



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Public Petitions Committee

**Thursday 21 February 2019**

**Session 5**



The Scottish Parliament  
Pàrlamaid na h-Alba



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**PUBLIC PETITIONS COMMITTEE**

**4<sup>th</sup> Meeting 2019, Session 5**

**CONVENER**

\*Johann Lamont (Glasgow) (Lab)

**DEPUTY CONVENER**

\*Angus MacDonald (Falkirk East) (SNP)

**COMMITTEE MEMBERS**

\*Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con)

\*David Torrance (Kirkcaldy) (SNP)

\*Brian Whittle (South Scotland) (Con)

\*attended

**CLERK TO THE COMMITTEE**

Sarah Robertson

**LOCATION**

The Sir Alexander Fleming Room (CR3)



# Scottish Parliament

## Public Petitions Committee

Thursday 21 February 2019

*[The Convener opened the meeting at 10:02]*

### Continued Petitions

#### Speed Awareness Courses (PE1600)

**The Convener (Johann Lamont):** I welcome everyone to the fourth meeting of the Public Petitions Committee in 2019. The first petition is PE1600, on speed awareness courses, which was lodged by John Chapman in February 2016. At our most recent consideration of the petition, in September 2018, we acknowledged the petitioner's frustration with the time that it has taken for any progress to be made on the issue and agreed that it would be helpful to take oral evidence from Police Scotland and the Cabinet Secretary for Transport, Infrastructure and Connectivity or his officials.

In advance of agreeing a date for that evidence session, we have received an update from the Crown Office and Procurator Fiscal Service. That update is included in our meeting papers, and confirms that the Lord Advocate has agreed in principle to the use of speed awareness courses as an alternative to prosecution in appropriate cases. It adds that a multi-agency working group will work together to devise the necessary infrastructure and guidance to support the introduction of speed awareness courses. Members may be aware that that development has been quite widely reported in the media this week. The petitioner welcomes the update but wants to understand whether the multi-agency working group will be working to an agreed timescale.

Do members have any comments or suggestions for action?

**Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con):** It is welcome that the proposal in the petition has been considered and I think that Mr Chapman will be very pleased that the Lord Advocate has agreed to it in principle. The multi-agency group, which includes quite a number of bodies, might want to provide evidence to the committee.

**Angus MacDonald (Falkirk East) (SNP):** I agree with Rachael Hamilton. It would be good to know the timescale for the multi-agency working group. I can understand the petitioner's frustration at the length of time that the process has taken

and, if the group is going to take even longer, it would be unfortunate to say the least. We need to get an answer to that specific question, and the best way to do that is to get the group in front of the committee.

**The Convener:** I have to say that, for something to do with speed awareness, things are moving exceptionally slowly. I recall that, in our last discussion on the petition, we asked how difficult it was to do this. If it is so difficult to do something this small, it makes you wonder about the normal timescales for implementing other bits of policy.

Following the suggestions made by Angus MacDonald and Rachael Hamilton, I think that we should bring the working group in front of us and have this conversation, as it might give us a bit of understanding about the complexities involved. After all, if the Lord Advocate has already agreed to it, how long can it possibly take to implement it? We all recognise the merits of the petition, and it would be worth while trying to establish a timescale for putting this in place. Indeed, as the petitioner has pointed out, we should also try to establish an end point; it should be not just about roughly how much time this is going to take but about whether the group can identify some point in time that it can work back from. That would be useful.

**Angus MacDonald:** There have been courses for drunk drivers and to address other issues, so I do not think that it would be a matter of reinventing the wheel to get something like this up and running. The sooner it happens, the better.

**The Convener:** It is probably a good idea to bring this to a close before we run out of puns. Do we agree to invite representatives of the multi-agency working group to provide oral evidence in advance of the summer recess and to get, as part of that, some sense of a timescale?

**Members indicated agreement.**

#### Fireworks Displays (Regulation) (PE1687)

**The Convener:** The next petition is PE1687, which was lodged by Jane Erskine in March 2018, on the regulation of fireworks displays in Scotland. The petition is set in the context of rural locations in particular and takes an animal welfare perspective.

We last considered the petition in October 2018. In response to correspondence that was issued following that meeting, the Scottish Government advised that it was due to launch a consultation on the use and regulation of fireworks early this year. The clerk's note confirms that the consultation was launched on 3 February and closes on 13 May

and says that it includes a section on animal welfare and asks for examples of local practice.

Do members have any comments or suggestions for action?

**David Torrance (Kirkcaldy) (SNP):** I think that we should defer consideration of the petition until the Scottish Government publishes the results of the consultation. That should give us a better idea of where things are going.

**The Convener:** Are there any other options?

**Rachael Hamilton:** I think that it is a great petition, but the Scottish Government is now looking at the issue. I have to say that I am not sure that I agree with David Torrance, because I think that we might be in a position to close the petition. We have to weigh up the benefits of the consultation and whether the Scottish Government will take it forward in a way that Jane Erskine would be happy with.

**The Convener:** We have two options: hold on to the petition, while recognising that there is a consultation and waiting to see the responses to it; or encourage the petitioner to engage with the consultation in the recognition that if, at the end of that process, the Scottish Government did not respond in a way that she might have hoped or expected, particularly on the issue of animal welfare in rural areas, she would be free to submit a further petition with a focus on the bit that the Scottish Government had failed to address. There is a much broader question about the use of fireworks not just in rural areas but in urban areas, but the choice before us is between the two options that have been identified. I wonder whether Brian Whittle or Angus MacDonald has a view.

**Brian Whittle (South Scotland) (Con):** The petition has had a positive effect, in that the Scottish Government is now looking at the issue. The petition is quite broad, but my feeling is that it has probably achieved what it looked to achieve at the outset and, as the convener has said, the petitioner has an opportunity to come back with a more targeted petition, should the Government investigation not be to her satisfaction. I feel that we could close the petition just now, with the prospect of another coming down the line.

**The Convener:** What is your view, Angus?

**David Torrance:** For the sake of consensus, I will withdraw my suggestion.

**The Convener:** We have not heard from Angus MacDonald yet. You are causing more bother, Mr Torrance.

**Angus MacDonald:** I agree with Rachael Hamilton and Brian Whittle. I think that we have an opportunity to close the petition, given that the

petitioner can come back with another petition in future if she feels that the Government has not addressed an issue. She has to wait a year to do that but, as we have seen with consultations in the past, the Government could take an inordinate length of time to release the results and take further action. Obviously, we will have to wait and see but, in the meantime, we can close the petition and advise the petitioner that she can come back with another petition at a later date.

**David Torrance:** I am happy with that.

**The Convener:** I think that there is a recognition that, whatever we do, we recognise the importance of the petition and that it has secured some movement. We hope that the petitioner and others engage with the consultation, which has been publicised. I would hope that the Scottish Government, as a consequence of the interest in the issue and a recognition that the issue is quite important, would ensure that the consultation does not just drift. However, as has been said, if the petitioner feels that the consultation does not lead to the action that she is looking for, she has an opportunity to come back to the committee on that basis.

Do we agree to close the petition, recognising what it has achieved and thanking the petitioner for bringing the issue to our attention and engaging with the committee?

**Members indicated agreement.**

## Mental Health Support for Young People (Inquiry)

10:11

**The Convener:** Agenda item 2 is our inquiry into mental health support for young people in Scotland. As members know, the inquiry was launched in connection with PE1627, from Annette MacKenzie, which concerned consent for mental health treatment for people under 18 years of age.

A call for evidence was issued on 7 November 2018 and ran until 14 December 2018. The committee received 49 written responses and views from 72 contributors using the digital consultation tool Dialogue as well as many more comments. In addition to those responses, two outreach events were held in Edinburgh, at Muirhouse millennium centre and at Tynecastle high school.

I suggest that we use the paper before us to provide the basis for a discussion of the feedback that we have received so far. In addition to that, members have received hard copies of all the written submissions. The submissions were very substantial and I thank everyone who contributed, whether they did so through Dialogue, through individual responses or through the submissions that we received.

Do members have any comments to make on the themes that are highlighted in the paper or any observations to make on the written submissions?

**Brian Whittle:** The evidence that we took from Annette MacKenzie was hard to listen to—it was brave of her to talk to us. The matter has been under consideration by the committee since then, and I think that I speak for everyone on the committee when I say that the petition is one of those that has affected us the most.

I think that there is a bigger piece of work to be done. This discussion is quite timely because, on Tuesday, the Health and Sport Committee closed another petition that dealt with issues of mental health. In the discussion, I noted that the Public Petitions Committee had received several petitions on the issue, which led me to think that there is a bigger piece of work to be done. That work might involve joint work by various committees—this committee, the Health and Sport Committee, the Education and Skills Committee and even the Rural Economy and Connectivity Committee if we are talking about the mental health of farmers and so on. At the moment, those issues are being worked on by different committees and cross-party groups, but if we really want to tackle the issue, which is talked about a lot in this Parliament, we

need to pool our resources, although I do not know how we would do that.

10:15

A few points stand out for me. One is about where young people can go or where they feel comfortable going when they are falling into poor mental health. As I have said before, Annette McKenzie raised the point that she is uncomfortable about young people who present with mental health issues having the capability to self-administer medication, with all the connotations and different issues that come out of that.

For me, there is a big piece of work to be done here. You sit on the Education and Skills Committee, convener, and Angus MacDonald sits on the Environment, Climate Change and Land Reform Committee. I do not know what the feeling is across those committees, but the Health and Sport Committee is looking to us and to what we do today before deciding where it will go with the petition.

We are at the gate of perhaps doing something really positive about this particular issue, and I think we should look for a way of grasping that. I am looking at you, convener, because I do not know how we would do that across all those committees. However, it seems to me that it is a growing issue and that we need to grasp the nettle.

**The Convener:** Some of it is simply about understanding the issue. One thing that has come out of the inquiry thus far is the question of what the first point of contact is. Also, is the person who is the first point of contact aware that there are options other than just going to the doctor?

Any one of us might be in circumstances in which somebody says, “I don’t know what to do—I need a bit of help.” One idea is to provide mental health first aid training so that people would know to be empathetic and what suggestions to make.

There is some quite interesting commentary in the submissions about who is trusted. We might think that suggesting that someone ask their teacher for help is reasonable, but that may not be the person they have the right relationship with—it may be somebody else in the school.

That is one issue. Another issue that comes out quite clearly—it is something that we would want to explore further—is that the professionals that young people might approach are themselves dealing with quite significant pressures on their time. A general practitioner has only 10 minutes per appointment. What kind of assessment can they make in 10 minutes? How can we support GPs who have only 10 minutes in which to

understand what is happening? There is some information in the submissions about how GPs could be supported, which we have heard before. Equally, there is pressure on teachers. How do they ensure that somebody is directed in the right way?

The evidence suggests that what we think of as being quite straightforward pathways may not be as straightforward for a young person. One mother talks about the challenges for her own kids. It is not simply a case of saying, "We'll get you a referral and you'll go." Even if they get a referral, they might fail to make the appointment. When I was still teaching, even if there was an educational psychologist or a group worker who could work with them, young people would quite often find ways of just not going, because we had not built their confidence that they could get something from it. There are all sorts of trust issues as well.

**Rachael Hamilton:** I like the idea of taking a thematic approach, because I feel that it was quite a difficult paper to get through, with 49 submissions of evidence—although it was fantastic to get that many. There are themes running through them all, from education to the referral process and to whether child and adolescent mental health services are suitable only for adults and not for young people.

I found the evidence really fascinating. Although there are themes running through it, a lot of people suggested different ideas. I have highlighted some of those ideas—I am sorry if this looks like a scattergun approach, but I am hoping that the clerks can bring everything together in a thematic approach.

A number of the submissions asked whether children and young people's mental health should be treated differently. I like the idea of creating a task force that involves young people. In particular, Young Edinburgh Action took a focused approach, as did the institute for mental health at the University of Birmingham, which ran a workshop with eight students to explore the pathways. The submission from Girlguiding Scotland was really powerful, because the organisation had involved young people and children. Sometimes, adults have a preconceived idea about referrals or pathways. That includes GPs—I have spoken to GPs whose perception is that CAMHS is the right way to go, but actually sometimes it is not.

There are many suggestions in the submissions. One aspect that is really important is the budgets and whether they belong to the NHS or the council. Where is it best to place a service? From the evidence, it seems that the situation is different across Scotland.

One submission asks whether the services that are provided are equitable and based on the Scottish index of multiple deprivation. It also talks about the referral pathways and

"engagement with support for all mental health services to young people in relation to SIMD".

I am already mixing too many things together. I wonder whether we could look at all the comments on the education process, the stakeholders and the pathways and go through it in that way.

**The Convener:** We do not want to be overwhelmed by the issue and find that, because it is so massive, we cannot do anything. We want to bear down on particular issues. However, all the issues that you highlight are important. You have talked about some of the youth organisations that have commented, and I have been struck by the number of young people who support their friends. That makes perfect sense. We do not want to overmedicalise things so that someone thinks that they cannot help their friend because it is a mental health issue, when, in fact, that person needs a bit of reassurance and support and to feel that everyone is going through things together.

I am interested in looking at that. We should not turn all the issues into something that professionals deal with for young people because they have this thing, when, in fact, some of it is about life experience and what is happening to them. Youth organisations work with young people and are good at knowing when they are under pressure in their lives—whether that is because of exams, family circumstances or whatever—and how to offer support. We need to consider how we can draw on that work more, so that loads of people do not end up going to professional services when that is not really what those people require. Nevertheless, if people need to go to those services and they need that route through CAMHS, they should be able to access that.

The question about budgeting is important. If a school has a budget for the mental wellbeing of students, should that all be spent on a counsellor or could broader support be funded so that, when a person needs a counsellor, they know how to get to that place?

**Rachael Hamilton:** I have a quick point on that. Some of the submissions point out that, in some local authorities, the attainment challenge fund and the pupil equity funding are being used for those issues. However, the approach is different throughout Scotland. There are questions about how that money is being used, whether it is sustainable and whether it will always be available to fund what is currently being funded.

**The Convener:** There is a whole question about that. The point of that money is that it can be used flexibly, but we might argue that there is an issue



with sustainability because it is not long-term funding. Although one school might see the needs, other schools might be blind to those needs. It would be interesting to know how the decisions on that are made.

Going back to the petition, at the heart of the issue is thinking about whether young people who feel that they need help know where to go; how we ensure that they know where to go; and that, when they go for that help, it is appropriate to how they feel and the people around them are well enough informed to be able to support them. If somebody is going into a crisis or whatever, that should also be recognised.

**Angus MacDonald:** Convener, you have made some valid points about peer-to-peer support and the first point of contact. On the basis of evidence that the committee has received in the past—it was from the Scottish Association for Mental Health, I think—peer-to-peer support should certainly be encouraged. We definitely need to look at that.

On Brian Whittle's call for a larger piece of work, we need to know how we have got to where we are and the cause of the large increase in the number of mental health cases. I recently read a piece in the *New Statesman* that looked at the rise in mental health issues in Nordic countries. There was a direct correlation between the increased use of smartphones and the increase in mental health issues among young people. Brian Whittle certainly has a point: there needs to be more work on how we have got to this situation. Unfortunately, that is not within the remit of the inquiry. All that we can deal with is how to address the issues in the petition and where people can get help. I fully agree that a wider piece of work should be done somewhere in the Parliament that looks at the cause of the increase as well as how we should deal with the issue.

**The Convener:** Would it be worth while to ask the clerks to produce something on what the themes are and how we will investigate them further? One of the recommendations in any report that we produce might be about the need to look at the broader context. The Scottish Government could consider doing such work. The Minister for Mental Health will be in front of us at some point, and it would be interesting to have a conversation with her about that.

My sense is that we have the challenge of considering the big picture and the practical issues of ensuring that young people are more informed about how they are feeling, what that means, how they can get help and that it is the appropriate help and is supported. We must also ensure that people are comfortable not so much about breaking confidentiality as about ensuring that the young person understands that it is not a problem

for other people not to know about. They should not resist that approach, as it will support them. That goes back to the conversation that we had when Maureen Watt was here as the minister. If somebody had a cancer diagnosis, our first instinct would be to encourage them to let their family know and to get all the family support around them. However, with mental health, the situation is somehow seen differently. I understand that somebody might want confidentiality—that should be respected—but we ought not to treat things differently. A person with any condition will be better supported if they have folk around them who are looking out for them.

**Brian Whittle:** On that theme and to follow on from what Rachael Hamilton said, the Health and Sport Committee did some work on the suicide strategy. We went out to interview people, and Sandra White and I went to Glasgow Clyde College's Cardonald campus. We sat around a table with around a dozen students, all of whom had attempted suicide at some point. Obviously, they were quite far down the spectrum. They knew what could help their condition and that, if they got themselves out, ate better, joined a club and were physically active, that would help it. They also knew that, if they sought medical help, that would help. However, they did none of that. Their condition was such that they simply did not do any of that.

As members can imagine, listening to what those students said was quite harrowing. However, they came up with a solution themselves. That was the first time that they had all sat round a table together. At first, they did not know each other but, through a collective understanding and peer-to-peer support, they came up with a solution, and Glasgow Clyde College's Cardonald campus enabled that solution to take place.

I have it in mind to go back there to find out how that is doing. The idea of allowing the youngsters to take part in the process of finding a solution—to take ownership of the issue—is hugely helpful. That evidence is sitting in the Parliament, and I think that it would be highly beneficial to pull all that together in a more cohesive document.

10:30

**The Convener:** As far as themes are concerned, we know from the submissions that there is an issue around training so that people know how to respond when they come across young people in the system. There is also the question of awareness raising. When my kids were at school, I do not recall ever having a conversation about my awareness of whom I would refer them to. When I was still teaching, there was a sense that the guidance staff had a

responsibility and that parents could be referred to them. There is the issue of how we take a consistent approach to raising the awareness of family, carers and others of how to respond. There is also the issue of early intervention and prevention, which is flagged up in the submissions.

In its submission, the Scottish children's services coalition says:

“• A national programme of mental health training for all staff in schools in Scotland is vital, delivering a whole-school approach to mental wellbeing. Parents should also be able to easily access information to provide them with a greater understanding of mental health problems.

• Children and young people should also be made more aware of the mental health advice, information and support available to them, including the provision of an appropriately experienced counsellor in all secondary schools.”

It seems to me that that is what is needed. We must think about how people access that support and understand their own circumstances.

It was also flagged up that there is an issue to do with the experience of mental health issues for particular young people, such as those in the lesbian, gay, bisexual and transgender community or those with disabilities, who might be confronting all sorts of other issues in their lives that they might need support with.

**Rachael Hamilton:** One of the submissions asked whether the counselling model in school was appropriate, as it might not reach the most vulnerable. It was also stated that training needed to be provided for not just teachers, but GPs and the voluntary sector. One submission said that a number of training programmes had been developed that were consistent.

**The Convener:** With regard to your point about hard-to-reach young people, young people who are already disengaged from the system are disengaged from it because of what is happening around them—they might be stressed or whatever. The issue is how we reach out to those young people who have fallen out of the system or who do not trust it. That is partly about school systems reaching out to families and supporting them. The Education and Skills Committee is wrestling with the whole big question of what support is available in school that is not teaching related and how fundamental it is to have support staff to deal with additional support needs, to support teachers to do their job and to help them with the learning environment.

I think that we are agreed on our approach. We certainly recognise the important point that Brian Whittle made at the beginning of the conversation. We have all been struck by and affected by Annette McKenzie's petition. In our minds, the purpose of our inquiry is to ensure that a young

person who is looking for help gets the help that is appropriate, that the people around them know how to respond and that a conversation takes place on mental health that is about everyone knowing how to respond and how to support somebody. We want to ensure that the issue, instead of being one that people have to keep to themselves, is one that we all discuss more. There have been loads of references to what is in our paper.

Brian Whittle's bigger point about how important mental health is across the system and Angus MacDonald's point about the causes of mental ill health could be reflected in a report. We want from the clerks something that gets us to look at some of the themes; perhaps we could do that in conjunction with some of the people who have made submissions—for example, we talked about peer-to-peer support and girl guides who have worked through this issue. We could get a sense of what that would look like.

Sadly, we know from the petition what it looks like when the system fails. What does a system that does not fail look like and what recommendations can we make in that regard? Does that make sense? I do not want what we are trying to do to be overwhelmed by the fact that we are dealing with such a massive issue; we want what we do to contribute to the bigger picture. At the end of that process, perhaps we can think about whether we, along with other committees, want to have a further conversation about the issue.

**Brian Whittle:** One thing has frustrated me ever since I came here. The stigma that surrounds the response to someone with poor mental health and the response when someone has a cancer diagnosis have been alluded to. We talk about there being parity between mental and physical health, but at the end of the day it is all just about health.

Rather than talking about parity, we should be talking about how mental health can become part of health and can be discussed in the same way as any other aspect of health. How the stigma can be broken down is a major part of the work that we should be doing in the Parliament.

**The Convener:** The move to talking about people's mental health as part of wellbeing makes sense. Talking about the things that people can do to keep themselves mentally healthy—much as people can keep themselves physically healthy—has been an important development.

**David Torrance:** The see me campaign that tackled the stigma of mental health has been successful; it was very successful in my area. Maybe we could look at initiatives such as that and at their success.

The stigma around mental health can be a big problem, especially with young people in the education system. It can be cruel if a person is targeted by certain groups, and they can be frightened of the issue. We need to be open about mental health and get support for it.

**The Convener:** For me, it is on a spectrum. I know that we have had this conversation before. Young people are falling out of the system and do not want to come to school and people are asking what is wrong with them, but lots of things are happening around them and the issue will not just be sorted in a medical way.

There are other things that we can do to understand why young people might respond in a particular way. That is a bigger conversation about young people's experiences; perhaps issues of equality are reflected in that, too.

**Rachael Hamilton:** Further to the point about stigma, it has been suggested that Education Scotland should become involved in developing the personal and social education part of learning and looking at the appropriate stage for PSE to be given. That probably should start in a primary setting.

**The Convener:** A lot of the time, primary schools do it better. They often have circle time. They do not call it a session on addressing mental health; it is simply a wee class community in which the children can talk to each other about how they feel and how they should treat each other with respect.

There was a parliamentary inquiry and a debate on personal and social education, which highlighted the importance of good mental health as part of PSE. Education Scotland might have a role to play in that, but I am not sure that this is about putting in place modules; it is more about creating a space in the school for age-appropriate conversations to take place.

**Brian Whittle:** On that theme, Angus Robertson—what's your name again, Angus? Angus MacDonald. He answers to anything. He highlighted—

**The Convener:** We will find out who is more offended by that.

**Brian Whittle:** I am quite offended myself—maybe I need some help.

I have a 10-year-old, and I also have a 33-year-old—[*Laughter.*] That is not funny, Ms Hamilton.

**The Convener:** It is unusual.

**Brian Whittle:** I also have a 24-year-old. I am in a fairly unique position, as the three are decades apart, and I am very struck by what I see of the impact of social media these days. When there is a bit of conflict in the school environment, social

media can let that spill into the rest of the young person's life. They cannot get away from it. As a parent, I find it quite difficult to manage the process when that happens—you know, when the kids all gang up on each other and so on. The best place to tackle that is in primary school, through early intervention.

I agree with what has been said around the need for the issue to be addressed earlier than secondary school, because I see that the issue arises very much in a primary setting.

**Rachael Hamilton:** I would like us to think about how public health campaigns can be a part of what we do.

I have a mixed view about some of the comments that have been made about technology. I agree that there is a definite influence from social media. However, some of the evidence has also said that apps could be a helpful way of letting people know about how they can contact services. If that is what young people want, we should be looking at technology in a positive way, too.

**Brian Whittle:** I agree—very much so.

**The Convener:** That is quite a lot for the clerks to be getting on with.

I want to record our thanks to everyone who has responded, in whatever way. The responses, which have been enormously helpful, have highlighted the importance of this issue. At the risk of repeating myself, I say that, in taking the issue forward, we should continue to be focused on the question of how a young person who needs help can get help and support safely, how we can be aware of what is going on with the young people around us, and how we can help them, too.

We have had a useful discussion on a powerful petition from Annette McKenzie, and we hope that what comes out of it will be a set of recommendations and a recognition that young people have identified the challenges around where they go to get the help that they need when they most need it.

That concludes our business. I thank everyone who has contributed to the work so far. There is a significant piece of work that will continue to be done on a very important petition.

With that, I close the meeting, and I thank members for their attendance.

*Meeting closed at 10:43.*



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