women who are currently waiting for a mesh procedure and the treatment time guarantee. Effectively, that means that, even though the minister has announced a halt today, a woman could undergo a mesh procedure tomorrow. Following on from the answer that was given to Alison Johnstone, and

given the serious nature of the statement, will the cabinet secretary instruct the chief medical officer not only to write to health boards to set out the new protocol, but to write directly to all the women who are currently awaiting a mesh procedure so that they are fully aware of the new protocol that has been issued and have full knowledge of the situation, which will, in essence, give them the ability to give renewed and fully informed consent?

Jeane Freeman: As I think that Mr Sarwar knows, we do not hold the data on the women who have the treatment time guarantee, for very obvious reasons. Each of the boards holds that data. However, I am happy to ask all of the boards to contact any such women that they might have in their area in order to ensure that they are aware of what I have set out today and have all the information that they should have in order to make a decision about whether they want to go ahead with the treatment.

Stuart McMillan (Greenock and Inverclyde) (SNP): I fully welcome the cabinet secretary's statement. Will the effective ban extend to the use of pelvic organ prolapse devices by private healthcare providers, or is the power to do that reserved to the MHRA and the UK Government?

Jeane Freeman: As well as writing to health boards as I have described, the CMO has written to the chief executives and medical directors of private healthcare providers, advising them of the decisions that we have taken and of the halt that we have put in place for the NHS. However, our halt applies to the NHS and we cannot halt procedures in private healthcare. That is something that the MHRA would do, should it determine at some point that the procedure or the use of those devices is not acceptable, but it is not something that I can do as the cabinet secretary.

The Presiding Officer: I thank the minister and members for their contributions. I am sorry to have to cut this session off here, but we are already six minutes over the time allocated. It is a subject of particular sensitivity and interest, but so is the following debate on suicide.

Suicide Prevention

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-13847, in the name of Clare Haughey, on “Scotland’s Suicide Prevention Action Plan: Every Life Matters”.

14:46

The Minister for Mental Health (Clare Haughey): It is of particular importance to me personally that my first debate as Minister for Mental Health is on the subject of suicide prevention. This is a subject that I have spoken about on many occasions in the chamber. As I have said previously, suicide has touched my life. It is a bereavement like no other, and its effect on those who have lost loved ones is difficult to quantify.

For that reason, I want to take the opportunity of this debate during suicide prevention awareness week to signal a step change in suicide prevention in Scotland. Every life matters. In Scotland, no death by suicide should be regarded as either acceptable or inevitable. That is the radical conviction that underpins the Scottish Government’s new suicide prevention action plan, which we published last month. Every life does matter, and our vision, which is shared by our partners in mental health and suicide prevention, is of a Scotland where suicide is preventable and where help and support are available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone’s business.

In the past decade, Scotland has made real progress in addressing this hugely important issue. Between 2002 and 2006, and between 2013 and 2017, the rate of death by suicide in Scotland fell by 20 per cent. That reduction is testament to the dedication, expertise and hard work of all those who work to prevent suicides in our society—I include the national health service, social services, the third sector and Police Scotland, and of course many individuals, community groups and businesses.

In our engagement process to develop the action plan, in the Opposition debate on suicide and in feedback from the Health and Sport Committee, from our wide range of stakeholders and, above all, from the voices of those directly affected by suicide, it emerged loud and clear that, as a country, we have so much more to do to support people at risk of suicide and so help prevent avoidable deaths. Every life matters.

Our new action plan sets out the Scottish Government’s key strategic aims that we want to achieve, working with our partners across a range

of sectors. It lists the actions that leaders at the national, regional and local levels must take to transform society’s response and attitudes to suicide. Crucially, those actions extend beyond health and social care. The approach that we have set out is a cross-government one that recognises the need for further collective action to prevent deaths by suicide.

The plan has been developed with partners, stakeholders and people who have been directly affected by suicide, and I am very grateful to all those who took the time to attend various meetings with me and with my predecessor, Maureen Watt, as well as the delegates who attended a series of public engagement events held earlier this year. The views expressed and the experiences that people shared have played a hugely important part in informing and shaping the content of the action plan.

I am also very grateful to the Convention of Scottish Local Authorities for working closely with us in the development of the action plan, and I look forward to continued collaboration with COSLA in that work.

I am grateful, too, to members of this Parliament, including members of the Health and Sport Committee, whose carefully considered thoughts and contributions have been of great value in helping us to refine the final version of the suicide prevention action plan.

The scope of the new action plan reflects our shared determination to bring about a step change in suicide prevention in Scotland. Our vision is supported by key strategic aims for a Scotland in which people at risk of suicide feel able to ask for help and have access to skilled staff and well-co-ordinated support; people affected by suicide are not alone; suicide is no longer stigmatised; we provide better support to those bereaved by suicide; and, through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

That will be evidenced by our target to further reduce suicides by 20 per cent by 2022 from a 2017 baseline. In 2013, the World Health Organization adopted a global target for a 10 per cent reduction by 2020. By setting a 20 per cent target, we commit to even greater ambition and a faster pace. The target is not to be seen as an end point, but as a marker on our journey of progress towards further reductions in suicide.

The vision that I have outlined includes a particular emphasis on ensuring not only that people at risk of suicide feel able to ask for help and have access to skilled staff and well-co-ordinated support, but that we provide better support to people who have been bereaved by

suicide. I want to highlight those aspects because someone dying by suicide has a massive and long-lasting impact on the family, friends and communities who are left behind.

Therefore, it is important that our action plan sets out a range of actions that are designed to continue the strong, long-term trend of the reduction of the suicide rate in Scotland. Actions include developing refreshed mental health and suicide prevention training; developing a co-ordinated approach to maximising the impact of public awareness campaigns; ensuring that timely and effective support is available around Scotland for those affected by suicide; improving the use of data, evidence and guidance on suicide prevention to maximise impact; and reviewing all deaths by suicide so that we can learn from those tragedies and use the learning to help prevent further deaths.

Liam McArthur (Orkney Islands) (LD): This is an issue that affects all parts of and all communities in the country. Does the minister accept that the impact of a suicide can be particularly profound in smaller and more rural communities? Getting access to the training that she talked about has sometimes been problematic for those who work in the field in my Orkney constituency. Would she agree to look at the availability of programmes such as applied suicide intervention skills training—ASIST—and make sure that they are available to the third sector, which plays such a vital role in that area?

Clare Haughey: I will certainly go on to talk about some of the training that is part of the action plan. I fully acknowledge what Liam McArthur said about the impact of suicide on rural communities—it has an impact on any community.

I am working with my colleague, the Minister for Parliamentary Business and Veterans, on support for veterans, and I am clear that our action plan includes everyone. Everyone deserves the support and care that they need at the time when they need it—that is our vision. The Scottish Government is committed to ensuring that everyone, including all serving armed forces personnel and veterans living in Scotland, is able to access the highest possible standard of safe, effective and person-centred healthcare.

We know that there are some population groups for whom there is an elevated suicide risk, which is why our action plan includes a commitment to identify and facilitate targeted preventative actions to address such risks. To ensure effective outcomes, it is essential that that work is underpinned by the latest evidence so that we target resources appropriately.

The step change that we want to achieve requires us to be more focused and to work at

pace. I call on leaders at the national, regional and local levels to be proactive in creating a culture that ensures that learning is taken from every death by suicide in order to help prevent further suicides.

Collaborative leadership is at the heart of our approach. To facilitate that and to drive improvement, we are establishing a national suicide prevention leadership group. The group will ensure progress on the action plan and will make recommendations on supporting the creation and delivery of local suicide prevention action plans. Members of the leadership group will be drawn from across the third sector, the public and private sectors and people with lived experience. The group will reflect a collaborative, inclusive approach to leading the changes that we need.

Alex Cole-Hamilton (Edinburgh Western) (LD): I welcome the introduction of the leadership group. One of the issues that concerns me and stakeholders outside the Parliament is legacy and what comes next. People are anxious that there were 16 months between the expiry of the previous strategy and this plan. Will the leadership group have oversight of what comes next when the plan runs its course?

Clare Haughey: If the member lets me progress a little bit further, I will explain a bit more about what the leadership group will do.

I am delighted to say that Rose Fitzpatrick, former deputy chief constable at Police Scotland, has agreed to chair the group. Rose has considerable experience at senior level of delivering success. She has my complete support in her new role, and I look forward to working closely with her to realise our vision.

In June, we announced that we are providing an additional £3 million between 2018 and 2021 to support our increased ambition on reducing the rate of suicide in Scotland. The additional funding is intended to enable service development, particularly in the areas of implementing learning from each suicide and improving support for those bereaved.

Earlier this week, I took part in a conversation café, which is an initiative by the Railway Mission in partnership with ScotRail, Network Rail, British Transport Police, the breathing space service and Samaritans. The conversation café is an informal means by which staff of those organisations can engage with passengers, share information about the promotion of good mental health and provide contact details for services that are available to support people experiencing mental health problems.

On my train journey through Fife, it was evident that people thought that starting a conversation

about mental health could be difficult, but not one person I spoke with thought that it was not important.

Three amendments to my motion for the debate have been lodged. Regarding the queries raised in the amendment from Annie Wells, the national suicide prevention leadership group is accountable to me as Minister for Mental Health and to COSLA on issues within the competence of local authorities. In December 2018, we will publish the leadership group's work plan. An annual report will be published from September 2019. The leadership group will make recommendations to me and to COSLA on appropriate prioritisation of actions and related funding.

I acknowledge the points raised in the amendments from Alex Cole-Hamilton and Mary Fee, which I am happy to accept.

I am confident that, by working together across sectors, organisations and society, we can better identify and support people in distress, strengthen communities and save lives. I look forward to working with partners during the coming months and years to implement the step change in suicide prevention that challenges the status quo and ensures that we continue the strong long-term downward trend in suicide in Scotland. We are ambitious for change because every life matters.

I move,

That the Parliament welcomes the Suicide Prevention Action Plan; extends its sympathy to all those bereaved by suicide; believes that every life matters and that no death by suicide is either acceptable or inevitable; acknowledges the dedication, expertise and hard work of all those who have contributed to a 20% reduction in the suicide rate since 2002; accepts that there is far more work to do; supports the determination for a step change in suicide prevention; accepts the vision for a Scotland where suicide is preventable, where help and support is available to anyone contemplating suicide and to those who have lost someone to suicide; calls on leaders at national, regional and local level to transform society's response and attitudes towards suicide; recognises the need for further collective action to prevent deaths by suicide; supports the additional £3 million investment, and the establishing of a National Suicide Prevention Leadership Group chaired by the former deputy chief constable, Rose Fitzpatrick; agrees with the target to further reduce the rate of suicide by 20% by 2022, and commends the partnership approach across sectors, organisations and society to better identify and support people in distress, to strengthen communities and to save lives.

The Deputy Presiding Officer (Christine Grahame): Before I call Annie Wells, I remind members who wish to speak in the debate that it is helpful if they press their request-to-speak buttons; otherwise they will not be called.

14:57

Annie Wells (Glasgow) (Con): I welcome Clare Haughey to her new role as minister. I look

forward to working with her during the coming months and years on a very important topic.

We owe it to those who have lost their lives in this tragic way to be united in the chamber and to make sure that Scotland's suicide prevention plan is the best that it can be. There are serious issues within Scotland's mental health services, particularly when it comes to waiting times, and that undoubtedly affects those who are unable to receive support at a critical time. That is not to take away from my support for the suicide prevention plan, which, despite serious concerns that were expressed when it was published in draft, has now been welcomed by third sector organisations.

As my amendment shows, I want to focus on the need for clarity when it comes to the finer details. Scotland has been without a suicide prevention strategy for a long time—more than a year and a half—so I want to ensure that the new plan truly delivers the radical change that the minister is talking about.

In 2016, when it was revealed that the suicide rate in Scotland had risen by 8 per cent in just one year, we were united in voicing our concern. Although suicide is a complex issue that can be difficult to understand fully, the deaths of 728 people in just one year is heartbreaking.

Fortunately, we saw a reduction in the number of suicides in Scotland last year, but it is worrying that Scotland still has the highest suicide rate in Britain and that the male rate of suicide continues to rise. As has been said in the chamber previously, one death by suicide will always be one too many.

I welcome whole-heartedly the Scottish Government's target to reduce the rate of suicide by 20 per cent by 2022. However, success will depend on how effectively the plan is implemented. My concerns are not about the measures that are set out in the plan. In fact, prior to the strategy's publication, the Scottish Conservatives backed calls for increased support for families, more training for key staff and the creation of a new national suicide prevention body.

My concern lies in the plan's delivery. Upon seeing the new strategy, I submitted many written parliamentary questions to try to obtain more detail. The majority of the actions in the strategy are to be delivered by the new national suicide prevention leadership group. When I asked the Scottish Government whether the £1 million annual investment in suicide prevention would be used to fund existing suicide programmes, I was told that the leadership group would make recommendations on the appropriate use of the investment. When I asked the Scottish Government to provide more information on which

NHS staff will be given suicide prevention training and what date they would receive that by, I was told that details would be considered by the leadership group. When I asked the Scottish Government to what extent the leadership group will direct the Government's spending of the £1 million investment, I was again told that the leadership group would make recommendations to ministers on the most appropriate use of the investment.

What I took from the ambiguity of the answers is that there is still much detail to be decided. The existence of the group is a very positive step, but there are still questions to be asked. How empowered will the group be to make decisions independently? Who will be held ultimately accountable as progress is measured? How quickly can we expect the group to report? I welcome the minister's comment that the group will be set up in December this year, but we need to know when it will report to Parliament.

Clare Haughey: To clarify, an additional £3 million of suicide prevention moneys is going into the leadership group to assist with its work. The group will publish a work plan by December, and there will be an annual report to Parliament each year. Therefore, Parliament will be updated regularly on the group's work.

Annie Wells: I thank the minister for her intervention, because I am just coming on to the £3 million additional investment. Although initial expectations were that the £3 million investment would be allocated to new initiatives at a local level, it was unclear in the answer to a question whether all the provisions in the action plan will need to be funded by that investment. As Samaritans has said, the cost of training alone will no doubt be substantial, and that is just one action.

Clare Haughey: Will the member take an intervention?

Annie Wells: No, thank you. I want to make progress.

I have put written questions to the Scottish Government, and I am describing the answers that I have received. I would like to receive confirmation from the minister that suicide prevention training will not become lost among mental health training more generally. The Scottish Association for Mental Health raised the point that it is vital that any new training—whether it is in schools or hospitals—includes the provision of skills to actively intervene when someone is experiencing thoughts of suicide. Given the success of the ASIST programme, which provides participants with those skills and which has been shown to significantly improve outcomes for people who receive an intervention, it is vital that

suicide prevention training remains distinct. I ask the minister whether that will be the case.

Of course, suicide prevention is about more than just policy; it is also about raising public awareness and looking at what we can do as individuals. Monday was world suicide prevention day, and it was very welcome to see a whole host of posts being shared far and wide on social media, spreading the message about it being okay to talk.

In the past year, male suicide has been raised as a major plot line in soaps, and we have seen the on-going tireless work of charities that provide invaluable support to those who have lost loved ones and those who require expert support when they are feeling at their most vulnerable. We must continue to ensure that such charities have the resources to carry out their remarkable work.

Unfortunately, given time constraints, I am not able to give all the credit that is deserved, but I want to thank all those who helped to shape the Government's new suicide prevention plan. I hope that the creation of the plan will become known as a pivotal moment in helping to tackle suicide rates in Scotland.

I reiterate my call for the suicide prevention strategy to be implemented and delivered quickly and effectively with no further delays. Suicide remains a main cause of avoidable death in Scotland and is all the more heartbreaking for the families who are involved, so it should be a priority for any Government. We need to remember that we are talking about real people who need the Government to do the right thing—they deserve that.

I move amendment S5M-13847, to insert after "Rose Fitzpatrick;"

"asks that the Scottish Government provides detail on the accountability of the leadership group and how and when the group will report to the Parliament on action delivery timescales and how funding will be allocated;"

15:05

Mary Fee (West Scotland) (Lab): Scottish Labour welcomes the opportunity to debate suicide prevention, following world suicide prevention day 2018 on Monday 10 September. I thank every organisation, family and individual that has contributed to the development of the suicide prevention action plan. Behind every statistic on suicide is a loved one, family and community that faces the sad reality that a suicide was not prevented. All suicides are preventable in some way and people who have died from suicide did not need to suffer in silence or alone.

Every level of government, public service and community has a role to play in reaching out and

supporting people who feel that there is no option but suicide. The new action plan, "Every Life Matters", is welcome. The title is as important as the 10 actions that it contains. We must send a message to families that are affected by suicide that we will endeavour to prevent their suffering from happening to others because every life matters. It is disheartening that the most recent child and adolescent mental health services statistics reveal a record low performance on waiting times for children and young people who access mental health services. Our amendment places the necessary focus on CAMHS in preventing suicide and calls on the Scottish Government to apply any lessons drawn from the Tayside inquiry to the whole of Scotland where appropriate.

It is regrettable that, in 2017, there were 680 deaths by suicide. It is equally regrettable that that represents a rate of 13.9 per 100,000 people—the highest in the United Kingdom. All members present will share my concern at the increase in suicide among young men, with 2017 showing an increase for the third consecutive year. We welcome the target to reduce suicide by 20 per cent by 2022. Funding will be key to achieving that and, although we welcome the £1 million that has been allocated, the funding needs to be carefully monitored to ensure that there is transparency and that resource allocations are enough to match the aspirations in the plan.

Blame for the tragic rate of suicide can be attributed to no single Government, party or individual. As a society and a Parliament, we all shoulder that responsibility. All levels of government, public bodies and third sector organisations require to collaborate to reduce and prevent suicides. We hope that the Scottish Government's new suicide prevention action plan will achieve that and we will support the Government in its aims and vision. However, the plan should have been introduced sooner.

Ensuring that people who are at risk of suicide are supported comes with funding pressures. The new mental health investment that was announced last week goes only so far. Scotland needs a radical reprioritisation to place mental health on an equal footing with physical health. That can be achieved only with effective and adequate levels of funding. The staff who work in our NHS, in social care and in the third sector are dependent on the right funding to safeguard and extend the levels of care that they provide to people who seek mental health support. Many people would suffer from poorer mental health were it not for the staff, and I pay tribute to the professionalism and dedication of all staff who work in mental health services.

Suicide is preventable and early intervention is key to that prevention. That is why it is crucial that we have mental health services for children and young people that support and enable good mental health at the earliest age.

With estimates telling us that one in four people have poor mental health, there will be many cases where an adult experiences poor mental health at a later age and may not have required access to CAMHS. The reasons for poor mental health range from person to person, but the statistics tell us that the adults who are dying are mostly men and many of them are in poverty. In times of austerity-driven public policy, it has remained harder to ensure that funding is available. That is why we must end austerity; we must invest in health and other public services that help to identify, reach out to, and support people who are at risk of suicide. Austerity is at the heart of the shameful welfare changes that have resulted in premature deaths across the UK and in suicides. Poverty is a key driver behind suicide. That can be witnessed in the statistics showing that areas of high deprivation experience higher rates of suicide.

It is worth reminding ourselves that Scotland was once a leader in suicide prevention. However, local prevention work varied greatly, and there is a need for better evaluation and accountability. This plan is an opportunity for that focus and direction to be placed back on prevention.

It is our sincere hope that the Scottish Government's action plan continues to lower suicide rates. For every suicide prevented, we know that the plan is working. Investment in CAMHS and in all mental health staff can play a key part in that and by supporting Scottish Labour's amendment today, members will demonstrate that the Parliament can unite to show that every suicide is preventable.

I move amendment S5M-13847.3, to insert at end:

"; recognises the importance of early intervention for supporting good mental wellbeing; welcomes the recent Scottish Government announcement that it will invest in school-based counsellors; notes that this policy has had wide support for some time, given the pressure on youth mental health services, as evidenced in the most recent CAMHS publications, which detail a record low performance on waiting times; acknowledges that adult mental health services are also under pressure like never before; commends the tireless work of the staff of all of Scotland's mental health services; recognises the importance of ensuring that all support services are given the resources that they need to provide care to deliver the reduction in suicide rates; notes the independent review of mental health services in Tayside and its national significance, and calls on the Scottish Government to draw lessons for the whole of Scotland where appropriate."

15:12

Alex Cole-Hamilton (Edinburgh Western) (LD): It gives me great pride to open for the Liberal Democrats this afternoon. I will take a moment to welcome Clare Haughey to the ministerial office that she now holds. Clare and I came to the Parliament at the same time and we served on the Health and Sport Committee together. I was always struck by the expertise that she brought from her experience as a community psychiatric nurse. I welcome her to her new role and I wish her good luck.

On the morning that the new suicide prevention action plan was published, I surprised Gary Robertson on “Good Morning Scotland” by telling him that I welcomed the plan whole-heartedly and that I was delighted to see it. I think that he was expecting more fisticuffs from me. Frankly, not a month had gone by when I had not called for the strategy to be forthcoming, because we waited a total of 16 months from the expiry of the previous strategy. All told, 1,000 of our fellow Scots will have died in that intervening period. I ascribe no blame for that, but it is really good to see this strategy finally in place and to see the level of support that it has garnered from the rest of the sector—a far cry from the initial reaction to the original draft, so I am grateful for that as well.

Like most people in the chamber, I have a visceral connection to this issue—at a constituency level, where this is a human tragedy that is visited on the north shore of my constituency every single week; in my personal experience of taking a suicidal relative to a psychiatric ward; and in the trauma that I still experience after having been a first responder to a man who took his own life and died on the pavement beside me in our nation’s capital. Therefore, I do not doubt the sincerity of anybody in this chamber or the spirit in which they approach this debate.

Our response should be built around our understanding of the failures of our previous systems. I do not think that we can find a more shocking example than the case of David Ramsay. We all know that, in October 2016, at 50 years old, David was turned away twice from the Carseview centre in Dundee, despite suicidal tendencies and the strong wishes of his family and his general practitioner for the centre to see him. He was not just turned away; he was told that his problems had been nipped in the bud and that he should pull himself together and go for a walk, yet the very next week, David sadly took his own life. If there is a silver lining to that tragedy, it is the formidable work of his niece, Gilly Murray, who has taken up the campaign around suicide prevention. She is watching today and I thank her for her efforts.

Although that example is extreme, David’s case has many commonalities with other people who have experienced suicidal ideation. He was a man; we know that suicide in Scotland is increasingly gendered, with 75 per cent of suicides occurring among men and suicide being the leading cause of death for men under the age of 50. A success story of the work that this and previous Scottish Governments have done is the huge reduction among women, which is at a low level that we have not seen in decades. However, the uptick in male suicides keeps Scotland’s suicide levels stubbornly resistant to reduction.

We need to look at the offer that we give to men. The voluntary sector has great examples, such as men’s sheds and community support work. However, although we have become good at getting men to talk openly about their mental health, the cruel irony is that, when they come forward and admit that they have a problem, there is a gaping void in the service provision that is offered to them. Similar to David’s case, many patients struggle with continuity of care. The Health and Sport Committee has compelling private evidence from families who have been affected and from people who have tried to take their lives, who all said the same thing: they had to tell their life story repeatedly to professionals, which is retraumatising. We would not expect to have five different cancer surgeons, so why do we expect people to make do with five different duty psychiatrists or counsellors?

I will talk now about the substance of the Liberal Democrat amendment. Talking therapies are vital. Although technology has its place, there has been criticism of online self-help equipment, such as the beating the blues website. The issue is not just about introducing psychiatrists; we can give people access to talking therapies by training the people who are around them. Any individual who works with people who are more likely to be at risk of suicide should have that training at their disposal.

Advances have been made by the Government in the field of mental health in the past couple of weeks, particularly in the programme for government. I welcome the level of investment, which is absolutely needed. We also need to grapple with the reality that, if we fast track people into beds that are not staffed properly, we will only compound the problems further. A rejected referral can do untold damage to people who thought that they were getting help at the end of the tunnel.

I welcome Clare’s appointment as a minister. She will bring much-needed expertise to this issue and, on that basis, she is assured of our support in the vote tonight.

I move amendment S5M-13847.2, to insert at end:

“; acknowledges the characteristics and factors known to contribute to raised suicide risk, and believes that work to identify actions to target risk groups is essential; understands that the Health and Sport Committee recently heard from people affected by suicide and that one of the consistent themes was the lack of access to talking therapies; notes the ISD Scotland statistics showing that one-in-four adults did not start treatment for psychological therapies within 18 weeks during the quarter ending June 2018; recognises that early access to services, support and treatment, and continuity of care can be important factors in preventing deaths by suicide, and urges the Scottish Government to secure substantial progress in these areas.”

The Deputy Presiding Officer: I remind members to use full names in the chamber. Friendly though you may be, Mr Cole-Hamilton, you know that.

15:18

Alison Johnstone (Lothian) (Green): As members have heard, 680 Scots lost their lives by suicide last year. That total was lower than in previous years, but Samaritans has told us that last year, for the third year running, deaths by suicides in Scotland increased for young men aged between 15 and 24. As we have heard, the suicide rate for men in Scotland was more than three times the rate for women, with 77 per cent of suicides being men.

The action plan says that suicide rates have fallen for children and young people, but also that self-reporting on mental wellbeing among young girls in Scotland has worsened.

I have asked friends, colleagues and family what they believe to be the single biggest killer of men under 50 in the UK. They have said that it is heart disease or lung cancer, or they have asked whether it is dementia. All have been surprised to learn that the answer is, in fact, suicide.

The answer is all the more shocking when we consider that suicide is preventable; it is not inevitable. I know that the Parliament agrees that one suicide is too many, but a Samaritans poll that was conducted earlier this year showed that 61 per cent of people in Scotland have been affected by suicide. Twenty-nine per cent have experienced the suicide of a friend or family member or have supported someone who was dealing with suicidal thoughts.

We would seek to intervene if a friend or colleague was in poor physical health, and we need to know how to help someone who is dealing with suicidal thoughts.

The debate will—rightly—focus further on the need for support to be available for our young people as and where they need it. SAMH has pointed out that that is about not only teaching

staff but all school staff. Its recent survey found that two thirds of teachers had not received sufficient mental health training and that the majority of non-teaching staff had received no such training.

The action plan's recognition that CAMHS need to be reformed is welcome and overdue. The Scottish Youth Parliament, the children and young people's mental health task force and the youth commission on mental health will all be involved. In this year of young people, work is going on with the see me campaign, and the cross-party group on children and young people has recently done work on mental health. That has a role to play in ensuring that we get this right for every child. When Fulton MacGregor was chairing the cross-party group, it issued a report that is well worth reading. It pointed out that,

“Under the United Nations Convention on the Rights of the Child ... children and young people have a right to good health. However, this report highlights that we are failing to uphold this right and shows the scale of the problem we face in relation to children and young people's mental health. With three children in every class experiencing a diagnosable mental health problem by the age of 16, we must do better.”

I welcome the recognition of that. The programme for government proposed the incorporation of the principles of the United Nations Convention on the Rights of the Child, which is essential.

Like others, I thank SAMH, Samaritans and Stonewall for their briefings. All those organisations welcome the plan, but they all have questions about it, too. SAMH asks:

“Can the Government confirm that the new Scottish mental health and suicide prevention training program includes provision of skills to actively intervene where someone is experiencing thoughts of suicide?”

It also asks whether the Government intends to retain applied suicide intervention skills training, on which I would welcome the minister's comments.

Clare Haughey: One of the leadership group's actions will be to develop, by May next year, a training package that will apply across the country. Alison Johnstone mentioned Samaritans and SAMH, which are on the leadership group, so they will have an opportunity to give input into the training package.

Alison Johnstone: I thank the minister for her intervention.

We also welcome the additional £3 million, but Samaritans says that,

“Whilst the ambition and scope ... of the Plan ... is laudable, the resources to deliver across the whole Plan appear limited”.

Perhaps the minister will explain how the £3 million will be spent.

We all agree that “Every Life Matters” is a step in the right direction. The target for further reductions in suicides, the new emphasis on suicide prevention leadership, the focus on young people and the recognition of the need to train those who work in our social security system are welcome steps in the right direction. However, further detail is needed.

I spoke about the worsening of self-reported mental wellbeing, particularly among young girls. We have seen a worrying increase in self-harm among young people and particularly young girls. Self-harm is strongly associated with the lifetime risk of suicide, as Clare Haughey is aware. The growing up in Scotland study showed that almost a quarter of young women have self-harmed.

Self-harm features in the plan, as ministers assured me in previous debates that it would, but it does not feature as strongly as could be the case. For instance, it is not mentioned in any of the actions, although there is brief reference to it elsewhere, and there does not seem to be a specific strategy for working towards reducing the levels of self-harm, especially among young people. I would appreciate the minister's comments on that.

The Health and Sport Committee was shocked to hear from Toni Giugliano that waiting times for psychological therapies can be up to 12 weeks when someone's family member or friend has taken their own life and the person is vulnerable and at risk. I would like to understand what the minister intends to do to improve those figures markedly.

The Greens welcome the plan and the renewed focus on reducing the still too-high number of people in Scotland who, sadly, take their own lives. I look forward to the minister addressing in closing the points that I raised.

15:24

Clare Adamson (Motherwell and Wishaw) (SNP): I very much welcome the opportunity to contribute to the debate this afternoon and to talk about the strategy that the Scottish Government has produced. I listened to members' comments about our not having had a strategy in place for some time and about the delay following the publication of the draft, but I think that the Government must be commended for listening to the sector's concerns about the draft and working to produce a document that is widely regarded as a step forward.

From a personal point of view, I welcome the strategy. Unfortunately, my constituency has been affected by a number of suicides recently, which affected every aspect of our community—schools, friends, families and colleagues—in the way that

Clare Haughey described. It really brought home what a shock and a tragedy someone completing suicide can be for the community in which the person lived.

I will talk a little about what has happened in my area since then. I commend Motherwell Football Club for its approach. On 18 July, the club tweeted:

“We need to talk about suicide. A number of young people close to us have recently lost their lives. We want others to know that there is always another way and help is available.”

The club also provided a link to the North Lanarkshire suicide prevention and support web page.

I am struck that many of the action points about which the Government has been talking are about that kind of partnership working. It has to be about working with partners in all aspects of our communities to try to prevent suicides. Motherwell Football Club and its manager, Stephen Robinson, produced a video—it is available on YouTube and Facebook—in which players talk openly about their experience of suicide and encourage young fans and young people who take part in football to talk about their concerns before things get to crisis point in their lives.

It is not just Motherwell FC that is involved in such work. I attended the launch of the suicide prevention strategy that Motherwell, Airdrieonians FC, Albion Rovers FC and Clyde FC have adopted. Players will be wearing the suicide prevention North Lanarkshire logo on their kits this season, and the clubs are providing information and support at stadiums, to show supporters who they can contact to get help.

That is all part of North Lanarkshire Council's strategy, we need to talk about suicide, with which I have been involved for a number of years. I and most of my staff have undergone applied suicide intervention skills training—ASIST—or safe talk training. I encourage all members and their staff to take up such training opportunities. The training takes up a couple of days and is intense and profound; it is invaluable in teaching life skills on how to support someone and, more important, point them in the direction of help.

I wish that I could talk about all the action points in the strategy. I cannot do so—I must be careful today. Action 4 is about support for families. A number of organisations in North Lanarkshire have been working to prevent suicide and to support young people, including LANDED Peer Education Service, Families and Friends Affected by Murder and Suicide—FFAMS—and Chris's House, which is a suicide prevention charity in Wishaw. However, although all that work is going on, I know that the community felt that it did not know

enough about it. The provision of specialist support and help for the friends and families of someone who completes suicide is vital. For that reason, too, the public awareness campaigns that are mentioned in action 3 will be vital in helping people to understand what is happening.

I commend North Lanarkshire Council for organising a five-a-side football tournament every year as part of the choose life project, which focuses on men's mental health. Many organisations, including McDonald's, the local football clubs and third sector organisations, have brought teams to the tournament at the Ravenscraig regional sports facility, which is almost a 24-hour event. Interestingly, a couple of years ago, it began inviting S5 and S6 boys, which has sent an important message to schools that help is out there and there are people to support them.

I want to commend one aspect of what North Lanarkshire is doing. It has produced a very simple post-it pad, on each page of which there is a message such as, "Are you feeling low?" or "Are you having suicidal thoughts?" It has contact information for the Samaritans, breathing space and Childline and also—very pertinently to action point 6—for the North Lanarkshire app on suicide prevention, which is free to download, as well as its online and web support.

I am so pleased to see this report being published and to hear it being warmly welcomed in the chamber. It is a step forward in reducing the number of people who complete suicide.

15:31

Brian Whittle (South Scotland) (Con): I welcome the opportunity to speak in the debate. Although we have made great strides in breaking down the stigma of poor mental health, suicide remains a difficult subject to broach and continues to carry a certain stigma—perceived or otherwise—for those caught in its grip. However, the reality is that, statistically, it is likely that the majority of members in the chamber will have been affected by suicide at one time or another. Therefore it is right that we are taking the time to debate the Scottish Government's suicide prevention plan.

As has already been mentioned, suicide remains a main cause of avoidable death in Scotland, especially in young males aged 24 to 50. Scotland also has the highest suicide rates in the UK, so it is welcome that the Scottish Government has introduced the action plan, and Scottish Conservatives welcome its contents. However, I suggest that an element of that plan is missing. I want to use the short time that I have to speak to the importance of an overall health

strategy and its potential impact on issues such as suicide.

The Scottish Association for Mental Health's document "Scotland's Mental Health Charter for Physical Activity & Sport" states that

"Physical activity through sport or recreation has been proven to have a positive impact on physical and mental health and wellbeing."

and that

"Research suggests the less physical activity a person does, the more likely they are to experience low mood, depression, tension and worry."

That is backed up by James Jopling, Samaritans executive director for Scotland, who has said:

"Physical activity can provide mental health and wellbeing benefits of itself, but can also provide an environment for individuals to connect with other people and provide an antidote for some to feelings of social isolation and loneliness."

Being physically active is a cornerstone of preventing decline into poor mental health and also as part of the treatment for those already suffering. SAMH is absolutely clear in its commitment to physical activity being part of a mental health strategy. It is quite clear from its presentation that removing barriers to participation in physical activity and sport is a priority. That means that groups with specific needs must be given solutions that fit their situations.

The part that a basic healthy diet plays in making a significant impact on mental health is also very clear from research. The Mental Health Foundation's presentation "Food for Thought" states:

"One of the most obvious yet under recognised factors in the development of mental health is nutrition ... There is a growing body of evidence indicating that nutrition may play an important role in the prevention, development and management of diagnosed mental health problems including depression, anxiety, schizophrenia, Attention Deficit Hyperactivity Disorder (ADHD) and dementia."

It also says:

"It is necessary for individuals, practitioners and policy makers to make sense of the relationship between mental health and diet so we can make informed choices, not only about promoting and maintaining good mental health but also increasing awareness of the potential for poor nutrition to be a factor in stimulating or maintaining poor mental health."

As part of the Health and Sport Committee's investigation, Sandra White and I visited Cardonald college, and I had an opportunity to hear from a group of students, all of whom, at some point, had contemplated or attempted suicide. During that very raw discussion, they highlighted the fact that they knew what things they could do to help themselves. For example, they knew that taking exercise is a major way to combat poor mental health, and they knew that

eating properly can have a major impact on their wellbeing. They knew that because that is what the doctors had told them. However, as one young woman told me, although she was well aware of the positive impact that getting out of bed and going for a walk, or having a healthy breakfast would have on her demeanour, she could not make herself get out of bed except to microwave a frozen pizza at some point during the day.

It is not enough to point to a solution. There has to be easy access, with the individual in mind. In fact, the members of the group managed to find a solution themselves by committing to work and exercise together, and to talk about social inclusion.

I always thought that it was the responsibility of Government to create an environment where that kind of opportunity exists for everyone, irrespective of background or personal circumstance. The hard part of that is to also ensure that all are aware of the opportunities and have the knowledge, confidence, capability and aspiration to make those choices.

There are so many moving parts to health and wellbeing. It is no secret that I think that education has a huge footprint in health; indeed, education is represented in the Government strategy that we are discussing, especially in the preventative agenda.

We are debating a suicide prevention strategy, but we are actually debating health. I will always argue that physical activity, nutrition and inclusivity should be the basis of any health strategy. The Scottish Government's suicide strategy goes only half way. Like many of its other strategies, it proposes to deal with those whose health has deteriorated to a very low level. We need to address how to prevent sufferers entering that downward spiral in the first place. Dr David Kingdon, who is a professor of mental healthcare delivery at the University of Southampton, said:

"Can we prevent mental health problems? Of course ... the evidence is incontrovertible. So why don't we? The problems often start in childhood but we spend most of our resources on dealing with the consequences—in hospitals and prisons."

My addition to that is that we are also dealing with the consequences in this debate.

Although I warmly welcome the Government's publication of its suicide prevention strategy, we on these benches consider that it provides only half a solution. We need to consider solutions within an overall, cohesive health-of-the-nation approach.

15:37

Angela Constance (Almond Valley) (SNP): It is a privilege to participate in today's debate. I am

in no doubt that, as others have reflected, suicide will have touched all our lives in many ways, which makes it difficult to talk about, but we must talk, listen and act.

I will always carry with me my experience as a social worker and mental health officer and, in particular, the first time that I made what was then known as a section 18 application to the sheriff court, under the old Mental Health (Scotland) Act 1984, to detain in hospital a young woman against her will. I made the case to the court that she needed to be in hospital to receive treatment and care because she would otherwise refuse to reduce the risk of harm to herself. A few months later she took her own life.

Was that the right decision, the wrong decision or the least wrong decision? We all need to have the courage to review and to learn from all suicides. I suggest that that includes those cases where people have attempted to take their lives, and I am pleased to see that case reviews feature prominently in the suicide prevention action plan.

I remember my old boss telling me that mental illness, like physical illness, can sometimes, tragically, be terminal. Although my old boss was not wrong, we must proceed with a steely determination that suicide is preventable and that no death by suicide is acceptable or inevitable.

I pay tribute to front-line staff who have to make very difficult decisions and judgment calls. I am sure that the minister understands that well, given that her front-line experience is more enduring and recent than mine. It is, of course, the efforts of staff in the voluntary and public service sectors, and those of carers, that have led to a 20 per cent decrease in the suicide rate in the past 15 years, although male suicide has, as we have heard, increased consecutively over each of the past three years.

As Samaritans does, I welcome the commitment to reduce the suicide rate by a further 20 per cent by 2022, although I struggle with the concept of a target when every life matters. We know that the greater ambition is to achieve transformational change, and given that Scotland has the highest suicide rate in Great Britain, it is—make no mistake—transformational change that is required. The suicide prevention action plan makes it crystal clear that that must be a national priority.

None of what is sought can be achieved without the reform of services. SAMH makes an interesting point about why the responsibility for local prevention plans should sit with a reformed public health service. Inclusion Scotland points to the importance of community planning partnerships, and the minister said that tackling the issue is not just a matter for health services. Along with other members, I warmly welcome the

additional investment in resources and in increasing the mental health workforce, which represents a substantial commitment by anyone's standards. We know that it is not possible to deliver the right service to the right person at the right time without staff and investment.

However, it takes far more than inputs to deliver a person-centred, flexible and responsive service that is built on lived experience. I have lost count of the number of people I have worked with as a social worker or a constituency MSP who have been turned away because they did not fit the criteria or the diagnosis, despite the fact that they or their families had reached out for help because they knew instinctively that something was wrong. Preventative services do not turn folk away because, as we know, the consequences can be catastrophic. Suicide prevention must be everyone's business.

It is difficult to untangle the roles of universal statutory services, to align them with more specialist support or the growing community-based support that exists and to shift the balance towards more preventative measures, all of which must be done in the context of growing demand. However, small commonsense changes can sometimes make a huge difference. Last week, I visited the Scottish War Blinded centre in Linburn in my constituency. The support that it provides to veterans is life changing and, on occasion, life saving. The good news is that it wants to do more, and it is not asking the Government or any statutory service for more money. It can do more if we can find a way to identify earlier veterans who are registered as blind or visually impaired. I hope that the minister can help with that.

The biggest challenge that the minister faces is that of ensuring that the strategy and the additional investment have maximum impact on front-line services and communities. I know that stakeholders and Opposition members have asked questions about the role and authority of the national leadership group. Those questions will have to be answered, and the minister has begun to do that through today's interventions.

I know that, ultimately, it is ministers who are accountable to Parliament. In this instance, we must all recognise that ministers' responsibility is a heavy one. Along with other parliamentarians, I will have my tuppenceworth—I believe that it is called scrutiny and accountability—but I hope that I will not sound too much like a back-seat driver. The minister will always have my support, and judging by the tone and tenor of today's debate, she will have the support of other members, too.

15:43

David Stewart (Highlands and Islands) (Lab):

I welcome Clare Haughey to her post, and I wish her well in her future endeavours.

More than 40 years ago, as a fresh-faced young man in my early 20s, I joined the Samaritans in my home city of Inverness. I had been inspired by an article that I had read by the founder of Samaritans, the Rev Chad Varah. He was the vicar of St Stephen's church in London. His first ever funeral was that of a 14-year-old girl who died by suicide. That tragic death drove him to prevent future suicides. In 1953, he set up a "999 for the suicidal". He was a man who was willing to listen, who had a base and an emergency telephone. The service received substantial press coverage. The *Daily Mirror* coined the term "telephone good Samaritans", and the name stuck and became synonymous with the volunteers who were there for others who were struggling to cope.

I trained with more experienced local Samaritans, whose philosophy was simple but effective. It was to provide a safe space so that people could talk and be listened to without judgment. I did night shifts, day shifts, weekends and holidays. I learned from watching, listening and observing older, more experienced volunteers. Nearly all the calls were heartbreaking. There were calls from the lost, the lonely, the sad, the sorrowful, the young, the old, the rich and the poor. My youngest caller was 15; my oldest was 75.

Today, the inspiring work continues. Samaritans has more than 200 branches across the UK and the Republic of Ireland, which are still operating Chad Varah's framework of providing confidential, non-judgmental support.

As we have heard from other speakers, it is everyone's job to prevent suicide, not walk on the other side of the street, as in the parable of the good Samaritan. As Samaritans says in the briefing for the debate, suicide is not inevitable; it is preventable, and concerted action can save lives.

Historically, Scotland has led the way on suicide prevention strategies. In 2002, the choose life programme was set up. It was perhaps the most ambitious and comprehensive plan to tackle suicide in the western world. A large research study to support the implementation of choose life was undertaken by the University of Edinburgh, the University of Dundee and the University of St Andrews, which covered the years from 1989 to 2004. The findings, which were shocking, showed that the suicide rate for males had gone up by more than a fifth and that the suicide rate for females had gone up by 6 per cent.

There were regional issues. The suicide rate in Glasgow was significantly higher than the Scottish average in all years for both men and women. Also of concern was the fact that the rate of death by suicide was particularly high in my region of the Highlands and Islands. The rates for Highland, Western Isles and Argyll and Bute were well above the Scottish average of 13.5 deaths per 100,000 population: Highland had a rate of 17.5 deaths per 100,000 population, Western Isles had a rate of 17.1 and Orkney had a rate of 19.4. The rates have not changed much today. The study showed that the male rate was three times higher than the female rate, male vulnerability was greater in more rural and remote areas and there was a clear link between suicide and socioeconomic deprivation, which other speakers have identified.

My view is that suicide is a class, health and inequality issue. Unless we tackle inequality, we cannot get to the root of the problem. If we drill down into the statistics, we find that the poorest men in the poorest communities in Scotland have a suicide risk that is 10 times greater than that of the wealthiest men in the wealthiest communities. As the Scottish public health observatory has argued, suicide is the leading cause of death among people aged 15 to 34—a quarter of male deaths and a fifth of female deaths were caused by suicide.

Suicide prevention needs to be embedded in all key Government functions. As Samaritans told the Health and Sport Committee in June,

“Not every suicide prevention project has that title plastered above the door.”

Dan Proverbs, from Brothers in Arms, which is a men’s mental health charity working across Scotland, spoke to the committee and made it clear that although inequality is an issue so, too, is gender. He called it

“brothers hiding in plain sight.”—[*Official Report, Health and Sport Committee*, 12 June 2018; c 12, 13.]

He referred to men putting on a mask at work and in social situations to hide their true feelings of isolation, loss and depression.

The Mental Health Foundation Scotland’s recent report called on the UK Government to conduct an impact assessment of its austerity agenda and to look closely at the impact of welfare reform on mental health. There is clear evidence that the austerity agenda and welfare reform has a significant impact on individuals’ mental health.

The suicide prevention plan should be welcomed. I particularly support the target to further reduce the rate of suicide by 20 per cent. The big picture is clear. Every suicide is a suicide too many. We must understand the social determinants of poverty and inequality and our

suicide prevention policy should be embedded in all policies that the Government engenders.

15:49

Bob Doris (Glasgow Maryhill and Springburn) (SNP): It is a pleasure to speak in this afternoon’s debate on “Scotland’s Suicide Prevention Action Plan: Every Life Matters”. It is also quite humbling. Much of the narrative this afternoon has been drawn from personal experience rather than from soundbites, which is good for this chamber—it is what we should draw on when we debate policy on something as important as this.

I hope to cover three areas as well as I can: preventative actions that we can take, how we learn from suicides and what training there can be. All those issues are in the action plan.

A while back, I mentioned in the chamber part of my constituency that may be an area of particular concern with regard to levels of suicide. It would be a location of interest. Traditionally, locations of interest are places such as rivers, bridges and roads rather than communities. I will focus on that first.

We have to look at communities that have become locations of interest. When I made my contribution in the chamber a while back, I named the place. Afterwards, I was told gently and supportively that sometimes naming a place is not the best thing to do, as that can draw attention to it as a place where people can take their own lives and it can push people who are considering doing that into committing the final act. We have to deal with the matter with great sensitivity when we discuss it.

Action 7 in the action plan says that the national suicide prevention leadership group

“will identify and facilitate preventative actions targeted at risk groups.”

Because of time constraints, I will mention only some of the risk groups. They include people who live in deprivation, poverty, social exclusion or isolation; people who live with or are developing an impairment or a long-term condition; people who are affected by drugs and alcohol; migrants; and homeless people. I mean no discourtesy to others whom I have not mentioned, but that looks like a strong demographic in many parts of my constituency. When we talk about locations of interest, perhaps we have to talk about community-based locations rather than just site-based locations.

The £3 million innovation fund for innovative work on suicide prevention is absolutely welcome. An area-based, grass-roots approach and resilience work would be a positive way forward.

Samaritans has said similar things. The Samaritans briefing says:

“We need further clarity on the authority the group will have to make decisions on the allocation of funding; the setting of priority/high risk groups to target new activity; and the support, direction and evaluation needed to deliver effective activity locally.”

The key word is “locally”. Samaritans is a great, heavily volunteer-led organisation. Just imagine what local co-ordinators and capacity builders from Samaritans and similar organisations could do in leading a community resilience strategy in areas of concern or areas of interest in which there are higher risks of suicides. I would certainly appreciate local grass-roots work in my constituency from Samaritans or others using the £3 million pot of cash over the years ahead.

Action 9 in the action plan says:

“The Scottish Government will work closely with partners to ensure that data, evidence and guidance is used to maximise impact. Improvement methodology will support localities to better understand and minimise unwarranted variation in practice and outcomes.”

That takes us back to the community-based approach to suicide prevention. Variations in outcomes may be a result of demographics and some of the risk factors that are in the strategy.

Action 10 relates to reviewing all deaths by suicide and the learning experience. I thank the minister, Clare Haughey, and welcome her to her new position; I thoroughly enjoyed her opening speech. Any review of death by suicide—I have written to the minister in relation to this and received a reply—has to be based on partnership working that is open, not siloed or defensive. I wrote about a specific constituent whom I do not have permission to name in the chamber. That constituent had issues with how community health services did or did not help their mother, who took her own life. There was a review of that. They were also concerned about the long-term approach by her GPs, NHS 24 and the NHS in relation to discharge. When we take a step back and look at the bigger picture, we must ask who is reviewing the bigger picture when someone tragically takes their own life. Whatever we do in relation to action 10, which is on reviewing all deaths by suicide, we have to take a step back and not be bunkered, and we have to look at the bigger picture. The infrastructure that is in place is not necessarily very adept at doing that. Maybe there should be some new thinking along those lines.

In the time that I have left, I want to look at action 2, which is about funding

“the creation and implementation of refreshed mental health and suicide prevention training by May 2019”

and supporting

“delivery across public and private sectors”.

I do not have training in mental health awareness. I apologise for not taking the opportunities for such training that were made available to me. It should probably be mandatory for MSPs, frankly, and perhaps our staff. I deal with many vulnerable people every week. I am not always sure how best to support them and I am not always sure that statutory organisations cover themselves in glory when I raise the deep and serious concerns that I have.

I would like there to be a bespoke referral pathway that MSPs can use when vulnerable constituents come to them. I do not always have the necessary skills to say to someone that I think that there is something wrong and they need to seek help. I need advice in order to ensure that I can act in the best interests of my constituents. When we think about the implementation of training we should also think about the policy makers and their representatives in this place.

I look forward to supporting the motion and the amendments this afternoon.

15:55

Bill Bowman (North East Scotland) (Con): As we go through this debate, certain topics are mentioned by many speakers.

I welcome the suicide prevention action plan, with its 10 action points. In the foreword to the plan, Clare Haughey states:

“The Scottish Government believes that no death by suicide should be regarded as acceptable or inevitable.”

It is important that that statement is remembered and is at the forefront of our thinking and that it does not get lost in the words that follow as the plan’s implementation is described.

Data on suicide is routinely collected and analysed by the National Records of Scotland and the Scottish public health observatory. There are some promising statistics. For example, suicide rates in Scotland have reduced by 18 percent over the past 10 years. However, as Angela Constance said, every life matters when discussing statistics.

Despite the domestic downward trend in suicides, suicide and self-harm continue to be major public health issues in Scotland. Around two people die by suicide in Scotland every day. Further, almost unbelievably, almost two out of every three Scots—myself included—have some experience of suicide. That is a worrying fact that I am sure that ministers will pay heed to.

Mental health problems are one of the main issues that need to be addressed as part of a suicide prevention strategy. For example, in my region, only one third of Tayside children waiting

for mental health treatment were seen within 18 weeks in the most recent quarter. The target is for 90 percent to be seen within that timeframe. At 34 per cent, NHS Tayside's performance is the worst in Scotland.

Treatment is crucial, of course, but we must also tackle the underlying reasons for why so many people take their own lives. For example, those living in the most deprived areas are more than three times as likely to die by suicide as those in the least deprived areas. David Stewart gave us some insight into that. The issue is a particular challenge in Dundee, in my region. The city has among the highest levels of deprivation in Scotland, and statistics show that the number of Dundee suicide deaths rose by 61 percent from 2015 to 2016.

It is important for the Scottish Government to consider how it plans to provide suicide prevention training across the public and private sectors. Clare Haughey has said that the national suicide prevention leadership group will consider the details of that and will make recommendations to ministers on the most appropriate focus for the refreshed training that is to be developed under action 2 in the plan.

The minister has mentioned that suicides on the railways are a prominent issue in Scotland. I have met a train driver who experienced suicide while doing his job, and I discussed with him the ways in which the issue can be tackled. Thankfully, railways and train companies are taking action and making progress. Network Rail, the train operating companies, trade unions, British Transport Police, the Railway Mission and the Rail Safety and Standards Board have been proactively working with Samaritans since 2010 to reduce suicides on the railway and to support anyone who is involved in the aftermath of a railway suicide. By the end of 2016-17, more than 14,500 front-line railway personnel had been trained in how to intervene to prevent suicide attempts, and around 1,575 personnel had been trained in trauma support. ScotRail holds regular awareness events at major stations to raise awareness and engage people in conversation about mental health issues, which is to be commended.

The suicide prevention action plan sets out a vision of providing better support to those who are bereaved by suicide. One of my constituents has experienced the loss of a life of someone close to her through suicide, and she states that the lack of support provided after such an instance is a widespread problem. There can often be a stigma attached and many people find themselves isolated after losing a loved one through suicide. She wrote to me and said:

"I've experienced bereavement in the past but the agony that comes after a suicide is beyond description. The pain,

confusion, guilt and anger is immense and it's a lonely place to be. When you lose someone under natural circumstances, you get flowers, sympathy cards. With a suicide it's almost like being a leper."

My constituent also says that the only support that she was given was antidepressants and sedatives. There were no regular appointments to check how she was coping and whether she needed help. I can only imagine the feeling of deep loneliness, and I hope that the new strategy makes situations like that a thing of the past.

We welcome the fact that the Scottish Government has finally published its suicide prevention action plan. The previous plan expired in 2016, leaving Scotland without a suicide strategy for over a year and a half, which is not really acceptable. However, now that the action plan has been published, it is imperative that the Scottish National Party delivers it quickly and effectively, with no further delays, in order to tackle problems such as those that I have raised today.

I repeat the statement from Clare Haughey in the introduction to the plan:

"no death by suicide should be regarded as either acceptable or inevitable."

I ask that we keep that at the forefront of our thoughts.

16:01

Emma Harper (South Scotland) (SNP): I am pleased to be able to speak in today's debate. I remind Parliament that I am a nurse and that I am deputy convener of the Health and Sport Committee.

I, too, welcome the minister to her new role. Every life does matter and suicide is preventable, as the minister has said. Suicide is an extremely difficult subject to speak about, and just one person taking his or her life is one too many. Many of us across the chamber have already described personal experiences; I listened intently to my colleague Angela Constance talking about her experience in her job prior to coming to Parliament. Many of us have had constituents presenting with thoughts of ending their own lives, and it is our job to be there to help, support and listen to anyone who presents with mental health needs.

I would like to focus my comments on two aspects: the causes of suicide and suicide prevention, in particular in rural areas. I represent the South Scotland region. I often tell people I cover fae Dunbar tae Stranraer. It is a rural region. When assessing the Government's "Every Life Matters" action plan, I specifically looked for evidence to support rural interventions. A planning tool is part of the guidance that has been set out in the national plan, and that national guidance on

suicide prevention in rural areas is presented so that we can look at tackling suicide and prevention specifically in rural areas. It needs to be used in conjunction with part 2, which sets out the evidence-based approach.

There is a rationale for focusing on rural suicide. There have been significant changes over recent years in respect of the ageing population, the decline in farm incomes, economic pressures to diversify, increased environmental pressures and associated legislation, depopulation of some areas, changing labour markets, as well as increased international competition. However, no single pattern has yet emerged in the research in relation to the specific rural causes of suicide.

Earlier this year, I had the opportunity to meet former MSP Jim Hume, who is chairman of Support in Mind Scotland, which is a charity that carries out vital work to support people who work in our agricultural sector who are experiencing depression, feelings of isolation and suicidal thoughts. It does that by working collaboratively with NHS boards, third sector organisations and others, mainly by listening to people, directing them to professional support and reminding them that someone is there to help.

I would also like to give recognition to another organisation that supports our rural communities—the Royal Scottish Agricultural Benevolent Institution, which is also known as RSABI. Earlier this year, I met its chief executive officer, Nina Clancy. Nina said that RSABI aims to provide relief for hardship and poverty to people who work in Scottish agriculture. To date, it has helped many farmers, crofters and agricultural workers, who might also experience symptoms of poor mental health. RSABI has engaged with Police Scotland and has worked with firearms licence officers, who have agreed to provide RSABI contact information when they carry out firearms checks, which is important.

Of the 680 Scots who took their own lives in 2016, 20 lived in Dumfries and Galloway—two thirds of those were men. However, I will not focus on statistics today, because it is important to recognise that behind each number is an individual and their family, all of whom are affected by the tragedy. That is why it is extremely important for authorities, the Government and healthcare professionals to learn from each experience, to listen to families and to implement effective policies to ensure that such events are not repeated.

I welcome the commitment to mental health first-aid training, and I will endeavour to engage in it myself. As a general nurse, I have not engaged in such training before, but I will be happy to participate and will encourage others to do so. The training will allow for the creation of mental health

first-aid responders, who can be trained to provide immediate emergency support.

Alex Cole-Hamilton mentioned the importance of face-to-face talking therapy, but I have seen digital technologies that can also be used, including the Thrive app, which I found when I was researching the information pages on the Brothers in Arms website. One comment about the app noted that it is not just for brothers in arms, but for sisters, too.

Alex Cole-Hamilton: Does Emma Harper agree that although there are great apps out there, websites such as beating the blues—the go-to online referral technology that is used by NHS Scotland—are regarded by stakeholders as being somewhat out of date?

Emma Harper: I am sure that there are tools that have been used in the past that are now a bit out of date, but it is important to use whatever tools get people to talk. One of the pieces of evidence that I learned from the Brothers in Arms website was that a lot of men do not want to talk, but a wee app might open the door to access to professional help and treatment. I welcome Alex Cole-Hamilton's intervention.

A local group for retired farmers has been established in my area. It is organised by Jill Rennie, has health and wellbeing funding, and takes a collaborative approach with Teresa Dougall, who is the regional manager for NFU Scotland. Teresa and Jill have been widening participation among retired farmers and are dealing specifically with isolation.

I take the opportunity to welcome the 10 actions and the comprehensive measures that are set out in the programme for government to tackle mental health issues, and I welcome the commitments in the suicide prevention plan. I look forward to those actions and measures being implemented, and to scrutinising them as a member of the Health and Sport Committee. I also look forward to seeing the evidence of their maximum impact, because every life matters and suicide is preventable.

16:08

Monica Lennon (Central Scotland) (Lab): I am grateful to the Presiding Officer for permission to be excused for the earlier part of the debate, which allowed me to stick to a prior engagement with the Cabinet Secretary for Finance, Economy and Fair Work. However, I am sorry to have missed the earlier speeches. I welcome Clare Haughey to her ministerial role and I record my appreciation for all Maureen Watt's assistance in the past. As I am sure other members have done, I extend my sympathy to anyone who has lost a loved one to suicide. I know that the debate will be quite challenging to listen to, at times.

The updated suicide prevention action plan that was published by the Government in the summer is welcome. The steps that have been outlined by the Scottish Government are encouraging, and I am pleased that the views of stakeholders such as Samaritans Scotland that gave feedback on the earlier draft of the plan have been taken on board and addressed. I commend the minister for her consideration of earlier critiques and for producing a plan that has more ambition and leadership at national level. That is welcome, but it is clear that we still have a significant amount of work to do to reduce Scotland's suicide rate. We know that we have to do better.

It is a tragedy that Scotland's suicide rate remains so high—higher than that of the rest of the UK—and that men, especially middle-aged men, are most at risk. Suicide is preventable and each death by suicide is a tragedy that creates a wave of devastation that affects countless people who are left behind.

That was recently brought into sharp focus for me after a constituent turned to me for help following the death by suicide of her partner. My constituent Luke Henderson completed suicide at the end of last year, just three days after Christmas, despite presenting at health services eight times in the week before he died. His partner, Karen, who is the mother of their two young children, has been incredibly brave in speaking out publicly about what she sees as a series of failures to secure the help for Luke that she feels could almost certainly have saved his life.

Luke had a history of poor mental health, and had struggled with addiction. He was passed from pillar to post, turned away from GP services and accident and emergency services, and was eventually referred to an addiction service with a promise that that would help, only to get there and find out that he had to fill in more forms. He was sent on his way again, and in the early hours of the morning following that final appointment Luke sadly completed suicide at the family home.

NHS Lanarkshire's initial review of Luke's death found that staff had followed procedures. Having reviewed much of Luke's paperwork at first hand, and having supported his partner Karen in her mission to get answers from NHS Lanarkshire during the past few months, I found that conclusion to be deeply troubling, to say the least. If that conclusion is to be accepted, it could not be clearer to me that the procedures need urgent review. After several months of working on Luke's case, I am pleased to say that NHS Lanarkshire agreed to do a further review, which is now under way.

I am also grateful to the First Minister. After I raised Luke's experience at First Minister's

questions last week, she agreed to ask the Minister for Mental Health to meet Karen. My office has made contact with the Government to set up a meeting; I look forward to meeting the minister with Karen to discuss Luke's case and to ensure that appropriate action that needs to be taken in the aftermath of the review is taken.

Luke's case underlines so much of the human tragedy that is linked with suicide, and the lessons that services must learn, especially in the light of the new actions that are proposed in the action plan. The plan is certainly ambitious, but the target of reaching a 20 per cent reduction in suicides by 2020 can be achieved only through allocation of sufficient resources. As other members are, I am particularly pleased about the commitment to roll out refreshed mental health and suicide prevention training for NHS staff from next year. However, I seek clarity on how the annual £1 million will be allocated, and how quickly it will be rolled out.

Bob Doris made an important point. My staff have undertaken the SAMH training that was provided in Parliament, and I know that other MSPs have spoken about that kind of training. We would all benefit from such training.

The action plan also commits the leadership group to ensuring that there are appropriate reviews into all deaths by suicide. I welcome that, but for such reviews to be truly meaningful, they have to take into account the views of family members. I refer again to Karen and Luke Henderson and how their case brought that across strongly to me.

Other members have spoken about young people in particular. The latest CAMHS statistics are woeful and worrying. The job that of making sure that young people are not left behind is for us all.

Also, one in four adults is waiting more than 18 weeks for psychological therapies.

I know that I have to finish, Presiding Officer, but some really great work is going on. I commend to the minister the work that Place2Be is doing, particularly at Beckford primary school in Hamilton, which I know is not far from the minister. It is doing good work and young people are benefiting from early intervention. We in Labour are delighted with the commitment to rolling out school-based counselling in all schools.

I welcome the suicide prevention action plan and look forward to working with the minister on Luke Henderson's case and others.

16:15

Kenneth Gibson (Cunninghame North) (SNP): I am grateful for the opportunity to return to an issue that I first brought to the chamber in

1999. Progress has been made since I asked that first question, when more deaths of males under 35 in the preceding year had been due to suicide—268—than to motor vehicle accidents and drugs combined.

As we have heard, between 2002 and 2006, and 2013 and 2017, suicide rates fell by 20 per cent. In 2017, 680 deaths of people of all ages were recorded as probable suicides, which was down 7 per cent on the previous year.

However, every death represents an unimaginable loss, and we should never regard suicide as an inevitable outcome. That is why an ambitious target of a 20 per cent reduction in suicide rates by 2022 places the issue at the top of the Government's agenda. We can never be complacent regarding this fundamental public health issue.

I particularly welcome the Government's commitment to funding refreshed mental health and suicide prevention training. The key theme that emerged from the Government's engagement with people who have been affected by suicide was that mental health training should be a central and compulsory component of our working culture, and not merely an afterthought. The references to our staff in the speeches from Bob Doris and Monica Lennon are significant in that debate. The point about training is true for not just GPs and NHS staff but other front-line services including pharmacists, jobcentre and benefits advisors, teachers, college and university staff, and transport workers. Each person should feel confident supporting people in distress.

With regard to teachers and schools, See Me Scotland found recently that only 37 per cent of young people would tell someone if they were finding it difficult to cope with their mental health. That is particularly worrying because half of mental health problems in adulthood begin before the age of 14. Our teachers cannot and should not be expected to broach the challenge alone. That is why I was delighted to hear in last week's programme for government that ministers will invest more than £60 million in additional school counselling services, which will create about 350 counsellors in education across Scotland and ensure that every secondary school has access to counselling services. Early intervention is crucial in mental health and suicide prevention, so I am pleased that every young person in Scotland will have access to trained professionals who can identify and support people who are at risk.

I note the strategy's commitment to encouraging a co-ordinated approach to public awareness campaigns that maximises impact and breaks down stigma. In addition, I believe that our media should take cognisance of their role in preventing suicide. Mental health experts advise that

exposure to media coverage of a high-profile suicide—particularly coverage that fixates gratuitously on graphic details of a person's death—can lead to more suicides, which is a phenomenon that is known as suicide contagion.

Organisations such as Samaritans offer very useful guidance on reporting suicide. However, we saw the dangerous effects of journalists choosing to ignore such advice following the tragic deaths of the 55-year-old fashion designer Kate Spade and the 28-year-old DJ Avicii earlier this year. Just hours after police announced that they had died, many news outlets reported graphic details of their suicides.

Although many studies have explored the dangers of such reporting, the evidence is not merely anecdotal. In the four months that followed Robin Williams taking his own life, the American suicide rate rose by 10 per cent. Data from the Centers for Disease Control and Prevention showed that the rise was especially dramatic among middle-aged men, who identified particularly with Mr Williams. It is not just a question of ethical reporting or hypotheticals, but of real lives lost.

Suicide, like many other causes of death, is indirectly linked to a variety of factors that help us to remain in good health, including education, family income, our communities and childhood experiences. It is therefore positive that the leadership group will identify specific actions to protect population groups that are at greater risk of suicide. As each of us knows, and as I have mentioned, suicide among young men is a particular concern in Scotland, and the rate for young men increased for the third consecutive year in 2017. That trend must be reversed as a matter of urgency.

We must also be mindful of where physical illness intersects with suicide. As convener of the cross-party group on epilepsy, I have learned about how life with epilepsy can be made more difficult due to a lack of understanding and the stigma that is associated with the condition. In addition, some areas of the brain that are responsible for seizures also affect mood, which can lead to depression, and seizure medication might also contribute to mood changes. Tragically, people with epilepsy are five times more likely to commit suicide than the general population, despite the excellent support that is offered by third sector organisations including Quarriers and Epilepsy Scotland.

I agree with the strategy's guiding sentiment that mental health must be on a par with physical health. However, we cannot ignore the fact that, in many cases, one greatly influences the other. I hope that that is something that the new leadership group will examine and take forward.

The strategy does not exist in a vacuum of mental health policy; rather, it must move forward in parallel with other complementary strategies. Our national strategy to tackle social isolation and loneliness makes Scotland one of the first countries in the world to develop a strategy to address an issue that is intrinsically linked to suicide.

We owe it to every family who has lost a loved one to suicide to do better. I am sure that many of them will want to know what the Scottish Government is doing to ensure that lessons are learned from their loss. Alongside the evidence of what helps to prevent suicide, the lived experience of the people who have been affected by it, which was gathered at the Government's engagement events, should provide the real basis for our action. Those families know that preventable suicide in Scotland will end not with one strategy but with years of concerted national and local effort. We must continually ensure that we have the leadership and resources in place to meet our 2022 target, thereby saving around 140 lives per year.

I hope that colleagues around the chamber will join me in committing never to let suicide prevention fall off the political agenda. We can and must do more.

16:21

Maurice Corry (West Scotland) (Con): Thank you, Presiding Officer, for this opportunity to speak on the significant matter of suicide prevention, which affects many people throughout Scotland.

I wish the minister well in her new role, particularly with her experience of psychiatric nursing, which will be invaluable in the role.

I thank the Scottish Government for publishing its suicide prevention plan, albeit a little later than expected. This week, we marked suicide prevention day worldwide on Monday. The day highlighted the fact that suicide is a problem in nations throughout the world. Never has it been more crucial to raise awareness of an issue that pervades all levels of society.

We cannot become complacent about suicide prevention. Unfortunately, Scotland still has the highest rate of suicide in the UK. Worryingly, 61 per cent of people in Scotland have been affected by suicide. That statistic shows the urgency of preventing people from taking their own lives, as such an event inevitably affects the wider family network.

As part of the suicide prevention plan, there must be a focus on veterans, early service leavers and serving members of the armed forces to understand how suicide affects those members of

our communities. I was pleased to hear the minister's assurance on that. I trust that the armed forces and veterans sector will be represented strongly on the leadership group as well. Veterans can leave the armed forces with a lasting impact on their physical and mental health. For some, experiences in the armed forces can become too difficult to reconcile with the civilian lives to which they return. The transition back to civilian life can be too daunting and isolating for them without the mental health support and guidance that they need.

It is worrying that no official figures are publicly available on the number of veteran suicides that occur each year. That makes it harder to understand the true scale of the problem and how best to combat it. One investigation, which was conducted by Johnston Press, reportedly found that 16 suicides had been committed by veterans in the UK since January this year. Seven of those individuals were known to have fought in Afghanistan and Iraq. To have in place a robust and effective suicide prevention plan that involves support for our veterans, we must have official access to such statistics.

Keith Brown (Clackmannanshire and Dunblane) (SNP): Does Maurice Corry support the call that I have made a number of times for the Ministry of Defence to insist that, upon leaving the armed forces, people must make an appointment with their GP and that their health records should follow automatically? That way, we would have a better idea of where veterans are when they leave the armed forces.

Maurice Corry: I fully support what the member said. Only the other day, I spoke the same words as him.

I hope that the minister will address the issue of statistics. Thankfully, a number of studies have examined veteran suicides with the aim of increasing transparency. I hope that they will inform and impact on our understanding of the issue. I appreciate their work. For example, a study that was conducted by the University of Glasgow found that people who served in the armed forces are not at greater risk of suicide than the general public. Indeed, veteran and non-veteran groups share the same peak age of male suicide, which is in the 40s.

However, certain groups within the veteran community face a slightly greater likelihood of committing suicide. Among those groups, which include older veterans and early service leavers, female veterans are especially at risk. More research must be done to chart that concerning link between female veterans and suicide. I welcome a new study that explores the mental health of servicewomen as part of the armed forces women in ground close combat operations.

I hope that that research will help suicide prevention support to be tailored to veterans who need it.

We know that the toll of challenging military experiences can weigh heavily on the mental health of our veterans. This is not a new subject. Post-traumatic stress disorder—or PTSD, as it is called—depression and anxiety are all factors that can, in some circumstances, identify a higher risk of suicide.

As NHS Scotland has highlighted, employment insecurity, family breakdown and deprivation can also increase that risk. Those are factors that are especially relevant to armed forces personnel when they leave the services. We must also note that servicemen and women are not stand-alone figures in our society. They are supported by families, who in turn need our support. Remember that although the servicemen and women are wounded, it is the families who are injured. To help to prevent the risk of suicide and its repercussions on loved ones, more must be done to promote the mental health of veterans and of our current servicemen and women.

Already, there are shining examples of mental health charities that aim to support returning veterans. Recently, I had the pleasure of visiting Horses for Forces in the Scottish Borders. The charity provides coping strategy sessions with horses to encourage veterans to re-engage with their loved ones and communities. Endeavours such as that—including talking therapies, which have been mentioned already—can target feelings of abandonment and loneliness and help PTSD sufferers to regain their confidence and self-esteem.

The Combat Stress charity offers specialist care for veteran mental health, while the Scottish Association for Mental Health helps servicemen and women to re-enter employment upon their return from duty.

Those charities offer more opportunities for the risk of suicide among veterans to be identified and prevented before it is too late. I wholly support the good work that is being done by these groups and their care for the wellbeing of Scotland's veterans. I hope that, through the suicide prevention plan, there will be more opportunity to support their efforts.

16:27

James Dornan (Glasgow Cathcart) (SNP): I welcome Clare Haughey to her new position. I am sure that mental health services will benefit from Clare's experience.

Last week, the Government put mental health at the forefront of its agenda and this debate is

another strand of the on-going work that we need to undertake in order to tackle the atrocious condition of poor mental health, which can lead to the tragic death of so many men, women and young people across Scotland.

I am sure that, like me, others will have welcomed the Scottish Government's early intervention strategy on mental health, which must go some way towards what Brian Whittle talked about earlier. I agree with a lot of what he said about physical and mental health going together and about early intervention, but he has to recognise that the Scottish Government put that at the heart of the programme for government last week. I hope that we will be able to continue to work together on that over the coming months and years.

We must tackle not only the on-going illnesses that may lead to a person becoming a victim of suicide but the many stigmas that surround discussion of this issue, and address families' desperate need for care after losing a loved one.

One thing that Emma Harper forgot to mention is that she and I are co-conveners of the cross-party group on mental health. Because of my interest in the issue, we frequently have cause to discuss mental health issues in my office. Sadly, at least two members of my staff have lost a friend or loved one to suicide within the past few months. From chatting with those staff members and from personal experience, it is clear to me that the impact of suicide and attempted suicide is deep and its hurt ripples across the victim's friends and family circles for a long time, if not for ever.

Therefore, I am pleased to see that when we talk about the issue, there seems to be consensus across the chamber when it comes to the care that we must provide to those who are left behind. Like most, if not all, of the MSPs in this chamber, I have had constituents who have come to my office suffering from thoughts of suicide or self-harm. One of the most alarming visits was from parents who were in such a state about their child that they came with the child, who was about 16. The child had been self-harming and was threatening suicide and they could not get her into hospital. Thankfully, with the intervention of the office staff, we managed to get her in that night. The parents came back to speak to us later to say that they honestly believed that that intervention had saved that young girl's life. For me, that is one of the best results I have ever had as an MSP.

A number of other people have come to our offices or surgeries who clearly needed treatment. Like everyone else, we did our best to make sure that they got that treatment. I have dealt with surviving partners, friends and parents who have suffered from suicide in the family.

Emily Drouet was a young constituent of mine. She was a victim of suicide after an abusive relationship at university led to her mental health deteriorating at such a rapid pace that even her loving parents were unable to detect it. During a period of sustained and premeditated domestic abuse, Emily tried to seek help at her place of study, but sadly her pleas somehow slipped through the net and this young woman, with the world at her feet, felt that she had no option other than to leave this world behind.

I spoke to Emily's mother yesterday. An amazing thing about the Drouets is that they have decided that that personal tragedy will not defeat them and that they are going to leave a legacy for Emily by working to ensure that nobody else has to go through the horror that they have done. Emily's mother has worked on a few suicide prevention things. She told me about

"the lack of support given to Emily and the signs not being detected and also the lack of support to us as a family when our world crashed beneath us. Finding out that our daughter had died, then left alone to cope. Police were great with us but a support leaflet to services might have helped in those darkest moments after, just something. That's a tiny detail, but hopefully it would help others."

I am delighted to see, in action points 3 and 4, that that point has clearly been taken on board. I hope that the minister will reassure us that it will be dealt with and taken very seriously. Emily's family struggles with the grief process every day, but they have worked alongside the equally safe campaign to ensure that nothing like this will happen again.

Every member who is taking part in the debate will have read many briefs and the advice that is offered by mental health and third sector organisations. A real issue, especially for male suicides, is stigma. The removal of stigma in and around mental health and its treatment is the responsibility of every member of society. I heard yesterday of a young woman who really needed mental health treatment and support but who said that she was not willing to go to her GP because her family thought that it would be a weakness. Although there seems to be a lot of new support for those who are struggling with mental health and #itsoknottobeokay is taking the internet by storm, there is clearly still a lot of work to be done to ensure that those translate into real life, when families will understand that talking is always better than staying silent because they do not want to hurt someone's feelings. If anyone thinks that their child or a friend has a problem, they should speak to them. Silence is not golden in that situation.

The motion says that "every life matters", and that is so true. No one on this planet can be replaced. As parliamentarians, if we can set an example of a caring, accepting environment from

the top level down, society can work together to remove stigma and take care of the people who need us most.

16:33

Alex Cole-Hamilton: It has been an excellent debate; as with many debates on similar themes, I have found myself reflecting on the old advice, "Be good to each other, because the person standing in front of you may be fighting an internal battle that you cannot know anything about." That is true. Suicide is often hidden and suicidal ideation is a hidden condition. It is unexpected and surprising. A lot of people had no idea that the person who they loved and who took their own life was even considering suicide. Our response cannot be silent. It needs to be loud. It needs to be bold and brave.

Much of that has been covered in the action plan that we are debating and in many of the great speeches that we have heard. I am grateful for the consensus; suicide is an issue on which we should have consensus. Annie Wells said that there should be party unity on the issue. There is no ideology in this chamber or beyond that has a monopoly on concerns for the tragedy and devastation that suicide can cause.

Mary Fee was right to go back to the early years. The process starts with our response to child and adolescent mental health. This week, we have seen the worst waiting times for such services on record, which are a warning cry for all of us. That shows how important early intervention is, particularly in identifying and getting resource to young people who suffer adverse childhood experiences. Young people who have unresolved trauma become older people who have suicidal ideation.

Alison Johnstone was right to say that one suicide is too many. I thank her for saying that, because I did not cover the 20 per cent target. Like Angela Constance, I find the target slightly jarring. Does it suggest that, if we achieve a 20 per cent cut, our work will be done? Of course it will not be. However, I accept the target, which we will work towards together. I am sure that the Government agrees that the target very much represents a floor rather than a ceiling on our ambitions.

Clare Adamson challenged my view on the delay to the plan. It is fair to say that the strategy's first iteration was not well received by stakeholders, but she made good points about partnership working, so I forgive her for her challenge.

I return to Angela Constance. She drew on her work as a social worker and, when people speak to their lived experience before becoming elected

politicians, that always enriches the debate. In referring to her course of action in the case that she described, she used the phrase “the least wrong decision”, which is elegant and apposite to the debate. The issue is so complex that, for some people, no course of action or intervention will help or divert them from their final goal. We have much to learn from each other in that regard.

I thank David Stewart and all the people who volunteer for Samaritans, which has always struck me as one of the most worthwhile and profoundly humbling charities that are out there. The peer-to-peer support that volunteers offer freely of themselves, with appropriate training, has saved countless lives. I am grateful to James Jopling, the director of Samaritans in Scotland, who has been the fulcrum on which the strategy's success has tipped. His identification of the draft's failures and his work with the new minister have brought about a more well-rounded and target-focused set of outcomes.

I thank Emma Harper for referring to the work of my friend and colleague Jim Hume, a former Lib Dem MSP, who I should have mentioned in my first speech—I hope that he will forgive me for that. It is worth mentioning him now, because his work in the agricultural community, with his background in the NFU and as a rural MSP, has done amazing things to bring mental health to the fore. I was grateful to spend time with him on his stall at the Royal Highland Show in Ingliston this June. We must identify those who are most at risk, and people in the agricultural community are very much up there.

Monica Lennon and James Dornan referred to cases that are similar to that of David Ramsay. I was struck that, like David Ramsay's family, the families that the members described have channelled their grief into campaigning vigour. It is fair to say that, were it not for campaigning relatives who do not want other relatives to experience the same trauma as they have, we would not be as far into the agenda as we are. I thank those families again for their efforts.

Maurice Corry made compelling remarks about veterans. I was not aware that we do not routinely capture the number of suicides in the veterans community; that needs to change.

There is no question but that the strategy still requires detail. I very much hope to fill in some of that detail for my part in the plan's delivery. Self-harm and suicide cause pressure throughout our public services; they drain police time, because police officers have a duty of care not to leave the side of somebody who is threatening to hurt themselves.

Brian Whittle was the first to raise the vital issue of stigma, and Bill Bowman picked up the theme.

That reminded me of a quote from the author Sally Brampton, who said:

“We don't kill ourselves. We are simply defeated by the long, hard struggle to stay alive. When somebody dies after a long illness, people are apt to say ... ‘He fought so hard.’ And they are inclined to think, about a suicide, that no fight was involved, that somebody simply gave up. This is quite wrong.”

We in the Parliament will all be judged by how we respond to the internal battle that so many people who are contemplating suicide today face. I look forward to joining the fight with members of all parties.

16:34

Anas Sarwar (Glasgow) (Lab): Let me say from the outset that, at a time when so much of our political discourse seems to be, at least publicly, bitter, angry and divided, today's debate has been refreshing and unifying. There have been fantastic speeches from across the chamber. I will not be able to mention every speech, but I thank every speaker for their heartfelt contributions.

I welcome the minister to her post. I genuinely wish her every success in her new role. She comes to the job with vast experience, having been a mental health nurse, and I am sure that not only the Government and NHS Scotland but wider Scotland will benefit from her experience. Members on the Labour benches look forward to working with her in her new role.

In 2017, there were 680 suicides in Scotland. It is easy to think about that in terms of 680 individual lives but, as many members said, suicide does not just impact on the individual but leaves behind a heartbroken mother and father, sons, daughters, brothers, sisters, friends, work colleagues and people in wider circles. Every suicide is a tragedy. Every suicide is unacceptable. Every suicide was avoidable and was not inevitable.

That is why we must recognise that the action that we take in this Parliament, and the decisions that the country takes, can help to save lives. The strategy is an important starting point on that journey, and I commend the Government for the tone of its motion and for its recognition that, although some progress has been made over the past decade and a half, there is still far more to do.

I join the many members, including Annie Wells, Mary Fee, Dave Stewart, Maurice Corry, Bob Doris, Kenny Gibson, James Dornan and Monica Lennon, who thanked the organisations that contributed to the suicide prevention action plan, particularly Samaritans. All those organisations do a tremendous service in lobbying Parliament and

parliamentarians and helping us to form the right policies.

Members also thanked the people who work on the front line in our national health service with people who are suicidal and with families whose loved ones have committed suicide. Those staff work in really difficult circumstances, which must impact on their own mental health and wellbeing and that of their families. I pay tribute to all those people in our health and social care sector who work directly with people who are suicidal or with the families of the victims of suicide.

Alison Johnstone and other members talked about the worrying trend over the past few years of an increase in the suicide rate among young people aged between 15 and 24. That trend was picked up by the University of Glasgow study, which found that around one in nine young people aged between 18 and 34 has attempted suicide—one in nine is a stark and truly frightening statistic that should be a wake-up call to every one of us.

That is why Mary Fee's amendment recognises the importance of early intervention and welcomes the Scottish Government's announcement about school counsellors. The minister will be aware that we have been calling for such a policy for a number of years; we welcome the announcement whole-heartedly and look forward to the outcome—that is, the actual delivery of the service as opposed to the commitment in that regard, so that we make such services a reality for the many young people who need them.

We must also acknowledge that the CAMHS statistics are the poorest on record. That is simply not good enough. Three out of 10 young people who ask for help are not getting that help in time. We must make a marked improvement if we are to achieve a generational shift in mental health and in how we tackle suicide.

We will continue to support the Government; we will also continue to ask robust questions of it. I have a few questions about the suicide prevention action plan. There is a lack of clarity around the role of the national suicide prevention leadership group. I ask the minister to address that. Will the group have the authority to make funding decisions and set priorities in relation to targeted activity? Will it have the authority to hold the minister herself, the Government and the Parliament to account?

The funding of £3 million is very welcome, but it will be at the rate of £1 million per annum. Will the minister clarify what that £1 million will be expected to cover? Will it cover the development of the new suicide prevention action plan or the awareness campaigns on which the plan might want to lead? Will there be allocated funding on how we match the plan's aspirations for service

delivery? The minister's responses to those questions would be very welcome. As I said, Scottish Labour stands ready to work with the minister to make the ambitions in the suicide prevention action plan a reality.

I will quickly mention something that was referred to by Alex Cole-Hamilton, Monica Lennon and James Dornan when they spoke about individual cases. Gillian Murray raised directly with me the case of her uncle, David Ramsay. Parliament also had a very robust and eye-opening debate about the mental health services review in Tayside, on which I am glad that Scottish Labour received cross-party support. We now have such a review.

However, I have a request, which is that the review should have a Scotland-wide perspective, because I think that there are lessons to be learned across the country about those who go to such services being turned away from them and ending up in tragic circumstances. We must learn how to build genuine crisis mental health services so that people who are in desperate need of support can get it. We must also learn how we can use technology to overcome the staffing crisis, through the use of Skype or FaceTime, and how we can red flag individuals who have been identified by their family as having been involved in repeated incidents, so that they can be supported and tragedies can be avoided.

I again welcome the suicide prevention action plan. I thank members for their contributions today and repeat that Scottish Labour looks forward to working closely with the minister to implement the plan.

16:46

Miles Briggs (Lothian) (Con): I am pleased to close today's debate and also, as many members have done, to welcome the Scottish Government's suicide prevention strategy. I agree with Anas Sarwar that this has been one of the most useful and interesting debates that we have had, and certainly that I have been involved in since being elected to Parliament.

I start by welcoming the new minister to her place. I enjoyed the time that I spent working with her on the Health and Sport Committee. I know her passion and real determination in this area and hope that she will bring those to her new role. I am not sure whether she will be able to keep up her training now that she has that position, but I hope that she will do so in some way.

I also take this opportunity to thank organisations such as Samaritans, SAMH and Stonewall Scotland that have provided useful briefings for today.

Annie Wells set out the Scottish Conservatives' position effectively in her opening speech. We recognise that the final plan is a significant improvement on the draft plan, and we welcome that. However, the challenge now for ministers will be to implement the strategy and urgently implement the recommendations that will be made by the national suicide prevention leadership group to deliver the 20 per cent reduction by 2020.

As Annie Wells suggested, we need much more clarity from the Scottish Government about the resources that will be available to deliver all aspects of the plan, and that is what our amendment seeks. Delivering on the plan and ensuring that it produces results is vital, as we have already heard. Scotland's suicide rate remains stubbornly higher than that south of the border. As members from across the chamber have stated, we have particular challenges in tackling and preventing male suicides—especially in the 45 to 54 age group, which has seen an increase in the suicide rate for the second consecutive year. It remains a very stark reality that suicide is still the single biggest killer of men under 50 in the UK, as well as of younger people aged 25 to 34.

As Alex Cole-Hamilton and Clare Adamson mentioned, we need to find new ways of communicating with men and younger people who feel suicidal, and to ensure that they know that there is support out there for them and that they can ask for that help. I am very pleased that the recent campaign with the hashtag #itsoktotalk and other campaigns have been shared widely on social media and endorsed by many leading sports people, and I encourage everyone to promote such initiatives.

We also all know that there is a lot of work to be done in preventing suicide in our economically disadvantaged communities, as the suicide rate is more than two and a half times higher among the most deprived tenth of the population compared with that among the least deprived. Bob Doris highlighted Samaritans' work on that and the fact that it has continuously emphasised the need for suicide prevention plans to be locally focused and tailored to the specific needs of diverse communities. I very much support and endorse that, and hope that the new leadership group will give local programmes a strong focus and backing.

Public awareness of suicide is especially important, and the fact that local services are available to help those at risk has been raised a number of times during the debate. It is of real concern that polling by the Samaritans earlier this year indicated that four in 10 people in Scotland said that they would not know who to turn to if they were at the point of crisis or supporting someone

in crisis. I look forward to seeing innovative approaches that build on the work that has been done to date on awareness campaigns.

A number of members talked openly about the importance of early intervention. I concur, and agree with Alison Johnstone's important points about self-harm.

Ensuring that we have effective, accessible mental health services that are available when people need them can help to make a real difference. I hope that Emma Harper's important point about rural-proofing suicide policy will be taken forward.

Mental health and suicide prevention training has been raised by a number of members this afternoon. It is, rightly, a key part of the every life matters plan. SAMH's briefing makes the important point that the refresh of suicide awareness training should retain the key practices already in place, such as the applied suicide intervention skills training for key groups such as GPs. I endorse Anas Sarwar's points about trauma training for public services. That could make a huge difference if we were to roll it out.

I take this opportunity to thank all those in my region, and Dave Stewart MSP, for their voluntary work with the Samaritans and, indeed, for the work of volunteers with other mental health charities. They make a huge contribution each and every day and genuinely help to save lives. We should all recognise and welcome that and thank them for the difference that they make.

I know that he probably will not welcome being praised by a Tory MSP, but I pay tribute to James Dornan's considered contribution, which was important to today's debate.

I want to mention an incident that we were probably all aware of over the summer: the tragic death in May of Frightened Rabbit singer Scott Hutchison. Scott's tragic death from suicide attracted significant and high-profile attention to the issue, and I note the points that have been made in that regard. I think that there was a genuine national outpouring of not only sympathy for his family and friends, but understanding that we need to address the issue of men in Scotland taking their own lives.

I pay tribute to Scott Hutchison's family and friends who, in recent weeks, have spoken about his battle with depression. Scott talked openly about his mental health problems. His family have spoken about what a wonderful person he was. In their statement, they also said that

"Depression is a horrendous illness that does not give you any alert or indication as to when it will take hold",

which I found compelling.

That is an important point to consider in this debate; it is also important for the new strategy to ensure that emergency support and access is put at its heart.

All of us in the chamber will agree that every single suicide is a tragedy for the individual involved, their families and friends and society more widely. If we get right the delivery of the plan, we can make progress in the years ahead and reduce suicide rates. The Scottish Conservatives will continue to work constructively with ministers and stakeholders to help achieve that, because every life really does matter.

16:53

The Cabinet Secretary for Health and Sport (Jeane Freeman): Before I answer the questions raised by Anas Sarwar, which were also raised by other members during the debate, I make it clear that I will not necessarily answer all the questions that have been raised. That is partly because I do not write fast enough and it is partly because there are other things that I need to say. However, if members want to pass those questions to us, we will most certainly answer them. All they need do is give us a bit of paper; they do not need to go through the whole shebang.

On Mr Sarwar's point, I make it clear that the £3 million is additional to the £2 million that has already been allocated to support services. The leadership group's role is to provide recommendations to the minister and to COSLA on the priorities and the use of resources, including whether it considers that additional resources are needed over and above what I have mentioned and what is committed to in the programme for government. It will, indeed, be the minister who is accountable, along with me, to this Parliament for how well we progress.

I will start properly by thanking colleagues for their contributions to the debate and for their positive ideas and suggestions. The debate and, most important, the tone of the contributions have shown the importance that the Parliament attaches to preventing suicide.

The debate challenges all of us to think very hard about an issue that we find difficult to talk about and difficult to understand. It is particularly important that we recognise the impact on the families who have been affected by the suicide of a loved one, because that brings home the impact that every death has. I am pleased that that is recognised in the action plan and that those families' experiences will be important.

As others have done, I thank the many organisations and individuals who have taken the time to contribute to the development of the plan, and I join Mr Sarwar and others in thanking all

those people in our health and care services and our third sector organisations who work directly with people who experience mental distress and contemplate suicide. We should recognise that there has been a degree of success in the work of those people, among others, to reduce the number of suicides in Scotland, which has reduced by 20 per cent over the past 11 years. In making that point, I am not for a minute suggesting that there is not more that we must do; it is the foundation on which we should build.

Mary Fee was absolutely correct to say that we want to achieve a radical change in attitude and in the services that we construct and deliver so that we recognise that mental health and physical health are equally important. She was also correct to say that suicide is preventable through early intervention. I am particularly pleased that colleagues have recognised the importance that we attached to that in last week's programme for government announcements. Mary Fee was right to identify that the overall work on mental health, of which the suicide prevention plan is a critical element, is a significant feature of the programme for government.

Alex Cole-Hamilton was one of the first members to make the point about the importance of working with men in particular. As colleagues will know, men are the only group in which there has been an increase in the level of suicides in the five-year rolling statistics. It is right that men are now talking more about feelings than they might have done in the past, but they are not yet doing so enough, nor are they seeking—with the support of their friends and family—the help that is there. Through the plan, we intend to ensure that that help will continue to be provided as part of the overall package of mental health services. In the programme for government, we recognise that work needs to be done to provide the right interventions and support at the right time. It is important that we have identified men as a group that should be targeted for particular support work. Reviewing suicides is the key to getting the right support in the right place at the right time.

The minister was absolutely correct to say that preventing suicide is a cross-Government exercise, but it is also a cross-society exercise. I am grateful to colleagues for mentioning the many other organisations that are involved in that work, which include football clubs, young farmers, schools, students, community groups and private and public sector bodies.

Brian Whittle was correct to point to the importance of physical activity. When the First Minister and I visited Leith academy last week, we talked to the young people there about mental health and their strategies for coping with those occasions when they feel down or distressed, and

physical exercise featured strongly in those conversations. The words of one young man in particular stick in my head. When asked why he did physical exercise on such occasions, he said, "It makes me feel better." The challenge for us is to maintain the support for physical activity in our young people—our young women, in particular—as they move through their 20s and 30s and on into later life. I should mention in passing the role models in Scotland's women's football team, whose reaching the world cup finals is a pointer to what can be achieved.

As Kenny Gibson said, the suicide action plan does not sit in isolation; it sits alongside the isolation and loneliness strategy that is to be published shortly, the diet and healthy weight strategy that we are working on at the moment and the active Scotland programme.

I am particularly grateful to Angela Constance for her contribution and the honesty that she demonstrated when she talked about making the "least wrong decision". It is a challenge for us all in our individual roles in this Parliament when we confront situations where we have to make the least wrong decision. Learning from reviews of suicides that happen will help us to make better decisions about what we need to do.

I hope that the debate, the action plan that we are discussing and that has been published, the work of the leadership group that we have set in train and the leadership of Rose Fitzpatrick will signal to the Parliament just how seriously the Government takes this work and how determined we are to work across the chamber to ensure that suicide absolutely is preventable in our country, because in Scotland every life matters.

Business Motion

17:01

The Presiding Officer (Ken Macintosh): The next item of business is consideration of business motion S5M-13863, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out a business programme. I remind members that Parliament has agreed to vary the rule on business motions so that any member may now speak on them, at my discretion.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 18 September 2018

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Economy, Energy and Fair Work Committee Debate: Bank Closures: Impact on Local Businesses, Consumers and the Scottish Economy

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 19 September 2018

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Transport, Infrastructure and
Connectivity;
Justice and the Law Officers

followed by Scottish Conservative and Unionist
Party Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 20 September 2018

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Government Debate: Violence
Reduction in Scotland – Progress and
Future Priorities

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 25 September 2018

2.00 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Topical Questions (if selected)
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Wednesday 26 September 2018

2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions:
 Government Business and
 Constitutional Relations;
 Culture, Tourism and External Affairs
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Thursday 27 September 2018

11.40 am Parliamentary Bureau Motions
 11.40 am General Questions
 12.00 pm First Minister's Questions
followed by Members' Business
 2.30 pm Parliamentary Bureau Motions
 2.30 pm Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time

(b) that, in relation to any debate on a business motion setting out a business programme taken on Wednesday 19 September, the second sentence of rule 8.11.3 is suspended and replaced with "Any Member may speak on the motion at the discretion of the Presiding Officer", and

(c) that, in relation to First Minister's Questions on 20 September 2018, in rule 13.6.2, insert at end "and may provide an opportunity for Party Leaders or their representatives to question the First Minister".—[*Graeme Dey*]

Motion agreed to.

Parliamentary Bureau Motions

17:01

The Presiding Officer (Ken Macintosh): I invite Graeme Dey, on behalf of the Parliamentary Bureau, to move motions S5M-13864, on the establishment of a private bill committee; S5M-13865, on approval of a Scottish statutory instrument; S5M-13867, on membership of the Congress of Local and Regional Authorities; and S5M-13880, on sub-committee membership.

Motions moved,

That the Parliament shall establish a committee of the Parliament as follows:

Name of Committee: Hutchesons' Hospital Transfer and Dissolution (Scotland) Bill Committee.

Remit: To consider matters relating to the Hutchesons' Hospital Transfer and Dissolution (Scotland) Bill.

Duration: Until the Bill is passed or rejected, falls or is withdrawn.

Number of members: 4.

Convenership: The Convener will be a member of the Scottish Labour Party and the Deputy Convener will be a member of the Scottish National Party.

Membership: Maurice Corry, Kezia Dugdale, Ruth Maguire and Stewart Stevenson.

That the Parliament agrees that the Registered Social Landlords (Repayment Charges) (Scotland) Regulations 2018 [draft] be approved.

That the Parliament endorses the Scottish Government's proposal to nominate, as a representative of the Parliament, Angela Constance MSP as a full member on the UK delegation to the regional chamber of the Congress of Local and Regional Authorities of the Council of Europe for the remainder of the parliamentary session to 2021.

That the Parliament agrees that Fulton MacGregor be appointed to replace Ben Macpherson as a member of the Justice Sub-Committee on Policing.—[*Graeme Dey*]

Decision Time

17:01

The Presiding Officer (Ken Macintosh): The first question is, that amendment S5M-13847.1, in the name of Annie Wells, which seeks to amend motion S5M-13847, in the name of Clare Haughey, on “Scotland’s Suicide Prevention Action Plan: Every Life Matters”, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S5M-13847.3, in the name of Mary Fee, which seeks to amend motion S5M-13847, in the name of Clare Haughey, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S5M-13847.2, in the name of Alex Cole-Hamilton, which seeks to amend motion S5M-13847, in the name of Clare Haughey, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S5M-13847, in the name of Clare Haughey, on “Scotland’s Suicide Prevention Action Plan: Every Life Matters”, as amended, be agreed to.

Motion, as amended, agreed to.

That the Parliament welcomes the Suicide Prevention Action Plan; extends its sympathy to all those bereaved by suicide; believes that every life matters and that no death by suicide is either acceptable or inevitable; acknowledges the dedication, expertise and hard work of all those who have contributed to a 20% reduction in the suicide rate since 2002; accepts that there is far more work to do; supports the determination for a step change in suicide prevention; accepts the vision for a Scotland where suicide is preventable, where help and support is available to anyone contemplating suicide and to those who have lost someone to suicide; calls on leaders at national, regional and local level to transform society’s response and attitudes towards suicide; recognises the need for further collective action to prevent deaths by suicide; supports the additional £3 million investment, and the establishing of a National Suicide Prevention Leadership Group chaired by the former deputy chief constable, Rose Fitzpatrick; asks that the Scottish Government provides detail on the accountability of the leadership group and how and when the group will report to the Parliament on action delivery timescales and how funding will be allocated; agrees with the target to further reduce the rate of suicide by 20% by 2022; commends the partnership approach across sectors, organisations and society to better identify and support people in distress, to strengthen communities and to save lives; recognises the importance of early intervention for supporting good mental wellbeing; welcomes the recent Scottish Government announcement that it will invest in school-based counsellors; notes that this policy has had wide support for some time, given the pressure on youth mental health services, as evidenced in the most recent

CAMHS publications, which detail a record low performance on waiting times; acknowledges that adult mental health services are also under pressure like never before; commends the tireless work of the staff of all of Scotland’s mental health services; recognises the importance of ensuring that all support services are given the resources that they need to provide care to deliver the reduction in suicide rates; notes the independent review of mental health services in Tayside and its national significance; calls on the Scottish Government to draw lessons for the whole of Scotland where appropriate; acknowledges the characteristics and factors known to contribute to raised suicide risk, and believes that work to identify actions to target risk groups is essential; understands that the Health and Sport Committee recently heard from people affected by suicide and that one of the consistent themes was the lack of access to talking therapies; notes the ISD Scotland statistics showing that one-in-four adults did not start treatment for psychological therapies within 18 weeks during the quarter ending June 2018; recognises that early access to services, support and treatment, and continuity of care can be important factors in preventing deaths by suicide, and urges the Scottish Government to secure substantial progress in these areas.

The Presiding Officer: Unless anyone objects, I propose to put a single question on the four Parliamentary Bureau motions. The question is, that motions S5M-13864, S5M-13865, S5M-13867 and S5M-13880, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, be agreed to.

Motions agreed to.

That the Parliament shall establish a committee of the Parliament as follows:

Name of Committee: Hutchesons’ Hospital Transfer and Dissolution (Scotland) Bill Committee.

Remit: To consider matters relating to the Hutchesons’ Hospital Transfer and Dissolution (Scotland) Bill.

Duration: Until the Bill is passed or rejected, falls or is withdrawn.

Number of members: 4.

Convenership: The Convener will be a member of the Scottish Labour Party and the Deputy Convener will be a member of the Scottish National Party.

Membership: Maurice Corry, Kezia Dugdale, Ruth Maguire and Stewart Stevenson.

That the Parliament agrees that the Registered Social Landlords (Repayment Charges) (Scotland) Regulations 2018 [draft] be approved.

That the Parliament endorses the Scottish Government’s proposal to nominate, as a representative of the Parliament, Angela Constance MSP as a full member on the UK delegation to the regional chamber of the Congress of Local and Regional Authorities of the Council of Europe for the remainder of the parliamentary session to 2021.

That the Parliament agrees that Fulton MacGregor be appointed to replace Ben Macpherson as a member of the Justice Sub-Committee on Policing.

Social Enterprises (Child Poverty)

The Deputy Presiding Officer (Christine Grahame): The final item of business is a members' business debate on motion S5M-13701, in the name of Patrick Harvie, on social enterprises working to tackle child poverty. The debate will be concluded without any question being put.

Motion debated,

That the Parliament congratulates the Glasgow-based social enterprise, ApparelXchange, which aims to promote reuse and recycling of school uniforms to reduce costs to families and prevent the waste of resources; notes that the social enterprise worked with a number of schools to run a successful series of summer pop-up shops across Glasgow offering reused items of school uniform; recognises that many families struggle to meet the costs of school uniforms, which it understands amount to an average of £130 per year; commends the team for diverting over 2,100 garments from disposal in landfill, which it understands made carbon savings equivalent to four return flights from Edinburgh to New York; considers that UK Government welfare policies have increased the number of children living in poverty; values the work done by the Child Poverty Action Group and others on the costs of the school day; considers that child poverty has a deeply damaging effect on young people's education and life chances, and recognises both the valuable contribution that social enterprises make to tackling child poverty and the need for all levels of government to act positively to eliminate it.

17:04

Patrick Harvie (Glasgow) (Green): I thank colleagues who added their names to the motion and gave the opportunity to debate it. In a quirk of parliamentary timetabling, we might rehearse some of the arguments that we had yesterday in the debate on the social enterprise world forum, which was brought in Government time.

I lodged the motion to do two things: to raise awareness among members of the work that ApparelXchange, which is a smallish social enterprise in the south side of Glasgow, is doing, the wider application that its work might have throughout Scotland and the potential for that to be rolled out; and to place that work in the wider context of the scale and impact of child poverty in Scotland, with which we are all tragically familiar, and discuss the way in which ApparelXchange's work can engage with that. That is the other purpose of the debate.

ApparelXchange is a relatively new emerging social enterprise that is dedicated to school uniform reuse. It recognises that school uniforms are, in financial and environmental terms, a costly part of school life. A large amount of material is used for a very short time before it ends up in landfill. ApparelXchange seeks ways to reduce those financial and environmental costs and to

ensure access to high-quality uniforms for everybody in the schools with which it works. It works in partnership with particular schools, and it is working its way across Glasgow, starting in the south side. It looks to develop services that collect, sort, clean, sell and redistribute school uniforms in a way that ensures access to clothing that is compliant with each individual school's uniform policy.

Since the start of this year, ApparelXchange has worked with four schools from its base at Shawlands arcade, and it has engaged with parents at parent-teacher evenings, organised collections and begun its series of uniform sales. All of that informs how it will seek to work with more schools in the future.

ApparelXchange has secured support from Firstport and the European Institute of Innovation and Technology's climate-KIC business accelerator programme. They are investing in testing and developing the concept of ApparelXchange's work. As I have said, I hope that that will be rolled out more widely.

Since I drafted the motion, some of the statistics have changed. ApparelXchange has now processed nearly 4,000 garments, so we can add one more flight to the carbon-equivalent saving that is mentioned in the motion. Over the summer, it held a number of big sales—it calls them “mega sales”—which attracted families from across the south side, and it has had good feedback on the accessibility of its service, the low price and high quality that it is able to provide, and the knowledge that the service is good in environmental terms. It is also launching its free uniform package to a relatively small number of people at first—to a number of foster children and asylum seeker and refugee families—and it expects demand for that new service to grow. I gather that, this week, it is looking to move to new, larger premises. It is clear that that is an opportunity with potential, and I hope that what ApparelXchange is learning about providing the service could be replicated and reproduced around Scotland.

I referred to our debate yesterday, in which a number of members mentioned projects in which social enterprise has a really good knack of joining up the social, environmental and economic priorities. The response to the financial and environmental costs of school uniforms is only one part of the wider work that needs to go on to address the costs involved in accessing basic education, which should be free to all.

The Child Poverty Action Group and Glasgow City Council, for example, have worked well on the wider issues of the costs of the school day. They have addressed the costs involved not just in clothing but in travel to school, school food, school trips, after-school activities and much more, and

the need to identify ways of minimising costs to reduce the pressure on family budgets and ensure that all young people can gain access to the opportunities that education has to offer them, regardless of their family income.

Just this month, CPAG and NHS Health Scotland have launched a toolkit to support action on child poverty in schools.

I want to draw attention to the report of this Parliament's Education and Skills Committee, which contained some useful recommendations about surveying education authorities to establish the extent of charges for in-school activities and the impact of that on low-income families, and about identifying ways to reduce the expensive or unnecessary parts of school uniforms that should not be required and which place unnecessary cost burdens on families.

The context in which all that sits is, of course, the level of child poverty that exists in our society. As members across the chamber know, CPAG has worked hard to make sure that we are challenging the status quo in that regard. Scotland already has a higher rate of child poverty than much of Europe, and it is likely to rise in coming years. For example, the Institute for Fiscal Studies projects that, unless the United Kingdom Government changes its policies, the UK-wide rate of child poverty could rise to exceed one in three children in the coming years.

People continue to be paid poverty wages, which are still permitted under UK minimum wage laws, and our social security system is inadequate as a safety net against poverty getting worse, with welfare reform acting as a major driver of recent increases in child poverty. We need to consider the devolved aspects of the social security system and the opportunity that that gives us to go further than we have done so far. Members will be aware of the give me five campaign, which is run by a coalition of organisations that campaign on child poverty and are looking for a top-up of £5 a week on child benefit. We believe that the Scottish Government should be using its powers. The most recent legislation on social security gives the Government a duty to consider that action, and we will continue to make the case for the opportunity to use that power to lift 30,000 children out of poverty and to help to increase the income of families across Scotland, including those who are just above the poverty line. The Scottish Government has committed to introducing an income settlement for low-income families, and I know that the give me five campaign is committed to continuing to keep up the pressure to make the case that that income settlement should come in the form of a child benefit top-up.

I will conclude by returning to ApparelXchange and relating the experience of Izzie Eriksen, the founding director. She says:

"The families who've used our service over the summer have given us really important feedback. The most important thing is that there's no one single reason why someone uses a service like ours. For some, it's because it's all they can afford. For others, it's because we're working in partnership with their school and the support that community aspect. And for some it's because they recognise the huge levels of waste involved and want to do their bit to benefit the environment."

I think that social enterprise is a huge opportunity to do much more on the prevention and alleviation of child poverty, and government also needs to play its part at every level—UK, Scottish and local.

I look forward to the debate and to the minister's comments.

17:13

Bill Kidd (Glasgow Anniesland) (SNP): I thank Patrick Harvie for lodging the motion because it provides us with an opportunity to highlight the work of organisations such as ApparelXchange that operate in constituencies across Scotland to alleviate the burden on low-income families. It also provides us with the opportunity to engage with and examine the fundamental issue of child poverty.

Work that is done by social enterprises and charities is pivotal and changes lives. That work can be amplified by effective and ambitious legislation such as the Child Poverty (Scotland) Act 2017, which was passed in the Scottish Parliament last year.

As Patrick Harvie has highlighted, ApparelXchange works with schools to encourage reuse of clothing. It is based in Glasgow and sells good quality second-hand school uniforms at low cost, with many items costing only £2.50. This innovative idea is not only good for the environment but, crucially, it takes financial pressure off parents as their children start the new school year.

I thank everyone who is involved in ApparelXchange—from the founder, Izzie Erikson to her hard-working colleagues and all the volunteers—for their dedicated work. I am sure that it is their dedication that has turned that start-up into a success so quickly. As stated in the motion, within the first five months—amazingly—uniform re-use saved the equivalent carbon of four return flights from Edinburgh to New York. I am pleased to say that ApparelXchange has also just started working directly with Blairdardie primary school in my Glasgow Anniesland constituency. Furthermore, that enterprise has provided families

right across Glasgow with affordable school uniforms.

Transformational change comes when the work that is done by charities and social enterprises is echoed by decisions that are made in Government and in Parliament, when we share the ambition to eradicate inequality. It is our collective duty, here in the chamber, to tackle inequality and to stand up for what is right. If we put effective policy and strong legislation in place, which I believe we are doing, we can amplify that collective effort across the parties, and we can accelerate change.

From the Scottish National Party's point of view, we have made it clear that our priority is the creation of an equitable society. That means that those who are born into economic disadvantage are provided with support in order rightly to move them on to a level playing field. We believe that reduction of poverty is about upholding human rights. Beyond that, we believe that it makes sense: fewer people living in poverty equates to a better-performing economy and a more prosperous nation.

The Child Poverty (Scotland) Act 2017 shows how Scotland is leading the UK in tackling child poverty. In March this year, the Scottish Government released the first delivery plan relating to that legislation. It is called "Every child, every chance—The Tackling Child Poverty Delivery Plan 2018-22". One of the initiatives of the delivery plan is the school clothing grant of £100 per child per year towards school uniform costs, through the new national entitlement scheme.

An additional £1 million of Scottish Government funding to the fair food fund has also been given to tackle food insecurity outside term time. Of that, £150,000 will go to Cash for Kids to help community organisations to support children over the school holidays with activities and access to meals.

Collaboration with social enterprises directly improves the lives of children now. Crucially, what all that means is that children and their futures are—as they should be—being prioritised and protected. Together with social enterprises, we can work to reduce child poverty and give every child every chance for the best start in life.

17:17

Michelle Ballantyne (South Scotland) (Con): I begin by joining Patrick Harvie in congratulating his local social enterprise, ApparelXchange, on the work that it does. I would also like to take this opportunity to highlight the work of greening Gorebridge, which is a social enterprise's project in my region. It collects good quality second-hand school uniform items from local residents and

provides an exchange service where people can contribute a small donation, or nothing at all, so long as the clothes go to a good home. Not only does its work reduce carbon, water and waste footprints, it means more money in the pockets of local families. It is absolutely clear that social enterprises play an important role in our communities by helping vulnerable people and inspiring a new generation of entrepreneurs. It is vital that we support their development.

I am going to go slightly off-piste now. I have a young 16-year-old by the name of Alex in my office this week on work experience from school. I asked him what he thought about child poverty and he wrote me some words, so I will use what he wrote for my speech today. This is what a 16-year-old boy said.

"This makes me think that it is time to step back and take a look at ourselves in this chamber. For too long, parties have played political football with this issue, cheering on when someone else commits a foul. The nuance and detail from a complex issue has been removed, an issue which cannot be solved through ideological policies or simply increasing spending. We need to take a step back and look at the bigger picture around poverty. Many different factors such as mental health, lack of family structure and falling education standards have been overlooked and left to the side while the situation continues to deteriorate.

Poverty looks like the school pupil who must work a part time job to help provide for his or her family. Poverty looks like the single mum who despite being in work still cannot earn enough to feed her children. Poverty can simply be a lonely pensioner who can only afford to heat one room in his or her house.

All parties have tried to tackle poverty in flawed ways, looking at a narrow view of what poverty is and failing to see that it doesn't just affect individuals but entire communities. Too often there is a lack of communication between services, with multiple organisations visiting the same family without ever talking to each other or really touching upon what led them there. Managing, or even just containing families without offering them a chance to improve their lives.

Government after government has simply spent more and more money to try and fix child poverty through the welfare state and more money pumped into schools in the hope it will pay off. Yet it hasn't worked. Child poverty in Scotland has been on the rise since 2007 when 200,000 children were in poverty and that number is expected to reach 400,000 by 2027.

Meanwhile, a stream of legislation has been introduced, at great cost, and with little effect. What these proposals fail to tackle are driving factors of poverty such as a broken family structure. These tax and spend policies have failed us consistently and repeatedly. They have failed to decrease the attainment gap in Scotland. They have failed to give adequate incomes to those in poverty. Even with high employment across the UK, 220,000 Scottish children will not receive nutritious meals this week as their parents don't have the time or wage to create a proper meal.

A happy home life, working parents, a proper diet and a robust education; these are the things that provide a solid foundation for solving child poverty. This is something that starts in our communities, it starts in the classroom, not in a foodbank. By tackling the drivers of poverty, not the

symptoms, we can fix this issue for good. It is time that we as a Parliament do what is right for the people of Scotland and focus instead on long term solutions. By reinforcing the quality of service provided by teachers, employment specialists and mental health professionals, we can prevent the cycle of children growing up hungry in families for good."

I have not changed a word.

The Deputy Presiding Officer: For the *Official Report*, I take it that that was all in quotes.

Michelle Ballantyne: Yes, it was.

17:21

James Kelly (Glasgow) (Lab): I congratulate Patrick Harvie on securing the debate. As he said, we wait a long time for a debate on social enterprise to come along and then we get two in a row.

In many ways, this is a good debate, because it gives the practical example of a social enterprise working in Glasgow on a particular issue—school uniforms—and links it to tackling child poverty. Following on from yesterday afternoon's debate, it is a focused and therefore useful debate.

As Patrick Harvie said, the work of ApparelXchange in Shawlands has been excellent and I am glad to hear that more progress has been made since he lodged his motion. The provision of school uniforms is a big issue for low-income families, particularly as some uniforms have a unique design that boosts their cost beyond the figure of £130 that was quoted in the motion. That puts a lot of families in a difficult position, with some going into debt or not being able to afford uniforms at all. The redistribution of school uniforms that is organised by the ApparelXchange social enterprise ensures that people are able to acquire uniforms at a lower cost and, as Patrick Harvie pointed out, it is more environmentally friendly. It is an excellent piece of work.

Patrick Harvie was also right to comment on the work of the Child Poverty Action Group, which has done so much over many years to highlight child poverty issues, including in relation to school uniforms.

That there are more than 200,000 children in Scotland in poverty is a massive issue for the Parliament—we have some important issues to address. The motion is right to look at the effect that the UK Tory Government's welfare cuts have had, as there is no doubt that those policies have pushed more families into poverty and more kids into child poverty. The policies have had a direct impact on vulnerable families, and politicians and Governments have to take responsibility for that—I say that to members on the Tory benches.

The Scottish Parliament also has responsibility. Patrick Harvie mentioned the give me five campaign, which focused on the recent Scottish budget and increasing child benefit by £5. I am sure that that campaign will feature again in the forthcoming Scottish budget. All arms of Government have the responsibility for taking action to address these issues.

Social enterprises are more ethical and can therefore provide the conditions that help to tackle child poverty. One of the statistics that came out during yesterday's debate was that 72 per cent of people who are employed in social enterprises are paid the real living wage. That has a big impact, particularly in somewhere such as Glasgow, where 150,000 are not being paid the real living wage. It makes a contribution to addressing child poverty.

Patrick Harvie's debate has addressed some important issues. It has given us a good practical example, but there are wider political issues that all Parliaments need to address if we want to be serious about tackling child poverty.

17:26

Angela Constance (Almond Valley) (SNP): I, too, congratulate Patrick Harvie on securing the debate. It is particularly timely, given that the social enterprise world forum has this week come home to Scotland, giving an opportunity to showcase everything that is marvellous about the social enterprise movement in Scotland in terms of its contribution to our economy and to tackling poverty and inequality.

In yesterday's Government-led debate, it was also acknowledged that locally led social enterprises can reach and support in a dignified manner families who are struggling. Although social enterprises do not exist to let government at any level off the hook, they bring something to the solution and certainly add more than a bit of magic.

Ultimately, it is core that poverty is about the lack of income and it is a political issue. On a positive note, however, Parliament has the united ambition to end child poverty and we have all signed up to ambitious statutory targets to do so by 2030. The contribution of social enterprise to that is reflected in the child poverty delivery plan that the cabinet secretary will take forward. The challenge for us all will be to ensure that, with the delivery of the plan and future plans, the actions are well evidenced and will have maximum impact in reducing child poverty.

Mr Harvie is also absolutely factually correct to point to the evidence that UK welfare reforms will drive 1 million more children across the UK into poverty by the end of the decade.

For the purpose of today's debate, I will focus on two social enterprises in my constituency that were started up and are led by fabulous women. Like ApparelXchange, they are helping children to access school uniforms and other provisions and support. I also take this opportunity to invite the new cabinet secretary to my constituency to see for herself the invaluable work that is being done by Kidzeco and the School Bank West Lothian.

The School Bank West Lothian was set up in 2015 and has gone from strength to strength. The aim of the bank is to provide brand new school uniforms to children in families who are experiencing financial hardship, and to supply warm coats, shoes and other equipment that is required for the school day, such as school bags, pencils and pencil cases. There has been a marked rise in the number of referrals from May 2017 to August 2018; it now sits at 428 referrals and the number has increased by more than 50 per cent from last year. It is noticeable that more than 50 per cent of referrals come from families who are in work; they make up the largest single grouping of cases. Alarming, only 78 of the 428 referrals were eligible for the school uniform grant from the local council.

To its credit, West Lothian Council gives eligible parents £120 in the form of a school uniform grant, which is the highest grant in Scotland. However, it is a one-off yearly payment that is offered to people who are in receipt of particular benefits or whose income does not exceed £16,000. The School Bank West Lothian says that, although the grant is generous, many children grow a lot between August and Christmas and outgrow the school uniform that has been purchased. As Patrick Harvie said, the average cost of a school uniform is in excess of £100.

Kidzeco is also an award-winning social enterprise. It is based in West Lothian, with its shops in Bathgate and Livingston set up for families who want to buy high-quality pre-loved children's clothes, toys and equipment at an affordable price. Kidzeco is environmentally friendly and reuses, recycles and upcycles more than 5 tonnes of goods that would otherwise be sent to landfill every month. It has set up a range of other community support projects, and its KidzStart bags are nice, hand-crafted bags of everyday essential items for not just newborns but young children. The bags very much complement and build on the baby box.

I want to put on record my thanks and appreciation to Tracy Murdoch, the founder of Kidzeco. I also thank the women who set up the School Bank West Lothian—Kirstin and Moira Shemilt, Rachel Annand, Mairi Harkness, Vera Tens, Rebecca Summers and Collette Moran—for everything that they are doing for West Lothian

weans and to help families to put clothes on the backs of their children.

The Deputy Presiding Officer: You will get used to my wavy pen at some point, Ms Constance.

17:31

Alison Harris (Central Scotland) (Con): I will look out for your wavy pen, Presiding Officer.

I, too, thank Patrick Harvie for securing this members' business debate, and I echo the sentiments of members who have spoken in the chamber by congratulating ApparelXchange and the work that it does in Glasgow.

It is a heartening thought now that the new school year is under way, with all the excitement that that brings for pupils, that the summer pop-up shops across Glasgow have made the transition for many families in that area easier and more affordable. The concept of the pop-up shops is an excellent idea on many levels.

As well as the recycling element, which ApparelXchange has described as diverting 2,100 garments—although I understand that that number has increased—from disposal in landfill, there is the unique service that allows parents to access school uniforms. The motion made me think back to my mum telling me about her school days, when my grandmother would make do and mend, and a uniform would last for the whole school year. I am sure that I am not alone in remembering children starting school with skirts that touched their ankles, and it was only when children left school that their blazers fitted. Compare that to today: we live in a much more disposable culture in which there is not the same tendency to make do and mend. We tend to throw away, possibly without appreciating the effect that that has on landfill sites and the associated costs.

It is an excellent idea that parents can access such initiatives that provide school clothing. We accept that uniforms cost money, and the costs are higher for families that have more than one child at school. Putting uniform aside, families also have the additional costs of the obligatory school shoes and school bags that they need to purchase. I would like social enterprises to run those types of pop-up shops in conjunction with schools and private enterprises, in order to help parents and families throughout the whole of Scotland.

Although this members' business debate offers the chance to highlight the work of social enterprises, the key point remains that as elected representatives we need to ensure that the framework for tackling child poverty is intact. The Scottish Government's target to reduce the child

poverty figure to 10 per cent by 2030 is commendable, and I am pleased that the Parliament is dedicated to an ambitious target.

Poverty and the attainment gap need constant attention, and they need to be tackled with a multifaceted and joined-up approach. As part of that monitoring, in summer 2017 the Scottish ministers tasked a body of persons with providing advice on the reduction of poverty and inequality in Scotland. Subsequently, the Scottish Parliament passed what became the Child Poverty (Scotland) Act 2017 to establish the Poverty and Inequality Commission with functions relating to child poverty targets that were described in the bill. That was meant to promote efficiency, effectiveness and economy in the exercise of public functions for the two functions that were to be combined and delivered by a single body.

Article 2(2) of the Public Services Reform (Poverty and Inequality Commission) (Scotland) Order 2018 expands the commission's functions accordingly. However, as my colleague Adam Tomkins said at stage 3 of the Child Poverty (Scotland) Bill,

"we cannot successfully tackle child poverty by thinking only about income: we must also think about education, the employment prospects of families, parents and guardians, and the range of other issues ... That is why we welcome the more broad-brush, holistic and universal approach to an antipoverty strategy".—[*Official Report*, 8 November 2017; c 29.]

I acknowledge social enterprise in the wider community and congratulate all those involved on giving their time and for their commitment and efforts. I welcome this members' business debate and whole-heartedly support all my colleagues in their endeavours to reduce child poverty in Scotland.

17:35

The Cabinet Secretary for Communities and Local Government (Aileen Campbell): Like other speakers, I am pleased that, coincidentally, this is the week in which Scotland welcomes 1,400 delegates from around the world to celebrate social enterprises at the 10th anniversary of the social enterprise world forum. It is apt that we recognise the work of ApparelXchange, which—as Patrick Harvie outlined—provides a much-needed service that tackles not only the monetary cost of school uniform but the costs to the environment of additional landfill. As is often the case, a social enterprise joins up the dots on a challenge and generates a solution.

I enjoyed hearing from Angela Constance, who did much work on child poverty and social enterprise, and I would be delighted to go to her constituency and visit Kidzeco. While I have the chance to talk about social enterprise, I will plug

one in my constituency. It is perhaps not technically a social enterprise but it does a lot of work similar to that which we have heard about. It is Biggar's WomanKIND Clydesdale, which does much work to ensure that people who are struggling get the support that they need in the discreet and dignified way that we know needs to happen more often.

As a mother of two wee boys, I know how quickly kids grow out of their school clothes. I have an ever-increasing pile of school jerseys waiting for my youngest son to use when he goes to school. As is often the case, the second sibling does not get their own new stuff; they get the hand-me-downs from their older brother or sister. Not everyone has a bigger brother or sister or is able easily to go and buy or replace school uniforms. I know how lucky I am to be able to do that and ensure that my boys can take full part in the opportunities that are available to them. That chance is not available to every child, which is undoubtedly why we are all speaking passionately about the need to ensure that a fair chance to flourish is given to every child, not just the few who have the means to be able to take it.

That is why Patrick Harvie is right to contextualise the incredible work of ApparelXchange within the wider problem of trying to tackle child poverty. It is the role not only of social enterprises but of Governments to tackle that unfairness. Angela Constance was right to point out that social enterprises should never let Government off the hook. It is right that we do what we can as a Government. That is why, in March this year, we published our first tackling child poverty delivery plan, which sets out the concrete action that we will take up to 2022 to make strong progress towards a better future.

The plan is structured around the three drivers of child poverty reduction: increasing incomes from work and earnings; reducing household costs; and maximising incomes from social security and benefits in kind. It also outlines action to help children who are living in poverty to improve their lives and outcomes and prevent them from becoming the parents of the next generation that grows up in poverty.

Even in the short time since its publication, our plan has started to deliver tangible change. Members will be aware that we have established a new £100 national minimum school clothing grant, beginning in the 2018-19 academic year. We estimate that it will benefit 120,000 families this year alone and it means that, for the first time, all eligible families will have access to the same minimum level of financial support for school clothing regardless of where they live.

Aligned to that, we know that providing uniforms is only one part of the challenge that faces parents

in meeting the cost of the school day. We recognise the work of the Child Poverty Action Group and others on voicing the reality that faces parents and children across Scotland. That is why we are supporting them to continue their work with schools and authorities to promote awareness of the financial barriers that pupils from low-income families face at school, the ways in which those barriers prevent full participation and can undermine achievement, and the practical steps that can be taken by schools and others to reduce and remove those barriers.

That is also why, in our programme for government, we have committed an additional £2 million-worth of funding to step up work to tackle food insecurity among children in Scotland. We will work with the Convention of Scottish Local Authorities, local authorities, the third sector, social enterprises and other stakeholders to build momentum, trial new approaches and develop a clear plan of action for the future to eradicate holiday hunger. Again, working together is often what is necessary to find the solution to some of the problems that are prevalent across the country.

That being said, despite all that work and all that effort from social enterprises and from this Government, supported by the Parliament, Patrick Harvie is right to point out that the UK welfare reforms are pushing more children into poverty. Although I really appreciated Michelle Ballantyne's intern's words, which were in many ways correct, I think that Michelle Ballantyne and her party would do well to take a step back themselves and look at just what the impact of the UK welfare cuts has been on families around Scotland.

Annual welfare spending will be cut by almost £4 billion in Scotland by 2020 and the Scottish Government's projections show that, if we took no action, cuts and on-going austerity could lead to more than one in three children living in poverty in Scotland by 2030. Those statistics—£4 billion being taken out of social security, and also that if the Scottish Government did nothing, one in three children would be living in poverty by 2030—show that no social enterprise could cope with the impact of that. That is why it is important to recognise that it is not just the work of social enterprises to plug that gap; the Scottish Government needs to do what it can with the powers that it has at its disposal to try to mitigate the impact as best it can.

However, the UK Government and Michelle Ballantyne and her party also need to understand the impact that her party's actions are having on families across the country. If we get that recognition—if we get that realisation—we may start to make that long-term impact on poverty that

Michelle Ballantyne's intern spoke about, which is so necessary for our country.

Yesterday, we spoke about rebalancing the economy and how we can do that through the use of social enterprises; we spoke about the value that we attach to human capacity and creativity and the talents that we have across our country. ApparelXchange shows that creativity and innovation; it shows that ability to reach out and connect with a community to tackle some of the entrenched problems that people are facing and to help them to be resilient enough to cope. If we empower more of our communities to do the same we can have the impact that we want, but everybody needs to play their part.

The Scottish Government is well up for trying to do what it can. It is straining every sinew to make sure that we can say with confidence that every child in this country is able to take up the opportunities that are rightfully theirs and to make sure that this country can be the best place in which to grow up.

However, we need to have the powers to be able to do that or we need at least to have the partnership and the recognition of the UK Government that its welfare reforms are damaging those opportunities for too many children across the country. Until that moment, we will continue to work in partnership with social enterprises, support their innovation and creativity, and ensure that every child has a fair chance to flourish. Again, I congratulate Patrick Harvie on bringing the motion to the chamber for debate.

Meeting closed at 17:43.

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