



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament

Wednesday 27 November 2019

Session 5



The Scottish Parliament
Pàrlamaid na h-Alba

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - www.parliament.scot or by contacting Public Information on 0131 348 5000

Wednesday 27 November 2019

CONTENTS

	Col.
PORTFOLIO QUESTION TIME	1
COMMUNITIES AND LOCAL GOVERNMENT	1
Homelessness	1
Fire Performance of Cladding Systems	3
Community Empowerment	4
Waste Collection and Disposal (Dumfries and Galloway Council)	6
Rough Sleepers (Glasgow City Council)	6
SOCIAL SECURITY AND OLDER PEOPLE	9
Loneliness (Older People)	9
Loneliness among Older People (South Scotland)	10
Independent Living (Older People)	11
Support for Older People (Cold Weather)	12
Emergency Food Parcels (Fife)	13
In-work Poverty	14
Scottish Child Payment (North Ayrshire)	15
MENTAL HEALTH	17
<i>Motion moved—[Willie Rennie].</i>	
<i>Amendment moved—[Joe FitzPatrick].</i>	
<i>Amendment moved—[Annie Wells].</i>	
<i>Amendment moved—[Mary Fee].</i>	
Willie Rennie (North East Fife) (LD)	17
The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick)	21
Annie Wells (Glasgow) (Con)	25
Mary Fee (West Scotland) (Lab)	27
Alison Johnstone (Lothian) (Green)	30
Liam McArthur (Orkney Islands) (LD)	32
James Dornan (Glasgow Cathcart) (SNP)	34
Brian Whittle (South Scotland) (Con)	37
Jenny Gilruth (Mid Fife and Glenrothes) (SNP)	40
Neil Findlay (Lothian) (Lab)	43
Mark McDonald (Aberdeen Donside) (Ind)	45
Beatrice Wishart (Shetland Islands) (LD)	48
Keith Brown (Clackmannanshire and Dunblane) (SNP)	50
Jeremy Balfour (Lothian) (Con)	53
Joan McAlpine (South Scotland) (SNP)	54
Lewis Macdonald (North East Scotland) (Lab)	56
John Mason (Glasgow Shettleston) (SNP)	59
Monica Lennon (Central Scotland) (Lab)	61
Miles Briggs (Lothian) (Con)	63
The Cabinet Secretary for Health and Sport (Jeane Freeman)	66
Alex Cole-Hamilton (Edinburgh Western) (LD)	69
BUSINESS MOTION	72
<i>Motion moved—[Graeme Dey]—and agreed to.</i>	
PARLIAMENTARY BUREAU MOTIONS	74
<i>Motions moved—[Graeme Dey].</i>	
DECISION TIME	75
GENDER-BASED VIOLENCE	82
<i>Motion debated—[Rona Mackay].</i>	
Rona Mackay (Strathkelvin and Bearsden) (SNP)	82
Claudia Beamish (South Scotland) (Lab)	85
Emma Harper (South Scotland) (SNP)	86
Margaret Mitchell (Central Scotland) (Con)	88
Joan McAlpine (South Scotland) (SNP)	90
Rhoda Grant (Highlands and Islands) (Lab)	93

John Finnie (Highlands and Islands) (Green).....	94
Beatrice Wishart (Shetland Islands) (LD)	95
Ruth Maguire (Cunninghame South) (SNP)	97
Sarah Boyack (Lothian) (Lab).....	98
James Dornan (Glasgow Cathcart) (SNP)	100
Jackie Baillie (Dumbarton) (Lab)	101
The Minister for Older People and Equalities (Christina McKelvie)	102

Scottish Parliament

Wednesday 27 November 2019

[The Presiding Officer opened the meeting at 14:00]

Portfolio Question Time

Communities and Local Government

Homelessness

1. Angus MacDonald (Falkirk East) (SNP): To ask the Scottish Government how homeless people might be assisted this winter by the removal of the requirement to be found unintentionally homeless being a precondition of receiving local authority accommodation. (S5O-03815)

The Minister for Local Government, Housing and Planning (Kevin Stewart): Our vision is to support everyone who is at risk of becoming homeless, or who is experiencing homelessness, to have a settled home. By making assessment of intentionality discretionary for local authorities, we are eliminating one of the barriers that people face to receiving the support that they need. That will ensure that front-line staff can focus on providing a prompt and person-centred approach, as set out in their local rapid rehousing transition plans, and will help more people to get into a settled home quickly.

That change to how the legislation operates was recommended by the Government's homelessness action group, and I was happy to accept it—as I accept all its recommendations.

Angus MacDonald: I welcome the commitment from the minister that local authorities will no longer turn away homeless applicants on the basis that they are deemed to be intentionally homeless—a label that does not, as the minister knows, always reflect the true nature of an individual's circumstances, which might be filled with strife and hardship.

Will the minister outline how the changes will ensure fairness for homeless applicants who have endured circumstances such as marital splits, rent arrears and time spent in prison?

Kevin Stewart: The intention is that the changes to the legislation will make things fairer for folk such as those whom Mr MacDonald has described. It is recognised that under the previous rules many people who were assessed as being intentionally homeless had experienced difficulties in their lives that were outwith their control; for example, relationship breakdown, family issues,

difficulty paying rent and mental health issues. Now, local authorities have the flexibility to investigate, which will mean that people can get the individual support that they need when they need it most.

Sarah Boyack (Lothian) (Lab): I thank the minister for his answer.

One of the issues that has come up in my casework is that people are homeless, or cannot get the right accommodation, because of a lack of suitable housing for them. How will the rapid transition housing approach lead to permanent accommodation for people who have been homeless, or whom we are trying to prevent from becoming homeless?

Kevin Stewart: If Ms Boyack wants to highlight to me any such cases that she has come across, I will be more than willing to look at them.

Key to the approach is a person-centred approach; it is about finding the right accommodation for folks. Our housing first pilot is going quite well, and I recently met housing conveners at the Convention of Scottish Local Authorities and asked them to continue to look at what housing is required in their areas. Parliament is well aware that we offer flexibility in the subsidy for housing that is specialist housing, is wheelchair accessible or has more bedrooms. Local authorities and housing associations should take advantage of the current affordable housing programme to ensure that their housing meets the needs of people in their areas.

Jenny Gilruth (Mid Fife and Glenrothes) (SNP): Can the minister set out how the Scottish Government will monitor and report on the effects of changes in respect of intentionality in homelessness?

Kevin Stewart: We will continue to collect data about the numbers of people who are assessed as being intentionally homeless, using the information from homelessness applications to local authorities. As always, the data will be analysed and published twice a year. It will help us to understand not just changes to the numbers of people who are assessed as being intentionally homeless, but whether there are changes in the characteristics of people who are found to be intentionally homeless and in the outcomes that they achieve.

In November 2020, we will commence a review of how local authorities have implemented their new discretionary power to investigate for intentionality and its impact. That review will report on all its outcomes by July 2021.

Fire Performance of Cladding Systems

2. Graham Simpson (Central Scotland)

(Con): To ask the Scottish Government when the review of the BS 8414 test methodology for assessing the fire performance of external wall cladding systems will be published. (S5O-03816)

The Minister for Local Government, Housing and Planning (Kevin Stewart): The timing of the review of the BS 8414 test methodology remains a matter for the British Standards Institution. More than 200 pages of comments were received by the BSI following the public comment stage, and the relevant committee is working through those comments. Recent advice that we have had from BSI suggests that the revised standards will be published in late spring 2020.

Graham Simpson: The test has come under mounting criticism, some of which we heard at the Local Government and Communities Committee last week. It has been banned in England, as have desktop studies for cladding. The use of combustible cladding has also been banned on certain buildings, and not just in England, but in Germany and France. Why is the Scottish Government refusing to follow suit—or, at least, as the Association of British Insurers called for last week, to bring in a moratorium?

Kevin Stewart: I do not know whether I will be able to cover everything in my answer, but I am more than happy, with my building standards team, to speak to Mr Simpson or any other member on the issue.

I looked at the reports by the independent panel of international and national experts whom we had look at the issue: I took a very careful look at everything that went on. I also listened to the evidence that was given to the Local Government and Communities Committee last week: it would be fair to say that differing views were given at that meeting. It is an area of some complexity. I think that it was Professor Torero who said to the Local Government and Communities Committee that a ban would be too “simplistic” a solution to complex fire-safety problems, and might be “unrealistic”. He indicated that the fundamental problem is not the test or the regulations, but the lack of individuals who are competent to use data that is gathered from tests, and competent in design and construction.

The term “desktop study” has commonly been used to describe an assessment in lieu of a fire test. The Scottish Government does not endorse assessments that are not based on test advice and sound engineering principles. Direct application rules for cladding systems that have been subjected to a single BS 8414 fire test, or multiple tests, have recently been published by the British Standards Institution, and are based on the

work of a committee that is both expert and independent of Government.

I am aware of various remarks that have been made around the matter: the Scottish Government will not be complacent in any of this. We have—without doubt—done a huge amount of work, and we will continue to review. However, the best thing to do is to wait to see the review from the British Standards Institution and to work from there.

Nonetheless, I am, as I said, more than happy to talk in greater depth on the issue with Mr Simpson or any other member.

Mike Rumbles (North East Scotland) (LD):

When the report is produced in late spring, I will be particularly interested to find out who—based on the report, if the report requests them—will be tasked with providing fire performance certificates. People are concerned that they cannot, at the moment, get mortgages because there is no-one to test the cladding on their buildings and to say that it is safe. Does the minister have any idea who will be tasked with providing that reassurance and certificate?

Kevin Stewart: I know that Mr Rumbles has lodged a question on that matter. I point out that changes to building standards are not retrospective; they deal only with new buildings.

The current situation regarding mortgages, which I am all too well aware of, has to be dealt with separately from the issues that I covered in my answer to Mr Simpson. I have written twice to the United Kingdom Secretary of State for Housing, Communities and Local Government about the mortgage situation, and we have chased up those letters but had no reply. My officials have been in discussion with UK Finance and others to try to find a way through the situation, which I hope we can do sooner rather than later, for the sake of the people who are affected.

I say again what I said last week: if any MSPs who have any influence over Mr Jenrick in the UK Government could add pressure to get a response, that would be useful—not only for the Scottish Government, but for the folk who are currently in limbo.

I want to find a solution. We have told the UK Government and others that we will do all that we can, but unfortunately the powers are outwith the competence of the Scottish Government and the Scottish Parliament. I hope that Mr Jenrick and his colleagues in the UK Government can move forward in partnership with us to find a solution.

Community Empowerment

3. Shona Robison (Dundee City East) (SNP):

To ask the Scottish Government what action it is

taking to further empower communities. (S5O-03817)

The Cabinet Secretary for Communities and Local Government (Aileen Campbell): We introduced the Community Empowerment (Scotland) Act 2015, which makes it easier for communities to take on public sector land and buildings, and to take part in decision-making processes.

The new £11.5 million investing in communities fund, which was launched in 2019-20, was developed to empower communities to address local priorities on their own terms. The fund also supports participatory budgeting across Scotland. In the past two years, more than 100,000 people voted to decide on the allocation of almost £6 million, thereby directing money to what matters most to them and their communities.

We are working in partnership with the Convention of Scottish Local Authorities, through the local governance review, to help to empower communities and to strengthen local democracy further.

Shona Robison: In my constituency, Fairfield community sports hub is working on a plan for community asset transfer from Dundee City Council, in which I wish it every success. Does the cabinet secretary agree that community asset transfers can be a very powerful way to empower communities, and that in order to facilitate greater use, we need to look at how they can be more proactively promoted by councils? Will the cabinet secretary support that and consider suggestions about how such transfers can be further promoted as a positive option and how councils could work more closely with organisations to take that forward? Will she consider liaising with me on how we can promote community asset transfers in the city of Dundee?

Aileen Campbell: I agree that ownership or control of land and buildings is a powerful tool for communities to drive change and to achieve their own goals and priorities, and that asset transfers should be considered by community organisations and authorities when the public benefits that community use will bring are recognised.

I sincerely thank Shona Robison for raising the issue. I would be happy to meet her to discuss that and any other suggestions that she has on empowering our communities across the country.

Alexander Stewart (Mid Scotland and Fife) (Con): One way of empowering all individuals is through accessible communities that champion inclusivity, whether that be in schools, libraries, small businesses or on the high street. What steps is the Government taking to ensure that communities fulfil their duty to make reasonable

adaptations for disabled people, as set out in the Equality Act 2010?

Aileen Campbell: New buildings have to make allowances to enable people from all walks of life to access community resources. That is set out in building regulations and in other legislation, as Alexander Stewart rightly recognises.

If Alexander Stewart has particular issues in the area that he represents in relation to communities that he feels do not have equality of access, I would be happy to hear from him about them. The people who are responsible for the housing stock and buildings in the public realm more generally have endeavoured to ensure that things are as accessible as possible. We need to ensure that everyone can access facilities in our communities, and enjoy them on an equal footing with everyone else.

Waste Collection and Disposal (Dumfries and Galloway Council)

4. **Colin Smyth (South Scotland) (Lab):** To ask the Scottish Government what its response is to Dumfries and Galloway Council's decision to bring its waste collection and disposal service fully in-house. (S5O-03818)

The Cabinet Secretary for Communities and Local Government (Aileen Campbell): It is for each local authority to determine how best to meet its statutory obligations in respect of waste service provision.

Colin Smyth: The Scottish Government provides about £3.2 million per annum to Dumfries and Galloway Council through strategic waste funding. Will the cabinet secretary give a clear and unequivocal guarantee that that level of funding will not be reduced in any way over the next few years as a result of the termination of the private finance initiative waste contract? If there is to be a cut, how much will it be?

Aileen Campbell: Dumfries and Galloway Council decided to cancel its waste PFI contract in 2018. The member is right to say that the council has been in receipt of strategic waste grants to pay for the services that were previously delivered under the PFI. While the review takes place, we have continued to make those payments. I have been very clear that the council has been in receipt of grants from the strategic waste fund while the review has been on-going, but the council made its own decision to cancel its waste PFI contract in 2018.

Rough Sleepers (Glasgow City Council)

5. **Adam Tomkins (Glasgow) (Con):** To ask the Scottish Government whether it can provide an update on its winter planning with Glasgow City Council for rough sleepers. (S5O-03819)

The Minister for Local Government, Housing and Planning (Kevin Stewart): Robust cold weather plans are in place in Glasgow and across Scotland. We support local areas in that planning, which was tested and proved successful during the extreme bad weather in early 2018. Outreach teams engage proactively with anyone who appears to have the intention of sleeping outside, to ensure that they get the support that they need to resolve their situation. To support that, I have provided an additional £174,000 this winter to help people to stay safe and warm.

I welcome the news that, after discussions and weather monitoring by partners, the Glasgow winter night shelter will open on Thursday night, three days earlier than scheduled.

Adam Tomkins: Glasgow City Council is moving to a rapid rehousing model in order to tackle homelessness in the city. That move has been criticised by a number of stakeholders and charities. This week, council papers revealed that the Scottish Government funding that is available for the rapid rehousing transition plan is

“significantly less than what we bid for to enable us to meet all of the targets set out in our plan.”

Why is the minister underfunding Glasgow's homelessness strategy by so much that it now seems destined to fail?

Kevin Stewart: We are not at all underfunding the transition to the rapid rehousing model. I increased the amount of money that is available from £15 million to £24 million, having taken cognisance of some of the feedback that we received. As I have said previously in the chamber, that money should be used for the transition. Glasgow City Council has its own homelessness budget, and it is responsible for homelessness services. The transition money is to be used to allow the council to change services and to bend spend in existing budgets, so that money can be spent in better ways.

I am very happy that we now have rapid rehousing transition plans from most local authorities, and we have had second iterations from most of those. My officials are working with local authorities to help them to refine the plans so that we get things right for the most vulnerable people in our society. The emphasis should not be on the additional money that the Government is providing but on how we change local authorities' current spend in order to tackle homelessness. I reiterate that homelessness services are the responsibility of local authorities.

Pauline McNeill (Glasgow) (Lab): This month, temperatures have fallen to as low as -9.9°C. I welcome what the minister said about Glasgow winter night shelter opening three days earlier than scheduled; usually, it opens on 1 December.

However, Bethany Christian Trust's night shelter in Edinburgh opened on 23 September this year—nearly two and a half months earlier than 1 December. Is the minister satisfied with there being such disparity?

When the temperature drops as low as 0°C, surely there must be a better way of co-ordinating provision and ensuring that there is emergency provision to get people off the streets. If we are too late for this year, will the minister ensure that what happened this year does not happen again next year? We cannot just leave things to Glasgow's night shelter; we must have provision for people who are sleeping rough on the streets in such temperatures.

Kevin Stewart: We are reliant on our third sector partners to provide night shelters. We have provided money to enable Bethany's night shelter to open earlier. There have been discussions between my officials and Glasgow City Mission, and I am glad that it has decided to open its shelter earlier than was initially planned. We will continue to discuss the matter with the night shelter. If it wants to open earlier in the year, I would be happy to have a discussion about what funding we can provide to enable it to do so. However, we are reliant on its decision—it is a matter for the shelter. I am glad that the opening date this year has moved to 28 November and I am happy to have a discussion about when it should open next year.

Patrick Harvie (Glasgow) (Green): I am glad that the night shelter will be opening early. However, we know that it will not have adequate capacity for the 150 or so asylum seekers who face the imminent threat of being deliberately made destitute by Serco through its lock-change eviction policy. In addition, those people will not have access to the rehousing policies that were mentioned earlier. I know that the Government is working on that, and I am grateful that I have a meeting arranged next week with the Cabinet Secretary for Communities and Local Government to discuss the matter. However, can the minister say anything now about the progress that is being made on the urgent need for substantial additional capacity in emergency accommodation in the days and weeks to come?

Kevin Stewart: As Mr Harvie well knows, we are restricted in what we can do by United Kingdom legislation, although I wish that that were not the case. The legislation on such people having no recourse to public funds is inhumane and horrendous.

I know that the cabinet secretary, Aileen Campbell, has been working very hard on trying to find solutions for those folks. As Mr Harvie rightly points out, there are more meetings on the matter next week. As a Government, we will continue to

do all that we can within our powers and within the law. However, we need a change in the law at UK level so that we can do even better for those folks. Mr Harvie can be assured that the Government will do all that it can to ensure that those people are safe.

Gillian Martin (Aberdeenshire East) (SNP): Can the minister set out how the work of the homelessness and rough sleeping action group is helping to identify further action that is required to tackle rough sleeping across all local authorities, and how the £50 million investment fund that was established to support homelessness prevention has been used to carry out such actions?

Kevin Stewart: In response to the 70 recommendations that the action group made, in November last year we published “Ending Homelessness Together: High Level Action Plan”, which sets out our five-year plan to end homelessness in Scotland. Implementing the action plan will transform the system to ensure that our combined efforts are focused on helping people who are at risk of homelessness to ensure that they are supported to find and keep a permanent home.

One of the key points is that emergency shelters should be used only for extreme situations. As I outlined, the shift to rapid rehousing is a major way forward, along with our housing first pilots, which are doing immensely well given that 95 per cent of folk are now keeping their tenancies. We will continue to ensure that the right investment goes in at the right time so that the plan does all that it can to ensure that our most vulnerable people are safe and warm.

The Presiding Officer (Ken Macintosh): That concludes portfolio questions on communities and local government. I offer my apologies to John Finnie and Mike Rumbles.

Social Security and Older People

Loneliness (Older People)

1. **Brian Whittle (South Scotland) (Con):** To ask the Scottish Government what it is doing to tackle loneliness among older people. (S5O-03823)

The Presiding Officer: I should point out that questions 1 and 4 have been grouped together, so any supplementaries will be taken after question 4.

The Minister for Older People and Equalities (Christina McKelvie): The Scottish Government recognises that loneliness can be an issue for older people, which is why we have identified older people as one of the focuses of our national strategy on social isolation and loneliness. The

strategy is supported by up to £1 million of funding over the next two years.

Those issues need to be addressed holistically in Government and in communities. On 19 September, I chaired the first meeting of the joint ministerial steering group, which includes ministers from across portfolios in order to maximise its impact. Ultimately, progress on the issues will be made by organisations and groups in communities. I am determined that our focus will remain on how we support local efforts, where connections are made and nurtured. “A Connected Scotland” is not just the name of our strategy, but the tangible means by which we will tackle social isolation and loneliness.

Brian Whittle: Does the minister agree—I think that she alluded to this in her previous answer—that activities such as walking football, walking netball, bowls, art, drama and music are hugely important in tackling the issue? With that in mind, what is the Scottish Government doing to ensure that there is access to those activities across all communities?

Christina McKelvie: Absolutely. I agree with Brian Whittle on that. I know that he has campaigned long and hard in many of those areas. Our older people’s strategic action forum takes account of some of that, and it always asks me to emphasise the action that is being taken, because it is the very action that Brian Whittle has just described.

The activities are key to this issue. We launched our plan in a centre that was a community buy-back, with over 50 activities for older people in a week. In arts and drama, we are very involved in the Luminate festival, which is a big part of that, too.

One of the other aspects of our work on social isolation and loneliness among older people is work with the Royal College of General Practitioners on social prescribing—many of those activities would be prescribed along those lines. I absolutely agree with Brian Whittle on that point. I agree that the best way to live the life that we want to live as we get older and not to be lonely is to take part in some of those activities.

Loneliness among Older People (South Scotland)

4. **Joan McAlpine (South Scotland) (SNP):** To ask the Scottish Government what steps it is taking to tackle loneliness and isolation among older people in the South Scotland region. (S5O-03826)

The Minister for Older People and Equalities (Christina McKelvie): My answer will be very much like the answer that I gave to Brian Whittle. The Scottish Government recognises that social

isolation and loneliness can affect anybody, at any age, or at any stage or point in their life, no matter whether they live in our towns and cities, or in our rural areas.

The Government has a role in tackling those issues, but the biggest impact can be delivered only if we enable communities to play their part. That is why we are committing up to £1 million over the next two years to back our communities and our commitments to pilot innovative approaches, and it is why we are taking a cross-Government approach to drive forward the important agenda of tackling social isolation and loneliness.

Joan McAlpine: The Scottish Government's national strategy to tackle social isolation praises the men's shed movement as an excellent preventative initiative, and I saw that for myself on a recent visit to Moffat men's shed. However, I am told that funding for the Scottish Men's Sheds Association ends in April 2020. Can the minister give any assurances that it will be renewed?

Christina McKelvie: The Men's Sheds Association is certainly a key aspect of our work, and the Scottish Government provides it with 100 per cent core funding. That annual support of £75,000 has enabled the number of men's sheds to grow from five in 2013 to 179 in 2019. We also fund Age Scotland's shed effect project, with an annual investment of £50,000. The project provides a dedicated men's shed community development officer, who supports sheds with practical issues such as asset management, health and safety and start-up.

As the member knows, the Scottish budget has had to be delayed due to the general election, but the Scottish ministers are focused on introducing it at the earliest practical opportunity. Therefore, funding for 2020 onwards is still to be agreed. In the meantime, we are in regular contact with our stakeholders, including the Scottish Men's Sheds Association. I can keep the member apprised of the process as it goes on.

Independent Living (Older People)

2. Jamie Halcro Johnston (Highlands and Islands) (Con): To ask the Scottish Government what action it is taking to ensure that as many older people as possible can continue to live independently in their own homes. (S5O-03824)

The Minister for Older People and Equalities (Christina McKelvie): The Scottish Government champions independent living for older people in their community. Living in the right home with the right support can be the key to enabling people to live safely and independently at home. Last year, in partnership with the Convention of Scottish Local Authorities, we published our housing

strategy for Scotland's older people, "Age, Home and Community: The Next Phase", which outlines the actions that we are taking to ensure that older people have the right advice, the right home and the right support at the right time.

Jamie Halcro Johnston: The minister will be aware of the Scottish Government guidance regarding care at home and choice. In many cases, that is simply not a reality. A constituent of mine in Moray who is in his early 70s was placed in a local care home after an injury, pending a care package being put in place to allow him to return home. That was in April and, increasingly, social workers are suggesting that a permanent move to a care home is the only way that care can be provided to him, despite his clear wishes. What can the Scottish Government do to ensure that people such as my constituent who are capable of living independently with support at home can access the care and choice to which they are supposedly entitled?

Christina McKelvie: That is obviously a specific issue that Jamie Halcro Johnston is dealing with in his constituency. We know that, since the integration of health and social care, local authorities have responsibility for this, but I hear what he is saying loud and clear: an issue arises when someone's need changes and we must be able to develop a programme to meet that need. I will be happy to hear more about this particular case; I know that the member has been in contact with the Government and I am happy to look at the case and see what we can do.

We need to look at how we plan for the future. The strategy that I mentioned in my opening answer gives us an understanding of where we need to go next. We need to make sure that older people's voices are heard when their needs change and that the Scottish Government designs something that meets those varying needs and is informed by that process. If the member wants to update me on the particulars of the case, I will take it forward to my colleagues in the health and social care portfolio and see what we can do to resolve it.

Support for Older People (Cold Weather)

3. Edward Mountain (Highlands and Islands) (Con): To ask the Scottish Government what extra support or guidance it provides to older people during periods of cold weather. (S5O-03825)

The Cabinet Secretary for Social Security and Older People (Shirley-Anne Somerville): Warmer homes Scotland is the Scottish Government's national fuel poverty scheme, which was designed to help households living in, or most at risk of, fuel poverty. It provides energy efficiency measures, including insulation and renewable heating systems, to qualifying households. People

who are of pension age, have no working heating system and are in receipt of a qualifying benefit can receive assistance. Those over the age of 75 need only be in receipt of a qualifying benefit to access help from the scheme.

Edward Mountain: I have been in communication with care homes across Inverness. Elderly residents are often finding that they are unable to be transferred to hospital by patient transport for appointments or for treatment. Will the cabinet secretary ensure that adequate guidance is given to care homes on the safe transfer of residents to and from medical appointments during the winter to avoid trips and spills, which can often cause more problems? Who will oversee that?

Shirley-Anne Somerville: The member's question might best be raised with one of my colleagues, since it does not sit in my portfolio, but I take his point about the importance of ensuring that anyone, whether within their own home or in a care home, can access appointments as and when they are required. That is obviously to the benefit of them and their continuing care. I will endeavour to ensure that this is passed to the correct minister, who will perhaps write to him with the specific details that he asked for.

Emergency Food Parcels (Fife)

5. Jenny Gilruth (Mid Fife and Glenrothes) (SNP): To ask the Scottish Government what its response is to recent figures from the Trussell Trust showing that thousands of three-day emergency food parcels have been handed out in Fife this year. (S5O-03827)

The Cabinet Secretary for Social Security and Older People (Shirley-Anne Somerville): The Trussell Trust's "The State of Hunger" report contains further evidence that the UK Government's welfare cuts are the key driver of food bank use and notes the importance of other support, such as the Scottish welfare fund. We invested more than £1.4 billion in targeted support for low-income households last year alone, including £100 million to mitigate the worst aspects of the UK Government's welfare cuts. Our £3.5 million fair food fund continues to support community organisations to tackle the causes of food insecurity. We have provided an additional £1 million to FareShare to increase the help that it provides to alleviate the pressures arising from uncertainty around Brexit.

Jenny Gilruth: Does the cabinet secretary agree that increased reliance on food banks, including those in Glenrothes and Levenmouth in my constituency, is the most damning indictment of the UK Government's approach to society's most vulnerable people, and that the disastrous

roll-out of universal credit needs to be halted and the flaws fixed?

Shirley-Anne Somerville: I absolutely agree with the point that Jenny Gilruth raises. As I said in my original answer, the Trussell Trust's report concludes that the UK Government's welfare cuts are among the key drivers of the increasing demand that it faces. That is why it is absolutely important that we ensure that universal credit is halted and the fundamental flaws that are in-built in its design are fixed. We pointed to that in the debate on universal credit in the chamber last week, when we said that universal credit is undoubtedly increasing hardship, debt and poverty, not just in Glenrothes and Levenmouth but across Scotland. That is why all welfare powers should be in the hands of the Scottish Parliament and not in the hands of the UK Government.

In-work Poverty

6. Pauline McNeill (Glasgow) (Lab): To ask the Scottish Government what action it is taking to help families experiencing in-work poverty. (S5O-03828)

The Cabinet Secretary for Social Security and Older People (Shirley-Anne Somerville): Our tackling child poverty delivery plan commits £22 million for new parental employment support, with a focus on helping parents in work to progress through their career and increase their earnings.

We are taking steps to promote fair work practices through our work to build a living wage nation, our revised business pledge and our commitment to fair work first. Alongside that, we have widened eligibility for devolved benefits to reach working families, we have committed to introducing the ambitious new Scottish child payment, which is worth £10 per child per week, and we are providing advice to help to maximise incomes through our money talk team.

Pauline McNeill: One of the issues with the Scottish child payment is that families may need to keep reapplying for the benefit because of the chaotic fluctuations caused by universal credit, which I know are not this Government's fault. Has the cabinet secretary looked at whether some work might be done to militate against the effect of those unintended fluctuations on families? For example, would she consider that a family's eligibility for payment could last for six months or a year, so that they would not have to reapply each time there was a fluctuation? I think that she knows what I mean by that.

Shirley-Anne Somerville: I absolutely take the point that Pauline McNeill raised. The Government is seriously looking at the issue to see what we

can do. We are slightly limited in our powers, because of the way that the devolution of benefits works. The Scottish child payment is a top-up to a reserved benefit, so the person must be entitled to that reserved benefit to allow us to pay a top-up to it. However, I take her point that that uncertainty about universal credit from month to month is of great concern, and I do not want the implementation of the Scottish child payment to be impacted by that. We are determined to look at everything that we can do to ensure that it is not, and I am happy to keep Pauline McNeill updated on the issue, because I agree that we must deal with this matter as far as we can within the powers that we have.

Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): How has the introduction of universal credit Scottish choices enabled low-income families to manage their money more effectively?

Shirley-Anne Somerville: The Scottish Government is committed to using the limited powers that it has to try to make the delivery of universal credit better suited to the needs of those who claim it. Since October 2017, we have been giving people in Scotland the choice to receive their universal credit award either monthly or twice monthly and to have housing costs in their award paid directly to their landlord, in both the private and social rented sector.

More than 119,000 people have taken up one or two of those universal credit Scottish choices. Research by the Resolution Foundation tells us that the majority who made new claims for universal credit were paid either fortnightly or weekly in their previous jobs, which shows why, by introducing twice-monthly payments, we have been helping people on low incomes to better manage their finances. Meanwhile, in the rest of the United Kingdom, universal credit claimants have to wait one month for each payment.

Our decision to include a choice for direct payment of housing costs to landlords has helped to prevent and reduce rent arrears and eviction proceedings, thus helping us to safeguard tenancies where we can.

Scottish Child Payment (North Ayrshire)

7. Kenneth Gibson (Cunninghame North) (SNP): To ask the Scottish Government how many children and young people in North Ayrshire it expects to receive support from the new Scottish child payment. (S5O-03829)

The Cabinet Secretary for Social Security and Older People (Shirley-Anne Somerville): Once the Scottish child payment is fully rolled out, we estimate that around 13,000 children in North Ayrshire could be eligible for it, out of around 410,000 eligible children across Scotland.

The early payments for under-sixes could benefit around 5,400 children in North Ayrshire, out of around 170,000 children across Scotland who are under six.

Kenneth Gibson: I thank the cabinet secretary for that positive answer. Can she further advise the chamber how many children and young people in North Ayrshire it is anticipated will be lifted out of poverty once this important measure is fully rolled out?

Shirley-Anne Somerville: Unfortunately, I cannot give Mr Gibson a precise answer on that. Due to the smaller sample sizes involved in local authority-level analysis, it is not possible to model how many children will be lifted out of poverty in one local authority area, but the payment will undoubtedly have significant impacts for families across Scotland, including in Mr Gibson's constituency.

As I have noted previously, the Scottish child payment will lift 30,000 children across Scotland out of poverty and help to stop those just above that level from falling into poverty. That is especially true of North Ayrshire, where 58 per cent of all children under 16 will benefit from that payment. That is the second highest proportion of any local authority in Scotland.

Mental Health

The Presiding Officer (Ken Macintosh): The next item of business is a Scottish Liberal Democrat debate on motion S5M-03438, in the name of Willie Rennie, on mental health.

14:39

Willie Rennie (North East Fife) (LD): What I am about to tell the chamber is quite shocking; it should shake the Government to the core. I am disappointed that Humza Yousaf, the Cabinet Secretary for Justice, is not in the chamber, because some of the content of my speech should shake him to the core.

The state of Scotland's police is deeply worrying. People across Scotland are struggling with their mental health. When they seek help, often it is not there or it arrives far too late. In the absence of enough support, problems that start small can become big. This week, I came into possession of the findings of new, unpublished, expert academic research into the health of police officers. It shows that many of Scotland's police officers are struggling with their mental health and are being let down by those at the top and by the Scottish Government.

The scale of the problem is horrifying. Here are just a few examples: 21 per cent of police officers reported high levels of depressed mood; one in 10 reported drinking alcohol or taking prescription drugs as a coping mechanism; and almost half suffer from exhaustion. Most devastating of all, 35 per cent of officers reported going to work while mentally unwell. The officers who keep us safe in our communities are turning up to work while they are unwell with a mental illness. I will let that sink in.

The evidence shows that police officers do not get enough support. Some 57 per cent reported that a lack of resources caused them a high degree of stress. Only 3 per cent agreed that the national force cared about their wellbeing. I repeat: only 3 per cent thought that Police Scotland cared about them. Officers are exhausted, depressed and being pushed into dangerous coping mechanisms.

I know that it is a tough job, but it should not be making people unwell on anything like that scale. The conditions that our police are working in are fundamentally unsafe. That cannot be dismissed.

The research covered six policing divisions, including my own patch in North East Fife. The research team was led by world-renowned expert Professor Linda Duxbury, who was brought over from Canada at the request of the Scottish Police Authority, Police Scotland, the Scottish Police

Federation and the other unions. The research could not be any more up to date—I received it just this week.

When I challenged the First Minister on the matter earlier this month, I knew that officer and staff absences had increased by 11 per cent and 25 per cent respectively. The First Minister's solution was that we should just carry on as we are. However, carrying on with the status quo—making no change—will not repair the damage.

I was astonished to see the Cabinet Secretary for Justice say that he was

“very satisfied the support structures are in place for those officers for their mental wellbeing to be addressed.”

So 35 per cent of officers—more than a third—are turning up to work mentally unwell and only 3 per cent of them think that Police Scotland cares, yet the justice secretary is satisfied. He should be ashamed of such an out-of-touch and dismissive remark.

Keith Brown (Clackmannanshire and Dunblane) (SNP): On the subject of being ashamed, is Willie Rennie ashamed that the last time that the Liberal Democrats were in power, they oversaw huge budget cuts to mental health trusts, with almost a third of all national health service mental health beds lost and mental health nurse posts slashed? Does he want to apologise for that?

Willie Rennie: Police officers across the country will be listening to the deputy leader of the Scottish National Party. They will be furious that he has ignored every word that I have just said about the state of their mental health—they will be astonished. He should be ashamed of ignoring their needs and demands. It is outrageous that he is acting in that way.

Calum Steele made it clear that Humza Yousaf's level of satisfaction was

“not shared by the officers and as such it is difficult to understand the basis upon which Mr Yousaf was able to derive that satisfaction”.

We should listen to Calum Steele. He speaks for the country's police officers, and he said that he is dissatisfied with Humza Yousaf's response.

Neil Findlay (Lothian) (Lab): Will Willie Rennie give way?

Willie Rennie: I will in a second.

Only 3 per cent of officers think that Police Scotland cares, and 35 per cent turn up for work mentally unwell. The Government should be shaken to its core and worried about the state of our police.

Neil Findlay: When they turn up at work, those very same officers have to deal with increasing

numbers of mental health cases in their duties every day. The officers I was out with over the summer told me that that is one of the biggest issues that they face. They said that they need mental health officers in the police force, working alongside them to address that.

Willie Rennie: Neil Findlay is very much in touch with what is happening. He understands the pressures that our police officers are under, which is exactly what I am about to come on to.

Police officers are not the only ones who are going to work despite being mentally unwell. That is happening around the country in the public and private sectors. What choice do people have when they can wait up to two years to get the treatment that they need? It is tough and there is a serious cost, because waiting an age for help causes people's health to deteriorate further.

Colleagues in England are rightly complaining about adults waiting for up to 176 days for psychological therapy, which is obviously not acceptable. I do not wish such a wait on anyone, but that is well short of what is being experienced here in Scotland. I long for the day when people can be treated within 176 days, because adults in this country, under this Government, are waiting for 700 days.

The 2017 mental health strategy was supposed to bring all that to an end. Scotland is so far behind that it is frightening, which is why we want a transformation in Scotland's mental health services.

The Cabinet Secretary for Health and Sport (Jeane Freeman): Will Willie Rennie take an intervention?

Willie Rennie: I will in a second.

I have spoken before about how the strategy was 15 months late, which delayed critical investment. Today, I want to talk about progress in the years since, particularly against action 15 in the strategy. I will read it out to remind members precisely what it says, which is that the Scottish Government would

"Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons."

My party asked for that and we had discussions about it with Shona Robison and Maureen Watt when they were ministers. In the end, we were promised 800 additional mental health workers in those key settings. Although we disagreed with the figure of 800, we thought that it was at least a start.

However, the Government has now diluted that commitment. The evidence is in the Cabinet Secretary for Health and Sport's amendment to

today's motion. The First Minister told me explicitly that the Government had made a commitment and is delivering it, but that is not what was promised. The 800 mental health workers are now going to "a range of" places that merely include

"A&E departments, GP practices, police stations and prisons",

and the target covers something called "other settings".

Jeane Freeman: Will Willie Rennie give way?

Willie Rennie: In a second.

A third of the staff hired so far have been diverted to those "other settings". The Scottish Association for Mental Health wants clarification and we want clarification. Will the cabinet secretary give us clarification?

Jeane Freeman: Notwithstanding Willie Rennie's point about psychological therapies, which I do not dismiss, eight out of 10 patients are seen within the 18-week period that is our target for those therapies. There is a great deal more to do, but it is important that we are accurate in our depiction of the overall situation in Scotland.

With regard to the commitment to 800 mental health workers, I am sure that Willie Rennie will recall and agree that we take the lead from our integration joint boards, which understand local needs. "Other settings" incorporates the work that takes place where people need additional help and support. We will give more detail on that later in the debate.

Willie Rennie: That is fine, but it is not what the Government promised. The Government promised that the personnel would go to

"A&E departments, GP practices, police stations and prisons",

but so far, we have had a miserly seven and a half personnel for the police. Just think of the number of police stations and custody suites across the country, yet only seven and a half personnel have been placed there so far. That is exactly what Neil Findlay was talking about.

What on earth are we doing to support the police on the front line? What are we doing to support general practices, prisons—we had a report just this week on that very subject—or A and Es? It is all very well and fine for the cabinet secretary to come up with statistics to rebut my statistics, but until the Government recognises and accepts that it is not delivering on the strategy that it promised and that people are crying out for help, we will not move one step forward.

I move,

That the Parliament recognises that there is a mental health crisis in Scotland; considers that mental health is not currently being treated equally to physical health, but that it

deserves to be treated with the same urgency; believes that this requires the creation of new services, operating 24 hours a day, seven days a week; recalls that action 15 of the Mental Health Strategy stated that 800 additional mental health workers would be added to the workforce in A&E departments, GP practices, police station custody suites and prisons; believes that this is an insufficient quantity to meet the huge unmet demand that exists, and regrets that the commitment has since been diluted, with the latest update showing that more than a third of the staff added to the workforce so far have been attributed to “other settings”, meaning that the police, A&E departments, GP practices and prisons will not get the benefits of the full contingent of additional mental health workers expected; notes recent reports of the increasing stress and mental ill-health being experienced by police officers and staff, and urges the Scottish Government to coordinate a new emergency package of support to increase and upgrade the services available to both them and staff in other public services, and further calls on the Scottish Government to publish the final allocation of staff that each key setting is currently expected to receive, and for it to set a new target for the number of mental health workers it will add in each of these settings, elevating the ambition of its 10-year strategy and getting people the treatment they need fast.

14:50

The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick): Mental health is a priority for the Government. It is not a short-term priority and it is not a here today, gone tomorrow political issue. Instead, mental health is a significant challenge across the globe and we in Scotland are determined to respond in an ambitious and systematic manner.

Together with our partners in local government, the NHS, the third sector and the wider mental health community, we are focusing on an approach to mental health that encompasses prevention, early intervention and clinical services. We are doing that against a backdrop of a decade of austerity, which has impacted negatively on public services and directly on people across Scotland who rely on public services. The welfare reforms that the current and previous United Kingdom Governments have imposed on some of Scotland’s most vulnerable people and communities have had a particularly detrimental impact on the mental health of the people who often need the most support.

This Government has a strong record of mitigating the worst impacts of austerity, and continues to do so. However, it is not realistic to argue that austerity, which was imposed on Scotland, has had no impact on the quality of life and therefore on the mental wellbeing of people in Scotland.

Neil Findlay: Will the minister take an intervention on that point?

Joe FitzPatrick: I would like to make a little progress first, and then I will see whether I have time.

The Government is taking a long-term, wide-ranging approach to mental health issues. We are working with delivery partners and service users to put in place meaningful responses to changing demands and expectations. In 2017-18, our total investment in mental health services exceeded £1 billion for the first time, and in 2018-19 it reached £1.1 billion.

Mental health services will remain a funding priority for the Government in the future. That includes providing targeted funding, such as last year’s commitment to fund an additional 80 child and adolescent mental health services staff, and a package worth £54 million over the past four years to support access to CAMHS and psychological therapies. Mental health services were one of the key priority areas that the Government laid down as part of this year’s NHS board annual operating plan process. Boards were asked to provide their plans to meet waiting time standards for mental health services alongside those for key aspects of physical health services. That work will be intensified in the year ahead.

It is important that we maintain our focus on clinical services, and we will always do so. However, we must also recognise that a clinical response is not always the most appropriate one. For many people, earlier support that focuses on returning to good mental health quickly is the right approach, and the Government continues to build on that. In the two years since we made our commitment to funding an additional 800 mental health workers, integration authorities have been working to ensure that those new resources support early intervention and, where possible, a preventative approach to mental health problems. It is important that those 800 workers are placed where they are—

Miles Briggs (Lothian) (Con): I notice that the Government’s amendment attempts to delete the word “crisis” from the Liberal Democrats’ motion. Recently, the Royal College of Psychiatrists in Scotland has said that this country is facing a “workforce crisis”—why does the minister think that it has done so?

Joe FitzPatrick: Through the policies that it is putting in place, the Scottish Government is making stringent efforts to improve the situation. There is a huge contrast between our actions to bring mental health services into line with those for physical health and what is happening—or not happening—elsewhere in the UK. Clearly, a huge Barnett consequential follows from that. Innovative and creative examples are happening locally across Scotland and I welcome the partnership approach that is being taken in prioritising that commitment.

Alex Cole-Hamilton (Edinburgh Western) (LD): Will the member take an intervention?

Joe FitzPatrick: I will cover some of the points that Mr Rennie made earlier.

As of October, more than 320 full-time equivalent mental health workers have been recruited and we are on target, with our partners, to recruit all 800. It is important that the Government discusses its policies with partners and it is appropriate that those 800 recruits are in the places where they will make a difference to people.

We are heavily committed to a range of early intervention and preventative services for young people. In partnership with our colleagues in local government, we are investing in school counselling in all secondary schools and expanding the availability of school nurses. We are also investing in counselling across our colleges and universities. The Labour Party supported that but, when it came to the money, it voted against the funding for those provisions.

Through the work of the children and young people's mental health and wellbeing programme, which is jointly chaired with the Convention of Scottish Local Authorities, we are implementing some of the key recommendations from the Coia task force, the youth commission on mental health and the SAMH audit of rejected referrals. The programme board will oversee the emergence of new community mental health and wellbeing services and support across Scotland. It will also oversee the development of a new crisis service for young people in the year ahead.

The distress brief intervention pilot programme recently won the care for mental health award at the Scottish health awards in recognition of an innovative approach that is providing an "ask once, get help fast" early intervention for people who present in distress and do not need emergency medical treatment.

Willie Rennie: Will the member take an intervention?

Joe FitzPatrick: Time is tight and I want to cover one of the main areas that Willie Rennie covered.

Through a strong collaborative approach across different services, the programme now provides support to well over 4,500 people and it has been extended to young people aged under 18.

Mr Rennie spent some time talking about the police and I, too, want to touch on the emergency services. Our emergency services staff work hard every day to keep people across Scotland safe, and their welfare is crucial. They face challenging and at times dangerous situations that can have an impact on their mental wellbeing. The Scottish Government is committing £180,000 to extend the lifelines Scotland wellbeing programme to blue-

light responders. Extending the programme is very important for the resilience and wellbeing of first responders in the blue-light services and will ensure that they feel supported, informed and valued.

Mr Rennie mentioned the research that was commissioned by Police Scotland. That research indicates an employer that is taking the mental health of its staff seriously. It is good practice that Police Scotland wants to understand what needs to be done, and we look forward to analysing that research when it is published.

We have in place a 10-year mental health strategy that emphasises the importance of good mental health alongside good physical health. Yesterday, we published an update on the strategy that presented a comprehensive range of work that is being taken forward across Scotland to deliver on and, indeed, move beyond the original scope of the strategy. We will work with partners including members from across the chamber to take an organised and systematic approach to meeting Scotland's mental health needs, now and in the future.

I move amendment S5M-20035.4, to leave out from "there is a mental health crisis" to end and insert:

"mental health and physical health must be treated with parity of esteem; further recognises that there is increased demand for mental health services as stigma has thankfully diminished; believes that this requires the creation of new services to both meet mental health service provision and empower prevention activities that support broader mental wellbeing; recognises the commitment and contribution of those working across Scotland to improve services, implement change and ensure that mental health is given the focus that it rightly deserves; commends the vital role of police officers and staff in keeping communities safe and supports initiatives being undertaken by Police Scotland to create a safe, positive and healthy working environment; further supports the Lifelines project, which works with blue light services to provide trauma support; welcomes that £60 million of investment in additional school counselling services across all of Scotland that is being taken forward in partnership with local government; notes that recruitment, through integration joint boards, is on track for 800 dedicated mental health professional in a range of key settings, including A&E departments, GP practices, police stations and prisons; further notes the steps outlined in the second annual report on the implementation of the Mental Health Strategy, but seeks greater pace in addressing the recommendations of the audit of rejected referrals and the report by the Youth Commission on Mental Health Services; believes that the mental wellbeing of some of the most vulnerable people in society has been negatively impacted by a series of welfare cuts by the UK Government, starting with the Welfare Reform Act 2012, and continuing right up to this year with the changes to Pension Credit, and further believes it is clear that Scotland's example should be followed and that future UK Government social security policies must deliver the same standards of dignity, respect and fairness as Scotland's policies."

14:58

Annie Wells (Glasgow) (Con): I thank the Liberal Democrats for bringing this important debate to the chamber. No one in the chamber can deny the growing recognition in Scotland of the need to embark on a step change in mental health support. A staggering one in three Scots are estimated to experience mental health problems, sometimes with knock-on effects on physical health, personal relationships and work.

The Scottish Conservatives believe that it is vital that we move towards parity of esteem between mental and physical health. We need to start valuing mental health as much as we value other kinds of health. We cannot let it be seen as something that can be overlooked. It cannot take a back seat.

We have come a long way in how we value mental health, but there is still much further to go. Scotland could be a world leader in the area, but it is clear that, right now, we are not—nowhere near it. Last year, the mental health themed programme for government promised

“Speedier access to specialist care for all those who need it”,

yet, in that time and under this Government, nearly one quarter of adults wait too long for psychological therapy. That is not good enough. The Government has made a habit of making grand promises and not delivering on them. Mental health is just another area in which the Government's words are not matched by its actions.

That is particularly a problem among young patients, with the latest CAMHS statistics revealing that almost a third of vulnerable children are waiting too long for mental health treatment. Last year, an Audit Scotland report stated that mental health services for children were too “complex and fragmented”. Even the Scottish Government's own children and young people's mental health task force published recommendations earlier this year calling for transformational change to mental health services for young people.

Urgent improvements to access to services must be made to ensure that all children get a speedy and appropriate diagnosis. Anything less will fail children and their families. We should be trying to tackle mental health problems as soon as they occur and at the earliest possible age. Instead, issues are going untreated and, in many cases, getting much worse.

The latest figures also show a high number of vacancies for mental health services. The vacancy rate of 8.6 per cent across psychological services is the highest rate ever reported for the month of June. The Royal College of Psychiatrists has

warned that psychiatric services in Scotland are facing a workforce crisis and child services are once again in the firing line, with the college warning that data from its 2019 census reveals that one in six consultant posts in the service are unfilled.

We welcomed the Scottish Government's announcement that it would provide funding to support the employment of 800 additional mental health workers by 2021-22. However, progress has moved at a glacial pace. More than two years since that pledge was made, the Government's figures show that only 327 whole-time equivalent posts have been filled. In addition, only 112 of the 250 link workers that the Government pledged have been recruited so far, which is less than half the promised number. Those targets must be met.

Jeane Freeman: Does Ms Wells accept that, as we are halfway through the period, having half the number of community link workers that was committed to is a reasonable position to be in? Does she accept that it is a collaborative effort with integration joint boards and local authorities?

Annie Wells: We have one year left in which to recruit. We have seen the number move at such a slow pace. I just want to make sure that the targets are met, so I am looking for a commitment from the Government. If the targets are not met, it will have a detrimental impact not only on vulnerable patients but on hard-working staff on overstretched wards. We cannot expect staff to be able to fully help their patients when they have far too much on their plate.

As I said, the Scottish Conservatives believe that a step change is required in mental health support. We can be a world leader if we take the right actions now rather than in five or 10 years' time. In the past, we have called for colleges and universities to appoint mental health champions for students, for plans to have specialist mental health support in every GP practice or hub and for work to ensure that mental health support is provided in every A and E department on a 24/7 basis.

Research has shown that having a mental health problem can increase a person's chance of feeling lonely. That is why, this year, the Scottish Conservatives launched our loneliness action plan, which includes an increased focus on youth loneliness, improvements to social prescribing, work on connecting communities and implementation of a national awareness campaign. Loneliness is a problem that can have significant side effects regardless of age. It can be linked to a lack of permanence or a lack of a sense of belonging. It affects young people, who often do not feel connected to their local community in this digital world, just as much as it affects the elderly. Particularly as we get close to

Christmas, we must remember that many people simply do not have access to the company of others, or they feel isolated despite the many people around them.

Ultimately, the Scottish Conservatives believe that there must be parity of esteem between mental and physical health. That must not be just a phrase; it must be met with action that delivers for patients and staff.

A theme that will come up time and again in the debate is change. We need change in the waiting time targets and change in the workforce numbers. The Scottish Government's task force is calling for transformational change. In the interests of too many Scots, and particularly our young people, that change must happen now.

I move amendment S5M-20035.2, to insert at end:

“; recognises the workforce crisis across mental health services and that children's services are among the worst affected, and calls on the Scottish Government to address the concerning number of rejected referrals within the CAMHS service as a matter of urgency.”

15:05

Mary Fee (West Scotland) (Lab): I thank the Liberal Democrats for lodging today's motion on mental health. I associate myself with what has been said about the frankly shocking statistics on police mental health, which Willie Rennie so eloquently covered in his opening speech. It is worth reminding ourselves that the police are more often than not first responders at an increasing number of incidents, and are dealing with ever-more alarming and distressing circumstances. It is imperative that we adequately support our police force in that regard.

We all have mental health. How we look after and treat mental health has rightly become a higher priority across society.

Emma Harper (South Scotland) (SNP): Will the member take an intervention?

Mary Fee: I would like to make some progress, please.

Despite the higher profile of mental health, it is still not discussed as much as, and treated on a par with, physical health.

The Liberal Democrat motion raises many important points, simply because there are so many concerns around mental health across the board. It is right to say that there is a mental health crisis, although our colleagues on the Government benches might not agree with that. Although not all the causes may lie with the Scottish Government, it is only right that it should bear the ultimate responsibility for that crisis. Waiting times for

CAMHS, underinvestment in services, a lack of staff and a scaling back of commitments are just some of the major issues, as the motion highlights, and more should be done to invest in mental health to create a parity between physical and mental health.

The most recent release of statistics on child and adolescent mental health services shows that three in 10 children and young people are not being seen within the 18-week target. In fact, the waiting time target has not been met during the First Minister's time in office. In 2018-19, more than 5,000 children and young people waited longer than 18 weeks to access services and support, and a further 7,000 were rejected for referrals to CAMHS, with little by way of alternatives or treatment options being available to those who were rejected.

Those children and young people are being let down now, and the consequences could follow them well into adulthood. The transition from CAMHS to adult services is a quagmire to navigate for many people, which adds to their stress and furthers the trauma, not only for the young person but for the family. That is why Scottish Labour lodged its amendment, which has a special focus on children and young people.

The First Minister's announcement in 2018 that every school would have a mental health counsellor was welcomed by Scottish Labour, and it remains welcome today. Sadly, however, as Annie Wells highlighted, the pace of implementation means that hundreds of schoolchildren are missing out now on vital access to a school counsellor. There has been a reannouncement of that commitment 14 months after it was made and just days before this debate. Access to a school counsellor who can provide the right level of support at a very early stage has the potential to fundamentally change a young person's long-term mental health and wellbeing. Surely that is the kind of transformational change that we all want to see.

Returning to the motion, we agree that serious questions need to be answered on mental health worker recruitment. The Scottish Government promised an extra 800 mental health staff by March 2022 in A and E, GP settings, prisons and custody suites. The period for delivering on that is now 50 per cent of the way through, but only 40 per cent of the staff promised are in place. In fact, the promise has been watered down, because a third of the new staff delivered are in “other settings”, rather than in the places where the original commitment guaranteed they would be.

Prisons, in particular, need access to more mental health staff, because we know that the prison population has greater levels of poor mental health. Given my long-standing work on

supporting prisoners and their families, I find it disappointing that the announcement appears to have been watered down. Properly supporting offenders and their families is crucial if we are to break the cycle of reoffending—I have seen all too often the impact of failure to support offenders who have poor mental health. It is vital that the proper support and help are available to all offenders. More important, that support must be tailored to meet need.

Jeane Freeman: Mary Fee knows that I share her commitment to the quality of work that is done with offenders. Does she accept that the approach has to be collaborative? If it is not, I will simply direct where any one of those 800 workers goes. I do not think that she would like me to do that.

Mary Fee: I agree with the cabinet secretary. I will come on to that kind of approach.

We need to move the initiative along as quickly as we possibly can—the longer we delay, the more people we fail. That holistic, joined-up approach, with good community support, is crucial, as the point of release—I am sure that the cabinet secretary will agree—is often the point of crisis for many offenders.

Our amendment also addresses the unfortunate and tragic rise in the number of people dying by suicide. It is regrettable that we have the highest rate of suicide in the UK. If we do not deliver and fund the wide range of support services efficiently and effectively, before the point of crisis, we will not see any reverse in the number of people dying by suicide. Over a year on since the Parliament debated the suicide prevention strategy, it is imperative that we reaffirm the commitment on suicide prevention that was made in September 2018 by backing the Labour amendment today.

The causes of poor mental health are wide ranging. Inequalities such as poverty can often exacerbate the mental health problems of the most disadvantaged. Only by ending austerity and properly investing in mental health services for all can we create a country that supports and treats the mental health of people and ensures the parity that we all wish to see between physical and mental health.

I move amendment S5M-20035.1, to insert at end:

“; regrets the increase in the number of deaths by suicide, including among young people aged under 25; notes with concern the ongoing long waiting times for access to CAMHS and the lack of support for patients moving between CAMHS and adult services; maintains that reform is needed in specialist mental health services for young people, and believes that investment is needed to transform crisis support, improve early intervention and ensure a joined-up approach is achieved across services, particularly over the festive period.”

15:12

Alison Johnstone (Lothian) (Green): My thoughts are with all those who have been affected by suicide and by mental ill health. I thank the people in our front-line services who work so hard to tackle what seems to be a fast-growing epidemic.

Willie Rennie focused on the impact of mental ill health on those who serve in our police service. Earlier this year, Calum Steele, the general secretary of the Scottish Police Federation said that Scotland was in the midst of an “acute mental health crisis”. That is very much how it feels for those who are working on the front line, and they need our support in tackling it. I welcome the opportunity to debate the subject this afternoon.

No one in the chamber would deny that the CAMHS figures and the figures for youth suicides are completely unacceptable, not to mention extremely distressing. Since the audit of rejected referrals was published, CAMHS has refused help for 7,518—one in every five—children and young people who asked for mental health support, and child suicide rates were recently reported to have risen by 160 per cent in Scotland.

The Scottish Greens support a preventative approach. We back calls for teachers to receive mental health training, because teachers are a constant and stable presence in children and young people’s formative years. However, research that was conducted last year by the Mental Health Foundation Scotland revealed that many teachers lack the training and confidence to help them to address mental health concerns with their pupils. I appreciate that the Scottish Government has committed to ensuring that all secondary schools across Scotland have a counsellor from 2020 onwards, but it is absolutely clear that that requires a whole-school approach. Giving teachers mental health training could aid early intervention while helping them to address their own wellbeing, improve retention and lower levels of burn-out. However, the training absolutely must be properly resourced. It must not be yet another responsibility that is piled on to overburdened teachers.

On adult mental health issues, it is clear that employers have an important role to play in prevention. This week’s “Unison Week” reported that mental health issues cause more than 70 million working days to be lost every year, and 300,000 people who have a long-term mental health problem lose their jobs every year in the UK. In 2018, more than 870,000 people in Scotland were prescribed antidepressants.

That makes it clear that the issue affects every workplace, and that it requires a collective, holistic response. As employers—all MSPs are

employers—we can be part of that response. Employers need to foster an open and supportive workplace culture by making it clear that mental ill health will be treated the same as physical ill health, and by embedding and normalising discussions about mental wellbeing into everyday work conversations. I am sure that none of us would hesitate to tell our colleagues that we have a stinking cold or a sore throat, but in too many cases there is a reluctance to discuss our mental wellbeing.

A preventative approach must be taken. It is clear that the Scottish Government is not entirely responsible for the devastating impact that UK welfare reform has had on the mental health of too many people in Scotland. Earlier this afternoon, I chaired a meeting with Menu for Change and that issue came up time and time again. We were discussing the fact that we want to see an end to the need for food banks in this country, and the point about the impact of food and work insecurity, as well as poverty in general, on people's mental wellbeing was made over and over again. When people do not know where their next meal is coming from, it is very hard to have robust, good mental health.

We know that universal credit is having a terrible impact. Earlier this year, SAMH told us that universal credit is not working for people who have mental health problems. A report that SAMH produced highlighted that work capability assessments are not appropriate for people with mental health problems because they do not adequately gauge the impact of those problems and of other conditions that may fluctuate. Many assessors do not have the understanding of mental health and wellbeing that would make them fit to carry out those assessments. The stress that the process causes does nothing to help people who have mental health problems. It is important that Social Security Scotland staff who interact with people who have mental health problems are given the training to ensure that they do so with compassion; I appreciate that work is being done to ensure that.

Emma Harper: The Scottish Government has spent about £100 million every year on mitigating the cost of the welfare-imposed austerity of the UK Tory Government. Does Alison Johnstone agree that it would be better for the money to be spent on public services, rather than on mitigating Tory welfare-imposed austerity?

Alison Johnstone: Absolutely. Any social security system that is worthy of that name should be taking a remarkably different approach from the one that we have seen.

We all have mental health, as members have mentioned, and helping people to identify warning signs, triggers and stressors and to develop

coping mechanisms can help to grant some autonomy over our mental wellbeing. Mind, the mental health charity, is clear that resilience can change over time and that elements that build it can be introduced into everyday life. However, as I have said before, it is hard to feel resilient when day-to-day life is such a struggle. It is clear that any preventative approach to good mental health must address the link between mental health and inequality and poverty. A Money and Mental Health Policy Institute report has revealed that 86 per cent of respondents said that their financial situation and mental health were closely interlinked. People with mental health problems are often trapped in a self-perpetuating circle and are unable to access the support that they need while we have a punitive welfare system.

I am running out of time. We need to do all that we can as a nation to make it easier for people to initiate conversations about their mental health to get the support that they require.

The Deputy Presiding Officer (Linda Fabiani): We move to the open debate. I have let the opening speeches run on a little because of interventions. I ask members to keep to six minutes, please. I call Liam McArthur, to be followed by James Dornan.

15:19

Liam McArthur (Orkney Islands) (LD): The Liberal Democrats have chosen to use our time today to give Parliament a chance to debate what can be described only as a crisis that is facing mental health services. It is right that we do so, and it is consistent with the priority that our party has attached to mental health issues for a number of years—in keeping mental health at the top of the political agenda, in holding the SNP Government to account on its record and in demanding the transformative change that we need in an area that has been overlooked and underresourced for too long. As Alison Johnstone did, I pay tribute to all the people who work in the sector.

As Willie Rennie rightly reminded Parliament, people across Scotland are struggling. Often, when they turn for help with their mental health, that help it is not available or it arrives too late, by which point manageable problems have turned into full-blown crises. I see that locally, in the lack of available psychiatric input and in a child and adolescent mental health service that is stretched to breaking point and is trying to cope with the demand for help and support.

On that last point, I welcome the specific focus of Mary Fee's amendment on the problems that face CAMHS teams across the country. Annie Wells was right to remind us that one third of

children and young people are waiting too long for the support that they need. Alison Johnstone highlighted the fairly shocking statistics on suicide among young people.

It is not just people who experience poor mental health who are being let down. Earlier this week, I was contacted by a constituent who described her experience of caring for a family member who is dealing with mental health and addiction issues. She said:

"I went to the doctor ... they told me that my feelings of complete despair ... was completely normal. That they see this time and again as part of families dealing with addiction. Not once at any of the appointments or admittance to A&E ... did they offer me support or ask me if I was coping, in fact they put the onus back onto me".

As a direct result of the lack of initial help and support, my constituent and two other family members found themselves needing eight additional visits to the doctor, two prescriptions for long-term antidepressants, one five-day stay in hospital, an ambulance call-out, and two referrals to the mental health teams. That cannot be right on any level. It shows a lack of joined-up thinking, services struggling to cope and a situation being made far worse by its not being addressed in a timely fashion.

However, the Government's amendment gives no sense that ministers grasp either the scale or the urgency of what needs to be done to address the crisis. That is perhaps best illustrated by the complacent dismissal of concerns regarding the welfare and wellbeing of our police officers and staff. The findings of the new report and academic research that were referred to by Willie Rennie must surely have acted as a wake-up call for ministers. They confirm what earlier surveys, as well as a wealth of anecdotal evidence, have been telling us for some time: police officers and staff are struggling with their mental health and are being let down by those at the top and by this Government.

The full report will be shared with the Justice Sub-Committee on Policing, in due course. However, the details that have been provided by the Scottish Police Federation so far, in response to Willie Rennie's inquiries, are alarming. They say that 35 per cent of officers reported having gone to work while mentally unwell, that 21 per cent reported high levels of depressed mood, that one in 10 reported drinking alcohol or taking prescription drugs as a coping mechanism, and that almost half of officers suffer from exhaustion.

In response, Jeane Freeman's amendment asks us to support

"initiatives being undertaken by Police Scotland to create a safe, positive and healthy working environment".

When 57 per cent of officers reported that a lack of resources to do their work has caused them a high degree of stress, and when only 3 per cent of officers agreed that the national force really cares about their wellbeing, that is not an adequate or appropriate response from the SNP Government.

John Mason (Glasgow Shettleston) (SNP): Will the member give way?

Liam McArthur: No, thank you.

That response is becoming all too familiar and is very much of a piece with the response that was given by the Cabinet Secretary for Justice when he was confronted recently with evidence of a sharp rise in police officer and staff absences. If the justice secretary really feels comfortable that he is

"very satisfied the support structures are in place for those officers for their mental wellbeing to be addressed",

that hardly conveys the impression that Mr Yousaf or the Government have grasped the scale, the seriousness or the urgency of the issue. I thought that Calum Steele showed remarkable self-restraint when he suggested that the justice secretary's level of satisfaction is

"not shared by the officers and as such it is difficult to understand the basis upon which Mr Yousaf was able to derive that satisfaction".

We ask our police officers and staff to do a difficult and often dangerous job on our behalf. Rewarding them with platitudes while dismissing their clear and consistent calls for more support is not good enough. It is a tough job; however, the job should not be making people unwell on such a scale. That is unsafe and cannot be dismissed, nor can ministers dismiss the findings of the research as being historical or as somehow having been overtaken by measures that they and police chiefs have put in place.

Professor Linda Duxbury's research could not be more up to date. What is more, it could not underscore more powerfully why Police Scotland, the SPA and SNP ministers were wrong to reject our repeated calls for staff views to be surveyed well before now. Despite the Government, police chiefs and the SPA having dodged the issue for so long, Professor Duxbury's report leaves them nowhere to hide. They must act, so I urge Parliament to support the motion in Willie Rennie's name.

15:25

James Dornan (Glasgow Cathcart) (SNP): I welcome the opportunity to take part in the debate, having been public about my own past mental health problems. I have huge sympathy for police officers who are similarly affected. On many

occasions, I have come to work while suffering from poor mental health.

I would like some more detail on the scale of how unwell those police officers have been, because that can range hugely—from feeling stressed about a particular issue that they will face at work, right through to being so depressed, so out of it, that they feel as though they are going to commit suicide. I have experienced every single one of those stages, so I know that we cannot just say that such-and-such per cent feel unwell and that they are all the same. If there is a huge percentage at the top end of the range, we have a real crisis on our hands, but if we find that many are suffering from stress—as we all do, to be honest; I was stressed before I started this speech—the problem is not of the same magnitude.

Alex Cole-Hamilton: Is James Dornan telling Parliament that police officers who are revealing their stress to researchers should just suck it up and get back to work?

James Dornan: You should listen to what I say, and then you should intervene based on what I have said, not on what you would like me to have said so that you could get your intervention in. That was absolute rubbish—

The Deputy Presiding Officer: Members should remember to speak through the chair, please, and not directly to each other.

James Dornan: I am sorry, Presiding Officer.

It is clear that there is a lot to do. However, the Scottish Government has made incredible strides in mental health support in recent years. Over the current session of Parliament, investment in mental health will exceed £5 billion, and mental health staffing has increased by 76 per cent since the SNP came to office. Mental health is a priority for the Government, for me and—I am sure—for Parliament as a whole.

I am privileged to be one of the co-conveners of the Parliament's cross-party group on mental health, alongside Emma Harper. We are currently looking into the Scottish Government's ambitious "Mental Health Strategy: 2017-2027", particularly the section on prevention and early intervention. As we know, the Scottish Government's guiding ambition for mental health over the decade of the strategy is simple. The document says:

"we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems."

Other members have already mentioned that.

Before I get to the main section of my speech, I want to pay tribute to the cross-party group's secretariat. The drive and commitment of Suzi

Martin of SAMH are taking the cross-party group to new levels, and I think that Emma Harper will vouch for that.

As a co-convenor of the cross-party group, I am well aware of the great work that the Government is doing to improve Scotland's mental health services. It is fundamentally flawed for Opposition parties to claim that it is doing otherwise. We are at the start of a 10-year programme, but members are asking why the Government has not got it all done in the first six months or the first two years.

Since the new Cabinet Secretary for Health and Sport and the Minister for Mental Health took office, the Scottish Government has established a children and young people's mental health task force—which is backed with £5 million of additional investment—to reshape and improve child and adolescent mental health services. It has published two annual reviews—one of which was released yesterday—of the mental health strategy. The reviews have shown that 19 of the 40 actions that have been laid out are complete, or nearly complete, and that 20 are in progress.

The Scottish Government has set up an independent review of mental health legislation, and has launched Scotland's suicide prevention action plan. Among its various actions, the plan sets an ambitious target to reduce suicides by 20 per cent over five years. The Government has, as part of that, established the national suicide prevention leadership group. The Scottish Government's vision of Scotland is one in which suicide is preventable and in which anyone who is contemplating suicide, or whose life has been touched by it, will receive the support that they need.

On top of all that, improving Scotland's mental health was at the heart of last year's programme for government. Within that programme are commitments to improve NHS 24's breathing space service; the extension of online access to cognitive behavioural therapy; expansion of the perinatal support that is available to women; funding of an additional 80 counsellors to work across further and higher education; and additional school nursing and counselling services.

I am delighted by the recent announcement that Glasgow City Council will receive nearly £5 million over the next four years, including £1 million in this financial year alone, to ensure that every secondary school pupil who needs it will have access to professional counselling services by next year.

Those actions—it is not an exhaustive list—represent a transformational change in how our mental health services are delivered. Obviously, our mental health landscape has changed

radically since 2017, and many of the changes will take time before results can be fully evidenced.

The Liberal Democrats, to their credit, have repeatedly championed improving mental health over the years. However, I believe that a little introspection from them is in order for today's debate, because no matter how good our mental health policies are, health policy alone is not enough. The coalition Government, which was discussed earlier, presided over brutal cuts and austerity measures, and the effect on mental health that those have had across the UK cannot be ignored. Such policies have demonstrably had a disproportionate impact on people who are living in poverty, and people with health problems, including mental health problems, are overrepresented in that group.

A report that was published earlier this year revealed that, in about nine out of 10 NHS mental health trusts in England, bosses said that benefit changes in recent years have led to an increase in the number of people with anxiety, depression and other damaging conditions. Lack of money and lack of housing were also said to be contributing directly to increased demand for mental health support. To confirm that view, we need only look at the report of the United Nation's special rapporteur, Philip Alston. It said:

"Living in poverty can also take a severe toll on physical and mental health. More than a quarter of working-age people in the poorest fifth of the population—roughly those in poverty—experience depression or anxiety."

It is clear that the impact of growing social and economic hardship in local communities, because of austerity, is devastating and is exacerbating mental health problems for many people.

With all the will in the world, it cannot be said that mental illness exists in a vacuum; politics and our health, especially our mental health, are intrinsically linked. As a Parliament, we should not be trying to score points on the issue; we should be working together to ensure that everybody gets the best mental health support that they can get. I urge members to think about that at 5 o'clock tonight.

15:31

Brian Whittle (South Scotland) (Con): I, too, thank the Liberal Democrats for bringing the debate to the chamber and for allowing us to discuss mental health once again.

The fact that the Public Petitions Committee is carrying out a significant piece of work to combine several petitions that have mental health at their centre is an indication of the seriousness of the issue. We have taken evidence from a wide range of stakeholders. Recently, we took evidence at a teachers conference that was designed to allow us

to specifically discuss the mental health of pupils and staff. The overwhelming ask was that we ensure that teachers have access to mental health training and support as part of their education. Alison Johnstone brought that point to the fore in her speech. When we are talking about teachers, we may as well throw in the police—Willie Rennie talked about them so eloquently—and people in our Ambulance Service and so on.

Gail Ross and I heard from secondary school pupils with lived experience of poor mental health. They highlighted an inability to recognise poor mental health in themselves and told us that, even if they could recognise it, there was no real plan of action if they should feel their mental health sliding.

I have always said in the chamber that education is a major solution to improving health and welfare, and I believe strongly that investment in education could go a long way in preventing mental health issues downstream. That could have a much reduced cost to the public purse, which would be over and above the most important outcome: our school pupils having much better health and wellbeing. Given that so many people's slide into poor mental health began when they were at school age, surely education is an obvious area for investment.

I have often thought that if we really want to close the attainment gap, we need to focus on wellbeing. That view was backed up this morning, when I chaired a conference on additional support for learning in Scotland. The conference noted that additional support needs for pupils have increased significantly over the past seven years, with there having been a corresponding decline in the number of additional support needs teachers. The people at the conference said that the result is poorer mental health, as well as teaching staff being under increasing pressure. That will appear on a health balance sheet only further downstream, when the cost will be much greater.

Members will not be surprised to hear that the Health and Sport Committee has also taken up the issue. At one of our recent evidence sessions, social prescribing was highlighted, which is another major element of the solution. The committee has done an inquiry on that, and the report, which I think will be quite hard hitting, is due to be published soon. We had a great round-table discussion, but it only backed up everything that we already know: a more connected social prescribing model would make great inroads into preventing health issues, such as poor mental health, and could be used as an alternative to continually medicalising the problem.

On Monday night, in Perth, the committee heard from psychiatrists who suggested that such an approach would help to clear the way for those

with significant and long-standing mental health problems to be seen much more timeously. The problem with providing that kind of support is that there is a lack of access to, and a huge lack of understanding of, social prescribing in the sector.

That brings me on to third sector organisations, because the non-clinical environment is a major part of the solution. We need to focus on service delivery rather than being hung up on keeping treatment within the bricks and mortar of NHS facilities.

Last night, I visited Tynecastle to see the changing room project, which is supported by SAMH, the SPFL Trust and the Big Hearts Community Trust. In that room were men who had stated that they were unable or unwilling to access traditional mental health services. In an environment that they understood, where there was no stigma attached, they were able to talk about and share their own mental health issues. As part of that programme, they can access physical activity. One gentleman described the men gathered in that room as his band of brothers. Two of them declared that they would have been suicide statistics had it not been for the group.

Jeane Freeman: I could not agree more with everything that Mr Whittle has said so far. Does he agree that the allocation of a proportion of the 800 additional mental health workers that I mentioned earlier to what is designated as “other setting” includes some of the places that he is talking about right now?

Brian Whittle: That is the direction of travel that I am pushing for. I absolutely accept that there is investment in mental health, but I suggest that we should be looking at supporting other areas in the mental health arena that can deliver the kind of treatments that are required. The approach that I described, which involves taking services to those who need them in a non-clinical environment, constitutes effective mental health treatment. I should point out that Hibernian Football Club runs a similar project. We could do much more with the right kind of investment.

I have mentioned to the cabinet secretary on a previous occasion the support that is provided by Ayrshire Cancer Support through qualified therapists. Break the Silence, which provides qualified therapists, has suggested that it could carry quite a lot of the load if it was properly funded. The cabinet secretary will know very well the work of Yipworld and The Zone in Dalmellington. Both organisations work with the most disaffected youngsters in the surrounding areas, but they have lost out on a community funding programme, which has seriously impaired their ability to deliver services. What will happen to those who lose those services? They will undoubtedly appear downstream in health, justice

or welfare, experiencing much poorer wellbeing and requiring intervention at a much higher cost.

The Parliament's greatest failing is that, despite health and education being completely devolved to this place for the past 20 years, which has given it the opportunity to innovate and evolve in a different direction, it has continued to plough the same road, simply tinkering around the edges. The definition of madness is doing the same thing and expecting a different outcome. Money will always be an important part of the solution, but focusing only on that aspect means that the issue is just kicked down the road.

Every policy in this place—in health, education, planning, welfare and justice—should have health and wellbeing as its central objective. Only then will we effectively tackle the mental health crisis that is developing in this country.

15:38

Jenny Gilruth (Mid Fife and Glenrothes) (SNP): Almost every member who has spoken thus far has mentioned young people's mental health, and it will not surprise members to learn that I intend to focus my remarks on that area. Brian Whittle and Alison Johnstone both mentioned the importance of teachers in supporting good mental health. My first members' business debate, back in 2016, focused on that issue.

An eighth of the school curriculum content in Scotland is dedicated to health and wellbeing. In fact, if members are really interested, there is a whole page of curriculum content devoted to mental, emotional, social and physical wellbeing. That is before we reach CAMHS, which I will come on to in due course.

The “Youth Commission on Mental Health Services Report”, which was published last year, recommended that

“Mental Health should continue to be embedded within education from an early age in order to strengthen the knowledge and awareness of mental health.”

That is a real strength of our education system, because we prioritise literacy, numeracy and health and wellbeing.

The Government's amendment rightly points to a reduction in the stigma around mental health. We also know that, at the same time, demand for mental health services has increased as people feel more able to discuss their feelings more openly. The Scottish Children's Services Coalition has reported that

“20% of adolescents may experience a mental health problem in any given year. These problems disproportionately affect those children and young people from lower income households and areas of deprivation.”

At the Education and Skills Committee's meeting this morning, we took evidence from the Cabinet Secretary for Education and Skills. There was a clear focus on exam passes and the number of subjects available, but none of us—and I include myself in this—asked a question about the mental health of our children and young people. That is quite a poignant point, when we consider the debate around education.

Willie Rennie will know that NHS Fife has previously struggled to meet the 18-week treatment time guarantee for child and adolescent mental health services, but I know that the Scottish Government is working with boards to deliver the improvements that are required.

Mary Fee: What impact does the member think the very high number of rejected referrals to CAMHS has on children's attainment?

Jenny Gilruth: I am not able to give the member a specific response to that intervention. However, I can speak from a professional perspective. In my experience, the front line of a child's mental health is dealt with by a teacher before the CAMHS referral stage is reached. I will come on to that in due course. A lot can be done in the school community to protect and to build resilience in young people that we should not ignore when we talk about CAMHS waiting times.

On the investment that the Government has already committed to, there is £4 million in 2019-20 for 80 additional CAMHS staff. The number of CAMHS staff has risen by 4 per cent in the past year, and it is up by 76 per cent since September 2017, under this Government. The Government has committed to intervening where boards are falling short.

I will return to the point that I made to Mary Fee, which was about the opportunities that are presented to make interventions before a child reaches CAMHS. We should think back to the design of our school curriculum, which has health and wellbeing at its heart.

The Government amendment calls for a recognition of

"the commitment and contribution of those working across Scotland to improve services, implement change and ensure that mental health is given the focus that it rightly deserves".

I therefore thank all the teachers working in my constituency who support young people in my community on a daily basis.

On that note, I want to share the story of a remarkable young woman who I met last year. She was excelling at her local high school in Glenrothes and was heading off to the University of St Andrews to study physics—she was a star pupil. However, something then happened: her

mental health deteriorated and she had to be sectioned, through no fault of her own. She was desperate to please everyone around her and, as she said, to get back to "being normal", whatever that was, but she just could not. Eventually, after a period in hospital, she made her way home and decided that she wanted to help others.

She designed something called a mental health distraction box, which contains a variety of items to help keep people's minds active, such as colouring-in books and stress balls. She recently delivered the boxes to her old school in Glenrothes and to a number of other locations in the town. I pay tribute to Neve Stewart for her bravery in confronting her mental health challenges in a bid to help others.

The Liberal Democrat motion calls for mental health to be treated in the same way as physical health, but we all know that that does not happen for a variety of reasons. If you break your leg tomorrow, Presiding Officer, we will all know about it. We will see you in a stookie and we might see a pair of crutches. People will ask how you are. However, mental health issues are often hidden and below the surface. Because they are hidden, people often suffer in silence. That is wrong, which is why the Government amendment rightly calls for "parity of esteem", and why that is also a focus for the Government's "Mental Health Strategy: 2017-2027".

A lot of the issue is cultural. Particularly in Scotland, the unfair stereotype of masculinity pervades and the strong and silent man is lauded. Suicide remains the biggest killer of men under 50 across the United Kingdom. The Scottish Government's suicide prevention action plan aims to reduce the rate of suicide by 20 per cent by 2022, which is welcome news.

However, mental health is not just about culture. Between 2010 and 2015, when Willie Rennie's bosses were in power in Downing Street, about a quarter of people on jobseekers allowance received at least one sanction. In the same period, rates of severe anxiety and depression among unemployed people increased by more than 50 per cent. The UK Council for Psychotherapy has said that the UK Government's reforms to welfare payments were to blame and that sanctions have had a "toxic impact" on mental health across the United Kingdom.

Liberal Democrat members have come to the chamber today to politick about mental health. They talk about a crisis, but when people such as Neve Stewart are in crisis, they point the finger rather than reflect on their failings when they helped to prop up the Tories in Government. The Liberal Democrats are the enablers of a benefits regime that systematically harmed people's mental health and wellbeing and that continues to do so

to this day. They are the handmaidens of austerity, so shame on them.

15:44

Neil Findlay (Lothian) (Lab): I declare an interest in that my wife and daughter work in the national health service and I am a member of Unite the union.

Without a doubt, there is a mental health crisis in the community. In my constituency work, I see more people seeking support to access services that they cannot access. Of course, there are many reasons behind the rise in mental ill-health, including material poverty, unemployment stress, substance abuse, violence, loneliness, low self-esteem and social pressures.

The extent of the problem can be seen in the number of antidepressants prescribed in our country. Information that I got in the summer from NHS Lothian tells me that in the previous 18 months, 900,000 items of antidepressants were prescribed. There are only 800,000 people living in the Lothian region. For the whole of Scotland, that figure was 1.2 million items of benzodiazepines prescribed and more than 3.5 million items of SSRI—selective serotonin reuptake inhibitor—antidepressants. I am not knocking the use of those drugs; I fully understand that they are exactly what some patients need, but those figures are absolutely extraordinary.

In 2018, 67 per cent of drug deaths were from street or prescribable benzos alone. I will give way to the minister if he will tell us what is being done about the huge level of deaths from prescribed and street benzos—792 people in 2018. Does the minister want to take that opportunity?

Joe FitzPatrick: Thanks for the opportunity. There is a piece of work going on within the Scottish Government to look specifically at prescribing. In addition, on scripted benzos, there is work being done in the task force looking at the range of support that is provided to people in a clinical setting to make sure that it is appropriate.

Neil Findlay: How many times do we hear that there is a piece of work going on? How many times do we hear, “We are working at” something, yet we do not see any material change and there are people dying on the streets—three died in Dundee last night?

Monica Lennon (Central Scotland) (Lab): Does Neil Findlay agree that it is about time we had a debate in Government time on Scotland’s drug death emergency, to hear more about the strand of work being led by the task force?

Neil Findlay: Absolutely. Ministers should not hide from that; they should bring it forward. If they

are positive about what is being done, let them bring a debate forward and we will engage with it.

Yesterday, I hosted a group of pupils and staff from Whitburn academy’s award-winning be herd group. They told me about their project, which addresses mental ill-health head on. They have changed the culture of the school so that pupils, staff, parents and anyone associated with the school can access support and a safe space in the school to talk and begin addressing a range of issues. I hope early next year to bring that project to a members’ business debate so we can all listen and learn from what is an amazing piece of work.

I will raise some of the issues that those young people raised with me yesterday. They spoke about unacceptable waiting times for CAMHS, and about how they and their peers who are suffering from such things as eating disorders or self-harm, or who have had suicidal thoughts, have been left to wait for months or years for CAMHS support—and when they did get help, it was severely lacking. They told me that it was only when their condition got to the stage where they were at death’s door, or when they had penned a suicide note, that they got the support that they needed. Those are their words, not mine.

I say to the minister that desperate parents in my constituency and region tell me that kind of story time and again. This is an appalling state for our child mental health services to be in. If someone is in mental health crisis, they need help today, not in 10 months’ or a year’s time. The young people spoke about waits to see a psychiatrist or a psychologist. I have people in my caseload who have been waiting 10 or 12 months for a first appointment—so much for having a treatment time guarantee. Yesterday, I read this statement on the Care Opinion website about St John’s hospital general psychiatry:

“I have been in the mental health system for a long time. However I have not been seen by a psychiatrist in over a year. My appointment earlier this year was cancelled due to there being no psychs (not that I’ve ever seen the same one twice!). Today I attended an open clinic appointment, this is how they do things now”.

That individual had to wait for three hours and when they were finally called in, they saw a nurse, not a psychiatrist. They stated:

“It now looks like I’m going to be discharged from services without even being seen by a doctor”.

The person writing that is a nurse.

That is what is happening in our community. We have heard people today talking about parity of esteem. Those young people told me that they hear politicians talking about that all the time, but nothing moves on.

They spoke about the need for their project to be rolled out in every school, and most tellingly, about the need to address the issues of inequality, deprivation and poverty and the impact that those are having on their health and well-being and their family, friends and community.

There is an immediate crisis, and, for many people, there is nowhere to go other than A and E. Even then, when people are seen—I have recent experience of this myself—they get discharged from A and E back into the community with no idea where they will go. They have often left a stressful family situation and they are just fed back into another cycle of problems.

I know that a number of people have visited the Penumbra crisis centre in Leith, which takes people on a self-referral basis, keeps them safe for the night—or a few nights—and helps them to access services. That is the only service of its kind in Scotland. We need such services for emergency care for people in a crisis to be rolled out across the whole country.

I was glad that Willie Rennie mentioned the police. As I said, I went out with the police in Livingston over the summer. All six cases that we dealt with that day had a mental health dimension—some more extreme than others. The police told me that they were not trained to deal with that.

The Deputy Presiding Officer: You must close, please.

Neil Findlay: They were trying their best, but it was a sticking plaster approach. We need mental health teams embedded in our policing. I hope that the minister will raise some of those issues when he sums up.

The Deputy Presiding Officer: Before I call Mr McDonald, I say that all parties have had extra time already. We are now running short of time, so please be stricter in your timings.

15:51

Mark McDonald (Aberdeen Donside) (Ind): I begin by giving credit to Willie Rennie and the Liberal Democrats, because it is often the case that when Opposition parties use their debating time they choose to split it between two subjects, and that can often lead to debates that are truncated and feel rushed. I pay tribute to the Liberal Democrats for spending their entire time debating an exceptionally important issue, which should allow for some deeper analysis.

On the debate that we have heard so far, one of the difficulties is that the term “crisis” is often used and misused in our public debate. There is no getting away from the fact that there are significant and serious issues within our society in relation to

mental health and wellbeing. However, it would also be fair to say that progress is being made.

At the most recent NHS Grampian briefing for MSPs and MPs, we were told by Lynne Taylor, the clinical director for CAMHS in the north-east, that 91 per cent of Aberdeen city and shire patients are now waiting less than 18 weeks to be treated, although there are still some issues in the Moray area.

Mary Fee raised the issue of rejection of referrals. We were also told that although on paper it looks like 23 per cent of referrals are rejected, only 4 per cent of those rejections relate to a failure to meet the CAMHS criteria. Often it can be about the age of the patient who has been referred, or the fact that a person is seeking advice rather than treatment, which leads to a rejection of CAMHS treatment.

Monica Lennon: Will the member take an intervention?

Mark McDonald: I have a lot to get through, but I will take an intervention if it is brief.

I want to say first, however, that a lot sits below the headline statistics on these issues. That is not to take away from the need to tackle them, but it is important that we understand what sits below those headline statistics.

Monica Lennon: I agree with the member about the need for that deeper analysis, but one of the statistics that alarms me is the 160 per cent increase in suicide by those under 18 between 2014 and 2018. What does the member say about that?

Mark McDonald: I was about to come onto the issue of suicide, and discuss it in perhaps a slightly wider context than just young people. However, one suicide is a tragedy, let alone the number that we see on an annual basis.

As MSPs, we recently we had the opportunity to undertake suicide prevention training, which was provided by SAMH. I attended a session with Liam McArthur and Finlay Carson.

One of the key things that came across at that session, as we talked about people who reach out to us as MSPs or personally, was that the vast majority of such people do not actually want to kill themselves. However, they get to a stage at which they are unable to reach out to, or to find, anybody who is able to convince them that that is not the correct way to go.

What Monica Lennon said highlights the need for us not only to focus on services such as CAMHS and what I would describe as points of contact for people who are in a state of crisis. We also need to take a step back and look at what early interventions are necessary and where they

are best placed. Jenny Gilruth made important points relating to that, such as how education, as a service, can be more attuned to the needs of young people.

We also need to think about peer and community support. Brian Whittle mentioned community charities and voluntary organisations, and I will highlight two examples from the north-east of Scotland. Man chat Aberdeen was established in June this year by local stand-up comedian Wray Thomson. We have heard the statistics on men and suicide, and Jenny Gilruth highlighted that men are more likely to close up about their mental health and wellbeing. The group was designed as a means to encourage more men in the north-east to open up about their mental health and wellbeing and to do so in a supportive environment, where they do not face the potential stigma of coming into contact with statutory services. The organisation has grown exponentially in terms of the number of men who are getting in touch with it, and it is having a positive impact on and real benefits for the men who attend the meetings.

For people at the other end of the age spectrum from those who Monica Lennon talked about, the positive impact of men's sheds cannot be overstated. They tackle isolation and loneliness, which often feed mental ill health in older men.

Both man chat and men's sheds are examples of community support that help people but that require funding in order to deliver that help. My question is, how do we ensure that funding filters down to such organisations, instead of simply focusing on how much money we spend on statutory services? Those are not the first point of contact for many people who are affected by mental ill health.

With that in mind, I also want to talk about physical health, which complements mental health. I have seen that at first hand through my involvement with jogscotland. I am a member of a jogscotland group in Bridge of Don in my constituency, and, on my mental health and wellbeing, I can say that there are days when the companionship and camaraderie of the group and the conversation that takes place during the jog can be uplifting and can help me get through days when I felt like I did not even want to get out of bed in the first place.

Finally, on the point that Alison Johnstone made about initiating conversations, we also need to reflect carefully on the type of society that we are creating for our children and young people to grow up in, not only in terms of social media—a subject that has been well rehearsed in various debates—but in terms of traditional media. When one of the main breakfast programmes in our country is fronted by a man who will mock men for being

open about their emotions and will talk about people needing to “man up”, and when we have magazines that bombard women with negative messages about their body image, telling them that they are either too thin or too fat, we have to ask ourselves what impact that has on the mental resilience of young people who are subjected to those messages every day.

The Deputy Presiding Officer: I once again remind everyone about the need for brevity.

15:58

Beatrice Wishart (Shetland Islands) (LD): The fact that the cabinet secretary's amendment to our motion begins by asking us to remove the words

“there is a mental health crisis in Scotland”

makes me concerned that the Scottish Government is failing to grasp the true severity of the mental health crisis that exists in Scotland. Therefore, I begin by underlining exactly why that statement is true, and why seeking to remove it should be a mark of shame on the Government's record.

Mental wellbeing is plummeting in Scotland. I see evidence of that in my portfolio, beyond what has already been highlighted by my colleagues. A Mental Health Foundation survey reported that 51 per cent of teachers said that the pressures of their job had led them to develop a mental health problem such as depression or anxiety, or had exacerbated an existing problem. The same research found that 71 per cent of teachers said that they lack the right training to help them address mental health concerns with pupils, and that only 13 per cent have received mental health first aid training. That is even more unsettling when it is considered next to research undertaken by the National Union of Students in 2018, which showed that the number of students seeking counselling services had doubled since 2012-13. In April 2018, the Prince's Trust indicated that the levels of young people's happiness and confidence in their emotional health had dropped to the lowest levels ever recorded.

Let me be clear: the purpose of today's debate is not to show that there are people in Scotland who struggle with their mental health, but to demonstrate how deficient our response has been so far. Waiting times for mental health services are too long, and the treatment targets for children and adults have never been met. People are waiting for up to two years for the help that they need, which for young people must feel like a lifetime. The CAMHS waiting time target is supposed to be met for 90 per cent of patients, but that has not been achieved since it was introduced in 2014.

The Government often says that things are getting better, but the latest statistics show that, in the space of a year, the number of children waiting for more than 12 months for treatment has soared. In September, reports showed that 735 children were waiting for more than a year to start their treatment; a year earlier, the figure was 208.

This summer, we discovered that some people in Shetland had waited for more than 600 days before starting to receive the treatment that they needed. Sixty-two Shetlanders had waited for more than a year to start their treatment, yet the Government's target is 18 weeks. As a consequence of such a wait, a problem that might start as something small becomes much worse and, too often, ends in tragedy.

Waiting times are not just numbers that do not add up; they are evidence of individuals who have reached out, only to find that the support that they need is not there. For someone who is at their most vulnerable, that realisation must be crushing.

To be clear, fault in the crisis does not lie with the staff, who do their very best to work with what they have. They work around the clock to deliver the best service that they can. However, we do not have the systems or the staff in place to give mental health the attention that it needs. Based on what we know so far, I am not convinced that we are doing enough to change that.

That much is evident in the Government's attitude to workforce planning, given the widespread vacancies and the conspicuous absence of an integrated workforce plan. I recognise that our health service is already working with a professional deficit, which of course will be made much worse if we allow any form of Brexit, and I recognise that increasing the workforce by the numbers that are needed will be a massive challenge. However, we will have been defeated by that challenge already if we do not even accept the basic premise of what the numbers show, which is that there is an emergency and that urgent action is needed to do something about it.

The cruel irony is that, by failing to provide basic interventions, we make everything so much worse. Too often, Government spending focuses on reactionary policies that only try to fix problems when they have already reached crisis point. Instead, the third sector often picks up the tab for preventative policies and, without certainty on funding, programmes can fall through and the people who need the services are left in limbo.

Spending time and money on our mental health services is an investment in our people. By investing in our people, we invest in our economy and our communities. What more evidence does the Government need to be convinced that there is

a crisis? That recognition is crucial if there is any hope of turning the situation around.

16:09

Keith Brown (Clackmannanshire and Dunblane) (SNP): As a non-expert, I will say a couple of things about the underlying causes of mental ill health, the Scottish Government's response to the related issues that we face and the Lib Dem motion. I do so with reference to two groups. Quite rightly, there has been a big emphasis in the debate on young people, but older people and armed forces veterans have not been mentioned so far, so some words about them would be useful.

Twenty years ago, I served on a council where a Labour councillor who said in public that he was suffering from something called seasonal affective disorder, or SAD, was roundly ridiculed for having said so. In the past 20 years, there has been a substantial change to the way in which the public perceives mental health issues. People are now aware that when days are shorter and we have long, dark winter nights, many people in Scotland struggle to cope with their mental health. For some—especially older people—loneliness and social isolation can feel most acute during the holiday season. Other people start to feel the pressure of paying higher heating bills and the stress of Christmas expenses.

We have to ask ourselves why so many more cases of mental ill health among veterans are being brought to light. I will give members my view, for what it is worth. Really broad sections of the population were involved in the first and second world wars, and when people returned from those conflicts, they were part of the mainstream, as many people shared the same experiences. In contrast, nowadays, people tend to be isolated when they come out of the armed forces and they have to cope on their own with what they have seen. That might account in part for the increase in the numbers of mental ill health cases. However, there are different reasons for that, and we should spend some time—perhaps not in a debate such as this one—looking at the underlying causes of the increased incidence of mental ill health in modern life.

I am pleased that the Government has recognised some of the additional pressures and is putting money into the pockets of those who need it most in winter: young families, those with additional needs, or those who have caring responsibilities. Those entitlements include the December advance payment of the carers allowance supplement, along with winter heating assistance. Together, they make up the most progressive welfare package anywhere in the UK, and they have helped to offset the crippling effects

of UK welfare reforms since 2010, as Alison Johnstone and others have mentioned.

I think that the Government is doing a great deal, but there is no question but that more can be done. I accept that, and any Government has to be open to that charge and must constantly be challenged.

I question the basis of the Liberal Democrats' motion. Given their shameful role as the midwife to Tory Government cuts, which Jenny Gilruth mentioned, it is surprising that the Liberal Democrats are today criticising the SNP's pledge to increase investment in mental health services by claiming that the 800 additional mental health workers promised by the Scottish Government are insufficient.

Alex Cole-Hamilton rose—

Keith Brown: I will not take an intervention.

The Liberal Democrats appear to forget the toxic policies that they enabled as willing coalition partners.

Alex Cole-Hamilton: Will the member take an intervention?

Keith Brown: I have already said that I will not take an intervention.

Those policies had a devastating effect on mental health services across the UK. When they were last in government, the Liberal Democrats oversaw mental health trusts being hammered by budget cuts, almost a third of all NHS mental health beds lost and mental health nursing posts slashed. I know that they do not want to hear it, but they have to take responsibility for the actions that they have taken.

Alex Cole-Hamilton: Will the member take an intervention?

The Deputy Presiding Officer: Mr Cole-Hamilton, I think that the member has made it quite clear that he is not taking your intervention.

Keith Brown: We should celebrate the progress that has been made in tackling some of the issues around the stigma of mental ill health, which I mentioned earlier, so that people feel more comfortable about coming forward to seek professional help. It is a great injustice that, during a time in which demand for mental health services was increasing, the Liberal Democrats, in the coalition Government, were working to undercut provision. That is the contrast with what the SNP Government has tried to do. It has made strong commitments to—

Willie Rennie: Will the member take an intervention?

Keith Brown: Yes.

Willie Rennie: Does Keith Brown have anything to say to police officers in Scotland who are struggling as they currently are? In particular, does he have anything to say about the way that they feel about their bosses?

Keith Brown: I have just said that I want to focus on the area of armed forces veterans, who suffer similar issues to police officers. I accept that someone who has a job in which they regularly see traumatic events will be subject to extraordinary mental pressures—that will be true of emergency workers across the piece.

As I also said earlier, there is always more that the Government can do. However, it is also important to take a balanced view and point to the measures that it has already put in place, which will help the very police officers that Willie Rennie has mentioned.

Such measures include providing intergenerational support for families and children to prevent and reduce the impact of adverse childhood experiences. As others have said, steps are being taken to improve mental health provision in secondary schools. In my area, the readiness for learning approach that Clackmannanshire Council is implementing as a way of supporting mental health and wellbeing has been extremely effective. The SNP Government's attainment challenge funding has also been helpful. Under the latest programme for government, it also established the mental health collaborative to provide better support to adult mental health services throughout our public services, including the police.

The Scottish Government is delivering a fairer Scotland for those dealing with mental health issues at every stage of life—from children who have experienced trauma to older people living with dementia—through an approach that treats them with dignity and respect. If the Liberal Democrats' motion had recognised that Scotland is leading the way on that across the UK, perhaps it would have been more effective. The Scottish Government is improving policy and practice and is focusing on prevention, early intervention and integrated care. When the Liberal Democrats call on the SNP Government to elevate its ambition, their hypocrisy is difficult to ignore, given their shameful history of aiding and abetting Tory austerity.

I believe that the Government's approach can be trusted to deliver its vision for Scotland: a nation in which people can get the right help at all stages of their lives, expect recovery and fully enjoy their rights, free from discrimination and stigma.

16:09

Jeremy Balfour (Lothian) (Con): I associate myself with the remarks in many of the speeches in the debate, particularly those made by Annie Wells and Willie Rennie.

I will focus on the issue of post-natal depression and the effect that it can have on many people, not only women but men and families. Many of us will be aware that one in 10 women are affected by post-natal depression after the birth of their child. What surprised me when I looked into it further is that the same proportion of fathers can also experience post-natal depression in different ways.

Post-natal depression often comes on soon after the birth of a child, but it can go undiagnosed until a child is up to two years old. One of the issues is that we often think of it as the baby blues, occurring in the first few months, and we forget that it can continue to affect both fathers and mothers for months and years after the birth of a child.

There has been good movement within society over the past number of years. We now recognise post-natal depression as an illness and see it as something that can be treated and helped with, and both doctors and employers are far more sympathetic towards it. I asked permission from my wife to share the fact that she went through severe post-natal depression after the birth of our twins. Initially, she did not recognise the condition and neither did I. It was not until a friend pointed it out that she was able to get medical help.

That leads me to the first challenge that we face. I was interested that the Liberal Democrats mentioned GPs in their motion. For many people—particularly women but also men—it is important to get medication, but to do that they need an appointment with their GP. I am sure that all of us have been contacted by constituents who tell us how difficult it is to get that initial appointment, having either to phone up or to get to the surgery in time. We need a system that provides a quicker way for people to see their GP and get the medication that they need to help them.

Another thing that can help—it certainly did in our personal experience—is self-help groups. I will mention one in particular in Edinburgh called Juno, which was founded in 2015 by women who had experienced post-natal depression and wanted to support other women. They run a number of volunteer-led groups to which people can go to be listened to and to talk, and where they hope that people who have had a similar experience can relate to them. The former Minister for Mental Health, Maureen Watt, visited the project about a year ago and was very impressed by it.

The second challenge—not just for the Scottish Government but for local authorities—is that many such organisations are grass-roots organisations that are run by volunteers with no structure behind them. All they require is a small amount of money for some premises and for coffee and teabags. However, they are often the organisations that struggle most to get funding, because they do not have volunteers who are experts at filling out forms for charitable applications and they are often ignored by joint boards because they are too small.

A challenge for us all in the Parliament and the local authorities is how to fund those grass-roots charities. They need only a tiny amount of money, but with that money they can make such a big difference to many local communities. There is no easy answer to that, but it is something that we need to reflect on across the chamber. Of course we need to fund big charities and organisations, but how do we fund the small local groups—whether here in Lothian, in Ayrshire or up in the Highlands—that are helping individuals to turn their lives around and deal with mental health issues, whether that is post-natal depression or so many other things?

I welcome the debate, although I think that it has been more politicised than it needed to be. We all want the same thing; the challenge is to come together not just to score political points but to help those with mental illnesses to get better and to enjoy fulfilling lives.

16:16

Joan McAlpine (South Scotland) (SNP): I, too, was able to go out on patrol with my local Police Scotland staff over the summer and I was very impressed by their work, as indeed I am by the work of all our blue-light emergency services staff across Scotland. They face numerous challenges with skill and courage and those challenges can have an impact on their mental health. The comprehensive extension of the lifelines Scotland programme, which assists police, firefighters and ambulance personnel, is very welcome.

Confirmation that the Government has committed to recruiting an additional 800 mental health workers across police custody, A and E, GP practices and prisons is also welcome, as is the news that nearly 400 of those workers have already been recruited.

According to NHS figures, at any given time, approximately one in six adults in Scotland experience a common mental health problem. Across the UK, mental health problems are a major risk factor for suicidal behaviour and are one of the major contributors to disability. However, mental health problems are not equally distributed

across Scotland's population. Adults living in the most deprived areas are approximately twice as likely to have common mental health problems as those living in the least deprived areas, and GPs are consulted about problems with anxiety twice as often in areas of deprivation as they are in the more affluent areas of Scotland.

There is an established link between social status and mental health, with problems thought to relate to the level, frequency and duration of stressful experiences and the extent to which social and individual resources and sources of support reduce their impact. The stressful experiences that have an adverse impact occur across life and include poverty, poor housing, family conflict, unemployment, childhood adversity and chronic health problems. Trauma that is experienced in childhood follows some individuals throughout their lives. The link between adverse childhood experiences and poorer life outcomes is well established, and it is incumbent on us all to work towards a society where protective factors are in place to offset that damage.

The Scottish Government is working hard across all five main areas of its mental health strategy to put in place protective factors that start at birth. In Scotland, we recognise that early intervention trumps crisis management, and we welcome the creation of the mother and baby unit centres of expertise in NHS Lothian and NHS Greater Glasgow and Clyde and the community perinatal mental health services across Scotland.

I am pleased that the Government is listening to what young people say about their mental health needs. Scotland's youth commission on mental health reported in May this year that young people need mental health support from everyone who is involved in their lives and not just from specialist services. The commission, which is the first of its kind, is made up of young people, and they have recommended change not just to mental health services but to the entire system. Young people are asking for standardised frameworks, a person-centred approach, reduced waiting times and a focus on prevention, with schools and communities embracing enhanced roles and responsibilities so that it is possible for each child and young person to access the right service at the right time. That is another strand of getting it right for every child.

The Scottish Government has listened and responded in key areas of provision for young people, including on a national 24/7 crisis support service and self-referral community wellbeing services. It will invest £60 million in additional school counselling services across Scotland over the next four years. In Dumfries and Galloway, which is one of the areas that I serve, that means an increase in spending of £1.9 million. In the

Borders, the increase is £1.2 million. About 7 per cent of the funding is to be distributed to schools that are located in rural areas, which is good news for South Scotland and other rural regions.

By September 2020, all secondary school pupils in Scotland who need it will have access to professional counselling services, including during the school holidays, which will ensure continuity of care. The Scottish Government has already committed £20 million to increase the number of college and university student counsellors. Funding to increase the number of professionals working in child and adolescent mental health services has grown by more than 50 per cent under the SNP.

Most of the additional £250 million that has been invested in mental health over the next five years will be spent on services for children and young people. The children who need CAMHS are often at the sharp end of public service provision in Scotland. They include children with the most acute needs and sometimes they are looked-after children who are caught up in children's hearings. Whatever the route to the CAMHS door, they are our children and young people and they deserve a prompt, effective, well-resourced service. No such child should be turned away or have to endure a long wait. By investing in them, we are investing in the future of our country.

In Dumfries and Galloway, which is part of the South Scotland region that I represent, more than 96 per cent of young people are seen by CAMHS within the target times, but that success is not replicated across Scotland. The service is rightly under close review, and the youth commission on mental health has recommended that the target time between referral and being seen be reduced to eight weeks.

The 2019-20 programme for government includes a clear focus on how the reduced waiting times for CAMHS and psychological therapies will be achieved. For the first time, NHS boards will have to address trajectories in their annual operational plans so that funding is tied to performance. Reassurance should be taken from the fact that the Scottish Government has stated that it will intervene if boards fall short of delivering what is promised. Children and young people in Scotland deserve no less. Their rights must be observed and I am pleased that the SNP Government is demonstrating its absolute commitment to that obligation.

16:22

Lewis Macdonald (North East Scotland)
(Lab): Yesterday, the Health and Sport Committee took evidence from senior management of NHS Tayside. On Monday evening we met members of

the public and people who work in healthcare in Tayside to find out what they think about local services. Lots of critical issues came up at those meetings, but the issue that stood out above all others was the crisis in mental health. It is not confined to Tayside, but it is urgent in a region in which there are exceptional levels of drug and alcohol dependence, suicide risk and mental illness.

When crisis point was reached, NHS Tayside asked Dr David Strang to carry out an independent inquiry into mental health services in the region. His interim recommendation was that the board should call a halt to its planned centralisation of services until the whole way in which services were delivered had been properly reviewed.

Despite that recommendation, the board has pressed on with its planned changes. The chief executive, Grant Archibald, told the Health and Sport Committee yesterday that the board had no choice: if it did not make drastic and immediate changes, its ability to deliver training in the relevant disciplines would be jeopardised, and a far worse crisis would ensue. He also told the committee that there was simply no way of filling all of Tayside's vacancies for consultants in psychiatry, and that the board therefore intends to set aside 10 of those vacant posts and instead seek to recruit 10 nurse consultants.

If the chief executive of NHS Tayside is right in his analysis, there could hardly be a starker example of urgent and fundamental service redesign under the pressure of events being the only way for a broken service to continue to deliver at all. That means, by implication, that the people of Tayside have been let down over an extended period by an operating model of mental health services that was no longer fit for purpose—if it ever had been.

Looking forward, David Strang's final report in the new year will be critical to what happens next. His recommendations must surely carry weight, not just with NHS Tayside but with Government ministers.

The case for reform of delivery of services is also clear from child and adolescent mental health services in NHS Grampian, which was mentioned by Mark McDonald. Eighteen months ago, only 27 per cent of young people in Grampian were being seen within the 18-week target, which is significantly less than in other areas and in other services.

One of the causes of that has been addressed in the course of this year. Mental health services for young people in and around Aberdeen used to be spread across three locations on two sites. Children and young people might have needed

two or three appointments just to access services, and mental health staff spent far too long travelling between sites, when they could have spent the time seeing more patients. It is no wonder that waiting lists were so long.

The whole service is now together on one site, which used to be the site of the City hospital in Aberdeen—as the cabinet secretary knows from her visit there. It is a custom-built and user-friendly unit that has been designed in part by young people. I visited the new Links unit this past month, on the day on which Jeane Freeman opened it. The change in how services are being delivered is clearly already making a real difference.

NHS Grampian, of course, faces a different challenge from that of NHS Tayside. Funding per head of population and staffing levels in mental health services in NHS Grampian are barely half what they are in NHS Tayside, and the young people's mental health service in NHS Grampian remains the lowest staffed in Scotland.

However, although NHS Grampian services faces such fundamental challenges, service redesign has clearly made a huge difference in only a few months. Percentages can fluctuate from month to month; the latest figure that I have seen is that 70.8 per cent of young people across Grampian now access services within 18 weeks, which is more than twice as many as in 2017. That is real progress, but more needs to be done in NHS Grampian and elsewhere.

I also acknowledge a remarkable example of a contribution by young people to the improvement of mental health services. For their 10th birthdays in 2017, Jago and Carmen, from Banchory, got to see Ariana Grande at the Manchester Arena. They were not injured in the terrorist atrocity that happened that night—at least, not in any physical sense—but how they view the world was, of course, changed forever. They resolved to turn their traumatic experience to the benefit of other people of their age. Together with their friends, they set up the #kidsforcamhs campaign to raise funds for kids' mental health services in and around Aberdeen. They have already raised £14,000 and have been recognised for their efforts as finalists in the Scottish health awards in Edinburgh earlier this month. That was a fantastic achievement for a group of youngsters who are between nine and 12 years old. They are determined to raise even more money next year. For those young people, as well as for the NHS across Scotland and the Scottish Government, there is still a lot more to do.

In different ways, NHS Grampian and NHS Tayside demonstrate the urgent need for reform, and local leaders who make change happen deserve support. That leadership needs to be

national as well as local, and that urgency must inform the whole approach to mental health services across the country in the future.

16:28

John Mason (Glasgow Shettleston) (SNP): I am pleased to be taking part in today's debate, and I join Mark McDonald in commending the Liberal Democrats for putting one subject up for the whole afternoon. It makes for a more satisfactory debate.

I agree that mental health needs to be taken as seriously as physical health. In fact, as members have said, we cannot separate physical and mental health—we are complete human beings so we need to look at ourselves and each other holistically. I throw in the point that our spiritual health is also important.

Just as there are many varieties of physical ill health, there are many varieties of mental ill health. In both cases, a simple problem might be easily sorted, but multiple factors are often involved, and it takes time to deal with them properly.

A range of problems can lead to mental ill health. As Alison Johnstone and the Greens and Keith Brown have said, poverty, inequality, and insecure work can all be factors. Loneliness and isolation were issues that we looked at when, in the previous session, I was on the Equal Opportunities Committee, of which—if I remember rightly—Mary Fee was the convener.

The public sector is not always best placed to deal with issues like loneliness. Rather, that is often done by family, friends and neighbours, and by the third sector, which has the time and the capacity, through use of volunteers, to befriend and spend time with someone who is lonely. The public sector absolutely has a part to play in improving the nation's mental health, but we should not think that it can deal with the problem all on its own.

In Parliament, we are talking about mental health much more than we used to, and the public are talking about it. That is good, but it probably raises expectations of what we can do to improve things.

Men, in particular, are talking more than they used to about their mental health. That is especially thanks to the openness of some high-profile footballers and other sportsmen. Traditionally, men have not been as good as women at opening up about their feelings—except, perhaps, after consuming serious quantities of alcohol—and there seems to be a gender aspect to mental health issues. In the NHS Greater Glasgow and Clyde area, depression has

been shown to be 144 per cent higher among women. Conversely, anxiety is higher among men. Perhaps unsurprisingly, mental health related drug deaths are 65 per cent higher in men, and mental health related alcohol deaths are 71 per cent higher.

Resources are also an issue. Financial resources have to come from somewhere—primarily from more tax or from reallocating resources from elsewhere. I do not see any mention of that in the Lib Dem motion. Asking for improved services or more spending is all very well, and I accept that it is one of the roles of Opposition parties, but a responsible Opposition party will also be willing and able to state where such resources should come from.

Brian Whittle: Will the member take an intervention?

John Mason: I was expecting an intervention from the Lib Dems, but I will take one from Brian Whittle.

Brian Whittle: I am a bit quicker than Willie Rennie. Obviously, finance is hugely important, but surely how that finance is spent is of equal importance. That is what I was trying to allude to in my speech.

John Mason: I accept that point. How we spend money is important, and there is always room for improvement on that, but we are constrained by our total resources—of both money and people.

If I read the motion correctly, the Lib Dems are asking for more than 800 extra mental health workers. It is worth remembering that we are near full employment in the country, so we need immigration rules to be relaxed if we want to increase the labour force, for that and other reasons. Beatrice Wishart touched on that point. I accept that the Lib Dems want us to remain in Europe, and that they want freedom of movement and therefore more workers to be able to come into the country. Other parties have not been quite so honest about that.

During the summer, I was out with the police, as other members were in their areas. A major theme that came across to me from speaking to police officers was the amount of time that they are having to spend with folk who have mental health issues. They include very serious cases in which individuals threaten, or have attempted, to commit suicide. Social work and health service staff might not be able to attend quickly, so police officers are required to stay for hours with a person who has a serious mental health problem. If the police take a person to the NHS—for example, to A and E—that person cannot just be left there: the police must wait until the person is seen, which might take hours.

I was taken aback by the suggestion that between 20 and 40 per cent of police time can involve incidents that have a mental health element. It has been reported that in one year—I think that it was 2016—there were 57,000 mental health entries on the police database. Calum Steele of the Scottish Police Federation said that it is a “fundamental failure” of the system that the Scottish Ambulance Service can

“step back knowing that the police service will be there”

I do not think that that is a criticism of the Ambulance Service, social work services or hospital A and E services, but it seems to be strange that other services can say that they are overstretched but the police cannot say no. There has to be a better way to deal with such cases than tying up so much police time.

I agree that mental health is hugely important. It deserves a huge amount of our attention and a commitment of our resources.

The Presiding Officer (Ken Macintosh): We move to the winding-up speeches. I call Monica Lennon to speak on behalf of the Labour Party.

16:33

Monica Lennon (Central Scotland) (Lab): I am grateful to Willie Rennie and the Liberal Democrats for bringing this debate on the worrying mental health crisis and the urgent action that needs to be taken to best support all our constituents. Several members have rightly spoken about the impact of austerity, poverty, inequality and universal credit. Mary Fee, Beatrice Wishart, Annie Wells and others have talked about the pressures on our public services and workforces, including teachers and, of course, the police, as set out by Willie Rennie.

Others, such as Jeremy Balfour, James Dornan and Mark McDonald, talked about their personal experience, directly or in their family, which reminds us that we all have mental health, and that perhaps we have more in common than we realise.

In opening for Scottish Labour, Mary Fee set out why we support today's motion and why our amendment focuses on issues regarding young people, including the worrying increase in death by suicide among Scotland's young people, the pressures on CAMHS and the need to boost crisis support, especially over the forthcoming festive period.

As I said to Mark McDonald, suicide in young people who are under the age of 18 has steadily increased—there has been a 160 per cent increase since 2014. All of our thoughts are with everyone who has been affected by suicide. I will touch briefly on Lanarkshire, where I live.

Communities have been saddened by the tragic loss of young lives to suicide recently, including in my daughter's school, which brings it very close to home.

I recently told the First Minister about my young constituent, Kyle, who completed suicide earlier this year, aged just 14. Kyle and his mum went to their GP, but crisis support was not made available, and he was told about long waiting times for specialist CAMHS services. Devastatingly for his friends and family, he died just a few days later. Kyle's brave mum feels that, still, not enough is being done to help young people and their families when they experience poor mental health.

We have all talked about CAMHS services being under increasing pressure. I know that in Lanarkshire, there have been significant increases in the number of referrals and urgent referrals. Other members talked about the impact on education and the role that teachers often play by being there on the front line and picking up the pieces. I was looking today at the submission from the Educational Institute of Scotland, which says that 76 per cent of education professionals describe themselves as being stressed frequently or all of the time.

We heard about some encouraging developments. The minister talked about the distress brief intervention scheme, which was piloted in NHS Lanarkshire. It has been very successful, and the extension to 16 and 17-year-olds is welcome. I join Joe FitzPatrick in commending the board and the staff who picked up their recent award at the Scottish health awards. The minister will be aware that SAMH is calling for the national roll-out of DBI for those who are aged 16 or over. I would be grateful if he could give a commitment to that today.

Ministers know that Government investment in school-based counselling has long been an ask of Scottish Labour and others, and that North Ayrshire Council has led the way on that. We all desperately want to see that rolled out in all schools without any further delay.

The minister said at the beginning of the debate that the Government has made a number of meaningful responses. However, I say gently that warm words—which, often, end up being just warm words—are meaningless to families who continue to fall through the cracks of services that do not have enough of the right resources, such as youth services, education and the NHS. All of us know families who have struggled to access crisis support. Too often, people are given the poor choice of having to turn to either a busy and noisy A and E or the police. We have heard today some really harrowing testimony, from Willie

Rennie and others, about the impact on our police officers.

We know that mental health crises do not happen just within nine-to-five hours. Our community mental health teams need to be better equipped to offer a truly 24/7 response, and to provide a trauma-informed response. My brave constituent, Karen McKeown, has publicly spoken out about the barriers that she faced prior to her partner, Luke, completing suicide between Christmas and new year two years ago. Karen and Luke were passed from pillar to post; they were turned away from mental health services, partly because of previous substance misuse, only to be told by addiction services that they would have to seek separate help for mental health. There should be no wrong door.

Karen gave compelling evidence to the Public Petitions Committee on the need for change. I see Brian Whittle nodding, and I note that he was in tears that day. I share Karen's disappointment at both the Scottish Government's response to the committee and the fact that her petition was closed last week. I urge the Government to listen more carefully to people such as Karen—who has already met the Minister for Mental Health—and to take urgent action.

I will try to finish quickly.

Several members have spoken about staff. A member of staff shared with me their experience of the lack of support that is available in community mental health teams. They said:

"Staff are feeling not listened to and unable to provide the patient care they feel they could if they had the right facilities ... There are often no rooms available to see patients who have been assessed as higher risk, who are often mentally distressed and under the influence of substances."

That is what is happening on the ground. Scotland is facing a mental health crisis. I urge the Scottish Government to redouble its efforts to end the long waiting times and the unnecessary barriers that too many Scots are forced to endure.

16:40

Miles Briggs (Lothian) (Con): I am pleased to close the debate for the Scottish Conservatives, and I welcome the opportunity for the Parliament to debate mental health. Willie Rennie and Liam McArthur outlined the importance of mental health for so many individuals and families across Scotland. I have always supported the call for mental health and physical health to enjoy parity of esteem and I welcome cross-party support for that, but as Neil Findlay has outlined, at the core of this debate, that means nothing if it is not backed up by services when people need them.

We have heard about the extent of the Scottish Government's failings across the range of mental health services—in adult mental health services and especially in CAMHS, as Annie Wells rightly highlighted in our amendment.

I have to say to SNP ministers that their attempt to delete the word "crisis" from the Lib Dem motion is cause for concern, because for many members—as has been outlined in the debate today—when people come to speak to us at our surgeries, we see the crisis in mental health services that so many people and families face across our country today.

On the key points that have been made about our public sector, it is important to note what has been said about the police service and about the people who work in our NHS. They are often at the forefront of the crisis for many of our fellow Scots. We have seen some progress in trauma-trained emergency services. That is welcome, but it is also a response to that crisis, and we need to see the preventative side being brought forward. That is something about which we have not heard from ministers.

Mary Fee talked about young people in her contribution. I welcome that, and it is really important to mention *The Scottish Sun's* mind the future campaign in the debate.

Almost a third of children are waiting too long for mental health treatment in Scotland. The most recent figures show that more than 30 per cent of children are not being seen within the 18-week waiting time target. I have heard ministers say that they agree that that is unacceptable. It is also deeply concerning, given that all of us know about the importance of early and swift treatment of children's mental health problems. Such interventions can make a difference in preventing less serious issues from developing into much more serious ones that can last into adult life, a point that Barnardo's Scotland made in its helpful briefing for the debate. The number of referrals for treatment that are rejected by CAMHS is a huge concern. Too many families are being left to cope on their own.

Audit Scotland has warned that it is "not clear" how SNP ministers will meet the crisis in mental health services. Ministers should take that warning on board.

We have heard that workforce planning is not fit for purpose. The Royal College of Psychiatrists has talked about a "workforce crisis", with children's service provision being among the worst affected. Indeed, the college's 2019 census revealed that more than one in six consultant posts in children's mental health services in Scotland is unfilled. That is causing the excessive

waiting times that too many of our fellow Scots continue to face.

Neil Findlay talked about Lothian, which is also my region. Parents regularly contact me about the horrendous delays that their children are experiencing. They are told to come back when their children get worse. That is not on, and we need to see action. We see our health services letting down some of the most vulnerable children and young people in my constituency, and that is simply not acceptable.

The Cabinet Secretary for Education and Skills has joined us. I welcome the fact that he has been in attendance, because we need a cross-portfolio approach.

Last week, Tommy Sheppard and I attended a student round-table meeting at the University of Edinburgh. That university is doing a lot of good work in setting up support groups to look out for vulnerable students. I praise it for that. Many students at the University of Edinburgh are international students, and support is needed out of term time. It is telling that the volunteer support group of peers warned us that they now need support, because they have taken on so much of their fellow students' concerns. That support is not there for them. I think and hope that there is an opportunity there. I intend to write to the cabinet secretary about those student's proposals, and I hope that we will be able to bring forward solutions.

I am proud of the fact that, over the past few years, Scottish Conservatives have worked closely with mental health organisations and have argued for a range of new policies to improve mental health services, including boosting social prescribing, increasing awareness and tackling some of the underlying issues, such as loneliness, that often lead to many Scots having poor mental wellbeing. Many brilliant health charities are working across Scotland to try to turn the situation around. We should be supporting them and expanding the services that they provide.

Jeremy Balfour made a most excellent speech. He talked about the need to provide family-centred and person-centred support. I hope that we will look at how we fund smaller community-focused groups, which often need only a small amount of funding to sustain or start up a service.

Lewis Macdonald and Jenny Gilruth spoke about the positive work that young people are undertaking. Young people were in the public gallery at the start of the debate, and I hope that they understand that the Parliament will listen and take forward these issues.

More action is needed from ministers in order to achieve what we want and to build best practice. Building anything other than the best crisis service

in the world is simply not good enough for our fellow Scots. If anything comes out of today's debate, I hope that it will be that ministers understand that not everything is fine in Scotland. Many of us have real concerns about where our mental health services are going, and I hope that ministers will work with parties from across the chamber when we bring forward suggestions. At the moment, it feels as though we are not taking the action that is needed. That is not good enough for Scots who need services now.

I hope that ministers will take the debate as a warning call. The Scottish Government has admitted that we have a public health emergency in relation to drug deaths and, increasingly, it looks as though our mental health services are in crisis. We need to see action, and I hope that the Government will take that on board.

16:47

The Cabinet Secretary for Health and Sport (Jeane Freeman): Let me start by responding to Mr Briggs. The Government is taking action. People might disagree about whether it is enough and about whether things are being done quickly enough, but I do not think that people can deny that we have taken significant steps, some of which I will cover.

I will try to cover why the pace of what is being done is not as fast as members might want—or, indeed, as fast as I might want. We have a choice between collaborating with partners, which means that we might go at a slightly slower pace than we might want, or trusting me to direct things. If that is what members want me to do, I will happily do it.

Forgive me if I have got this wrong, but I think that Ms Lennon asked me about the associate programme on distress brief interventions. I am happy to let her know that that associate programme for health and social care partnerships is now available. People can use the tools and resources from the distress brief intervention programme to embed connected and compassionate support. If I have not entirely covered the points that Ms Lennon raised, I ask her to let me know and I will get back to her.

Improving mental health by providing the right support in the right place is a priority for the Government and for members across the chamber. I join others in thanking the Liberal Democrats for giving the full amount of their time for the debate; they made an important choice.

Across the chamber, we share the intention that there be parity between physical and mental health, in practice as well as in our attitudinal approach. As the task force that we set up said, that will require transformational change. However, transformational change, by its very

nature, does not happen instantly or quickly. That is why we need not only to have a fair debate in which we recognise the steps that have been taken, as Lewis Macdonald said, but to look critically at what more we need to do.

I will set out the steps that we have taken. We are on track to meet the commitment of providing 800 additional mental health workers. We have not diluted that commitment in any respect. Some of what Mr Whittle said points precisely at other settings where the support of mental health workers is important. In part, such provision needs to be led by what local bodies and organisations—including our IJBs, which have responsibility in that regard—tell us about where in their area it would make most sense. As we publish the future projections—

Willie Rennie: Will the cabinet secretary give way?

Jeane Freeman: I have a lot to get through, but I will try to take an intervention later.

I am happy to give members some information on the projections for where those additional 800 mental health workers—or rather, the 400 or so that we have still to recruit—will be placed.

There is a £60 million investment in school counsellors. I share Mary Fee's concerns on that—I wish that we could have implemented that commitment as soon as it was announced. However, it involves channelling money and resources through our local authorities to ensure that schools can add value to what they already do, and that takes time to work out. That is why the announcement of the actual amount of money, how it will be disbursed and what will happen with it was made yesterday.

There is additional investment in school nurses; investment in further and higher education counselling services; and mandatory mental health and suicide prevention training in the NHS, which I am happy to report is also offered to teachers in schools. Significant progress has been made in setting up community mental health and wellbeing services. However, as I have said, that is primarily a collaborative piece of work with our local authorities.

I turn to the points that Brian Whittle, Lewis Macdonald, Jeremy Balfour and a number of other members made about the third sector. They made important and powerful points about the range of services that can be made available to help people in areas of their life where they are experiencing mental distress. A lot of that work, if it is done early—which is partly why we have school counsellors, although it also depends on what the third sector can offer us—is critical in preventing those distressing periods from becoming a crisis.

Members made an important point about how that support is funded. Recently, we have invested £0.25 million in third sector organisations of varying sizes to support counselling and befriending support services. However, we need to do more in order to support the small organisations that are doing really good work. As Jeremy Balfour said, they may need only a room from which to work, or even just a kettle or enough coffee—whatever—in order to make their provision work. Nevertheless, some of the organisations that we fund fall below that level.

Brian Whittle rose—

Jeane Freeman: Forgive me, Mr Whittle—I will be happy to sit with you and other members and work out how we might do that as an additional strand of our work. It is critical in relation not only to mental health but to social prescribing specifically.

Willie Rennie: Will the cabinet secretary give way?

Jeane Freeman: I need to make progress.

As members have said, the number of workers in CAMHS has increased by 76 per cent since 2017, and the number of posts in psychiatry has increased in the past five years. Issues around rejected referrals and transition work—which Mary Fee raised—are very important, and we need to increase the pace in that area.

Lewis Macdonald made an important point about what he described—and what I have seen—in Aberdeen: the real importance of service redesign in which users are involved. That will make a significant difference to the speed of service and the delivery of the right service in the right place, which includes bringing in nutritionists and others. Redesign is critical.

Willie Rennie rose—

The Presiding Officer: Ms Freeman needs to conclude.

Jeane Freeman: I will make two final points, if I may. Context is all, which is why it is important—

Neil Findlay: Will the cabinet secretary take an intervention?

Jeane Freeman: No, I cannot—I am afraid that I do not have time.

That is why it is important to hear what Alison Johnstone and others are saying about the impact of another Government's policies on the quality of people's lives in a way that produces mental stresses and the additional impact on their mental health. We cannot shake our heads and ignore that—it matters. For those reasons, we are happy to support Mary Fee's amendment, and we ask

members to support the Government's amendment.

16:54

Alex Cole-Hamilton (Edinburgh Western) (LD): In his opening remarks, Willie Rennie revealed to members in the chamber the full extent of the mental health crisis in our police force. I was very dismayed that the cabinet secretary singularly failed even to acknowledge that crisis in her closing remarks. That a third of our police officers are going to work while they are mentally unwell is a worrying indictment of how we in society watch out for those whom we pay to watch out for us. That many are resorting to self-medicating with alcohol and barbiturates, just to get through, is very troubling. That almost half are exhausted should give us all real concern. The situation is made all the harder by the increase in mental health cases that they have to deal with while on shift.

That malaise is not confined to our police service. Ambulance workers repeatedly report high levels of stress and depression. Much of the mental ill health in all our emergency services is triggered by unresolved trauma and stress at work, which is often caused by what those workers have to bear witness to.

Andy Cunningham is my constituent. He is a paramedic at the national risk and resilience centre in west Edinburgh. In a letter to me, which he has allowed me to share, he described the moment that he realised he needed support and was not coping as well as he thought he should. Andy was called to the scene of the suicide of a young woman in Edinburgh. He wrote:

"My feelings whilst trying to retrieve a young deceased female from Leith docks? Nothing. No feeling at all at the time other than I nearly lost her while trying to hook the body in. That night I reflected on why I'd become so numb to death. I had seen 100s of dead people, at the time I'd lost my father, 2 close friends and a cousin to suicide.

I knew what I was feeling wasn't right. I felt so numb, so alone and it didn't feel good. I knew it wasn't normal for one human to feel nothing for another and that's when I knew I needed to speak to someone. I was lucky, in that I took some time off, found a counsellor that listened and helped with my perspective that in time I was able to return to work. I still see that young girl's body every day and will do for the rest of my life. Others aren't so lucky. They are so traumatised by what they see, they are broken. They are broken for life but the lucky ones survive."

I am grateful to Andy for his courage in sharing that story with me. He describes himself as lucky, and he is in many ways. He found a pathway to support, but there is no bespoke pathway for emergency workers who are experiencing post-traumatic stress. That was represented with crystal clarity in the devastating research that was passed to the Scottish Liberal Democrats, which

revealed that only 3 per cent of police officers agreed that the national force cares about their wellbeing.

I am proud to be working alongside Andy Cunningham and other relevant stakeholders in the blue-light service to press the Government to develop a national first-responder trauma recovery strategy.

We need to do much more, however, and not just for blue-light workers. Many members have rightly pointed to the fact that Scotland's mental health crisis reaches every aspect of our society. As Beatrice Wishart pointed out, the Government amendment removes the word "crisis" from our motion. However, at the start of the debate, Annie Wells demonstrated the depth of the crisis in the workforce. For want of staff, children are consistently being turned away from acute in-patient care at a time of crisis for them—if that is not a crisis, I do not know what is.

The plight of children seeking help was taken up by other members such as Mary Fee and Jenny Gilruth. Mary Fee rightly pointed to the fact that 5,000 children have waited more than 18 weeks for care. There is undoubtedly a correlation between that number and the very worrying and devastating uptick in child and adolescent suicide, which Alison Johnstone, Liam McArthur and Monica Lennon touched on. We are in a crisis.

I must say that I found Keith Brown's remarks at best indecorous. He used his time almost exclusively to attack my party. There will come a day when he finds something else in the tank to come at us with, but that day is not today. I challenge him to explain to the parents in my constituency whose kids are self-harming and are waiting a year for treatment why they should be satisfied with his cheap attacks on other parties when he refuses to explain his Government's failure or even acknowledge its extent.

James Dornan: Will the member take an intervention?

Alex Cole-Hamilton: I do not have time.

The Government's response to all that has been nothing short of dreadful. Neil Findlay covered that point with passion. The national mental health strategy was 15 months late and the suicide strategy was later still. If any one of us was struck with appendicitis, we would be in surgery by the end of the day but, if we went to a GP with anxiety, depression or self-harming behaviour, we would join the longest queue in our national health service.

Our services are buckling, and that is nowhere more evident than in Tayside. This morning, I spoke with Gillian Murray, the niece of David Ramsay, who took his own life after being turned

away from the Carseview centre. She is still reeling from the fact that the service and the health board have not learned the lessons or taken on the recommendations from the independent review that has been carried out.

The Liberal Democrats have fought and fought again for increased mental health provision. We finally won some sort of commitment when the Government agreed to put 800 workers in a range of settings. However, what are those workers actually doing? Are they even mental health practitioners? We asked the health secretary; she could not tell us. The level of detail, she said, was "varied". In fact, all the signs are that the Government could not tell us even if it knew, because we have had to ask the Scottish Information Commissioner to intervene. The Scottish Government has refused repeatedly to tell us how the 800 staff will be shared out. We know one thing: the police service has a miserable 7.5 new workers in total so far. How many will it get in the end? Nobody knows. There is no good reason for the secrecy. If there are robust plans, the Government should be able to show us them today; instead, we are told that they need to be kept secret so that that policy can be developed.

The purpose of the debate is to shine a spotlight on the deeply worrying state of our police and their morale; to draw attention to the Scottish Government's secrecy on the roll-out of the 800 additional personnel for mental health; and to express concern that the personnel may not be mental health professionals but are being diverted to other settings and away from A and E departments, GP practices, prisons and the police. Liberal Democrats want a step change; we want services to really operate 24 hours a day, seven days a week. That would be truly transformational and would get people the help they need and get it fast. There is no reason for the Government to oppose the motion today: it is reasonable and realistic. Only a complacent and out-of-touch Government would object to what we propose and I urge members to support our motion.

Business Motion

17:01

The Presiding Officer (Ken Macintosh): The next item is consideration of business motion S5M-20051, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 3 December 2019

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Ministerial Statement: Auditor General Report into Prisons

followed by Scottish Government Debate: Scottish Government Support for Veterans and the Armed Forces Community in Scotland

followed by Committee Announcements

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 4 December 2019

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Environment, Climate Change and Land Reform;
Rural Economy

followed by Scottish Government Debate: Achieving a Fairer Scotland

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 5 December 2019

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 Portfolio Questions:
Transport, Infrastructure and Connectivity

followed by Scottish Government Debate: Disability Sport and Participation

followed by Parliamentary Bureau Motions
5.00 pm Decision Time

Tuesday 10 December 2019

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Committee Announcements

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 11 December 2019

1.00 pm Parliamentary Bureau Motions

1.00 pm Portfolio Questions:
Justice and the Law Officers;
Government Business and
Constitutional Relations;
Culture, Tourism and External Affairs

followed by General Questions

followed by First Minister's Questions

3.05 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 2 December 2019, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[*Graeme Dey*]

Motion agreed to.

Parliamentary Bureau Motions

17:01

The Presiding Officer (Ken Macintosh): The next item of business is consideration of three Parliamentary Bureau motions: S5M-20052 and S5M-20053, on approval of Scottish statutory instruments; and S5M-20054, on the Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020: Statement of Principles.

Motions moved,

That the Parliament agrees that the Official Statistics (Scotland) Amendment Order 2019 [draft] be approved.

That the Parliament agrees that the Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 [draft] be approved.

That the Parliament agrees that the Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 - Statement of Principles be approved.—[*Graeme Dey*]

The Presiding Officer: The question on the motions will be put at decision time.

Decision Time

17:02

The Presiding Officer (Ken Macintosh): The first question is, that amendment S5M-20035.4, in the name of Jeane Freeman, which seeks to amend S5M-20035, in the name of Willie Rennie, on mental health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (Ind)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)

Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Johnstone, Alison (Lothian) (Green)
 Lennon, Monica (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division is: For 60, Against 44, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S5M-20035.2, in the name of Annie Wells, which seeks to amend motion S5M-20035, in the name of Willie Rennie, on mental health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Johnstone, Alison (Lothian) (Green)
 Lennon, Monica (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)

Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (Ind)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division is: For 44, Against 60, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S5M-20035.1, in the name of Mary Fee, which seeks to amend motion S5M-20035, in the name of Willie Rennie, on mental health, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S5M-20035, in the name of Willie Rennie, on mental health, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)

Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (Green)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (Ind)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wightman, Andy (Lothian) (Green)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Boyack, Sarah (Lothian) (Lab)

Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Rumbles, Mike (North East Scotland) (LD)
 Sarwar, Anas (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division is: For 66, Against 38, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament recognises that mental health and physical health must be treated with parity of esteem; further recognises that there is increased demand for mental health services as stigma has thankfully diminished; believes that this requires the creation of new services to both meet mental health service provision and empower prevention activities that support broader mental wellbeing; recognises the commitment and contribution of those working across Scotland to improve services, implement change and ensure that mental health is given the focus that it rightly deserves; commends the vital role of police officers and staff in keeping communities safe and supports initiatives being undertaken by Police Scotland to create a safe, positive and healthy working environment; further supports the Lifelines project, which works with blue light services to provide trauma support; welcomes that £60 million of investment in additional school counselling services across all of Scotland that is being taken forward in partnership with local government; notes that recruitment, through integration joint boards, is on track for 800 dedicated mental health professionals in a range of key settings, including A&E departments, GP practices, police stations and prisons; further notes the steps outlined in the second annual report on the implementation of the Mental Health Strategy, but seeks greater pace in addressing the recommendations of the audit of rejected referrals and the report by the Youth Commission on Mental Health Services; believes that the mental wellbeing of some of the most vulnerable people in society has been negatively impacted by a series of welfare cuts by the UK Government, starting with the Welfare Reform Act 2012, and continuing right up to this year with the changes to Pension Credit; further believes it is clear that Scotland's example should be followed and that future UK Government social security policies must deliver the same standards of dignity, respect and fairness as Scotland's

policies; regrets the increase in the number of deaths by suicide, including among young people aged under 25; notes with concern the ongoing long waiting times for access to CAMHS and the lack of support for patients moving between CAMHS and adult services; maintains that reform is needed in specialist mental health services for young people, and believes that investment is needed to transform crisis support, improve early intervention and ensure a joined-up approach is achieved across services, particularly over the festive period.

The Presiding Officer: I propose to ask a single question on the three Parliamentary Bureau motions. The question is, that motions S5M-20052 to S5M-20054, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, be agreed to.

Motions agreed to,

That the Parliament agrees that the Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 - Statement of Principles be approved.

That the Parliament agrees that the Official Statistics (Scotland) Amendment Order 2019 [draft] be approved.

That the Parliament agrees that the Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 [draft] be approved.

The Presiding Officer: That concludes decision time.

Gender-based Violence

The Deputy Presiding Officer (Linda Fabiani): The final item of business today is a members' business debate on SM5-19772, in the name of Rona Mackay, on 16 days of activism against gender-based violence. The debate will be concluded without any question being put.

Motion debated,

That the Parliament commends the annual international campaign, 16 Days of Activism Against Gender-based Violence, which runs from 25 November to 10 December 2019; understands that this event is supported by organisations around the world to call for the prevention and elimination of violence against women and girls; congratulates Emma Forbes, founder of GlassWalls, which is an inspiring art installation dedicated to women who have experienced domestic abuse; understands that this exhibition will be in the Parliament to coincide with the campaign, and hopes that everyone can visit the stand.

17:07

Rona Mackay (Strathkelvin and Bearsden) (SNP): First, I thank everyone from across the chamber who supported the motion and who will contribute to tonight's debate. It is customary for speakers to say that they are delighted to be taking part in a members' business debate, but I do not think that that is particularly appropriate on this occasion. I wish that we did not have to have this debate every year, because every year we highlight the terrible statistics that show that violence against women is still the scourge of our society.

It is crucial that organisations around the world that support the 16 days of activism against gender-based violence campaign are heard. That is why it is important that this motion is debated in Scotland's Parliament.

Started by activists at the inaugural women's global leadership institute in 1991, this event runs from 25 November to 10 December, and highlights the work that is done by the many organisations around the world that call for the prevention and elimination of violence against women and girls. However, highlighting awareness and preventative work should not end on 10 December. It must be taken forward every day while women are being abused.

It has been 20 years since violence against women in Scotland was first debated at the Scottish Parliament. There has been a debate on the subject at least every year since the Scottish Parliament came into being. Movements over the course of those 20 years—more recently MeToo, time's up and not one more—and the tireless efforts of individual women who speak out, have brought institutionalised gender inequalities to the

forefront of societal thinking. However, we know that there is still much to be done.

Currently, levels of violence against women remain alarmingly high. It is estimated that one in three women will experience violence in their lifetime and, in 2017-18, 59,541 domestic abuse incidents were reported to Police Scotland, of which 82 per cent were against women. That is totally unacceptable.

It is time to recognise that gender-based violence is not some isolated problem. It is caused by gender inequality and augmented by other forms of inequality. It is a societal issue that impacts us all. Also, of course, it is a global issue. Whether through acid disfigurement, female genital mutilation, slavery, sexual violence, trafficking, coercive abuse or more, it beggars belief that women throughout the world are continuing to suffer horrendously in 2019.

I am co-convenor of the cross-party group on violence against women and girls, which strives to eliminate all aspects of gender-based violence, working in partnership with Women's Aid and many other organisations. We recognise that gender inequality cannot be separated from other forms of inequality. Primary prevention should address all forms of inequality, and tackling gender-based violence should not be left to women. Men must join us in calling out what is vile behaviour. They must not turn a blind eye to what is happening. Such behaviour must never be normalised, and future generations must know that it cannot be tolerated.

Only by building co-ordinated partnerships that are aimed at tackling inequality at every level can we begin to reduce the incidence of violence against women. We must all make a conscious and collective effort to challenge racism, homophobia, transphobia and classism, and we must all strive to promote social and economic justice.

We know that violence against women knows no boundaries. It happens at home and very often in the workplace, and the perpetrators and the victims come from all backgrounds. However, we also know that the most marginalised women in our society can be more susceptible to violence due to experiencing other forms of oppression, such as poverty, addiction, cultural practices and sexual exploitation. Only through greater public understanding of the links between violence against women—particularly sexual violence—and other social inequalities can we begin to stem the flow of violence against women effectively.

That is why it is so important for us, as members of the Parliament, to do all that we can to promote these values in our constituencies. We must promote and normalise gender equality.

Of course, we must also celebrate positive role models. That is why I am delighted to highlight Emma Forbes and her inspiring "GlassWalls" art installation, which was designed by award-winning artist Brian Waugh, with Charles Provan also part of the artistic team. Charles tailored a rehabilitative 12-week programme on stained-glass art for women from the Glasgow-based Daisy Project, which supports women who have experienced domestic abuse. Their beautiful work is integral to the exhibition. I warmly welcome Emma Forbes and the women from the Daisy Project to the public gallery. For those who have not yet seen the installation in the Parliament's garden lobby, I say that the project that created "GlassWalls" is a collaborative community art project that aims to raise awareness of domestic abuse. The artwork will be open to the public in Glasgow City Council chambers next week.

Emma Forbes's PhD thesis explored victims' experiences of the court process and accessing justice, which we know has been far from perfect at many levels, and I hope that the highly publicised focus on their experience will lead to much-needed improvement.

The artwork depicts the progress that has been made over the years in Scotland to address domestic abuse, while also highlighting the challenges that those who have experienced abuse still face. Put simply, it gives victims a voice. On the glass, members will see the inscriptions "Why can't I be believed?" and "My word is not actually enough for what he has done to me over the years." I am sure that I speak for everyone in the chamber and everyone watching when I say, "We do believe you, and your word is enough."

On positive role models, as ever, we are indebted to many fantastic organisations such as Zero Tolerance, Women's Aid, Rape Crisis, Close the Gap, Engender and the Soroptimists, to name but a few, for their incredible work in protecting and counselling women.

As a follow-up to the debate, Zero Tolerance will show its animation, "It's Time for Prevention", in room TG20 in the Parliament from 6.30 to 7 o'clock tonight.

The Domestic Abuse (Scotland) Act 2018 was a groundbreaking piece of legislation, which recognised coercive control for the first time. The equally safe strategy, which was developed in 2014 by the Scottish Government and the Convention of Scottish Local Authorities, released an update to its delivery plan this week. It reported significant activity and progress in relation to many actions, and some key pieces of work are highlighted in the report, which I am sure the minister will expand on in her closing speech.

We must stand together for all the women and girls throughout the world who have lost their lives through gender-based violence and women who have been abused and degraded, mentally scarred and traumatised. Together, we must never stop calling out those who perpetrate such acts of inhumanity.

The Deputy Presiding Officer: I say to those in the public gallery that we prefer it if they do not show appreciation or otherwise.

17:14

Claudia Beamish (South Scotland) (Lab): I thank Rona Mackay for bringing the debate to the chamber as part of the 16 days of activism campaign. The annual occasion of the debate is, as she said, a sad but valuable opportunity to discuss the impact on individuals and society of gender-based violence, and to highlight the work that is being done to change attitudes.

I apologise for having to leave to attend an event soon after speaking, but it is unavoidable.

I congratulate Emma Forbes on her amazing artwork, "GlassWalls", which is a visual dedication in the Parliament to all women who have suffered domestic abuse. As co-convener—with Rona Mackay and John Finnie—of the cross-party group on men's violence against women and children, I am determined, along with many other individuals and organisations, to prioritise tackling gender-based violence.

This year's theme—"Generation Equality Stands Against Rape"—seems appropriate given the increase in the number of women bravely breaking their silence in recent years, encouraged in part by the #MeToo campaign.

However, having the courage to speak out is only part of the sea change that we need. Zero Tolerance said that there was a female victim in 95 per cent of rapes in 2014-15, which is a staggering statistic. Rape is about power and it is no surprise that the inequality between genders exposes women to greater risk of sexual violence.

After attending a Rape Crisis meeting recently, I committed to working alongside the brave women who are exposing the injustice of the third verdict of not proven, which leaves everyone in limbo. We will work to remove that injustice from our justice system and society. I am also committed to working with others to ensure that there is better support in relation to court appearances.

In recent years, it has been glaringly exposed that we live in a society that still makes excuses for sexual violence in some cases. It is not enough for rape or, indeed, coercive control to be illegal, the latter of which Scotland has led the way in criminalising. Only when we address the

underlying causes that reinforce inequality will we see a reduction in the appalling statistics.

Despite the bleak backdrop, tremendous work is being done by organisations that are committed to change, some of which I will recognise today. There is the white ribbon campaign, which works with male perpetrators, and Soroptimist International, which highlights the plight of the estimated 200 million women who have undergone female genital mutilation, and that of the women and girls who are trafficked and subjected to exploitation and abuse.

The commission on women of the Kurdistan National Congress has used the international day for the elimination of violence against women to highlight the continued violence in north and east Syria. It has called on UN Women to defend women-led democracy, which is key to preventing violence.

Closer to home, Rape Crisis has launched its biggest ever crowdfunder, £16 for 16 days. Donations of £16 will help the 1,035 survivors of sexual violence in Scotland who are awaiting access to the support of Rape Crisis.

Close the Gap has developed the equally safe at work programme, which I am sure that we have all heard of. It is being piloted in seven local authorities, two of which—Midlothian and South Lanarkshire—are in my region, South Scotland. The programme aims to address women's labour inequality.

On refugees, the Dogs Trust runs a project that makes it possible for pets to go into temporary foster care, which removes leverage from an abusive partner. That is welcome, especially in view of the importance of pets to children in such complex situations. Scottish Labour's paws clause calls for those who are forced into temporary accommodation to be allowed to keep their pets. I ask all women's refugees in Scotland to consider that.

Zero Tolerance asks us as elected representatives to seek out and promote positive role models, while challenging harmful gender stereotypes and roles.

Debates such as today's allow us to celebrate the wonderful organisations that are all working in their various fields for the same goal. We are also reminded that we all have a responsibility to drive the societal change that is needed to stop gender-based sexual violence.

17:20

Emma Harper (South Scotland) (SNP): I welcome the opportunity to speak in today's important debate on 16 days of activism against gender-based violence. I congratulate my friend

and colleague Rona Mackay on bringing it forward, and on her excellent and detailed contribution.

I have given prior notice to the Presiding Officer that I may need to leave early, depending on when the closing speeches are.

From the start, I record that violence in any form, against anyone, is never acceptable and must be called out, particularly when the violence is simply because of a person's gender or gender identity.

The international campaign, which seeks to end gender-based violence, has been running for the past two decades and was started by the United Nations General Assembly.

I commend all—both in Scotland and around the world—who have been involved with the campaign year in and year out. Their work really does help others speak out and report violence and domestic abuse. The theme of 2019—“Orange the World: Generation Equality Stands Against Rape”—places a focus on those who have experienced, or who have been affected by, rape.

Domestic abuse and gender-based violence can take many forms and can affect anyone. It can stem from simple controlling comments such as a partner telling another what to wear, what to do or even what to say, to unwanted sexual comments, acts and violence.

Although gender-based violence and domestic abuse predominantly affect women, with around four in five of all domestic abuse cases in Scotland involving a female victim, I will focus on domestic abuse among Scotland's LGBT+ community, the rate of which is estimated to be on the rise and cases of which are generally underreported.

Recent research published by Stonewall Scotland revealed some statistics that are easy to read. That research evidences that—using the current definition of domestic abuse, which includes coercive and controlling behaviour, physical and sexual assault and financial control—around 49 per cent of gay and bi men in Scotland, around one in four women who identify as lesbian, and around 80 per cent of Scotland's trans community have experienced domestic abuse in some form.

It is essential that discussion around domestic abuse, albeit that it predominantly affects women, encompasses other groups and individuals across our diverse society so that they, too, know that it is all right to speak out, to report abuse and violence and to seek advice and support.

My request to the minister is that she ensures that in addition to women, who are the group most affected by domestic abuse and violence, other

groups across our society, such as the LGBT+ community, are on the Government's radar.

Like many rural parts of Scotland, Dumfries and Galloway, which is in my South Scotland region, has its own unique challenges when it comes to people reporting domestic abuse and receiving support, but such support is out there. Many organisations are working to make it easier for those affected to access advice and support services and to report violence and abuse. The Dumfries and Galloway public protection partnership—DGPPP—was established by the local integration joint board in 2015. It brings together several local organisations, including Police Scotland, Dumfries and Stewartry Women's Aid, Relationships Scotland and Dumfries & Galloway LGBT Plus to reach out to people across the region who are at risk of, or who have experienced, domestic abuse. That is very important for people in such a wide rural area, whom we need to support in coming forward. DGPPP provides advice and encourages and supports people in reporting abuse to the police so that necessary follow-up can be actioned and perpetrators dealt with appropriately. All the organisations that form part of the partnership do absolutely fantastic work day in, day out. They provide public outreach sessions, make home visits to affected people and their families, and offer relationship counselling and the means for those experiencing gender-based violence to escape their situations. They are all to be commended.

I place on the record my thanks to the Scottish Government, which has brought in world-leading legislation to tackle domestic abuse and to support all those who are affected by it.

Finally, ahead of the debate, I visited the “GlassWalls” exhibition that is currently on display in the members' block in the Parliament. I particularly liked the following statements, which are written on the beautiful glass designs there: “Live, Love, Laugh”, “Indestructible We Stand” and “Walk with Purpose”.

I again welcome the debate and reiterate that gender-based violence and domestic abuse can happen to anyone, and we need to ensure that people are supported to speak up and to report it.

The Deputy Presiding Officer: A lot of members want to speak and I do not want to run out of time and have to curtail anyone, so will members mind the four-minute speech limit, please?

17:24

Margaret Mitchell (Central Scotland) (Con): I congratulate Rona Mackay on bringing this timely and important debate to Parliament. It is timely

because 25 November was international day for the elimination of violence against women and marked the start of the 16 days of activism against gender-based violence.

Clearly, GBV and violence against women can take many forms. I want to cover three aspects, starting with human trafficking. That crime, which is often carried out by organised crime groups, is still most commonly thought of in terms of the crossing of national borders. That was certainly the case with the recent convictions of four individuals who trafficked young women from Slovakia to Govanhill. However, less well understood is the fact that the crime exists not just interstate, but intrastate, and that in our towns and cities young women are being trafficked within Scotland every day.

In order even to begin to tackle and expose those abuses, there must be a concerted effort to raise awareness of the issue among the general public, and to impress on the public mind that if people see something that does not look or feel quite right, they should report it. Crimestoppers provides a mechanism by which suspected crime can be reported anonymously, if there is a fear of retribution. It is worth remembering that the police would prefer by far to investigate 10 incidents that turn out not to be sinister than allow one genuine case to slip through the net.

I turn now to domestic abuse. In response to today's debate, the Dogs Trust charity issued a briefing that illustrates the strong link between animal abuse and domestic abuse. Perpetrators often threaten to harm family pets in order to intimidate and control their partners. Consequently, victims are reluctant to leave home without their dog because they know that that will not be safe for the pet. In such circumstances, the freedom project that is run by the Dogs Trust provides a free dog-fostering service throughout Scotland to support people who are fleeing domestic abuse. The dogs are placed in volunteer foster homes, and food and veterinary costs are covered for up to six months, until their owners are in a safe new home and able to take their pet back.

For a number of years now, the British Islands and Mediterranean Region Commonwealth Women Parliamentarians steering group has sought to raise awareness about gender-based violence by urging men in the region's Parliaments to wear a white ribbon on 25 November to mark international day for the eradication of violence against women. On Friday 6 December, when the steering group's members meet here in the Scottish Parliament, sexual harassment and abuse will be discussed. The measures that the Scottish Parliament has taken following the results of the anonymous sexual harassment

questionnaire will be the subject of a question-and-answer session. That session will discuss positive action to address such abuse, which has attracted much media attention in recent times, in the context of the general election and the vile comments and sinister threats that have been directed at female elected members and candidates.

I congratulate Rona Mackay again on lodging the motion and providing a valuable opportunity to raise awareness of GBV and to highlight all the work that the Commonwealth Women Parliamentarians and charities—such as those that have been mentioned, including White Ribbon UK, Women's Aid and Sorooptimist International—do to tackle the issue.

17:29

Joan McAlpine (South Scotland) (SNP): I, too, congratulate Rona Mackay on securing this important debate. I strongly support the 16 days of activism against gender-based violence, although I take issue with the language, which sometimes seems to mask the reality of violence that is inflicted on women by men. It is important to state that clearly—too often, male violence is something that we are too squeamish to call out.

I will give one example. I looked at a BBC online report from this time last year, which manages to talk about the shocking levels of violence against women without ever defining the demographic that is committing the crime. The report is headlined "The Women Killed Every Day Around the World", and it says that an average of 137 women across the world are killed every 24 hours

"by a partner or intimate family member."

There is no mention of the sex of the perpetrator. Paragraph 3 states:

"half of the 87,000 women killed in 2017 were reported as dying at the hands of those closest to them"

but there is no mention of males. Paragraph 4 says that

"30,000 women were killed by an intimate partner and another 20,000 by a relative,"

but there is no mention of what the perpetrators have in common.

In fact, there is no mention of men in the report at all, until halfway through it, when it counterintuitively tells us that men are

"around four times more likely than women to lose their lives as a result of intentional homicide."

We hear about men when they are the victims rather than the perpetrators. We know that men kill and hurt other men in great numbers, but they also kill and hurt women in great numbers—and that is not the case the other way around. If we look at

court convictions by sex of the defendants, we see that 98.5 per cent of the perpetrators of sex crimes in Scotland were male and the overwhelming majority of the victims of those crimes were female. The convicted perpetrators of non-sexual violent crimes were 88 per cent male. We must therefore be very careful about framing this as a women's problem; it is a men's problem.

Violence against women by men crosses class and cultures. Although I will always strive to achieve more equality, that will not entirely eliminate violence against women—the problem is more sophisticated than that. Finland, which is often held up as a beacon of equality, has one of the highest rates of women being murdered by their male partners. Experts believe that equality in Finland's labour market has not sufficiently changed power relations in the home. The Council of Europe recently suggested that Finland's pursuit of gender-neutral policies in service provision has resulted in women's particular needs being overlooked. We should, of course, continue to strive for female equality, but we must not lose sight of women's unique vulnerability to violence from men. It is because women are vulnerable that society still puts men's needs first.

I am one of the co-conveners of the cross-party group on commercial sexual exploitation. The Scottish Government rightly classifies prostitution as a form of violence against women. Any society that gives a green light to buying and selling of female bodies is a society that puts men's sexual demands before the safety and wellbeing of women as a whole. Recently, the cross-party group sent a member to Norway, where they saw at first hand how decriminalising women who sell sex while criminalising men who buy sex reduces demand, reduces trafficking of women and girls, and helps to protect them from the violence that is endemic in prostitution.

We also live in a society in which pornography is not just tolerated but promoted, and is, because of smart phones, easily available to boys and young men. Pornography contributes to and legitimises negative attitudes to women and girls and, thanks to sites such as Pornhub, it is mainstream.

The recurring theme is male dominance and female subordination. The feminist academic Julia Long says:

"It doesn't take a great awareness of cultural theory to grasp the social meaning of images of women being repeatedly penetrated in every orifice to a chorus of 'slut', 'bitch' and 'whore'."

She says that pornography provides

"an endless flow of narratives of women being treated as objects".

It is no coincidence that a pornified culture has resulted in more men who kill women using the

defence of "rough sex" to excuse their crimes. Most recently, that was tragically highlighted in the murder of Grace Millane, the 22-year-old backpacker from Essex who was killed by a date in New Zealand. The website wecantconsenttothis.com has found that, in the UK, 59 women have been killed by men who claimed as a defence that violent sex, often involving strangulation, was consensual. The Guardian reported last week that in four of the 10 most recent killings of that type, the man had watched porn immediately before or after the killing.

Pornography is made and consumed overwhelmingly by men. It is men who exploit the women whom they traffic into prostitution—it is men who buy and sell those women and girls, as johns and pimps, and it is men who kill women and hurt women.

Of course, I know that not all men hurt women: most do not, in fact. I suspect that the growth of euphemistic language about gender-based violence has grown in an effort to bring male allies on board, which reflects the fact that men still hold so much power all around the world. It is not so long ago that the women in the women's liberation movement were dismissed as "man haters", and women who talked about their rights felt obliged to say, "I'm not a feminist, but—".

The Deputy Presiding Officer: You must come to a close, Ms McAlpine.

Joan McAlpine: It was only when men were told that they could be feminists, too, if they put on a T-shirt, that women's rights were taken seriously.

If we blur the language, we blur the issues. Male allies who want to support women need to take responsibility for male violence, and we all need to call it out for what it is.

The Deputy Presiding Officer: It is quite clear that nobody at all is listening to me this evening regarding times. Due to the number of members who wish to speak, I am minded to accept a motion without notice, under rule 8.14.3, to extend the debate by up to 30 minutes.

Motion moved,

That, under Rule 8.14.3, the debate be extended by up to 30 minutes.—[Rona Mackay]

Motion agreed to.

The Deputy Presiding Officer: I cannot extend the debate any longer than that so, unless people are a bit careful about timing, it could be that we do not even get to hear our wonderful Minister for Older People and Equalities—and would that not just be terrible?

17:35

Rhoda Grant (Highlands and Islands) (Lab): I thank Rona Mackay for securing the debate, and I join her in paying tribute to all the organisations that work tirelessly to combat violence against women. The Parliament has rightly given a degree of priority to tackling violence against women, but there is still much to do.

This year's theme is "Orange the World: Generation Equality Stands Against Rape" and the focus is therefore on rape. We have an incredibly low rate of rape convictions, with lengthy waiting lists for support. I support Rape Crisis Scotland's crowdfunding campaign to provide services. On a typical day in Scotland, there are 1,000 people waiting for support, while services face cuts in funding. I encourage people to join that crowdfunding campaign.

I wish to speak about other issues, too. In Scotland, we recognise that prostitution constitutes violence against women, but it is still legal to buy women in Scotland. We know that the civil courts are aiding and abetting domestic abuse by allowing children to be weaponised, but still we do not act on that. Each of those issues could take up the whole of our debating time today, so I urge the Scottish Government to make time to debate the matter and to plot a way forward to end violence against women in Scotland once and for all.

In its briefing, Close the Gap points out the impact of violence against women in the workplace. It is interesting to note that the figures for reporting rape and sexual assault correlate very closely with the number of women reporting sexual harassment and violence in the workplace. Only 22 per cent of survivors report rape and sexual assault to the police, and 80 per cent of those who experience sexual harassment in the workplace do not report it.

I was alarmed to read the Zero Tolerance briefing, which told us that Police Scotland has stopped disaggregating rape by gender. Why on earth has that happened? That must be changed. How can we measure violence against women if we do not have any statistics to do so?

The underlying reasons for the non-reporting of rape or sexual assault are the same: the fear of not being believed and the fear of being blamed. There is also, sadly, an acceptance of men's behaviour towards women. That is starkly shown in the case of my constituent DeeAnn Fitzpatrick, who was taped to a chair and gagged with parcel tape in a Scottish Government office. Imagine how that feels: the fear and the indignity, not to mention the physical hurt. Yet, she is the one who is being disciplined, not the perpetrators of the attack. So, "Boys will be boys." No: it should be, "Boys will be

held accountable for their actions." Could that behaviour ever be acceptable? Apparently so, in a Scottish Government office. If that is the Scottish Government leading the way, we have a very long way to go.

In Scotland, prostitution is also acceptable. There is no penalty for buying another human being. That creates the notion that women are for sale, so it is not surprising that men take that view across the board. If one woman is available for sale, all women are made less equal. If you pay a woman money, then it is supposedly okay to rape her. Yes—that it is what it is, because you cannot buy consent.

In these desperate times, more and more women are being forced into prostitution. We can dress it up any way we like and we can sanitise it as survival sex, sugar daddies or free accommodation in exchange for sex, but it is all the same. It is exploitative and corrosive, both to the women involved and to the whole of the female population.

In countries where buying sex is illegal, women experience less sexual violence and greater equality, and the gender pay gap closes, too. It is only when women are truly equal that we will see an end to violence against women, and we need to fight against inequality everywhere we see it.

17:39

John Finnie (Highlands and Islands) (Green): It is customary to congratulate the member who brings the member's debate to the chamber. I recognise Rona Mackay's comments on that, but I thank her for bringing a debate that we must have.

We have heard some hard-hitting comments, and I align myself with everything that I have heard thus far, not least the comments about gender inequality, which drives the problem. This is about the role of men in resolving these issues. It is not a women's problem; it is a societal problem that is caused by gender inequality. It is as simple as that.

I am proud to be a member of the cross-party group on men's violence against women and children. I also join all the other organisations that fight hard to protect the women and girls in our communities. Along with my colleagues Claudia Beamish and Rona Mackay, I was at the Rape Crisis Scotland meeting, and I heard powerful testimony there. We can have briefings and get all sorts of information, but hearing from the mouth of an individual who has been wronged is extremely powerful. The one thing that was apparent at that meeting was that people feel let down by our judicial system. When someone has to have recourse to the civil litigation system because the

criminal justice system has failed them, we need to look at that.

We also need to look at the disproportionate number of prosecutions for serious sexual crimes that result in a not proven verdict. Henceforth, I am happy to lend my support to the abolition of that verdict.

I want to touch on the Rape Crisis £16 for 16 days crowdfunder. I encourage everyone to contribute what they can to that. It is important because there needs to be an impact on waiting lists. As was mentioned earlier, 1,035 individuals this year—as opposed to 582 last year—are waiting for access to what is referred to as lifeline rape crisis support. Someone who is on the front line of that support described the situation as astonishing and worrying. It is the mark of the trauma that people have to deal with that that euphemism is used—it is an astonishing and disgraceful figure.

I would not do anything to identify an individual, but I have sanction to read out some of the consequences for individuals who have been affected by the dearth of crisis support. One said:

“I was a mess, felt like I couldn’t start healing. No-one to talk to, all going on in my head. I was self-harming, suicide attempts. I felt isolated and my head was exploding”.

Another said:

“I feel abandoned. I’m left with all this stuff in my head and the only way I can deal with it to deny it’s real. I know this is just adding more to the trauma I’ve suffered for 44 years and I don’t know if I’ll survive until I get help.”

Another said:

“Following the assessment session which brought up many painful memories, I needed to talk to someone who understood sexual assault. Due to the long wait I was left isolated, with suppressed memories and feelings to cope with. I had nobody to turn to. When counselling began it opened old wounds and caused so much pain it felt as if the assault had just occurred. Have required several GP appointments and telephone counselling during the wait.”

In a progressive liberal democracy, it is unsatisfactory that victims of crime have to put up with that.

I have many things to say but I will conclude by thanking all the organisations for their support.

17:43

Beatrice Wishart (Shetland Islands) (LD): I thank Rona Mackay for bringing this important debate to the chamber. I also congratulate Emma Forbes.

I am pleased to speak in the debate and add my voice to those who are here and around the world in calling for the prevention and ending of violence against women and girls.

On Monday, I went to an event organised by the Shetland domestic abuse partnership, where Dr Mary Hepburn, a consultant obstetrician and gynaecologist, gave a talk. I am sure that some members will know of her, as she established the Glasgow women’s reproductive health service. She led a specialist support service for pregnant women who were experiencing multiple forms of disadvantage through homelessness, poverty, domestic abuse and rape. The guidelines that she established in the clinic are now used world-wide.

That was the first in a series of events in Shetland to mark 16 days of activism against gender-based violence. The Lerwick town hall clock was lit in orange to mark the start of the 16 days.

Dr Hepburn has retired to Shetland, where she grew up. She has recently joined the board of Shetland Women’s Aid, and I am a member of that board, too. Dr Hepburn talked about her experience of working with disadvantaged women in Glasgow, how she established the clinical service there and how she challenged stereotypes—it was inspiring. The panel discussion with local representatives from health, social work, Women’s Aid and the procurator fiscal, which followed her talk, was equally inspiring and demonstrated what can be achievable in a local partnership setting with different agencies working well together.

I know that I can wax lyrical about how wonderful Shetland is—and it is—but it is blighted by domestic abuse and violence against women and girls as much as towns and cities across the country are. How do we change that? Obviously, we can do that through awareness-raising campaigns such as the annual international campaign against gender-based violence, to keep the issue in the public eye. However, like Dr Hepburn, we should challenge stereotypes when we come across them. Education is key, and that should not necessarily be restricted to young people’s education.

The panel discussion left the audience with a plea for societal change—and I heard that plea. Drink driving was used as an example; that used to be acceptable, but it no longer is. That shift in what society previously viewed as acceptable has taken decades to work through. Can we do the same when it comes to violence against women and girls? We must.

Scotland’s new domestic abuse law rightly shone a light on what was previously unseen violence. The new legislation has been held up as “the world’s gold standard” by international expert Professor Evan Stark and already we are seeing the benefits of it. People are much more aware of what coercive control is and cases are going through the court system.

What now needs to happen is a change to the ingrained, centuries-old, patriarchal views of women and girls in our society, and the unconscious bias that starts when we are born. It cannot happen overnight. The Parliament has an important role to play, and members have a collective responsibility to lead and change, however that may be. We need to ensure there are never any unintended, adverse consequences for women and girls. No one should be subjected to violence.

17:47

Ruth Maguire (Cunninghame South) (SNP): I am grateful to Rona Mackay but I confess to being sad and angry. Violence against women that is perpetrated by men is a symptom and a cause of women's inequality. Most women and girls will have been affected by harassment or violence that was perpetrated by men at some point in their lives. It is not all men, but it is all women.

Women cannot fix that inequality and we cannot address ourselves the burning injustices of workplace sexual harassment, domestic abuse, so-called honour crimes, sexual assault, rape, trafficking, stalking and prostitution—if we could, we would have done it a long time ago. The 16 days of activism is an opportunity for men to show, by their actions and not just by their words or the badges on their lapels, that they are allies in this fight for an equal society, which will benefit us all.

It is 2019, but in some ways the world feels less equal and more dangerous for women and girls, not safer. Of course progress has been made in some areas, but there are others in which it feels as though we are going backwards. At a time when *Teen Vogue* suggests prostitution as a job like any other to girls and young women, I am grateful that the Scottish Government is clear on its position on this violence and, importantly, is considering a more robust approach to tackling male demand for prostituted women and girls. As long as our bodies are objectified, commodified and reduced to something to be bought and sold, used and traded, we will not have equality or justice and women and girls will continue to suffer violence.

Ninety women have been murdered by their male partners in the UK so far this year. The sheer scale of that moved me to tears on Monday, which was, of course, international day to end violence against women. Karen Ingala Smith each year tweets out from the CountingDeadWomen account to commemorate women whose lives have been taken from them by men. Although it is very difficult reading, it is so important in showing the scale, which is often lost in individual news reports. I thank Karen for that difficult work, and commend it to colleagues in the chamber.

Increasingly, as Joan McAlpine mentioned, women and girls are being killed and injured in violence that is claimed to be consensual. In the UK, at the end of 2018, there was a great outcry at the sentencing of the partner of a young woman, Natalie Connolly, to three years and eight months for her manslaughter. He had claimed in his defence that Natalie had consented to “rough sex”, including to beating and to sex acts that caused her horrific internal injury. The Crown Prosecution Service decided not to pursue a murder charge against him.

The We Can't Consent to This campaign has found 59 UK women who were killed by men who claim that a sex game went wrong. In the past five years, that defence was successful in nine of the 18 killings of a woman that reached trial, with the man either being found not guilty or receiving a manslaughter conviction. “Sex game gone wrong” must not become the new “she was asking for it” defence. I agree with the We Can't Consent to This campaign, which does not believe that women can consent to their grievous injury or death, and which believes that they certainly do not invite the male violence that kills them.

I see that I am out of time, Presiding Officer—I could speak about this all night. Part of the reason that I am a little bit angry, as well as sad, is that, yet again, we find ourselves in a half-empty chamber listening to—with a couple of noble exceptions—females speak about this. Men need to step up. This is about male violence, and we need to hear from our male colleagues.

17:51

Sarah Boyack (Lothian) (Lab): I, too, congratulate Rona Mackay on bringing this debate to the chamber tonight. There is something shocking about the fact that, 20 years after our Parliament was set up, we still have massive inequalities.

On violence against women, I will focus both on the progress that we need to make and what more we need to do. In her opening comments, Rona Mackay rightly mentioned social and economic injustice. I will focus on the workplace, because it is important that we do so in tackling violence against women. It is important to tackle the barriers that women face at work, and to think about how we empower women and promote equality.

Margaret Mitchell talked about trafficking, and we have mentioned the inequalities, and the abuse that takes place, in relation to exploitation of employment, particularly of young girls who have been trafficked to this country. Rhoda Grant told of the chilling experience of one of her constituents.

I will focus on the work that is being done by Close the Gap to tackle inequalities in work in our local authorities by supporting them to improve their employment practice by addressing the barriers that women face at work. That is a very practical initiative, which is important. It enables employers to progress work on gender equality and to better support victim-survivors of violence against women.

As part of that programme, councils have developed policies on violence against women and reviewed employment policies, and they deliver internal awareness-raising campaigns, organise training for line managers in flexible working, and run a whole variety of awareness-raising events. Although those things do not sound like headline issues, if they were rolled out across all our councils, the public sector and the private sector as well, it would begin to help empower women, and to deliver equality. In order to end violence against women in the workplace, we must tackle women's labour market inequality as well.

Violence against women is both a cause and a consequence of gender inequality. We have got to tackle occupational segregation, toxic male-oriented workplace cultures, the undervaluation of women's work and the lack of quality part-time and flexible roles, and we have got to end the gig economy. Progress cannot be made in preventing violence against women, in or outwith the workplace, without having that centre stage.

It has already been said that one in three or four women in Scotland will experience domestic abuse in their lifetime, and three quarters of women are actually targeted at work. Perpetrators of domestic abuse often use workplace resources, such as phones and emails, to threaten, harass or abuse their current or former partner or acquaintance, or a stranger. Perpetrator tactics such as sabotage, stalking and harassment at work affect women's performance at work, their levels of absenteeism and their job retention, as well as being an utterly horrible experience for women to go through. Action by employers is therefore vital, especially where we can take a lead. I hope that the minister will focus on what the Scottish Government can do more of to deliver on the issue.

At the start of my speech, I said that it is not acceptable that, 20 years on, we still have massive inequalities and massive experience of violence against women in our society and our workplaces. I hope that, in 20 years' time, our successors will not have such a debate because equality will have been achieved and violence against women will have been tackled.

17:55

James Dornan (Glasgow Cathcart) (SNP): I thank Rona Mackay for bringing the debate to the chamber. Such debates are always extremely important.

I was delighted to meet Emma Forbes last night at the "GlassWalls" exhibition. I had not realised that the Daisy Project had contributed most, if not all, of the small windows. It was great to see my favourite constituency organisation participating in such a great event. There are a lot of good organisations in my constituency, but I can say with complete honesty that the one that gives me the most pride is the Daisy Project. Its work has saved lives, and it has made people's lives much better.

In her powerful contribution, Ruth Maguire gave the figure of 90 women dead. That is horrific, but the truth is that we are lucky that the figure is not greater—I know that from speaking to people who have come through the Daisy Project and Women Against Violent Environments, or WAVES. There are a lot of women out there who have been maybe one more blow or one more bad night away from being another statistic. It has already rightly been said that that is not the woman's fault; it is our fault. It is a male problem. Sometimes when I hear such stories, my gender disgusts me. The things that people can do for various reasons that are under their control simply disgusts me.

Margaret Mitchell said that there will be an event in the Parliament on 6 December. Coincidentally, I am holding a meeting on women's rights and domestic abuse on 6 December in my constituency. People are coming from women's rights organisations, the legal service, the police and social work services. I believe that the Minister for Older People and Equalities has been invited, although I am not sure whether she or some of her officers will come. Community organisations will be there as well. The more we can get the issue out into the community and the more we can talk about it, the better.

I want to talk about an aspect of abuse that does not get enough publicity. At the end of October, we had a meeting in the Parliament that involved organisations and women who have been victims of financial coercion. Some of the tales were horrific. Some of us will have received an email today from one of the women who gave evidence. She said that the man still controls her to a great extent, although she has been away from him for 18 months. He still has coercive control over her because of finance. Having lived such a life is bad enough, but if a person thinks that they have escaped it and finds that they have not, it must be soul destroying. Sometimes that can last for 15 or 20 years. I met some of my friends and spoke to them about that. They said

that that is exactly what happens, and some of them are still living through that.

A lot has to be done, and we have to take responsibility. John Finnie was quite right to raise that issue. Men have to be part of the solution. The campaign cannot work if we do not get behind it. The more we can encourage other males to get behind it—I know that, earlier, there were other males in the chamber who are very supportive of the campaign—and ensure that equality happens in the near future as opposed to in the far-distant future, the better for all of us.

I thank the Presiding Officer for giving me the opportunity to speak in this debate.

17:59

Jackie Baillie (Dumbarton) (Lab): I join others in thanking Rona Mackay for securing the debate, and I am pleased to see such a large turnout of members.

I congratulate the Zero Tolerance campaign on reminding members of the importance of marking the 16 days of activism against gender-based violence. There is more work to do, and we need to keep that as a top priority for the Parliament.

I was very pleased to have led the first debate in the Scottish Parliament on tackling domestic abuse, and to have been the first minister in the Scottish Government with responsibility for that policy area. I should, of course, advise members that I started very young. Both then and now, the Parliament has come together, irrespective of party, to tackle gender-based violence, which is an important strength. Successive Governments have passed legislation and put in place much-needed funding to support the work of prevention campaigns, such as those from Zero Tolerance. They have also funded practical support, including the £10 million domestic abuse development fund, to ensure refuge provision in all parts of Scotland. I was particularly pleased to see a new refuge being built in my constituency as a result of such funding, and I pay tribute to Dumbarton District Women's Aid for all its much-valued work.

I was struck by the Women's Aid briefing for the debate, which mentioned its census day figures. A snapshot was provided by looking at one day in September during which 1,235 women, children and young people were supported by a Women's Aid group in Scotland. On that day alone, 364 women and 349 children were living in a refuge, and 58 per cent of the women who asked for a refuge space on that day had to be turned away. There is clearly much to be done, and I urge the minister to consider how the Government can put in place long-term sustainable funding to ensure that specialist domestic abuse services are available in every part of Scotland.

I will touch briefly on other aspects of this year's campaign, but I regret that I will not be able to do that justice in a four-minute speech. As others have said, the theme of this year's campaign is "Generation Equality Stands Against Rape". One in 10 women have experienced rape in Scotland, and one in five have had someone try to make them have sex against their will, which are truly shocking statistics. Rape Crisis provides important support for women who have been affected by rape, but we need to get better at prosecuting rape, in terms of the number of convictions and the length of sentences. That will send the strongest possible signal of our view of such a crime.

West Dunbartonshire, which includes my Dumbarton constituency, has one of the highest reported levels of domestic abuse in Scotland. West Dunbartonshire Council and its partners, including those in Women's Aid, Rape Crisis and other organisations that are working to stop men's violence against women and children, have worked together to challenge the experience of women and children in my community. Last week, they organised a groundbreaking conference, which has also been welcomed by my colleague Gil Paterson. The conference involved local communities, with people considering the role that communities can play in challenging inequality and tackling domestic abuse that has perhaps been experienced by friends, relatives or neighbours. That is a positive development, and I commend those organisations for it.

I agree with John Finnie that the problem is with men; it is not a women's problem that we have to deal with. We suffer the consequences of it, but the cause is men. Ultimately, the prize has to be prevention. It is, of course, important to treat the consequences of the problem and to provide women and children with support, but it would be so much better if we could tackle the source of the problem.

As others have said, fundamentally, this is about inequality—an imbalance of economic, social or political power between men and women. Only when we change societal attitudes and challenge gender inequality in our schools, our workplaces and our communities will we be able to end gender-based violence.

18:03

The Minister for Older People and Equalities (Christina McKelvie): This has been a fantastic debate—I have scribbled notes all over my papers. Many issues have been raised, so if I do not cover everybody's points, please give me a shout and I will answer members' questions after the debate.

I thank and pay tribute to Rona Mackay for lodging the motion, which marks the 16 days of activism to end gender-based violence. During those 16 days, we put the spotlight on what we are doing, but I hope that by the end of my speech members will realise that across Government, other organisations and all our parties, we are working 365 days a year to end gender-based violence.

As we have heard, violence against women and girls is one of the most devastating and fundamental violations of human rights. It is never acceptable: it has to stop, and meaningful action must be taken to stop it. It is the responsibility of every single one of us in society, and every community, to send a clear message that violence and abuse is unacceptable, and to call out the behaviour and choices of the perpetrators. The 16 days of activism campaign is an opportunity for us to come together, as we have done, not only to give new momentum to our ambitions and the campaigns that we all know about, but to mark just how far we have come.

The Scottish Government, through implementation of our strategy in “Equally Safe—Scotland’s strategy for preventing and eradicating violence against women and girls”, is strengthening the law, investing in our services and driving a whole-system approach and response that places the survivor at its heart. Nonetheless, we recognise that much more needs to be done. We have just published our “Equally Safe: Year Two Update Report”, which I commend to all members and anyone in the gallery who might be interested in reading it.

I will pick up some of members’ points. Sarah Boyack asked about the equally safe strategy in the workplace. I hope that she will be aware that there is on-going work on that. We have committed to undertaking that work over the next few years, but we published an action plan in February this year, and the strategy is being piloted. I pay tribute to Councillor Mary Donnelly, who is in the gallery. She is one of the councillors who is driving the strategy forward in South Lanarkshire, where the pilot is taking place. I reassure members that we listen to them, and that we are working with others to ensure that that happens.

I am a dog lover: I am off to the Dogs Trust first thing tomorrow morning to view its freedom project. I am aware from talking to many people that knowing that their pet is safe, and that they can take a break and get away from a situation, is incredibly important. We all love our absolutely lovely doggies, so I am looking forward to seeing tomorrow the very important work that the Dogs Trust does to put minds at rest.

Rhoda Grant asked about data, and I want to give her a clear answer. She will be aware that we have established a working group on sex and gender in data, in order to develop guidance and best practice, and to consider how best to use the data. We are doing some work on disaggregation of data and how we use it, and I will certainly look into the Police Scotland issue that she brought up.

Like Ruth Maguire, I feel a bit sad when I remember that I have spoken in just about every debate on this topic in the chamber. I remember watching a youthful Jackie Baillie in the very first debate on the issue in the Scottish Parliament, when I was a young social worker. It is a mark of this Parliament that one of the first issues that we tackled when the Scottish Parliament was established 20 years ago was domestic violence and violence against women.

Members might have seen the article that I wrote for *The Scotsman* on Monday, in which I said that we should never stop being shocked—we should never stop being shocked about the need for the debate that we are having today, or about the impact that gender-based violence has on people.

James Dornan talked about financial control and coercive control and behaviour; I highlight that our groundbreaking Domestic Abuse (Scotland) Act 2018 is now in force.

Beatrice Wishart eloquently highlighted issues around coercive control and behaviour. We are committed to introducing more legislation on domestic abuse protection orders, which will be another step forward. I see that the Presiding Officer is smiling, because that is one of the things for which she has been asking for a while. We are working towards that.

We are also taking steps to drive improvements in responses to rape and sexual assault. This morning, the Cabinet Secretary for Health and Sport introduced to Parliament the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill. We are supporting a pilot on visually recording rape complainants’ initial statements to police, and we are working to ensure that survivors get access to support through additional investment in front-line services.

That takes me on to Rape Crisis Scotland, to which I pay tribute for its work. The STAMP—stamp out media patriarchy—project’s work in schools on sexual violence and consent, and the support to report scheme, are dealing with some of the issues that we face. We are investing record amounts of money—approximately £12 million—in front-line services, and additional money was provided for Rape Crisis’s centres last year. The three-year funding round is coming to an end, and

as soon as the budget is resolved I will be able to resolve all the funding issues that members have raised today.

It is vital that we keep our focus on ending all forms of violence against women, and that we move forward with a shared understanding of the underlying story of casual violence, which needs to change and end for good. Many members have highlighted the need to tackle prostitution, human trafficking and many other issues.

A huge amount has been achieved this year, but we should not rest on our laurels and think only about what we have done. I take this opportunity to pay tribute to the many feminist activists who are here today—and those who are not—who have worked every day to consign gender-based violence to the dustbin of history. However, we still have work to do.

Some of us are wearing our orange badges, from the Soroptimists, and some of us are wearing our white ribbons. We all wear our badges with pride, and we know about the importance of men as allies through the white ribbon campaign.

My *Scotsman* article on Monday paid tribute to Fiona Drouet, who tragically lost her daughter, Emily, to suicide following domestic abuse. Fiona has been relentless in driving forward change in universities and colleges. It has been an immense privilege to work with her, and I look forward to continuing to do so.

Like me, many members have visited the “GlassWalls” art installation in Parliament and have mentioned doing so. It is a wonderful piece of work. I have known Emma Forbes for a couple of years, since the project was just a wee idea, so to see it manifested in our Parliament is an absolute joy. James Dornan was right to highlight and pay tribute to the work of the Daisy Project. Telling the stories through the medium of art is an inspiring example of the power of the Daisy Project women. I commend Dr Emma Forbes, Charles Provan, Brian Waugh and the talented artistic team of men and women who have worked on the “GlassWalls” project. The installation tells me that we need to have the lived experience of women at the heart of everything that we do to tackle violence against women and girls, and that we must build a Scotland where everyone can live equally safe.

I will finish with the words of that artwork:

“We do believe you. Your word is enough. We walk with purpose.”

Meeting closed at 18:11.

This is the final edition of the *Official Report* for this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

All documents are available on
the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers
is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000

Textphone: 0800 092 7100

Email: sp.info@parliament.scot



The Scottish Parliament
Pàrlamaid na h-Alba