



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Tuesday 6 January 2015

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Scottish Parliament

Tuesday 6 January 2015

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

Time for Reflection

The Presiding Officer (Tricia Marwick): Good evening—good afternoon, I mean—and a happy new year. *[Laughter.]* It is too much drink.

The first item of business this afternoon is time for reflection. Our time for reflection leader today is Mr Jamie Stuart, an elder of High Carntyne parish church and the author of “The Glasgow Gospel” and “A Glasgow Bible”. He has a new book out called “Still Running: The Seven Lives of a Glasgow Phenomenon”, and he is back by popular demand.

Mr Jamie Stuart (High Carntyne Parish Church): Presiding Officer, First Minister, members of Parliament, it is nice to be here. This afternoon, I present to you the story of the wise men.

Jesus was born in the toon o Bethlehem durin the time o King Herod. Soon after, some astrologers came from the east, askin, “Whaur’s the newborn bairn who they’re callin the King of the Jews? We saw his star, and we’re here now to worship him.”

King Herod was gey rummled when he heard this, and aw Jerusalem alang wi him. He called a meetin of the Jewish High Heid Yins and put the question tae them: “Where is it that this Christ is tae be born?” They answered, “In the toon o Bethlehem in Judea. Years ago, it was prophesied, ‘And you, Bethlehem, are not the least amang the rulers of Judah; for out of you will come a leader to rule ower my people o Israel.’”

Herod took the astrologers aside and asked them about the date when they first saw the star. He sent them aff tae Bethlehem, sayin, “Try an find the bairn. When you find him, tell me—and I masel will go and worship him.” The astrologers started oot again and, right enough, the star wis staunin there, shinin bright ower Bethlehem. Man, they were fair burstin wi joy. They went inty the hoose, saw the bairn and his mither Mary, an knelt doon in homage. They opened their bags and gied presents: gold, frankincense and myrrh. Then the wise men, warned by God not to go back tae Herod, went hame by anither road.

After they went aff, an angel of the Lord came tae Joseph in a dream, sayin, “Take your son and his mither, and escape tae Egypt. Stay there til I tell ye, for Herod is seekin oot the bairn tae

destroy him.” So Joseph set aff, takin the wee bairn and his mither tae Egypt. When Herod saw that he had been jouked by the astrologers, he wis gey mad and gied orders to kill aw the wee boy bairns of two year auld and under in Bethlehem and aw the places roond aboot.

But it happened that Herod died, and soon after an angel appeared tae Joseph in Egypt, sayin, “You can go back now to Israel. Those who wir seekin tae kill the bairn are dead.” So Joseph and Mary went back right away, with the boy Jesus.

Thank you. *[Applause.]*

Business Motion

14:05

The Presiding Officer (Tricia Marwick): The next item of business is consideration of business motion S4M-11981, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a revision to the business programme for today.

Motion moved,

That the Parliament agrees to the following revisions to the programme of business for Tuesday 6 January 2015—

delete

followed by Scottish Government Debate: Winter Festivals

followed by Scottish Government Debate: Mental Health

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

and insert

followed by Ministerial Statement: Ebola

followed by Scottish Government Debate: Winter Festivals

followed by Scottish Government Debate: Mental Health

followed by Legislative Consent Motion: Serious Crime Bill – UK Legislation

followed by Business Motions

followed by Parliamentary Bureau Motions

5.30 pm Decision Time—[*Joe FitzPatrick.*]

Motion agreed to.

Topical Question Time

14:05

Ebola

1. Jenny Marra (North East Scotland) (Lab):

To ask the Scottish Government whether it will provide an update on how the national health service is dealing with Ebola. (S4T-00884)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison):

The First Minister will make a statement on the matter shortly. I am sure that all members will be holding Pauline Cafferkey and her family in their thoughts at this difficult time and will wish to join me in thanking all the health professionals who have been involved in her care.

Jenny Marra: We echo those sentiments, and Kezia Dugdale will respond to the First Minister later.

The Secretary of State for Health for England and Wales has procured an additional 75,000 personal protective equipment Ebola suits for the safety of its workers. How many PPE Ebola suits and isolation beds do we have in Scotland?

Shona Robison: We are in close contact with all national health service boards to ensure that their stocks of PPE are available and accessible. We also have a national stockpile on which boards can draw as a reserve and we will continue to ensure that health boards have access to PPE in preparedness for dealing with Ebola safely. We will maintain our national stockpile.

On the availability of support for any cases in Scotland, we have established three regional units for the management of possible or confirmed Ebola cases: in Glasgow, Edinburgh and Aberdeen. There are 14 negative pressure rooms and more than 50 isolation rooms across those units.

Pauline Cafferkey was transferred to the Royal Free hospital because it provides a high-level isolation unit and is regarded as being the best facility in the whole of the United Kingdom, with a high level of expertise in treating patients who have this type of disease. We should be assured that within Scotland, as is the case at the Brownlee centre, we have the facility to care for such patients, but it was quite right that Pauline Cafferkey was transferred to the Royal Free hospital for her on-going care.

Glasgow Bin Lorry Crash (Update)

2. Sandra White (Glasgow Kelvin) (SNP):

I am sure that we all wish to offer our deepest sympathies to all those involved in this terrible

tragedy and thank the emergency services for all that they have done.

To ask the Scottish Government whether it will provide an update on events following the bin lorry crash in George Square on 22 December 2014. (S4T-00885)

The Cabinet Secretary for Justice (Michael Matheson): First, I offer my condolences to the families, friends and loved ones of the six people who lost their lives: Jacqueline Morton, Stephenie Tait, Gillian Ewing, Erin McQuade, Lorraine Sweeney and Jack Sweeney. Although nothing can provide comfort in such tragic circumstances, I advise members that a full police investigation under the direction of the Crown Office and Procurator Fiscal Service began immediately after the incident occurred. Interim reports to the Crown Office were received on 24 and 28 December. Police Scotland is due to submit a formal report on the emerging findings of the investigation to the Crown Office by the end of January. The Crown Office must wait for all of the necessary inquiries to be completed before it can come to a final decision. I have been advised that the Crown will consider that report and, by the end of February, provide further details about the timescale for any further investigations that may be required.

I thank all of those who helped in response to this terrible incident. The response of the emergency services was exemplary. National health service staff have provided the injured with the best care and attention possible. St Andrew's First Aid volunteers and members of the public administered first aid, and local cafes and restaurants provided food and drink to those who were caught up in this terrible incident. We have, yet again, seen the incredible spirit of the people of Glasgow. The city and, indeed, the whole of Scotland have pulled together to support those who have been most affected by this incident.

Sandra White: I echo what the cabinet secretary said about the emergency services and others—not just in Glasgow but throughout Scotland—who came forward to help.

I welcome the fact that, as the cabinet secretary said, the initial report will be produced shortly. Will the report be made public and will a fatal accident inquiry follow?

Michael Matheson: I acknowledge the member's particular interest in this matter, given that it affects her constituency. The initial report by the police to the procurator fiscal will not be in the public domain as it requires to be considered confidentially by the Crown Office and Procurator Fiscal Service.

The decision on whether there should be a fatal accident inquiry is a matter solely for the Lord

Advocate. It would not be appropriate for the Government to comment.

I reassure Sandra White and other members that special staff from the Crown Office and Procurator Fiscal Service will keep the families advised on progress in the investigation and will provide them with support at every stage of the investigation as it moves forward.

Sandra White: I appreciate the cabinet secretary's response and the fact that the families will be kept fully up to date on what is happening.

If a fatal accident inquiry were granted, what action would the Scottish Government take to ensure that it was undertaken as expediently as possible?

Michael Matheson: As I mentioned, the decision on whether to hold a fatal accident inquiry is a matter solely for the Lord Advocate. It would also be for the procurator fiscal to apply to the sheriff to hold an FAI when investigations are complete.

The Scottish Government does not have a role to play in setting down the timeframe for any fatal accident inquiry. I am sure that the member and others in the chamber will recognise that it is essential that a proper and thorough investigation is carried out so that the bereaved families find out what happened. It would be counterproductive to introduce an artificial deadline that could mean that the investigation does not reach a satisfactory conclusion in establishing the facts of the incident.

However, I assure the member that the families will be kept informed of the matter and that the Crown Office will continue to provide them with the support and assistance that they require.

Cemfjord Sinking

3. Liam McArthur (Orkney Islands) (LD): To ask the Scottish Government what involvement it will have in the investigation into the sinking of the cargo vessel, Cemfjord, in the Pentland Firth. (S4T-00880)

The Cabinet Secretary for Rural Affairs, Food and Environment (Richard Lochhead): As the Parliament will be aware, the upturned Cemfjord was discovered on Saturday afternoon by the MV Hrossey ferry en route to Aberdeen. Unfortunately, despite an extensive search on land and at sea, the eight crewmen from the vessel have not been found. The Maritime and Coastguard Agency has indicated that the search will not be resumed unless new information comes to light.

I extend our appreciation to the crews of the aircraft, lifeboats and naval vessels that undertook the initial search and rescue, in addition to the MV Hrossey and her passengers and crew, who were first on the scene, and also the Northern

Lighthouse Board vessel Pharos. I note also the efforts of the volunteer coastguard teams that were involved in the search operation.

The vessel has now been located lying on the sea bed in the eastern approaches to the Pentland Firth.

The investigation into the sinking of the Cemfjord is a matter for the marine accident investigation branch, which we understand is undertaking its initial assessments at this stage. Serco NorthLink, the operator of the ferry, is co-operating fully with the MAIB in the early stages of the investigation.

Our thoughts at this time remain with the families of the missing crew.

Liam McArthur: I think that all members will want to send their condolences to the families of the seven Poles and one Filipino who appear to have lost their lives in this awful tragedy.

As the cabinet secretary said, we should acknowledge and thank everyone who was involved in the search operation over the weekend, including the Royal National Lifeboat Institution, the coastguard and, of course, the crew of the NorthLink ferry, the Hrossey, who first spotted the capsized vessel and avoided a potentially nasty collision.

The MAIB has begun its investigations. It is early days, as the cabinet secretary acknowledged, but does the cabinet secretary accept that many people in my constituency and elsewhere are asking why it took so long to establish that a ship of the size of the Cemfjord, entering a busy stretch of water such as the Pentland Firth, had run into serious difficulties? Does he agree that the initial delay and apparent lack of an emergency position-indicating radio beacon—EPIRB—signal inevitably hampered the search and rescue efforts? Does he think that it might be time to look at enhancing the vessel traffic system that covers the important and busy waters of the Pentland Firth?

Richard Lochhead: Given some of the issues that Liam McArthur rightly raised, the Scottish Government is in close contact with the Maritime and Coastguard Agency to discuss the progress of the investigation and the issues that will be taken into account. I am sure that all members want to ensure that any lessons that can be learned are learned. However, until we know the outcome of the investigation we will not be in a position to comment on the circumstances surrounding the tragic loss of the vessel.

Liam McArthur: I realise that the cabinet secretary is constrained in what he can say, given that the MAIB investigation is under way. Does he agree that in due course every reasonable effort

should be made to retrieve the bodies of those who appear to have perished on board the Cemfjord? If he does, will he make appropriate representation, through the vessel's owners, to that effect?

Richard Lochhead: I thank Liam McArthur for raising that important point. That is one of the issues that we are discussing with the Maritime and Coastguard Agency. I understand that the discussions that will take place between the owner of the vessel, the insurers and the various agencies that are involved will include such issues; we await the outcome of those deliberations.

Mike MacKenzie (Highlands and Islands) (SNP): Does the cabinet secretary share my concern about claims that the emergency towing vessel, the tug Herakles, took two and a half hours to respond to the sinking of the Cemfjord? Will he join me in calling on United Kingdom ministers to investigate the claims?

Richard Lochhead: We all recognise the important role that emergency towing vessels play in Scottish waters. Mike MacKenzie raised an issue that we have asked the Maritime and Coastguard Agency to clarify. I remind Mike MacKenzie and members that many rescue services were deployed very quickly to take part in the search and rescue operation. However, if there are questions to be asked, it is important that we ask them and get satisfactory answers.

City Link Ltd

4. John Mason (Glasgow Shettleston) (SNP): To ask the Scottish Government what contact it has had with the administrators of City Link Ltd. (S4T-00883)

The Minister for Business, Energy and Tourism (Fergus Ewing): I spoke with the administrators, Ernst & Young, at the earliest possible opportunity, to offer support from the Scottish Government for the business and for employees who might face redundancy. I spoke with the administrators again yesterday, and they advised that there is no future for the business as a going concern. I reaffirmed our offer of support for affected employees, through our partnership action for continuing employment initiative. I met representatives of the RMT union this morning to discuss how best we might support the affected employees, and I have asked the administrators—verbally and in writing—to assist us in contacting the affected employees directly to provide a programme of tailored support. As soon as is practical, PACE will hold four or five events in the areas where the company operated depots.

I have also written to Jo Swinson MP, minister in the United Kingdom Government's Department for

Business, Innovation and Skills, to seek her support in progressing claims for workforce redundancy payments as speedily as possible, through the Edinburgh office of the Insolvency Service.

John Mason: I thank the minister for that positive reply. What is the Government's consideration of the timing of the announcement? Did it have to happen at Christmas, which seems very unfortunate for the workers?

Fergus Ewing: There is probably no good time for a worker to learn that he or she has been made redundant. However, having dealt with a very large number of cases over the past few years, I find this case particularly shocking as the news broke on Christmas eve, which we all very much regret. That is why it is extremely important that the administrators obtemper the undertaking that they said in a press release they would fulfil, namely that employees affected by redundancy would be offered appropriate advice and support on making claims for redundancy and notice pay.

This morning, I was advised by the RMT representatives—Gordon Martin, Mick Hogg and Mick Ward—that no practical advice or support was provided individually to any of the workers, which of course means that forms are likely to have been filled in incorrectly in some cases. That, in turn, will lead to delays. Therefore, I am grateful that Mr Mason has raised the issue, not only for his constituents but for all the City Link staff in Scotland—nearly 200 of them—so that they receive the support that they were promised from the administrators and, indeed, the former managers of City Link.

John Mason: I thank the minister for that answer. Does he have a view on why this company has been unsuccessful when other companies in what is quite a competitive market have been more successful? There have been suggestions that the company was badly run for quite a long time.

Fergus Ewing: That is certainly the suggestion that was conveyed clearly to me by the RMT, which mentioned several layers of management. It is not for me to form a judgment—that would not particularly help those who have lost their jobs—but, as the minister for business, I am determined to ensure that our PACE task force provides support, which is very often of a productive and constructive nature and has resulted in more than two thirds of workers who have been made redundant finding other jobs within six months. This morning, I discussed for about 90 minutes with Mick, Mick and Gordon the appropriate arrangements that PACE will make. Margaret Sutor and Calum MacLean attended the meeting as well.

Events will be held in four or five areas in Scotland in the third or fourth week of January, we hope. Intimation will be given to as many of the workers concerned as practically possible. However, again, unless we know the names and addresses of those in the workforce and who were self-employed—there were several people who drove vans for which they paid—it will be difficult for us to ensure that each of those individuals is able to attend the events that are being convened for them. That, too, is why I re-emphasise our need for support from Ernst & Young to ensure that the job is done properly and without further delay.

Siobhan McMahon (Central Scotland) (Lab):

The situation with City Link has had a knock-on effect on some small to medium-sized businesses, including a recruitment business in my region that is owed a considerable amount of money by City Link. What action can the Scottish Government take to ensure that such businesses are supported at this time?

Fergus Ewing: If Siobhan McMahon wants to write to me about any individual case, I will be very happy to look at it as carefully as I can. Plainly, if credit has been extended to a company such as City Link that goes into liquidation, all too often the reality is that the small company is left in the lurch and the debt must be written off. Sadly, that is the reality of the situation. That raises questions about what exactly occurred in the last few months of operation of City Link. Those are matters that the RMT believes should be investigated, and I have urged it to raise specific concerns with the administrator. It is of course the duty of the administrator, *inter alia*, to carry out such investigations as may be appropriate into the circumstances that led to so many people—whether they be employees, contractors or small businesses—being left in the lurch on Christmas eve.

John Pentland (Motherwell and Wishaw) (Lab): I understand that in some areas such as London, City Link workers have been offered jobs by other delivery firms, which will be picking up business as a result of City Link's demise. What contact has the Scottish Government had with firms in Scotland to encourage them to do likewise?

Fergus Ewing: I am very sorry—I am not sure that I caught all of Mr Pentland's question. I undertake to look at it after the debate and to speak to the member if he wishes me to do so. We are making efforts, with the jobcentre, to ensure that at each of the events that I have described there is an appropriate presence of those who may be in a position to offer alternative work or jobs to drivers who find themselves on the dole as a result of the City Link decision.

Ebola

The Presiding Officer (Tricia Marwick): The next item of business is a statement by the First Minister on Ebola. As the First Minister will take questions at the end of her statement, there should be no interventions or interruptions.

I call Nicola Sturgeon. First Minister—you have about 10 minutes.

14:25

The First Minister (Nicola Sturgeon): I want to pass on my best wishes for 2015 to you, Presiding Officer, and to every member in the chamber.

Since Parliament last met, in addition to nurse Pauline Cafferkey's Ebola diagnosis on 29 December, which I will address substantively in my statement, two other major events have cast dark shadows over the festive period, and have caused the individuals and families who have been affected deep distress, suffering and sorrow. I refer, of course, to the dreadful tragedy that occurred at George Square in Glasgow on 22 December and the sinking of the cargo vessel in the Pentland Firth on 3 January. I am sure that I speak on behalf of every member in the chamber when I convey my sympathy to all those who have been affected, especially to the families of those who have lost their lives.

The Glasgow tragedy in particular touched us all deeply. As the funerals of the victims have been taking place, I know that our thoughts will have been with those who lost loved ones, just as they continue to be very much with all those who are recovering from injury and trauma.

Both of those tragedies and, indeed, the response to the Ebola diagnosis remind us yet again of how much we owe our emergency services, including the coastguard and the Royal National Lifeboat Institution, and all the staff of our national health service. We value their professionalism, compassion and commitment every single day of the year, but we do so especially at times like these. I am sure that members will join me today in thanking them sincerely for their contribution.

Members will have just heard Michael Matheson respond to a topical question about the George Square tragedy, and Richard Lochhead answered a question on the incident in the Pentland Firth. However, given the wider public health implications of Ebola, I thought it appropriate to make a full statement about Ms Cafferkey's diagnosis, our response to it and Scotland's general state of preparedness for handling the risk that Ebola poses.

I will start with a brief recap of the background to the case. It was confirmed on 29 December, following her return to Scotland, that Pauline Cafferkey, who had been working in Sierra Leone to help people who are affected by Ebola, had tested positive for the condition. Early that morning, she had reported feeling unwell, and at about 8 am she was admitted to the Brownlee infectious diseases unit at Gartnavel hospital in Glasgow. In the early hours of 30 December, following confirmation of the diagnosis, she was transferred by military aircraft to the United Kingdom's high-level isolation unit at the Royal Free hospital in London.

First and foremost, our thoughts are with Pauline Cafferkey and her family during this extremely difficult and distressing time. My officials spoke to the Royal Free hospital earlier today, and they report that her condition remains critical. I know that we all wish her a full and speedy recovery.

I want to take this opportunity to thank all the NHS Scotland staff who have helped to treat Pauline Cafferkey, including staff in the Scottish Ambulance Service, in the Brownlee unit and in Health Protection Scotland. I want to thank the Ministry of Defence for arranging her transfer from Glasgow to London, and the staff at the Royal Free hospital, who continue to ensure that she receives the best possible care and attention.

Our chief concern at this time is of course, as I have said, for Pauline Cafferkey's wellbeing. However, her diagnosis has inevitably raised wider issues relating to public health, the response to this particular case and our general preparedness to handle cases of Ebola. I turn now to those issues.

The first point to stress—it is important, as I am sure all members will agree—is that the risk to the public in Scotland continues to be very low. The Ebola virus cannot be contracted from someone unless they are displaying its symptoms. Furthermore, it is not an airborne virus; even if someone has a fever, the disease can be transmitted only by direct contact with their blood or bodily fluids.

In the case of Pauline Cafferkey, she was screened on leaving Sierra Leone and then again on her arrival at Heathrow. In her initial screening, her temperature was found to be within the acceptable range, so she was cleared to fly from Heathrow to Glasgow. However, due to concerns that she may have had an elevated temperature, she was reassessed and her temperature was taken another six times over a 30-minute period. Her temperature remained within the acceptable range and she was again cleared to fly. I will come back to that point later on.

As has already been made clear, because she was not at that point displaying any symptoms that would have given rise to onward transmission, the risk to other passengers on her flights was extremely low. However, given the nature of Ebola, a highly precautionary approach has—rightly, in my view—been adopted by health authorities across the United Kingdom. It is in that context that a decision was taken to contact all passengers on the flights that Ms Cafferkey had taken from Casablanca to Heathrow, and then from Heathrow to Glasgow. I am grateful to staff at Health Protection Scotland who have now contacted all the passengers on the London to Glasgow flight and ensured that they have the appropriate advice and reassurance. Ms Cafferkey had, on her return to Scotland, contact with only one other person, and he has also been contacted and given advice and reassurance.

NHS 24 established a special helpline, which was up and running within two hours of notification of the positive diagnosis. The helpline provided advice, assistance and reassurance to more than 100 people on the evening of 29 December, and has received 179 calls in total. Only three calls have been received since Hogmanay, so the helpline will be closed from 6 pm tonight. However, it can be reactivated quickly should the need arise in the future.

The prompt response to the diagnosis demonstrates the wider point that Scotland is well prepared to deal with cases of this nature. We have well-tested NHS systems for managing unusual infectious diseases when they arise. For example, we have established three regional units for the management of possible or confirmed cases of Ebola, one of which is the Brownlee unit. We participate in UK protocols in respect of more specialised high-level isolation facilities and, where necessary, we fund treatment for Scottish patients at the Royal Free hospital.

We have also updated the Scottish Ambulance Service's procedures for transferring patients with suspected or confirmed Ebola, and a new testing system for diseases such as Ebola has been available in Scotland since 1 December. That means that samples no longer have to be transferred to Porton Down in Wiltshire; instead, test results now go to the NHS Lothian testing facility and can, therefore, be confirmed much more rapidly. All those systems and procedures have worked effectively in recent days.

In addition, the Scottish Government works closely with the UK Government to ensure that we have a fully co-ordinated approach. As well as chairing meetings of the Scottish Government resilience committee on Monday and Tuesday last week, I participated in a COBRA meeting and was in close touch with the Prime Minister. I am

grateful to counterparts in the UK Government for their co-operation and I know that they appreciate the good work that is done by the NHS and other agencies in Scotland. We will continue to work with the UK Government to review the handling of the case and to see what lessons can be learned for the future.

For example—this is the point that I said I would return to—questions have, understandably, been asked about whether Ms Cafferkey, even though her temperature readings were within the acceptable range, should have been allowed to travel to Glasgow, given the concerns that she had raised. They are important questions that deserve to be properly considered, in line with the highly precautionary approach that we all agree should be taken to possible Ebola cases. Health Protection Scotland is therefore currently working closely with Public Health England to review screening procedures.

Protocols at airports have already been revised in the light of the case. Guidance has been strengthened to ensure that anyone from a higher risk group who feels unwell will be reassessed. Advice will also be sought immediately from an infectious diseases specialist, and the passenger will be referred on for testing if that is considered to be appropriate. Procedures will be reviewed again in the coming days to assess the effects and effectiveness of those changes. We will continue to work with the UK Government on further improvements to how we manage the risk of Ebola.

In all this, there is a final but very important point to make, with which I hope all members will agree. By far the most effective way of reducing the risk of Ebola in Scotland and the rest of the UK is to halt its spread in west Africa. That is why the Scottish Government has donated £1 million in money and equipment to support the Ebola response there. It is why we are so deeply grateful for the quiet heroism of Pauline Cafferkey and many others like her from Scotland, the rest of the UK and many other countries, who make all of us safer by placing themselves at risk. They are not simply helping people in west Africa, although they are certainly doing that; they are also helping people right around the world. We owe it to them, as well as to the wider public, to ensure that the measures that we are taking to tackle Ebola here in Scotland are as good as they possibly can be. I assure you, Presiding Officer, and Parliament that the Government will ensure that the measures are robust, that the public continues to have accurate and up to date information about Ebola, that screening procedures are as effective as possible, and that when necessary—we hope it will be rarely—patients get the best possible care and treatment.

The Government will keep Parliament informed of further developments as they arise. For now, I am happy to answer any questions.

The Presiding Officer: The First Minister will take questions on issues that were raised in her statement. I intend to allow around 20 minutes for the questions, after which we will move on to the next item of business.

Kezia Dugdale (Lothian) (Lab): I thank the First Minister for her statement and send the sympathy and thoughts of those on these benches to all the families who have been affected by the tragic events at George Square and in the Pentland Firth. I would also like to pay tribute to our staff in the NHS, the coastguard, the Royal National Lifeboat Institution and our emergency services for their compassion and dedication.

I, too, would like to pay tribute to Pauline Cafferkey. Her bravery is extraordinary. Hero is a word that we use too readily and, in so doing, we diminish its value. The definition of a hero is someone who risks their own life for others; someone who puts themselves in danger for the benefit of others; someone who does not think of what doing something will cost them personally but who acts because they must—because someone must. Pauline Cafferkey is a hero, as are all of the aid workers who are helping to fight Ebola—heroes whose names we will never know.

I also want to take this opportunity to recognise the vital work of UK charities such as Save the Children, Oxfam and Christian Aid, which are doing much to respond to the outbreak.

Ebola has taken hold in countries that are least equipped to cope with it. The outbreak has devastated health systems in Liberia, Sierra Leone and Guinea, leaving many unable to receive treatment for conditions such as measles and malaria, which increases the death toll.

There is a huge difference between the response and care that the NHS is able to provide here and the equivalent in western Africa. I am proud of the UK's international development work and I welcome the £1 million that the Scottish Government has committed to that end. Can the First Minister tell us more about how that money will help tackle this outbreak in western Africa and guard against another in the future?

The First Minister: I thank Kezia Dugdale for her question and, indeed, for the tone in which it was asked. I agree strongly with her comments about the heroism of Pauline Cafferkey and of the health workers, the aid and charity workers and, it is fair to say, the representatives of media organisations across the world who are covering the issue so that the rest of us can be updated on its progress. All of them, without exception, put their lives on the line to do their work.

We hope that those people will be safe. The procedures and the protocols are in place to ensure their safety, as best as can be done, but they all take a great personal risk and all of us should be grateful to them and appreciative of them for that. As I said in my statement, and as Kezia Dugdale has echoed, they are not only helping people in the affected countries in west Africa; they are helping all of us to stem the spread of that disease.

On Kezia Dugdale's specific question, I have indicated that the Scottish Government has, to date, donated £1 million in cash and equipment to the effort to halt the spread of Ebola in west Africa. That breaks down to £500,000 that we have made available to the World Health Organization, £300,000 in medical equipment and a further £200,000 that we contributed to the Department of Energy and Climate Change appeal not long before Christmas. All of that money will be used by those organisations and individuals on the ground to ensure that the facilities are in place, with the right equipment, and that the right staffing expertise and skill is in place in order to do everything possible to halt the spread of this disease.

Although that is what we have done, the Government and I remain open to anything more that we can do not only to prepare in Scotland for any further cases of Ebola but to ensure that we are playing our part in what is a co-ordinated international effort to do everything that we can to halt the spread.

On the evening of 29 December, I telephoned all the party leaders to update them on what we knew of the Pauline Cafferkey case, and that is very much the spirit in which we will continue to deal with the matter. I would be happy—I know that Shona Robison would be happy, too—at any time to give either the party leaders or the health spokespersons a briefing on what we are doing to help in west Africa or on our preparedness here in Scotland.

Jackson Carlaw (West Scotland) (Con): I thank the First Minister, her ministerial colleagues, officials and all those in the emergency services who went about their roles with quiet dignity when they were faced with the various traumas that we are discussing this afternoon. The way that they faced those matters creates a great sense of quiet pride in Scotland in the face of enormous tragedy.

I wonder whether the First Minister agrees with me that, in this social media age, although social media can be a useful information tool, it would be better if those who know nothing said nothing and if those who have no need to be in the vicinity stay away. I think that that would be a useful lesson for the wider public to learn for the future.

Our thoughts are with Pauline Cafferkey. I know that that can trip off the tongue glibly, but it should not. She is deserving of nothing less than the support, love and affection of everyone in the chamber, in Scotland and in the wider United Kingdom. She and all those like her who selflessly put themselves in the way of great hazards in the service of others deserve our total support, and we all wish her well in the fight that she now faces to get back to greater health.

My only further question is in respect of something that the First Minister touched on. Given Pauline Cafferkey's experience as a healthcare worker, should not the concerns that she expressed on arriving in the UK—not just about other passengers on the flight but about herself—have been taken more seriously? Might she not have been saved the trauma and somewhat sensationalist coverage of her return to the Royal Free hospital in London if a more precautionary approach had been taken, given her experience, and she had had the opportunity to stay in London and be properly assessed at that point?

The First Minister: I am grateful to Jackson Carlaw for his comments. I am sure that all the front-line staff in the NHS, the police and the fire service who have dealt collectively with these challenges will appreciate his words of support. When tragedy hits, it is important that we all try to come together and present the right response collectively. Scotland can be proud of how it has done that in recent times.

I agree with Jackson Carlaw about social media. I am an avid and possibly prolific user of social media, as Jackson Carlaw is, and I know that it is a wonderful innovation. It is good for democracy because it opens up our public debate to many more people than would otherwise be able to participate in it, but it has its downsides. Particularly at times like these, everybody should behave responsibly and be careful about the information that they communicate and their actions.

It would have been better if many people, who will remain nameless, had stayed off social media in the aftermath of what we have seen over the past couple of weeks. However, they are the tiny minority. In the aftermath of the Glasgow tragedy, social media was very helpful in encouraging people who were in the city centre to contact their loved ones to let them know that they were okay. That took the pressure off the helpline that the police had set up for those who really needed it.

The short answer to Jackson Carlaw's substantive question is yes. He makes a reasonable point, which I touched on in my statement. As he might expect, the issue was interrogated closely by me, by my Government

colleagues and by colleagues in the UK Government. It is important to stress that the guidance and protocols around screening were adhered to in the case of Pauline Cafferkey; the question that arose was whether the protocols and guidance were precautionary enough.

Pauline Cafferkey is an experienced health professional, and the question that is being and has been looked at is whether, when there is concern about somebody who has been in an infected area, they should be treated with more precaution. That consideration lies behind the changes that I have spoken about and will be very much behind the on-going review of the screening protocols that will be under way in the days to come. It underlies the approach that all of us are taking.

The risk is low—I do not think that we can say that often enough at the moment in terms of public reassurance. The risk to all of us right now is very low and the risk to people who came into contact with Pauline Cafferkey last week was low to the point of being negligible. Nevertheless, the understanding of and learning about the virus is still developing. Given the stage that we are at, we need to act on the highest possible basis of precaution, which is exactly what we will do.

Bob Doris (Glasgow) (SNP): As others have done, I pay tribute to the selfless work of Pauline Cafferkey and others, and I pray that Pauline makes a full recovery.

I understand that 25 healthcare workers will return from Sierra Leone in the next fortnight or so, and there is speculation in the media over a range of new safeguards that may be put in place, including when to isolate individuals who are potentially at risk. Does the First Minister agree that additional safeguards should be proportionate, based on emerging scientific evidence and kept under review? Does she also agree that information is vitally important and that the families of healthcare workers who are involved in the field in Sierra Leone are deeply worried at this time about their loved ones and should be given adequate information to reassure them?

The First Minister: Yes. I agree absolutely with Bob Doris's points, particularly the last point about ensuring that there is information not just for the general public but for those who have loved ones in the affected countries or returning from them.

I should say two things quickly. First, we will keep all the procedures under review. It is important that we learn lessons from the case of Pauline Cafferkey and from any other cases that might arise. I hope that no other cases are identified in Scotland and the UK, but it is likely that we will see a small number of additional

cases. We need to keep learning from the experience of dealing with them. I have already commented on the screening process and how we need to learn lessons around it.

My only other point is that we have in place robust arrangements for monitoring people who come back for the entirety of the incubation period for Ebola, which is 21 days. Depending on the risk category that somebody returning from one of the affected countries is in, there will be restrictions on travel and in all cases there will be monitoring of temperature, for example. In some of the high-risk categories, there will be daily contact with local occupational health services or with Health Protection Scotland.

We have robust arrangements in place, but we will continue to keep them under review. Finally, I agree with Bob Doris that we must ensure that everything that we do is driven by expert advice and by the science of those who are looking very carefully at the disease.

Jenny Marra (North East Scotland) (Lab): We agree that, as the medical advice and the First Minister have stated, the risk is very low in Scotland. However, I know that the First Minister is as concerned as we are about how prepared our health service is. Guidance for primary care and for hospitals is on the Health Protection Scotland website. Is the First Minister confident that our health professionals in all our communities across the country are familiar with those lengthy guidelines and that they can respond swiftly, confidently and accurately if a potential case of Ebola is presented?

The First Minister: It is our job and that of the health service to ensure that that is the case. I will not stand here and say with any hint of complacency that there is no improvement that we can make as we learn more about the virus and as we have the experience of dealing with a case, because there clearly will be. All of us who have been involved in dealing with this issue over the past few days have our own thoughts about how we can improve things going forward. However, what I know from the experience of Pauline Cafferkey's case is that the health professionals in Scotland who dealt with that case did so very professionally and in line with all the guidance and protocols that are in place.

Clearly, the staff at the Brownlee unit at Gartnavel hospital were at the front line in that case and deserve our enormous thanks and gratitude. The Scottish Ambulance Service was also in the front line and will continue to be in terms of transporting patients—the guidance that it follows has been updated. I am confident that what we saw last week was a very professional and very expert response.

However, not just those of us in the Government but those of us who were dealing with that case at the front line will want to continue to ensure that everything is as it should be. There is always—not just in this case, but in all cases of unusual diseases—an on-going need to ensure that guidance is up to date and developing in line with developing knowledge and understanding, and that health professionals are familiar and conversant with the guidance so that they know what to do if they find themselves dealing with a case.

Colin Keir (Edinburgh Western) (SNP): I associate myself with other members' comments about Pauline Cafferkey.

Given the First Minister's previous comments, can she elaborate on what discussions have taken place to ensure that there is robust screening of passengers who arrive at Scottish airports whose journeys originated in countries of high concentrations of Ebola virus contamination?

The First Minister: We will keep the issue of screening at Scottish airports under review, but it is important to point out a couple of things. It is estimated that somewhere in the region of 97 per cent of travellers to the UK from affected countries are captured by the current entry screening arrangements that are in place in England, and many of the remainder are screened elsewhere in Europe before they travel on here. The number of travellers to Scotland who arrive here via routes that do not include English hubs is very small.

The second point to make is that one of the things about screening that people must be aware of is that, however important screening is—it is important—there is a risk that it might lead to false reassurance. As I have said, the incubation period for Ebola is 21 days. If someone is screened and their temperature is found to be within the normal range, that means that they are okay at the time, but it does not mean that they will not go on to develop the symptoms of Ebola later on. That makes the monitoring arrangements, on which I have already gone into a bit of detail, extremely important. I think that they are the most important arrangements when it comes to the notification from Health Protection Scotland of expected returners and the system that kicks in, which involves Health Protection Scotland and local health boards, to ensure that people are monitored depending on the degree of risk that they are in. I am confident that those arrangements are robust and that they worked well last week but, as I have said in response to other questions, we will continue to keep them under review.

Jim Hume (South Scotland) (LD): I join other members in saying that our thoughts are with Pauline Cafferkey and her family, and with the families and friends of all those who suffered as a

result of the Glasgow tragedy and the one in the Pentland Firth. I also thank our brave emergency service workers.

As we know, Save the Children is investigating how Pauline contracted the disease. It is crucial that the source is isolated as quickly as possible to safeguard the wellbeing of our brave overseas volunteer staff who are caring for Ebola victims. Can the First Minister provide an assurance that the Scottish Government will support Save the Children in carrying out that investigation and that, if needed, it will provide medical expertise or technical resources to assist the charity in doing so?

Mention has been made of the fact that Health Protection Scotland is working closely with Public Health England in reviewing the screening procedures. Can the First Minister give an indication of when that review will be completed and reported on?

The First Minister: Jim Hume's first question was about how Pauline Cafferkey contracted Ebola. Save the Children is to be commended for the very swift and rigorous review that it has embarked on, which must be allowed to take its course. I freely make the offer that the Scottish Government would be happy to provide any support and assistance that Save the Children thought was required. Jim Hume is right to raise the point. We can have all the procedures that we want in place here, but we hope that people who are working on the front line do not contract Ebola. For that to be the case, the protocols and procedures there have to be absolutely robust.

Jim Hume's second question was about the review of the screening procedures. That review will be on-going. As I have said, some changes have already been made to the procedures that are in place to ensure that a more precautionary approach is taken with someone who is in a high-risk category. How the revised procedures operate will be reviewed over the coming days and weeks. I am sure that any substantial changes to the protocol and procedures that are in place would be communicated in the normal way. It is not a case of doing a review and that is it; it is a case of making sure that the arrangements are kept under on-going review.

James Kelly (Rutherglen) (Lab): I join other members in paying tribute to my constituent Pauline Cafferkey, whose courage and compassion are an example to all of us. I am sure that all members' thoughts are with her family. We wish her a full recovery.

The First Minister said in her statement that all passengers who travelled on the flight from Heathrow to Glasgow had been contacted by Health Protection Scotland and provided with

advice and assurance. Has there been any follow-up to that to ensure that, in the intervening period, no passengers have begun to exhibit any signs of being at risk from Ebola?

The First Minister: First, I agree, as everyone does, with James Kelly's initial comments about Pauline Cafferkey and how difficult a time this is for her family.

On James Kelly's question about follow-up with the passengers on the plane, there were effectively two categories of passengers who were considered to have been in close proximity to Pauline Cafferkey. To cut this short, those were the passengers in the two rows behind and the two rows in front of where Pauline Cafferkey sat. From memory, I think that eight passengers were in that category. They have been contacted and they are being monitored.

The other passengers, who were considered not to be in close proximity to Pauline Cafferkey, were contacted principally to be offered advice and reassurance. They were told what to do should they experience anything untoward.

Public Health England took the same approach with the passengers on the Casablanca to Heathrow flight, and a similar approach was taken to the one other person who Pauline Cafferkey had been in contact with.

The only other point to make—I have already made it implicitly—is that that approach was taken on a highly precautionary basis. It was not intended to give any indication that there was any concern about the health of the passengers on the plane; rather, because we were operating on a highly precautionary basis, it was deemed to be the right thing to do. I certainly think that it was the right decision.

Dennis Robertson (Aberdeenshire West) (SNP): Do other health boards have the necessary procedures in place to isolate patients who are considered to be potential Ebola carriers while they are being tested?

The First Minister: The short answer is yes. Health Protection Scotland has assessed the capacity in NHS Scotland to accommodate suspected cases, and all NHS boards have appropriate plans and equipment in place.

As both I and the health secretary have said, we have established three regional units—they are in Glasgow, Edinburgh and Aberdeen—for the management of possible or confirmed cases. Across those three units, we have 14 negative pressure rooms and more than 50 isolation rooms.

Patients who require high-level isolation will go to the Royal Free hospital. All four UK nations co-operate in UK protocols.

The Royal Free is a very specialist facility. In the United States of America, which has a population of around 300 million people, there are only four units of the same type as that in the Royal Free—that is how specialist the unit is. Many other European countries do not have facilities of that standard. It is absolutely right that when patients need such treatment, that is what they get.

My final point is that NHS Scotland pays for any treatment in the Royal Free that Scottish patients get.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I very much welcome how the Government, Health Protection Scotland and all the health professionals involved have dealt with the issue. I also welcome the fact that the First Minister has made it clear that the protocols will be updated, because I was very concerned that someone with an elevated temperature—even if it was within an acceptable range, although I have no idea what that means—was allowed to fly on to Glasgow without further testing.

It is not only health workers who will return from west Africa; travellers constantly come in from there. Although the most common disease that they are likely to catch in west Africa is malaria, what advice is being given or displayed to them to ensure that those who return to this country having travelled from that area are aware that, should they develop a temperature, it could relate to Ebola? What information is being given not just to the 97 per cent who fly through Heathrow, but to the remaining 3 per cent who travel directly to Scotland from other areas?

The First Minister: That is an important point. I have mentioned the danger of screening creating false reassurance. Notwithstanding that, a big benefit of screening—it is not the only benefit—is the contact with people, whoever they are, who come from affected countries to make sure that they have the right information, advice and guidance on what to do should anything of concern arise.

I have gone through the monitoring approach, but Health Protection Scotland has also worked with stakeholders so that people who are likely to travel to affected countries, whether they are aid workers, oil and gas workers or students, are registered on the Ebola monitoring programme, which then triggers the notice and the information that is given when people return.

People are given information before they leave to advise them about what they should and should not do, and are contacted on their return so that the risk assessment can be carried out and appropriate advice can be given. Posters and leaflets have been developed by Health Protection

Scotland and deployed at ports of entry to provide information to travellers.

A whole range of work has been done to raise awareness of what people should do, and that work will continue in the weeks and months to come.

Stewart Maxwell (West Scotland) (SNP): The First Minister has detailed the work that is under way in the UK at present, but given the international nature of the threat, what steps are being taken at the European Union level to co-ordinate a response to Ebola, and what influence does the Scottish Government have in those discussions?

The First Minister: That is a very good point. In order to combat Ebola at source, there is, and there will continue to require to be, a very co-ordinated international response. Public health specialists from Scotland are and will continue to be involved in discussions at the European level on the response to Ebola. Crucially, that includes participation in the European Commission's Health Security Committee, where these matters are discussed and taken forward.

I reassure Stewart Maxwell that we will continue to play a full part in all aspects of the international response, as well as ensuring that we are doing what requires to be done at home so that our preparedness is up to scratch.

Winter Festivals

The Presiding Officer (Tricia Marwick): The next item of business is a debate on motion S4M-11976, in the name of Fiona Hyslop, on winter festivals. It will be helpful if I advise members that we are extremely tight for time; therefore, you will need to keep to your times, and we cannot make any allowances for interventions. The cabinet secretary has 10 minutes.

15:01

The Cabinet Secretary for Culture, Europe and External Affairs (Fiona Hyslop): In the first debate of the new year, I wish all members across the chamber a happy new year—it is a very appropriate time to reflect on and debate Scotland's winter festivals. In particular, I welcome Claire Baker to her first debate as culture spokesperson for the Labour Party.

Eight years ago, the first Scottish National Party Government initiated the concept of and policy and funding for Scotland's winter festivals to boost national and international celebration of St Andrew's day, hogmanay and Burns night and to showcase the very many reasons why Scotland is a year-round visitor destination. Those dates were always celebrated, of course, but the Scotland's winter festival programme helps to harness the significant collective potential of those key events by showcasing across the entire winter season the exciting range of events and activities that are on offer and which celebrate and promote our distinct traditions to the people of Scotland, our visitors and those with an affinity to Scotland from across the world.

Scotland's winter festivals have three primary objectives: to celebrate and showcase our unique culture and creativity at home and across the globe; to boost tourism and the visitor economy; and to engage communities and enhance national pride.

Since their introduction, the winter festivals have gone from strength to strength. The 2013-14 events programme recorded a total footfall of around 250,000, which is an 8 per cent increase on the previous year.

Over 2014-15, we are investing around £500,000 in Scotland's winter festivals, supporting a series of 18 funded events across 12 local authority areas. Those include the Oban winter festival, which included more than 50 events set around St Andrew's day, and "Haggis, Beasts and Tatties", which is a celebration of Burns at the Eden Court Theatre in Inverness.

The marketing and promotion of the winter festivals is led by the Scottish Government with support from VisitScotland.

Initial evidence from our most recent St Andrew's day celebrations shows that the winter festivals are on course to deliver another great success. For example, there was a fantastic response to Historic Scotland's celebration of St Andrew's day, with 35,000 free tickets provided for 35 sites across the country, including Edinburgh castle, Linlithgow palace and the border abbeys.

The saltire festival in East Lothian from 24 to 30 November was also very successful. The race day at Musselburgh racecourse attracted a crowd of more than 1,500 people, and feast 'n' folk gave locals and visitors the chance to enjoy traditional music and a delicious Scottish menu at more than 14 bars and restaurants in the area.

To encourage people to join the celebration of St Andrew's day, we again recruited a range of private sector organisations to offer free or discounted vouchers to attractions across Scotland. In 2014, 127 organisations signed up to be day out partners. In total, we reached out to around 270 partners in celebrating St Andrew's day, including the Scottish Book Trust and Scottish Opera. All of that is evidence of exceptional partner collaboration and it provided visitors and communities with opportunities to sample many of Scotland's attractions and also the fantastic natural larder for which we are renowned across the world.

Talking of Scotland's larder, I am also delighted to now see our fish and our fish dishes being showcased on or around 30 November—as suggested by Jamie McGrigor in a previous St Andrew's day debate—to reflect St Andrew the fisherman.

Edinburgh's hogmanay, which is a key element of the winter festivals, is supported with a funding contribution of £100,000 from the winter festivals and £200,000 from the Scottish Government's expo fund. It is a great success story. It generates £32 million for the Scottish economy and reaches almost 1 billion people in 200 countries across the globe. The 2014-15 hogmanay attracted more than 120,000 people over three days.

The Edinburgh event is one of the many highlights of Scotland's hogmanay. It sits alongside a wealth of other events right across the country on or around 31 December, including for example the hogmanay concert in Stornoway. That was a sell-out and the wider festival programme there attracted more than 500 people.

We are now seeing new and innovative events to celebrate Scotland's culture joining the hogmanay celebrations. Building on the success of 2014, on 1 January 2015, the "Scot:Lands"

event invited audiences to come to the “Home Land” at the National Museum of Scotland to begin a journey around 10 atmospheric venues in Edinburgh’s old town, each curated and customised by notable Scottish artists and arts organisations from all over Scotland. That event was supported by the expo fund.

Let me take a moment to look at the three key aims of the winter festivals. First, they aim to enhance the celebration of Scotland’s unique culture and creativity and also to boost our international profile. St Andrew’s day is celebrated across the globe with events in, for example, Singapore, Istanbul, Rome and Montreal. We had 5 million people viewing the topic page on one of China’s most popular media channels, Sina Weibo. In order to promote Scotland, we have managed to showcase what are truly world events across the country and our cutting-edge culture and creativity on or around 31 December. There were unique music showcase events in Edinburgh, Aberdeen, Inverness and Oban, to name but a few places.

The second aim is to boost tourism. The winter festivals programme is positioned alongside other initiatives to ensure that Scotland offers a wide range of exciting and inspirational events right across the country throughout the year—they should not be seen in isolation.

The winter festivals programme both started off 2014 and brought it to a close. It was a momentous year for our country, when we celebrated homecoming in spectacular style and hosted the hugely successful Commonwealth games, which had a strong cultural programme that was part and parcel of the partnerships that drove the games. I will be interested to hear what Liz Smith says, but I am very focused on the fact that the success of our events, and the winter festivals in particular, comes from the partnerships that we have with many organisations. They are not driven from the top down and it is important that we reflect people and place.

We had a great year in 2014 with international events such as the Ryder cup and the MTV Europe music awards that have certainly put us on the global stage. Looking across 2014, we can see how the winter festivals programme, along with all the other events, helps to promote Scotland as somewhere to visit all year round, inspiring our visitors and communities to be part of all of Scotland’s brilliant moments.

We are now looking forward, into 2015, with the fantastic launch programme for the year of food and drink, which started on 1 January. Again, that is a great opportunity to showcase Scotland all year round.

Thirdly, the winter festivals aim to boost national pride and enhance community engagement and empowerment. On that subject, I want to focus on one element in particular. I was delighted to attend the finale of the multicultural homecoming celebration on 30 November last year. That programme, which was a partnership between BEMIS—empowering Scotland’s ethnic and cultural minority communities and the Scottish Government invited Scotland’s multicultural communities to celebrate homecoming. It included more than 40 different events across the country, which attracted more than 6,500 people. It was a great way to celebrate the modern Scotland and all the different cultures that form it. The finale event was held on St Andrew’s night, when we had spectacular celebrations with a range of exceptional performances, reflecting all the different communities in Scotland.

It was very clear to me that our multicultural communities are keen not just to celebrate home and St Andrew’s day in their own particular way but to share that celebration in an open and inclusive manner, and that is something that we will build on with BEMIS in 2015 and beyond.

Boosting our unique culture and our creative sectors has become a key part of what we do, and our winter festivals are a key element of our year-round programme. I am keen to build on that momentum by planning for 2015-16, with my officials. We will review the winter festivals strategy to ensure that, in keeping with our programme for government, we do all that can be done to boost local economies and encourage greater community participation in the events on offer. We will also look at how we can broaden things out to ensure that different activities happen in our more remote and rural areas, and I want to build on today’s debate and welcome any ideas and suggestions that members might have for boosting the winter festivals.

I thank all the communities, organisations, businesses and other partners that have worked so hard to make Scotland’s winter festivals a great success story, and I look forward to building on our impressive achievements as we move into 2015 and beyond.

I move,

That the Parliament notes the contribution that Scotland’s Winter Festival programme makes in promoting Scotland both nationally and internationally as a world-class cultural tourism destination and the perfect stage for events all year round; acknowledges that the programme of St Andrew’s Day, Christmas, Hogmanay and Burns Night celebrations is gathering momentum year-on-year and offers visitors, the people of Scotland and all those with an affinity to Scotland a real taste of the nation’s distinct traditions and contemporary culture through the promotion of Scottish music, arts, food and drink; recognises the role that the festivals have and will continue to play in supporting Scotland’s successful programme of themed years, and

welcomes the contribution that the winter festivals make in helping to promote Scotland as a great place to visit, study, work, invest and do business all year round.

15:10

Claire Baker (Mid Scotland and Fife) (Lab):

This afternoon's debate gives us the opportunity to recognise the diversity of celebrations and festivals that take place in Scotland over the winter months. However, I want to take a moment to reflect on the tragic accident that happened in George Square in the run-up to Christmas. Our thoughts are with those who lost loved ones in the midst of the Christmas festivities; it was heartbreaking to see families experience such shock and loss at that time of year, and I wish all those injured a full recovery. Again, we saw Glasgow having to pull together to deal with a difficult time, and it showed how the idea of community lies at the heart of the city.

Although the focus of the official winter festivals programme is the period from St Andrew's day in November to Burns night later this month, for many Hallowe'en and bonfire night mark the start of many exciting opportunities to gather and celebrate during the dark months. Winter festivals do not always mean big gatherings; they are also about the community-led celebrations that mark our winter months. All of them play an important role in our lives, support our local and national economies, boost the tourist trade, promote Scotland as a year-round destination and showcase and share some of the best of Scotland's rich culture.

Winter festivals have grown in popularity in recent years and are increasingly seen as an important part of community life. Scotland is a northern country and, as our days get shorter, winter festivals provide a focus for celebration and entertainment. The winter festivals programme, which is delivered and supported by EventScotland, promotes landmark cultural days by offering a wide range of major ticketed and free events that encourage participation. However, we need to strike an appropriate balance between the commercial aspect of such events, with a recognition of the importance of that aspect to their viability, and the need for inclusivity at a time of year that for many people can be expensive.

The popularity and success of the festivals can be seen in the figures in VisitScotland's briefing. In particular, Edinburgh's hogmanay programme has grown over the years; indeed, it was the only festival in the Discovery Channel's recent list of top 25 world travel experiences, which is pretty impressive. Increasingly, people who come to the city at this time of year are spoilt for choice and although the big events remain the focus, other innovative and imaginative events are springing

up. Now in its third year, the Scot:Lands event, which the cabinet secretary mentioned, takes audiences on a new year's day treasure hunt through a series of venues in the old town, staging music, dance, film and other events.

Although there is a focus on our cities, which are the key tourism destinations, winter festivals also encourage people to go further afield. Last year's St Andrew's day celebration in St Andrews attracted almost 10,000 people to the town over the course of the weekend, which boosted the local economy significantly. Burns night events extend from Dumfries and Galloway's big Burns supper, an imaginative and modern celebration of the bard's work that has grown in recent years, to the "Haggis, Beasts and Tatties" event at Eden Court in Inverness.

It is smart and indeed important to highlight those events that are uniquely Scottish, as such an approach encourages people to visit us in order to have a special experience. However, we must ask whether we are doing enough to promote what we have and to promote and support international marketing; as we have read today, Scotland's export figures stalled in the final quarter because of a depressed European market, and we need to be flexible and look at where we need to grow future tourism markets. To ensure the continued success of our festivals and Scotland's brand in general, we must do more and look at new and innovative ways of promoting our unique and sought-after brand across the world.

I was pleased to read yesterday that VisitAberdeen is pushing forward with plans to develop a Chinese version of its tourism website. We all know about the benefits of overseas tourism to Scotland and of the particular strength of the Chinese tourism trade. It is estimated that the Chinese spend £125 billion on overseas leisure and business. To put that into context, it is apparently on average 50 per cent more than Americans spend.

We know from recent surveys that Chinese tourists appreciate the countryside, built heritage and culture. Scotland has all three in abundance, so we are in a prime position to benefit from their tourism. However, according to yesterday's report, only 1 per cent of the Chinese population speak English. Multilingual websites are therefore an important tool in promoting what our country has to offer to as many countries as possible.

Promoting Scotland as a destination is increasingly culturally focused. We cannot rely on our weather as our selling point; as we saw with the unfortunate cancellation of Stirling's hogmanay celebrations due to high winds, it can still have a negative impact on our festivities.

Winter festivals provide opportunities for business and activity over the traditionally quieter seasons. For example, I recently met representatives from the Scottish Showmen's Guild and heard that the growth in winter festivals supports its members outwith the fairs season.

While the growing success of the major festivals is important, particularly to tourism and the economy, smaller local festivals are increasingly playing an important part in the local economy and vibrancy of an area. They are increasingly innovative and imaginative and, with the involvement of the local authority, arts trusts, local groups or schools, they are often more inclusive and collaborative and engage more directly with the community. The Kirkcaldy lantern parade in the run-up to Christmas was a beautiful example of community engagement. It had lantern-making workshops so that people could join the parade, a bringing of the light song composed for the event and a fireworks display. Is the cabinet secretary confident that we have an integrated strategy and that enough support and advice are being targeted at more regional and local events, which might not return the big tourism figures but provide community activity and celebration and support a domestic tourism market?

We also see local festivals supporting the retail sector. Online shopping is becoming increasingly popular, so town-centre festivals provide a way of broadening the experience of shopping and help to keep our high streets alive by ensuring that they get a share of the festive shopping. We need to continue to change the way in which we use retail and public space. As our amendment says, I recognise the hard work of all the volunteers, community groups, trade associations and small businesses that do so much to make such events happen.

This debate is to be followed by a debate on mental health, which is a huge health challenge of our times. While that debate will no doubt attempt to address broad and complex issues, if we are talking about health and wellbeing as factors that underpin good mental health, we should acknowledge that winter can be a challenging and particularly isolating time for many people. In a small way, winter festivals or winter activity can provide important and valuable opportunities for people to come together, socialise and benefit from a collective experience. We should do all that we can to support them and to encourage wide participation.

I move amendment S4M-11976.2, to insert at end:

“; also recognises the many local and community-organised winter festivals that take place throughout Scotland, and commends the hard work of volunteers, local groups and small businesses that make such events a

success”.

15:18

Liz Smith (Mid Scotland and Fife) (Con): I congratulate Claire Baker on her new appointment.

I am sure that we have all attended some local winter festivals in recent weeks, and we are now looking forward to the Burns season. As the cabinet secretary said in her motion and as is shown in the evidence she gave in her speech, the winter festivals are hugely important on a national and international scale, especially in terms of the visitors that they attract and their contribution to the economy and as a celebration of Scotland's unique culture. The cabinet secretary is also right to point to the important influence that they will have in Scotland's year of food and drink and the various other themes in forthcoming years. We need only look at the impressive financial benefits of the hogmanay season to see the importance of that influence.

Winter festivals are also important to local communities. They can often provide a major community focus in areas that might not always have the same degree of economic and social advantage, and it is entirely appropriate to mention the vast army of volunteers, which Claire Baker has done in her amendment, who do so much to enhance the cultural experience in their own small town or village. Many events would not happen without them, and it is important that we support them in whichever part of Scotland they are.

Several times in the past, the cabinet secretary has spoken about the intrinsic value of culture for its own sake. I agree, as do the majority of commentators who make it their business to explore Scotland's cultural activity. Some interesting articles and papers have been written in recent weeks, including over the Christmas period. I have been struck by some dominant themes that they contain.

First, if the referendum year created divisions in the arts world, as it did elsewhere in society, it also fired up a new intellectual debate in Scotland. That is incredibly healthy—it can be the theme through which we look at the celebration of our winter festivals.

Our artists have a great many interesting things to say about culture, especially on how the evolution of a nation's culture can come about only through healthy self-criticism and freedom of expression. That is important. The cabinet secretary said that we must ensure that winter festivals are more accessible and meaningful for all. That has very much been a desired aim of our winter festivals. However, there is a broader issue on which to reflect.

The underlying theme concerns financial constraints. Local authorities, which often run our winter festivals, are under fire because they sometimes have to make difficult choices about how to prioritise their spending. Some have been criticised because they have chosen schools, social care or roads spending above spending on cultural bodies such as libraries and museums.

We should not forget—I am sure that the cabinet secretary is not in a position to forget—that, although Creative Scotland was able to disburse £90 million in its recent round of funding grants, the bids that came in were for well in excess of £200 million. Although that shows the extent of people's cultural aspirations, there is a danger that, in some cases, some of the smaller events cannot be afforded.

That raises issues about resources and it flags up a tension in the arts in Scotland, which is that valuing the arts for their own sake, which is so important, sometimes does not sit easily with financial management. We need only read passionate comments from the film industry or listen to artistes in our orchestras and choirs to know how strongly people in the arts feel that tension.

That point was very much taken on board by Janet Archer—and the cabinet secretary—when Creative Scotland was trying to get over its problems two years ago. Those tensions remain—they are real tensions. Some of them are financial and some are about economic management.

It is an interesting time in Scottish culture because people have new ideas that are flourishing. To bring all that together, we need a seriously coherent strategy with overarching themes that interact with industry, tourism and lots of other businesses. That is an area that we must consider because it is a real challenge for the cultural sector. I hope that the Government can take that very seriously.

I move amendment S4M-11976.1, to insert at end:

“, but believes that in order to provide the greatest support for winter festivals, along with all other cultural activity in Scotland, there needs to be a fully coherent arts strategy that provides arts bodies, both local and national, with the integrated support and funding priorities that they need in order that Scotland can enhance its cultural reputation both at home and abroad”.

The Deputy Presiding Officer (John Scott): We are very tight for time. Members have up to four minutes for speeches.

15:23

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): Fifty years ago, as a student, I obtained temporary employment with the General

Post Office at Christmas, helping to deliver a larger than usual postbag. We were paid off on Christmas eve and the regulars did the postal delivery on Christmas day. Shops were open, newspapers and milk were delivered to the house and my general practitioner father had surgeries on Christmas day. In short, when I was a youngster there was very limited celebration of Christmas. New year was an entirely different matter. When we went first footing to neighbours' houses, we normally carried something to drink, something to eat and something to burn.

A great deal has changed. The focus is perhaps less now on individual action and much more on organised events. Let me gently tweak the tail of the Tories, because when their amendment talks about strategies it is at odds with my instincts. I do not think that this is about strategies at all; it is about defining winter celebrations as things that happen locally. We have a huge amount of talent to draw on; organising and directing it through a strategy is perhaps not the way forward.

Liz Smith: If we listen to what the arts bodies are saying, we will find that, although they agree with the member entirely about allowing creativity to flourish in local areas, they want a wider, overarching strategy, which brings more aspects of Scottish society together, to give intrinsic value to art.

Stewart Stevenson: Well, that is where we fundamentally disagree. I do not want to bring people together; I want to encourage diversity and local community action. I recognise that I might be a lone voice in that regard—I am not expressing the view of my political colleagues—but I just think that winter offers an opportunity for individuals to enjoy themselves and for communities and little groups to get together.

We heard that 18 funding streams were used last year, which is very much to be welcomed, because we need the anchor points that attract international attention. However, self-directed, self-organised, spontaneous celebration of the good in winter—be it a religious celebration as at Christmas, a secular one as at new year, or simply an excuse for a party on a dark night, with appropriate lubrication to keep the wheels turning—is all to be welcomed.

The word “hogmanay” is a mysterious one. It might come from the Gaelic “oge maidne”, or “new morning”, or—and this is my preference—from the Flemish “hoog min dag”, which means “high love day”. I say that that is my preference because there is the opportunity to celebrate the old new year, which comes in the middle of January, and that is something for which I feel a particular affection, because I was born on 15 October. Members of a gynaecological disposition will think about that carefully and work out why I feel as I

do. My brother was born on exactly the same day three years after me, so my parents clearly shared my enthusiasm for the old new year.

I am drawing on my considerable experience when I say that I regret that there was no snow this winter—not every minister in the Government will agree with me on that. When I watched my great-niece and her brother pulling a sledge in Denmark over Christmas, I felt really jealous.

The Deputy Presiding Officer: I regret that you must close.

Stewart Stevenson: We have lots to celebrate in Scotland. We are doing extremely well. Let us keep it up and do even better in future.

15:27

Hanzala Malik (Glasgow) (Lab): I hope that everyone had a good break this winter. I wish all members a happy new year.

Scotland's winter festivals celebrate our nation's rich cultural heritage, and they showcase Scotland on the international stage. There is a fantastic programme of events across the country, which incorporates three of Scotland's most celebrated days—St Andrew's day, hogmanay and Burns night—and rounds off the year of homecoming.

The festivals encourage everyone to get out and about in Scotland in the winter. There is so much going on. St Andrew's day and hogmanay have passed, but we can look forward to the Burns night events. I look forward to my vegetarian or halal haggis, which I assure members that I enjoy.

Scotland is renowned for its warm hospitality. In 2014 we showed the world what a great country Scotland is. Celebratory nights—around the world—offer great opportunities for residents and visitors to continue to do that and to celebrate our rich culture and diversity.

In my constituency, Glasgow on ice returned to George Square. It promised to be better than ever and it certainly delivered, bringing the square alive on St Andrew's day, in a celebration of everything Scottish, and continuing throughout the festive period. There was skating with a Scottish twist, and the facade of Glasgow City Council chambers was transformed by a light show, which celebrated a snapshot of Scotland throughout the night of St Andrew's day, thanks to video artist Tim Reid and playwright Jenny Knotts.

I was happy that, on the busiest days, people in Glasgow were encouraged to travel on public transport or on foot. There were various discounts and offers, and people were given goodie bags to take home. Children, in particular, enjoyed the free goodies.

One idea that I have to offer—as the cabinet secretary said that she is looking for suggestions—is that perhaps next year, during the Burns supper events, we could try to encourage cafes, shops and retail outlets to open later in the evenings. I think that that would encourage a lot more activity.

I hope that one day we will see such great events grow and generate returns for the retail industry, for local communities and for Scotland as a whole. I look forward to hearing the reviews that we attract for the year's activities.

The cabinet secretary also mentioned the fact that these festivals are not only restricted to winter and that we do rather well in Scotland throughout the year. To give a small example of what is happening in Glasgow in particular, we are going to have the European judo championships, the Turner prize and the British Athletics international. That is a sample of what we are looking forward to seeing in Glasgow.

I hope and I pray that we can not only consolidate what we have done to date but build on the continued success that we have had. We have seen, year on year, that we have done rather well. We seem to be reaching levels of expertise that are renowned throughout the world. I hope that everybody who has participated and helped engage in these issues continues to do so in the future.

15:31

Colin Keir (Edinburgh Western) (SNP): Presiding Officer, I wish you and the other members in the chamber a happy new year.

I am delighted to have been called to speak in this debate heralding the success of Scotland's winter festivals. As an Edinburgh MSP, I make no apology for using Edinburgh as a great example of a winter festival. For more than 21 years, the city has welcomed the world to celebrate the new year in spectacular style at the now internationally famous Edinburgh's hogmanay, with three days of free and ticketed events featuring headline concerts, theatre, music, dance and street party extravaganzas. It is for that reason, as Claire Baker pointed out, that Edinburgh's hogmanay is the only festival that was recently listed in the Discovery Channel's top 25 world travel experiences.

Initial analysis suggests that Edinburgh's hogmanay welcomed visitors from more than 70 countries, which contrasts with visitors from 55 countries in 2013-14. The highlight of the festival was of course the hogmanay street party, which was a sell-out, with more than 75,000 revellers. It included two ticketed events: the concert in the gardens with Lily Allen, which attracted 9,500

revellers, and the ceilidh on the Mound, which attracted another 3,000 people.

Of course, it is not just in the city centre that revellers have fun as part of this great winter festival. We can add to that an additional estimated 100,000-plus people watching the midnight fireworks across the city and beyond and, on new year's day, another sell-out event, with 1,000 participants braving the freezing waters of the Firth of Forth at Queensferry, in my constituency, to take part in the loony dook—viewed by an estimated 3,000 observers.

Edinburgh can rightly claim to have had a highly successful winter festival. I also agree with some of Stewart Stevenson's comments. Local traditions merging with modern ideas have shown that Scotland can produce events that the world wants to come and see.

Anyone watching any news programme on new year's day would have seen the way that other countries and cities across the globe celebrate the beginning of the new year. Sydney, New York, Berlin and London all produce spectacular events but do not necessarily produce festivals as we know them; that is the advantage that we have here in Scotland.

When we had a similar debate a few months ago, there was reference to the City of Edinburgh Council's "Thundering Hooves" reports. Those reports refer to how Edinburgh maintains its position as the leading arts festival in the world. I believe that Edinburgh has a world-leading winter festival but we cannot be complacent. There is no doubt that there are pressures on public finances, thanks to austerity and various other problems, and I welcome the Scottish Government funding.

In my opinion, local authorities, local residents and the private sector all have to come together when organising local festivals, whether in Edinburgh or elsewhere, in order to work on sustainable models of planning and financing the national assets that are the winter festivals. Rather like life in general, the world does not owe Scotland a living. We are in competition with some huge players for the revenue that is generated by tourism.

At a time of year that can be less than pleasant, we need to take every advantage that we can muster. That includes our artistic talent and flair for planning festivals—I congratulate Faith Liddell of Festivals Edinburgh on her award in the new year's honours list—and our ability to make local festivals relevant to local residents, who enjoy the festivities as much as our visitors do.

The Deputy Presiding Officer: The member should draw to a close.

Colin Keir: I will finish with two points, Presiding Officer, which I direct to those outside the chamber. First, hotel accommodation charges in Edinburgh can be embarrassingly high at festival time in comparison with those of some of our international competitors, and our festivals will not work unless we have visitors. Secondly, I make the plea once again for the speedy devolution of air passenger duty, as that will make a huge difference, and not just at festival time.

The Deputy Presiding Officer: The member must close, please.

Colin Keir: Scotland is a major global player when it comes to festivals; let us keep it that way.

15:35

Jayne Baxter (Mid Scotland and Fife) (Lab): Today is the 12th day of Christmas, which traditionally marked the end of the period when people lit their homes and streets to dispel the dark, cold days of winter. For many, it also marks the time to take down the decorations and get back to a normal routine.

Winter festivals are part of that same tradition: they are a way of bringing some much-needed festive cheer to the streets of Scotland. The festivals are often rooted in history and heritage, and increasingly provide a focus for modern-day living, community activities and wider interests.

Scotland has always had its share of celebrations in winter time—from St Andrew's day, through new year, to Burns night. Each of those exists in its own right and features different events and activities. However, given the increasing popularity of the events and the array of local, more community-based events that take place all over Scotland in the winter months, it makes sense to recognise those different celebrations and locations as part of a branding and wider marketing exercise to celebrate our winter festivals.

In reaching out via the traditional festivals, and drawing on the cultural heritage to bring in new opportunities and experiences, we see that the winter festivals form a bridge between old and new. They enable the season's cultural events to face both ways like the Roman god Janus, after whom January is named: the God of beginnings and transitions, and of doorways, endings and time, looking with his two faces to the future and the past.

Events such as Burns night and St Andrew's Day are rooted in Scottish tradition, but a more modern and marketable take on them ensures a focus on economic development, and the continuing growth of Scotland's popularity as a visitor destination. It also provides an excellent

balance to the rest of the year, and a counterpoint to the hugely successful cultural events and festivals that dot the calendar throughout the summer months.

As a member for Mid Scotland and Fife, I am delighted to speak today in a debate that draws attention to the increasingly popular St Andrew's Day celebrations. That wee town in the east neuk of Fife is world-famous for so many reasons, and it is great to see the growing celebration of its namesake and international recognition of what it means to be Scottish. The 2014 celebrations in St Andrews on 30 November took that Scottish identity and celebrated all aspects of it, using influences from the past through to the present in the form of Irish dancing, bhangra beats, a pipe-band parade and a ceilidh in the evening.

The international appeal of other events that make up the winter festival season is evident—for example, in our world-famous celebration of Hogmanay, which attracts visitors from all round the globe. However, we are also seeing increasing participation by local residents and UK-based tourists who are on a staycation and are choosing to have a city break not in Berlin, Paris or Amsterdam, but in Scotland's cities and major towns.

One criticism is that many of the events that have developed over the past few years, particularly around the festive period, are costly and add an extra financial burden to the pockets of parents, which are already overstretched at Christmas time. Initiatives such as those that have developed in Edinburgh, in which residents are, through having a local postcode, eligible for discounted entry to attractions, are to be welcomed, and I hope that they will be developed further.

Similarly, in Dunfermline the winter festival that is organised by Dunfermline Delivers was designed to attract local residents and visitors alike, and in so doing to provide a boost for local businesses. Visitors to the town centre over the festive period were able to check out the new businesses that were given the chance to trade in the town centre from 14 November until 24 December as part of the town's venture street competition. From arts and crafts to fashion and food, there was a diverse and appealing mix of businesses drawing people to the area. Budding entrepreneurs were given rent-free premises from which to run their businesses, and the chance to win a support package, worth up to £85,000, for starting a new business in Dunfermline.

The Deputy Presiding Officer: You must draw to a close, please.

Jayne Baxter: In conclusion, winter festivals continue to demonstrate their appeal as

celebrations of our traditional culture, as major factors in attracting visitors and as a boost to local economies. All that sits alongside their no-less-important role as a way of providing not only fun and entertainment, but a chance for families to do things together, which we perhaps do not value enough in our busy modern world.

15:39

Joan McAlpine (South Scotland) (SNP): I, too, wish you, Presiding Officer, and other members a happy new year.

It seems to be particularly appropriate that we are celebrating Scotland's winter festivals right at the beginning of 2015, which is, of course, the United Nations Educational, Scientific and Cultural Organization's international year of light. UNESCO, which is the cultural arm of the United Nations, will in 2015 stage events around the globe to highlight the central role that light plays in human activities.

Of course, there is nothing new under the sun—even the thin winter sun. Light was accorded just as much importance by our ancestors, who celebrated the winter solstice to brighten the cold months when daylight was scarce. Our Scottish winter festivals have their origins in that time. The UNESCO blog on the subject this week points out that, on a fundamental level through photosynthesis, light is necessary to the existence of life itself and has revolutionised society through medicine, communications, entertainment and culture. For that reason, this year's Nobel prize will have light as its theme.

However, it is not just Nobel laureates who will contribute to UNESCO's global celebrations. In Dumfries this coming Burns night, as part of the big Burns supper winter festival, 2,000 children will celebrate the year of light with a spectacular carnival. Each of them will carry a glittering lantern, and the parade will trace a journey to the centre of the earth through the centre of Dumfries. It does not seem like a year since I led a members' business debate celebrating the big Burns supper, which has become the premier Burns event in the winter festivals calendar. Despite being launched only in 2012, the big Burns supper has gone from strength to strength. I am particularly glad to hear that it has been awarded a £30,000 grant this year from EventScotland. This year's festival has been extended to nine days, and includes everything from Nina Nesbitt, to the Undertones, to the contrasting Burns tea dance and the Burns supper burlesque show, "Le Haggis". There is a very special treat after the Burns night parade, when Regular Music and the National Theatre of Scotland collaborate on "Janis Joplin: Full Tilt",

which has been described by one reviewer as “brilliant and intense”.

There are also dozens of events in the emerging talent strand of the festival. There are far too many to list in the time that I have available, but I want to highlight the work of a young woman called Robyn Stapleton, who is a local girl from Stranraer and a graduate of the Royal Conservatoire of Scotland’s traditional music course. Robyn, who will be singing as part of the emerging talent programme, has a stunning voice and seems set to become a leading Burns singer for the future generation. She spent her final year at the conservatoire researching and revising the traditional music of her native Mull of Galloway. If anyone has the opportunity to hear her sing, I very much urge them to take it.

This year, the big Burns supper festival has extended its community involvement, which might be of interest to members who have mentioned the importance of the arts at local level. The big Burns supper has launched a festival within a festival in north-west Dumfries, in the Lincluden and Lochside areas, in an outreach programme that is aimed at involving residents of those low-income areas. Eight acts, including the award-winning Skerryvore folk-rock band and Canadian vocal group Countermeasure, will put on free pop-up shows in the area, there will be performances of the very popular “Hamish the Haggis” children’s show, and much more is still to be announced.

When I spoke about the big Burns supper last year, I pointed out that it is really special because Dumfries is a living stage and is the place where Burns lived and worked. People can visit the pubs that he drank in and the house where he lived. Similarly, the people of Dumfries, including north-west Dumfries, have a direct connection to the people and places who inspired the bard. They speak the same language as him and have the same humanitarian values. Therefore, the festival within a festival is an excellent development of one of our most successful winter festivals, so I am delighted to highlight it in the debate.

15:44

Elaine Murray (Dumfriesshire) (Lab): I wish everybody a happy new year. As others have said, winter festivals contribute to national and local economies, but they do a lot more than that, as they also contribute to our wellbeing. At this time of year in northern countries such as ours, the nights are long. The sun, when it appears, does not rise much above the horizon, many of the trees are bare and the plants have died back. It is apposite that mental health is being debated later this afternoon, because the depths of winter are often particularly hard for sufferers of conditions

such as depression and seasonal affective disorder.

The social benefits of winter festivals were probably understood long before their economic opportunities. Many cultures over many millennia have celebrated festivals of light, bringing people together to celebrate a common culture. The druids and others celebrated the winter solstice, and it has been argued that, in the fourth century AD, Pope Julius I decreed that the birth of Christ be celebrated at this time, partly in order to prevent people from continuing to celebrate pagan festivals. In Scotland, of course, we have continued to celebrate the new year as a separate festival.

The Celts did not celebrate only the solstices and equinoxes; they also celebrated quarter days in four fire festivals. There was Samhain—the precursor of Hallowe’en—at the end of the October, which marked the start of the dark half of the year, and Beltane, at the beginning of May, which marked the beginning of the light half. In between those fell Lammass, around the end of July—which, interestingly, is around about the time when a number of the common ridings take place—and Imbolc, at the end of January. Imbolc is now celebrated in other parts of the Celtic world as St Brigid’s day. However, in Scotland, we have the good fortune that our national bard was born at the end of January, which gives us the opportunity to have more cultural celebrations at that time of year, and, as we all know, the Burns supper season stretches out throughout February.

Although Robert Burns spent time in Edinburgh and the Highlands, he lived and worked first in Ayrshire and then in Dumfriesshire, and it is the area that we know as Burns country that has the greatest potential to benefit from those celebrations. As Joan McAlpine noted—and as I have celebrated in previous debates—that potential for Dumfries, where Burns died and is buried at St Michael’s church, was recognised in 2011 by an enterprising group of people who launched the big Burns supper to coincide with the weekend of Burns night in 2012. That was only three years ago, which is extraordinary because it seems to have been on our calendar for a lot longer than that. The success of that very modern and eclectic celebration of the life of Robert Burns is demonstrated by its expansion after only three festivals from a weekend event to a nine-day event, which now involves 100 shows in 50 venues, and a Burns night carnival involving more than 2,000 people from Dumfries and Galloway.

This year the wonderful Spiegel tent will be in town again, hosting a variety of acts including comedy, cabaret and music from folk to heavy metal. It will also host the burlesque “Le Haggis” Burns supper, which Joan McAlpine mentioned

and to which I referred in a debate on festivals last year. As I said then, I did not dare attend it, but many people must have done so, as it will be running for a week this year.

I know that many of the organisers of the festival were on the other side of the referendum debate to myself. That might mean that I will be less welcome at the events, but it makes no difference to my appreciation of the work that they put in to ensure the success of the festival and its increasing importance to the region. I hope that this year's festival may help to heal divides, too.

Scotland is often depicted as a country where there are four seasons, all of which are rainy. That may be true, but our seasons are distinct in terms of the amount of daylight, and I think that that can be turned to our advantage by the promotion of seasonal festivals that celebrate that particular aspect of our northerly part of this globe.

15:48

Roderick Campbell (North East Fife) (SNP): I welcome the opportunity to take part in this debate on Scotland's winter festivals and, like others who have spoken, I wish all members a happy new year.

While reflecting on the success of the events, I also want to consider the opportunities that the hosting of such events provides—and not only the opportunity to have a party on a dark night, which Stewart Stevenson mentioned, or, indeed, the opportunities for procreation that he implied.

I have the privilege of representing one of the areas that held one of the first events of the current programme. I speak, of course, of the four-day celebration that took place in St Andrews around St Andrew's day, which Claire Baker has already referred to. For a town with a population of approximately 9,000, not including the student population—or approximately 16,700, including students—to accommodate some 2,000 spectators on the final day of activities, including performances by people such as Eddi Reader and the switching on of the town's Christmas lights, is impressive, to say the least.

Although I have no doubt that the celebrations in St Andrews would have been a success regardless of whether additional funding had been provided by the Government, I am sure that the town's share of the £315,000 for winter festivals was gratefully received.

St Andrews has been a popular tourist destination for a long time, but it requires continued investment and attention to ensure that that success continues. The town is sometimes referred to as the jewel in the crown of Fife and is a haven for many foreign and domestic tourists,

particularly golfers. To that extent, for the town and its surrounding area, events such as the St Andrew's day celebrations are something of a bonus but are a very useful addition to the local economy and something that the local economy needs to keep ticking over.

The celebrations in St Andrews encompass the St Andrews food and drink festival, which helps to promote the local food and drink sector. As we all know, St Andrews, like many places in north-east Fife, has an excellent reputation for top-quality food and drink. Viewers of the most recent BBC series of "MasterChef" will know what I am talking about. The winner of the 2014 series, Jamie Scott, is an Arbroath man who works at the Rocca bar and grill in St Andrews, and the runner-up in the 2013 series, Scott Davies, is a chef at the Adamson restaurant in the town. In addition, two chefs from the Fairmont hotel, which is just outside St Andrews, have featured in two recent finals. We have quite a reputation for food and drink.

Scotland's winter festivals, therefore, are not just a series of events in their own right but act as an advert for Scotland's year of food and drink and provide an opportunity for areas that are hosting events to showcase themselves for the year ahead. I am certain that my constituency will be up there with the best of them, given its fine history of being a purveyor of good food and drink. I also hope that St Andrews will reaffirm its excellent reputation as a tourist destination in time for the Open golf championship later this year.

I conclude with a statistic. Information from the Scottish Government shows that attendance at cultural events and places reached 89.6 per cent of the adult population in 2012 according to the most recent data available. That includes attendance at places such as libraries, live music events, cinemas and theatres. I am pleased that attendance at cultural events in the town may increase this year following the successful reopening of the Byre theatre in the latter part of 2014 after a deal was reached with the university.

Scotland's winter festivals helped to close 2014, but I am sure that the festival events that are still to take place will help to kick off 2015 with a bang. Indeed, Burns night is almost upon us and I am sure that it is eagerly awaited in Dumfries and elsewhere.

The Deputy Presiding Officer: Thank you. We move to closing speeches.

15:52

Cameron Buchanan (Lothian) (Con): It is always welcome to hear about cultural successes throughout Scotland, and our winter festivals have done us proud once more. All manner of parties, celebrations and traditional festivals have been

held the length and breadth of the country, with local communities benefiting greatly. It is fantastic to hear unanimous praise for the deserving performers and organisers, but the Parliament must also use these debates to focus attention on what needs to be done to build on the successes. More could be done by the Scottish Government to support our winter festivals, which is why the Scottish Conservatives have lodged an amendment calling for a coherent arts strategy to boost our cultural reputation.

Before explaining why I believe the chamber should support Ms Smith's amendment, I must state that I feel strongly that the invaluable contribution of the hogmanay festival to Edinburgh's life deserves recognition and further congratulations. As a resident of Edinburgh and an MSP for Lothian, I well understand how much the annual festivities mean to our wonderful city. We are extremely proud of our multi-day festival, which is one of a kind, and we are very grateful to all those who are involved. Around 70,000 people attended in 2013, and tickets for last week's street party sold out very quickly. The festival obviously delivers a great boost to Edinburgh's economy—indeed, to Scotland's economy—with the estimates for previous years nearing £30 million. On that note, if the Scottish Government could provide a figure for the contribution of the hogmanay festival 2014-15 to Edinburgh's economy, that would be very useful.

I would enjoy going on to touch on events such as the Burnsfest in Edinburgh, but I will use this opportunity to look at what should be done going forward. The amendment in Ms Smith's name highlights what is clear to many people—that our arts and creative industries need a fully coherent strategy to be set out by the Scottish Government.

There are a large number of fantastic cultural successes of which we can be proud, including the winter festivals that are being held this season. However, the Parliament needs to discuss those aspects of Scotland's cultural scene where, regrettably, things are not working as well as they should be and what more could be done to help them.

We do not have time in this debate to go into the detail of where specific organisations have struggled, but it appears that both Creative Scotland and the film industry would benefit from a clearer arts strategy. As my colleague touched on earlier, arts bodies of all shapes and sizes across the country should be provided with integrated support and funding priorities that will enable them to reach more easily their full potential. Without such a system in place, some of the wealth of cultural talent that we have in this country may be lost. I am sure that we can all agree that such a loss of talent is always a great shame.

Accordingly, I hope that Scotland continues to deliver fantastic winter festivals and that all our creative industries can strive to strengthen our well-earned reputation as one of the best countries for the arts to flourish in. In order for that to happen, however, they need a fully coherent arts strategy as soon as possible. I therefore urge all my fellow members to support the amendment in Ms Smith's name.

The Deputy Presiding Officer: I call Anne McTaggart—six minutes, please.

15:55

Anne McTaggart (Glasgow) (Lab): Thank you, Presiding Officer, and happy new year to all.

I am delighted to close the debate on winter festivals on behalf of Scottish Labour. I am a mother of three dear children, and my family get involved in winter festivals every year in my home town of Glasgow. Scotland has a strong record and an enviable reputation for arts participation. We also host world-class events such as the recent Ryder cup and Commonwealth games, which attracted hundreds of thousands of visitors to Scotland and promoted our image as a proud country on the international stage.

There is no doubt that, as we have heard in the debate, Scotland plays host to an impressive list of events and festivals during the winter months. Our winter festivals begin with the celebration of St Andrew's day on 30 November, go on to the hogmanay celebrations on 31 December and culminate with Burns night on 25 January. Many local and community-organised winter festivals across the country celebrate Scotland's rich culture and creativity, welcoming locals and tourists alike. We know that the 2013-14 winter festivals programme attracted over 250,000 people across Scotland, from the Highlands to Dumfries and Galloway, and that participation in the festivals is growing year on year.

My colleague Hanzala Malik mentioned Glasgow on ice and reminded us about skating with a Scottish twist. That event is bigger and better than in the previous year. I did not hear Hanzala disclose whether he had been on the ice, but I am sure that we will hear about that later. Jayne Baxter referred to the celebrations in Fife for St. Andrew's day, which is important because it marks the start of the winter festival celebrations and is celebrated not only in Scotland but around the world with events to mark Scotland's national day.

Everyone will agree that no one celebrates hogmanay like the Scots. We have got it all: from traditional fire festivals and torchlight processions, to street parties with live music and firework displays. Joan McAlpine and Elaine Murray

referred to the celebrations around the big Burns supper in Dumfries, which we again look forward to. That event marks the world's biggest celebration of Scotland's national poet, Robert Burns. His work has created an enduring legacy for the nation's arts and culture that continues to define its cultural heritage.

We in Scottish Labour fully appreciate and understand that excellence in the arts has intrinsic value but that its power can be used to drive change throughout society. Although it is inspiring to know that so many people engage in cultural and winter festivals, I am sure that my colleagues here will agree that we need to address the fact that people in our most deprived communities still participate less in cultural activities and are therefore isolated from the benefits that they bring.

Joan McAlpine: On the topic of arts funding, yesterday morning the Labour press team sent out a tweet saying:

"p.44 of Tory dossier says Labour will cancel cuts to the arts budget. We won't."

A number of artists have expressed concern that Labour seems to be boasting that it will cut the arts budget. I wonder whether Anne McTaggart will want to distance herself from that comment by UK Labour.

Anne McTaggart: I appreciate Joan McAlpine's intervention, but it is important that we concentrate on what the Scottish Government is doing with its budget instead of looking at what is happening elsewhere and laying blame elsewhere.

The Scottish index of multiple deprivation shows that only 68 per cent of those adults who live in the most deprived 20 per cent of areas have participated in cultural activity in the past 12 months compared with 87 per cent of those adults who live in the least deprived 20 per cent of areas. Through investment in cultural activities, Scottish Labour made entry to museums and galleries free so that everyone could enjoy our nation's history, heritage and culture. We should ensure that our winter festivals hold more free events so that more people from deprived areas can benefit from those festivals during the winter months in their local communities.

I believe that, as has been mentioned, people from communities across Scotland benefit hugely from winter festivals. Winter festivals attract tourists and boost the economy. I am proud that, as a nation, we are able to host such an extensive range of winter festivals the length and breadth of the country. Those festivals provide a great opportunity for visitors and residents to celebrate our unique culture and our distinctive heritage. I am sure that my colleagues will join me in commending the extensive work of the volunteers,

local groups and small businesses that contribute to the festivals' success.

16:01

Fiona Hyslop: This has been a very enjoyable debate, and I want to address a number of the points that have been made during it.

I agree with Claire Baker's amendment and appreciate the important points that she made about local and community festivals, but I am not sure that I agree with the idea of extending winter so that it starts at Hallowe'en—winter is too long and dark as it is. In the context of local festivals, she mentioned Kirkcaldy. Town centre festivals are important from a retail point of view, whether they are held during the winter or at other times of the year. I worked with Derek Mackay, and I am now working with Marco Biagi, on the town centre regeneration plan. Culture will form part and parcel of the process of ensuring that there is vibrant life in our town centres.

Claire Baker also talked about the need for wider promotion of our winter festivals. She mentioned China. I have already mentioned our reach. Many tourist bookings are still made on a group basis, so we have to promote among groups as well as individuals. There is a constant need for innovation and one of the most recent innovations was blogmanay, which was about bringing the world's bloggers to Edinburgh to experience hogmanay so that they could tell others about it and generate more interest. That is a good example of being innovative.

I want to address some of the points that Liz Smith made. Although I do not agree with her amendment, I appreciate her arguments and understand where she is coming from. When it comes to how Scotland expresses itself in the modern day, she is absolutely right that the past year has generated a great deal of intellectual thought. That is something that will not go away, and we want to embrace it in an inclusive way. It has merit from the point of view of how we look at the wider issue of arts and culture. I think that it would be wrong to say that the winter festivals have not been successful because of the absence of a national arts strategy, precisely because of all the arguments that have been made about spontaneity, the connection with place, the partnerships that are involved and the local character of many of our festivals.

Liz Smith made the point that somehow there is a tension between the intrinsic value of the arts and the financial aspects, but I think that the real challenge for Scotland—which I think is one that we can meet—is that it is not an either/or scenario; we can have both. Why do I say that? I will give an example after I have given way to the member.

Liz Smith: I think that we are broadly on the same theme. A particularly pertinent example is what the film industry is saying. It is saying that it cannot do some of the things that it would like to do without the help of, for example, the broadcasting industry and parts of the tourism industry. We need to develop a unified structure—that is the point.

Fiona Hyslop: I do not think that Cameron Buchanan is familiar with Creative Scotland's film strategy, but I am happy to send it to him.

On the integration that is required—I know that a committee is looking into the issues—and Liz Smith's point about everyone working together, we have done that extremely well over recent years, and particularly in the past year, when we brought together VisitScotland, EventScotland, Historic Scotland and Creative Scotland to co-ordinate what we do. Also, I chair a Convention of Scottish Local Authorities group, which brought together for the first time all the arts and culture conveners from across Scotland to address the opportunities and the challenges.

I return to my point about having a society that intrinsically values the merits as well as the financial aspects of art. Let us take the example of the big Burns supper in Dumfries, which Joan McAlpine and Elaine Murray mentioned. That is not easy or safe art; it is great, ambitious art. We have heard that the event now runs for nine days and that it generates great opportunity as well as finance for the local community. That shows that we can embrace both the merits and financial aspects of art.

Before I respond to Stewart Stevenson's points, I will talk about the intellectual debate rather than the social debate that he mentioned.

On embracing and reinvigorating the Saltire Society, the precise point of using the opportunity presented by St Andrew's day is to have an intellectual debate. We deliberately held Scottish book week in the first week of the winter festivals because that is a time for Scotland to reflect, to read and to think about the arguments. Therefore, although there is merit in some of Liz Smith's arguments, this is not the right debate, nor are the winter festivals the right context, in which to think about positioning. However, I am happy to take forward that debate as 2015 progresses.

Stewart Stevenson talked about the importance of diversity. I agree. I confess that I celebrated spontaneously with my teenage daughter's friends, dancing to a recording of Jools Holland's TV programme "Hootenanny". We can celebrate spontaneously with modern music and in different ways.

In reflecting on what Scotland is, I note that some of the music showcased during our winter

festivals was fantastic. As I mentioned, the Scot:Lands event was really firstfooting at 10 different venues by different audiences who had come to Scotland.

The wonderful Kenny Anderson's fantastic film "From Scotland with love", which was showcased at the Commonwealth games and supported by the Scottish Government, was shown again as part of the hogmanay and 1 January celebrations.

We must have authenticity. I suggest that the bridge between Stewart Stevenson comments and those of members who talked about structured events is that we should consider what we have that no other country in the world has: the authenticity of St Andrew's day, hogmanay and Burns night celebrations. However, those must be based on energy, participation and the authenticity that lies at the heart of our tourism offer.

Colin Keir was right to say that we should not be complacent. We absolutely need to have control over air passenger duty as quickly as possible. Members will have seen the advantages that that can provide. There are problems with VAT, but tackling those would make a big difference to our tourism industry. There are practical as well as creative things that we have to do.

Jayne Baxter and Rod Campbell talked about St Andrew's day and the diversity and the range of celebrations that took place in the town.

To look ahead, the Burns celebrations are still to come. As an Alloway girl—as the Presiding Officer knows well—I want to make sure that we celebrate Burns night in style. More than £45,000 has been allocated to support five events: the haggis, beasts and tatties event in Inverness; the big Burns supper in Dumfries and Galloway; Burnsfest at the Scottish storytelling centre; Burns unbound at the national museum of Scotland; and the inspirational Robert Burns humanitarian awards in Alloway. I encourage people to look at VisitScotland's website, which shows the events that are happening all over Scotland.

From 15 January to 1 February we have Celtic Connections, which is one of the largest music festivals of its kind and which is carving out a global reputation. In 2014, Celtic Connections was boosted by the year of homecoming. It included 2,100 artists, 300 events and 20 venues. To return to the theme of celebrating with fire and light, we have Up Helly Aa in Lerwick. Also to come in 2015 are the food and drink celebrations, which will have creative opportunities.

The key point is that if we can marshal all our resources, all our enthusiasm and all of Scotland's talents, we can look forward to the themed years ahead: the 2016 year of innovation, architecture and design; the 2017 year of history, heritage and archaeology; and the 2018 year of young people.

Those are all based on Scotland as a country that can deliver authentic celebrations, from our winter festivals to other celebrations throughout this year and those ahead.

Mental Health

The Deputy Presiding Officer (John Scott):

The next item of business is a debate on motion S4M-11975, in the name of Jamie Hepburn, on mental health. As soon as Mr Hepburn is on his feet and ready, we can kick off.

16:09

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): I was nearly ready, Presiding Officer.

I welcome my first opportunity as the minister with responsibility for mental health to debate improving Scotland's mental health. I know that members will join me in welcoming the opportunity to cover that important matter, particularly at this time of year, when minds turn to doing better and to renewing resolutions. One of my resolutions is to do all that I can to ensure that we see improved mental health in our country.

As the first minister of any Scottish Government to have mental health explicitly referred to in their ministerial title, I hope that that gives some indication of the importance that the Administration places on improving Scotland's mental health. We shall rightly be judged on our efforts, and I hope to set out some of those in the next 10 minutes or so.

The Government is taking forward the Mental Health (Scotland) Bill to seek to refine and improve the system that we have in place to ensure that people with a mental health disorder can access effective treatment quickly and easily. I hope that that in itself gives some indication of the importance that we place on mental health. That bill will rightly be subject to debate on its own merits at another time, but I thank the Health and Sport Committee for its efforts in scrutinising it thus far, and I look forward to reading its stage 1 report in due course.

In this opening speech, I will aim to cover some key issues relating to illness, recovery and stigma. I will speak about what we have done and how we are doing; set out the progress that we are making across Scotland; and speak about what we will do next to focus on the challenges that are before us. Members may be familiar with those challenges from discussions with constituents.

Mental health is, of course, a subject that touches us all, whether we have a mental health problem, we are a carer for someone who has a mental health problem, or we have family, friends or colleagues who have had a mental health problem. Mental illness is one of the top public health challenges not just in Scotland, but across Europe as a whole, where it is estimated that

mental health disorders affect more than a third of the population every year.

Despite mental illness being such a common human experience, people too often do not admit to their closeness to a mental illness. A person might be unwilling to mention a spell of illness, the time that they needed antidepressants or the time that they required therapy. They might be reluctant to mention that they take medication daily to control symptoms. We might shy away from asking a friend who has been down if they are okay and whether they want to talk. That reluctance, reticence or unwillingness can come about because we expect a bad response. That is an issue and one of the challenges that I spoke of earlier.

That is why we must continue to break down the stigma of mental ill health. Debates such as this one are key to doing just that. It is vital that the Parliament—our country's national legislature—regularly and openly debates topics that are related to mental health.

Our partners in the third sector also have a huge role to play in tackling stigma. I am pleased that the work of organisations such as Alzheimer Scotland, Penumbra and the Scottish Association for Mental Health is being recognised. The Government recognises the importance of the third sector, and in 2013-14 we provided more than £1 million to numerous national mental health organisations.

I welcome the joint Scottish Government and Comic Relief funding for the see me campaign. As members will know, see me is Scotland's national campaign to end mental health stigma and discrimination, and it is hosted by the Scottish Association for Mental Health. The Scottish social attitudes survey shows that the work of see me is still needed, with a greater emphasis on changing outcomes. People still experience negative attitudes if they have a mental health problem, and people self-stigmatise—they avoid events and do not want to talk about their illness.

The refounded see me programme has a framework of action to take forward over the next three years, with activity areas based around, for example, equality and human rights, the workplace, settings where people experience discrimination, lived experience participation and national campaigning.

There are other ways in which we can start to end mental health discrimination. There has been a debate on parity of mental health and physical health—I see that Mr Hume's amendment refers to that. I welcome that debate. I want to see the same focus and approach to improving mental health services that we have to improving physical health services.

The National Health Service (Scotland) Act 1978 states that the Scottish ministers have a duty to secure improvements in the physical and mental health of the people of Scotland. It does not distinguish between the two, nor does it place a higher importance on one than on the other. Our Scottish NHS has a duty to promote the improvement of health, and that duty extends equally to physical and mental health.

For too long, mental health lacked targets. People waited for lengthy periods to receive well-recognised, evidence-based treatment. The Government is working to change that. Scotland was the first nation in the UK to introduce a target to ensure faster access to psychological therapies for people of all ages. The target for boards is that patients will get a referral to treatment for psychological therapies within 18 weeks. That is a challenging target, but we should recognise the work that boards have been doing to try to meet it.

The latest data shows that the average adjusted waiting time for psychological therapies is eight weeks and that 81 per cent of people were seen within 18 weeks. Some boards are doing better than that, but we know that others are not. That point is made in Richard Simpson's amendment, which also mentions our shared concern about stigma. I say at this stage that we will support the Labour amendment this evening.

We have been offering boards support to tackle waiting lists. I want to see the good work being sustained, but let me be clear that I want to see all the boards meeting the target, and that is why the Government has embedded it in NHS Scotland's local delivery plan guidance for 2015-16.

I want to say a little about recovery. People with mental health problems have been at the forefront of rethinking what is meant by recovery. As the Scottish recovery network emphasises, people can and do recover from even the most serious and long-term mental health problems. The network also stresses that recovery is a personal journey and that it is about living a meaningful and satisfying life with or without symptoms. A meaningful and satisfying life is as important for people with a mental health problem as it is for people with a physical health problem.

One of our challenges now is to address the higher mortality rate of people with a mental health disorder compared with the general population. We have produced guidance on how NHS boards can ensure that there is good work between primary and secondary care to provide good-quality physical health services to people with severe and enduring mental illness. Physical health improvement is built into the Scottish recovery indicator to ensure that practice in mental health services relates to the factors that can help recovery.

The mental health of our children and young people has been a focus of our efforts to improve Scotland's mental health. We have increased the specialist child and adolescent mental health services workforce by almost 50 per cent since 2008, and we have introduced a waiting time target for accessing child and adolescent mental health services to help to drive improvements. In the two years between September 2012 and September 2014, the number of children and young people who were seen by CAMHS increased by more than 60 per cent. That phenomenal increase reflects more children and young people being referred to services.

It is little wonder, then, that the target has been challenging. We have been transparent in publishing the data. I say again that it is clear that some boards are doing better than others, and again I make the point that I want all the boards to meet the target. This target, too, is embedded in NHS Scotland's local delivery plan guidance for 2015-16.

Ensuring access to mental health services for children and young people is an absolute priority for this Government. That is why we have not only increased the number of people who are employed in the area—

Mary Scanlon (Highlands and Islands) (Con): Will the minister take an intervention?

Jamie Hepburn: Do I have time, Presiding Officer?

The Deputy Presiding Officer: You do not have much time.

Jamie Hepburn: I will take a brief intervention.

Mary Scanlon: Given that only one health board in mainland Scotland has achieved the 18-week target for CAMHS, when does the minister expect that all health boards will be able to achieve it?

Jamie Hepburn: I made the point that I expect all health boards to achieve the target this year. That is my expectation. We set the target for a reason and we expect the health boards to achieve it.

I had begun to say that we have not only increased the number of people who are employed in the area but invested almost £17 million since 2009 to deliver faster access to child and adolescent mental health services in Scotland's communities. That spending comes as part of increased expenditure on mental health, which went up by £31.9 million from £867.1 million in 2010-11 to £899 million in 2012-13, and we are investing an additional £15 million over the next three years to improve mental health services in particular.

Ensuring the prompt treatment of people is a key priority for improving Scotland's mental health. What we know to be true of physical illness—that the sooner treatment begins, the sooner a person can recover—is invariably true of mental illness. Of course, the more we do, the more clearly we see how much more we still need to do.

I am glad that the Parliament has welcomed in 2015 with the mental health of all at its heart, and I ask all members to think about the right way forward.

I move,

That the Parliament welcomes the level of interest and commitment to improving mental health and mental health services; recognises the equal importance that the NHS places on the care and treatment of mental and physical illness; notes the Scottish Government's recent announcement of an additional £15 million investment in mental health services, and looks forward to further progress in improving mental health and wellbeing as a fundamental and integral part of delivering person-centred, safe and effective healthcare services.

16:20

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I draw members' attention to my interests as a fellow of the Royal College of Psychiatrists, a member of the British Medical Association and a chair in psychology at the University of Stirling.

I welcome this as the first health debate of the new Cabinet. I hope that it will be one of many, because we have had a paucity of mental health debates in the past. I also welcome Jamie Hepburn to his first debate as a minister. I welcome the tone of his speech.

The unequal and false division into mind and body as separate entities occurred over a century and a half ago, and it has dogged the biological model of medicine ever since. We know that general practitioners treat most patients with mental illness and do so holistically, but they are confronted with serious difficulties in not having the time to manage complex mental and physical morbidity. That is particularly the case in deprived areas, where mental health problems are massively more prevalent. The deep-end practices have reported that as part of their view of the inverse care law—the fact that resources are applied in inverse proportion to care needs.

I welcome the appointment of the six link workers, but that is just the beginning. A much more dynamic and radical approach to primary care is needed if specialist services are not to be even further overwhelmed. Malcolm Chisholm will speak a little more about primary care later in the debate.

The 1997 mental health framework started by saying that it was written

“to assist staff in health, social work and housing agencies ... to develop a joint approach to the planning, commissioning and provision of integrated mental health services.”

It was also intended to assist the people who use those services, those who care for those people and staff in voluntary and other agencies

“to play their part as partners and stakeholders.”

That introductory message is as relevant today as it was then. However, the framework was directed mainly at the problem of severe and enduring mental illnesses. Much progress has been made in the management of psychotic illness and dementia, but less has been made on dealing with personality disorder and developmental disorders.

Much has happened since 1997. The closure of old and unsuitable hospitals has continued, and with the help of public-private partnerships—I know that the Scottish National Party does not approve of PPP, but I presume that the similar non-profit-distributing model will continue—the closure and replacement rate has intensified.

We passed the Adults with Incapacity (Scotland) Act in 2000—Mary Scanlon will remember our debates about it. The Millan commission reported in 1999, when it enunciated 10 principles, which were incorporated in the Mental Health (Care and Treatment) (Scotland) Act 2003. That was the first time in my professional and political life that a Scottish act was not simply a tartanised version of a UK act. It led the way, was hailed in Europe as a piece of far-thinking legislation and was eventually copied in England.

Further attention is now being paid to the human rights of patients with mental illness. I suggest to the minister that that might require a larger review of the interaction of the existing acts than was possible under the rather limited McManus review, whose proposals we are considering.

The minister referred to the see me anti-stigmatisation programme, which Malcolm Chisholm established when he was a minister. In its first four years, it began to transform public and—in part—media attitudes. Regrettably, as the minister said, the social attitudes survey of 2013 shows that some attitudes have not continued to improve and in some respects have gone backwards. What has been titled the refounding of the programme, which is overdue, places far too great an emphasis on very short, one-year programmes. We are beset by one-yearitis in our projects, whereas we should build on what has worked far more.

Under Labour, the 2006 follow-up strategy “Delivering for Mental Health” introduced standards and integrated care pathways for severe and enduring illness. The benefit of that

was reflected in the initial 25 per cent reduction in readmissions within a year. That reduction has continued under the present Government and is very welcome.

The HEAT—health improvement, efficiency, access to services and treatment—target for reductions in suicides that Labour introduced has also been continued by the present Government and has led to a substantial reduction even if it has missed its target. It is to the Government’s credit that the rate has not increased during the recession as has happened in many countries.

The HEAT target for antidepressant prescriptions has wisely been dropped. It was in part a proxy for psychological treatments, but better quality prescribing has meant a rise in the amount and length of treatment. We commend the Government for changing that HEAT target.

The 2010 90 per cent referral-to-treatment HEAT target for psychological therapies has not been met. There has been quite good progress, although, as the minister said, that progress masks huge variation, with Lanarkshire and Glasgow performing well into the 80s, while the figure for Lothian and Forth Valley—the area into which I introduced community psychology for the first time in Scotland in 1982—is depressingly low at 40 per cent. That is why we call again for rigorous inspection and clearly agreed plans of action to match the improved reporting that is demonstrating that these matters are hugely variable.

Dementia diagnosis has improved and the standards for support have been effective, but serious problems of failure to undertake or record cognitive assessment have been noted in Health Improvement Scotland inspections of acute elderly care. Staff might feel that cognitive assessment is not a priority, but it really is—it is very important.

Progress in a number of other specific areas has been slow. Health inequalities have increased not decreased. As the minister has accepted, CAHMS is still a major challenge and I welcome the tough targets that the Government has set although, as Mary Scanlon said in her intervention, they have not been met. If we are to achieve those targets, it will be necessary to support the lower-tier services because they will reduce demand. In the last two quarters, referrals to CAMHS increased hugely and they will continue to do so unless lower-tier services are improved. For example, the recent spread of the Place2Be service from the cluster of Niddrie primary schools in Edinburgh to more deprived areas in East Lothian and Glasgow is welcome, as are home start, the positive parenting programme and family nurse partnerships, but it is not enough.

I hope that this is the first of many debates about mental health. We have not covered many areas, such as prisoners, forensic psychiatry, substance abuse and veterans. I welcome the fact that my amendment has been accepted.

I move amendment S4M-11975.2, to insert after “physical illness”:

“but notes that, while there has been progress toward the targets on child and adolescent mental health, the targets have not been met, psychological treatments waiting times remain very challenging and primary care teams are under substantial and increasing time pressure to deliver holistic care, particularly in areas of deprivation where there is a greater amount of mental illness; further notes that, after initial progress in improving public attitudes to mental illness with the See Me programme, this welcome trend has stalled and there is a need for more robust monitoring and inspection of the variation between NHS boards”.

16:27

Mary Scanlon (Highlands and Islands) (Con):

I welcome the minister to his new portfolio. There is considerable scope to do much more to improve mental health services. Mental health is one of those issues that tend to gain cross-party support with very little party-political intervention, because it is so important. We will support the Government’s motion and the amendments in the names of Richard Simpson and Jim Hume.

I am pleased to be starting 2015 with a debate on mental health. In the short time that is available to me, I hope that I can cover some concerns about the mental health strategy. It started in 2012, and all the commitments are to be achieved by the end of this year. Conservatives want progress in improving mental health and wellbeing, so the debate is an opportunity to review the Government’s report card.

As Richard Simpson said, apart from debates on dementia, the SNP has held two debates specifically on mental health since 2007. One was held in September 2011 and the other was in January 2013—the Scottish Parliament information centre has confirmed that. I would have thought that mental health justified an annual update and debate, although I appreciate that the Health and Sport Committee is looking at the Mental Health (Scotland) Bill.

Those of us who were on the Health and Community Care Committee in 2003 had high hopes that the Mental Health (Care and Treatment) (Scotland) Act 2003 would make a huge difference to service users. Today is our opportunity to look at that.

I read in its briefing that Penumbra, along with the University of Abertay Dundee, has developed a personal outcomes approach with an internationally recognised tool called the individual

recovery outcomes counter. The tool allows self-assessment of mental health and wellbeing to track improvements. For so long we have said that we have given £10,000, £10 million or £20 million then sat back and thought, “That’s fine—we’ve thrown the money in there,” but we have never measured the outcomes. I put on record how much I welcome the development of a tool to do just that.

Given that this is the minister’s first mental health debate, I draw his attention to progress on some of the commitments in the Government’s strategy, although I appreciate that the strategy lasts until the end of the year. I will pick out a few of those commitments.

Commitment 1 is that

“a 10 year on follow up to the Sandra Grant Report ... will be published in 2014.”

However, we have heard nothing. Commitment 6 is to

“a Scotland-wide approach to improving mental health through new technology ... with NHS 24.”

To date, we have heard nothing.

Commitment 12, which all three Opposition parties mentioned in their amendments, is to reduce the number of children being treated in adult psychiatric wards. We spoke about that issue in 2003 but, according to the Mental Welfare Commission for Scotland’s most recent annual report, the number of children treated in adult wards rose to 202 in 2013 from 177 in the previous year. Again, there has been no progress.

Commitment 26 is to an audit of the in-patient estate. In July 2014, it was confirmed that there are fewer beds, but no reasons or changing reasons were given for why people were in hospital and there was no significant consideration of a future strategy or action.

There has been nothing on commitment 30, which Richard Simpson mentioned, on women with borderline personality disorder in prison. On commitment 33, which is

“to develop appropriate specialist capability in respect of developmental disorders”—

Richard Simpson raised that in 2003—there has, again, been nothing. I appreciate that the strategy is due for completion later this year, but many targets have already been missed and there is a huge amount of work to do this year to meet the commitments.

As if that was not poor enough, the commitment to 18 weeks from referral to treatment for 90 per cent of psychological therapies patients was met by four out of 14 health boards. More than 14,000 people throughout the country are still waiting to be seen. That is not good enough. There has been

plenty of time to plan for resources. The lack of alternative psychological therapies probably explains why so many people are on antidepressants. I will pick that up when I sum up.

I move amendment S4M-11975.3, to leave out from “looks forward” to “in improving” and insert:

“calls on the Scottish Government to ensure that additional investment is used effectively to increase NHS mental health bed numbers, including having sufficient adolescent beds to end the practice of children and young people being placed inappropriately in adult psychiatric wards, and staffing across all disciplines, including psychology, in order to meet existing waiting time targets and to bring forward improvements in”.

16:33

Jim Hume (South Scotland) (LD): I congratulate Jamie Hepburn on his first Government motion and welcome him to his new post—I am pleased that mental health is included in his title. We will be happy to work with him constructively.

It is fitting that mental health is the topic of one of the first debates of the new year because, as this year will see the end of the current mental health strategy for Scotland, we have a golden opportunity to change the way in which mental health is viewed and treated. We need to have a meaningful new strategy in place a year from now.

For too long, mental health has not been spoken about. In treatment terms, it has been the Cinderella service in the national health service. The Royal College of Nursing briefing stated that

“mental health is often the poor relation to physical health when it comes to priority and funding within the NHS.”

I welcome the fact that we have HEAT targets for mental health services in Scotland, although they do not go far enough.

I want the Scottish Government to follow the UK Government's lead by clearly laying it out in legislation that mental and physical ill health have equal recognition. I do not think that that is what Jamie Hepburn described when he talked about wanting to improve services. Of course services should be improved, but that does not mean that mental and physical health services will be equal.

Jamie Hepburn: On parity, the UK Government's Health and Social Care Act 2012 provides that

“The Secretary of State must continue the promotion in England of a comprehensive health service designed to secure improvement ... in the physical and mental health of the people of England”.

Section 1 of the National Health Service (Scotland) Act 1978 provides that it shall continue to be the duty of the Scottish ministers

“to promote in Scotland a comprehensive and integrated health service designed to secure ... improvement in the physical and mental health of the people of Scotland”.

That is not such a big difference, is it?

Jim Hume: There is a difference, because south of the border the Government has provided in legislation that there is parity.

The Government motion makes no great reference to the pressure on NHS services. I have expressed concern about that in the Parliament on many occasions. A consensus is emerging that the issue needs to be addressed now, which is to be welcomed, as is the investment. However, that is not enough. The Scottish Government needs to acknowledge the weaknesses in the system if the situation is to improve.

One in four people will suffer mental ill health at some point in their life. Some 10 per cent of children and young people in Scotland have mental health problems that are so significant as to have an impact on their daily lives. If people do not receive proper support and treatment, the impact of mental ill health can be devastating—it can affect education, work, home life and relationships.

For every individual, getting the right treatment and support quickly is essential. However, it is clear that people in Scotland are not getting the services that they need and deserve. NHS boards are failing to meet targets that the Scottish Government set. For example, 90 per cent of young people who need treatment should be seen within 26 weeks but, in six of Scotland's 14 health board areas, that is not happening. There has been a 12 per cent increase in the number of children and young people who are waiting more than six months for treatment.

SAMH said in its briefing for the debate that it will be impossible to meet the 18-week target for psychological therapies. The most recent figures show that only four out of 14 health boards meet the 90 per cent target and that more than 14,000 people are waiting to be seen across the country.

SAMH reported that two fifths of GPs say that they have not referred anyone for psychological therapies recently, because waiting times are too long. Therefore, the current level of referrals does not reflect need. Even so, people are waiting too long and targets are being missed.

The Scottish Government's pledge of £15 million over three years for improvements in mental health services at primary care level is welcome, but the funding is not enough to secure the transformation that we need. The issue is not just waiting times but the environment in which we treat vulnerable young people. The guidelines make it clear that young people should be treated in adult psychiatric units only in exceptional cases,

but the Mental Welfare Commission for Scotland found that last year 202 young people were treated in adult wards—the number was up from 177 in the previous year.

Because Scotland has no specialist secure healthcare services for young people, young people are placed in specialist units in England, which makes it difficult for them to retain links with their families and local services. That approach is also expensive, of course.

All mental health services need to be the best that they can be. They need to be evidence led and responsive to local demand. Individuals should receive the care that they need in the setting that is most appropriate for them, no matter where they live.

I move amendment S4M-11975.1, to leave out from “welcomes” to end and insert:

“notes that, since 2009, there have been 883 fewer staffed mental health beds and that Scotland’s hospitals have lost 64 specialist mental health nurses; further notes that targets for mental health treatment times are being missed; is concerned that hundreds of young people face waits of over six months to begin child and adolescent mental health service treatment and that treatment is being carried out in adult wards, which are unsuitable for children’s needs; believes the number of mental health officers (MHO) to be inadequate as highlighted by the 5% fall in MHO consents for emergency detention in hospital; recognises that nine out of 10 people who experience mental health problems have experienced stigma and discrimination; believes that there is a real opportunity to change the way that mental health is seen and treated in 2015 with a revised mental health strategy, and calls on the Scottish Government to act now and follow the lead of the UK Government and set out in legislation that mental health and physical health deserve equal recognition.”

16:38

Dennis Robertson (Aberdeenshire West) (SNP): I welcome the minister to his new post. I sincerely hope that he and I can have a dialogue about mental health.

There is a stigma around mental ill health. It is unfortunate, but the stigma exists and we need to recognise that. The question is how we move forward. Legislation in itself cannot solve the problem, which is about attitudes—including one’s attitude to oneself. If someone has a physical illness, they can go to the doctor and talk about it, but if they have a mental illness or are not feeling too good, they sometimes shy away from doing that. I do not know how we will get over that, but we need to continue to have dialogue about the issue. I certainly look forward to further debate.

When I worked in the third sector before coming to the Parliament, I recognised that people with sensory loss go through a period of adjustment. That adjustment means that their wellbeing—their mental health—is impaired, because they lose the

ability to do things that they have always been able to do. However, that adjustment is short term for many and, once they realise that they can take a can-do approach, life becomes better. For the majority of people, coming to terms with their condition is the way forward. As Penumbra said, peer support can be an asset to someone in moving forward. I have seen that in many aspects of the work that I did in my previous existence in the social work and care sector.

I commend the Government on its approach. Mary Scanlon mentioned the mental health strategy. The Government recognised that we need to improve mental health services for people, undertook an extensive consultation process and came up with key findings. The Government did not shy away from the problem; it recognised that the problem is complex and that it needs to be resolved. It cannot be resolved just by putting money into it; it needs to be resolved in an effective and appropriate way, which sometimes means using the appropriate specialist. Dr Simpson mentioned the family nurse partnerships, for instance, which can be an excellent way of coming to terms with some of the problems that exist in our communities.

I am sure that the minister is aware of my personal circumstances. I know that child and adolescent mental health services are lacking in some areas and, sometimes, the initial intervention is essential to try to offset the problems that some of our young people have. Not every child or adolescent will have their mental health improved through CAMHS and the appropriate psychological services, because some conditions might be extreme. However, we need to ensure that someone is listening at the outset. If a referral comes from a GP and a young person is referred on, we need to do our best to ensure that they are seen by the most appropriate specialist in the healthcare sector.

I would like to see improvements in managed clinical networks for specific conditions. I would certainly like something such as that to happen in relation to eating disorders, to try to prevent deaths in our communities of young people with such disorders. I am sure that the minister and I will discuss that in the future. I again commend the Government for the work that it is doing and its recognition that more needs to be done.

16:43

Sandra White (Glasgow Kelvin) (SNP): I also welcome Jamie Hepburn to his job, in particular to his role as the minister for mental health, a role that I know he will give his full attention to.

I welcome the strategies that previous Governments and the present Government have

put forward to tackle mental health issues, in particular the see me campaign that Dr Simpson mentioned. It was launched in 2002 to tackle the stigma of mental health, and I think that it has been a huge success. I look forward to more such strategies; the campaign has raised awareness of mental health issues and has been welcomed by communities—certainly it has been welcomed in the community in Glasgow that I represent.

The mental health strategy that was published in 2012, with its seven key themes and its four key change areas, is an important piece of work. I know that Mary Scanlon mentioned it. I am particularly keen on two of the key change areas that are mentioned. The first is

“Rethinking how we respond to common mental health problems”

and the second is

“Community, inpatient and crisis mental health services”.

The community services part is particularly interesting to me.

I raised those two areas because when we work in the community, we see how mental health services are delivered in the community. I wonder whether, if changes in those areas were applied properly, they would be able to enhance the services that are there at the moment.

I want to pick up on two issues. First, action in the two key change areas that I mentioned might have enabled one local service in my constituency—the Charlie Reid centre on Elmbank Street—to stay open, and might even have enhanced its service provision. Unfortunately, the centre, which was much loved by users and staff alike, closed its doors in May 2014 after 21 years of service in Glasgow. When I used to visit, there were so many different things going on that it was a sheer joy to be there, and it was clear that people got a lot out of the centre. The reason for its closure was the withdrawal of core funding by Glasgow City Council and its reliance on personal funds and direct payments.

If changes are applied in those two key areas, other such centres may be able to stay open. There is no doubt that the closure of the Charlie Reid centre will have a knock on-effect on the Glasgow Association for Mental Health, as my colleague John Mason will discuss in his speech.

The second issue that I want to raise concerns the isolation of older people. Isolation can lead to depression, which can have a devastating impact on people’s lives. Once again, I look to the two key change areas that I highlighted, in particular services for local communities.

I wonder whether local authorities have been involved in developing the new strategy. Many of

the community-led initiatives in my area are closing down or not being used because funding has been withdrawn by local authorities. For example, Glasgow City Council has withdrawn money from elderly people in my area who go to daycare centres, which are a lifeline for many of them. Some people have been charged £15 a day to go to those centres.

I know that it is Jamie Hepburn’s first outing as the minister with responsibility for this portfolio, but perhaps in summing up he could address the issues that I have raised with regard to local authorities being involved, or more involved, in the development of the strategy that will—as members have mentioned—be published at the end of the year.

16:47

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I welcome the minister to his post, and I also welcome the many developments that have taken place in mental health since 1999. There has been a great deal of continuity in this area between one Administration and the next. However, it is right in debates such as this one that we highlight the problems that exist, particularly when those problems have been brought to us by constituents.

I have two examples that I want to discuss today. The first concerns a woman who came to see me quite recently. She was anxious and met the criteria for referral for psychological therapy—as was confirmed recently by an NHS helpline—and yet her GP did not refer her. I wonder how common that is.

The SAMH briefing for this debate states that

“two-fifths of GPs ... had not referred anyone for psychological therapies ... because waiting times are too long.”

It quotes one GP who says:

“Access to psychological therapies is extremely poor with long and unacceptable wait times. GPs feel under pressure not to refer people to already stretched services”.

I am very concerned by that research and by my constituent’s experience. Although four health boards out of 14 met the 18-week target for access to psychological therapies, the situation may well be worse because there is unmet need as a result of non-referral. There is definitely a big challenge in that respect.

Of course, other factors may be involved. I am a great fan of GPs, including Dr Simpson, and I am a special fan of my own GP. However, we must be realistic and accept that some GPs are probably not as knowledgeable about mental health as they should be. Some members have said that there should be more on mental health as part of GPs’

training, and I note that the recent shape of training review group report, "Securing the future of excellent patient care", recommends an expansion of GP training, presumably post degree, to include more mental health placements. The briefing from the Royal College of Psychiatrists for today's debate states that it supports the recommendation.

The SAMH research on GPs is also interesting. Its briefing states that

"90%"

of GPs

"said they wanted more information on local social prescribing opportunities"

and that almost 50 per cent were

"not aware of ... SIGN guidelines on non-pharmaceutical treatments for depression."

There is, realistically, room for some work in that area.

If members want to find out more about the issue, they should come to the SAMH reception next Thursday, which I am sponsoring and which is on mental health and primary care, so the timing is excellent.

There are many good examples of mental health care and primary care in the community more generally. Richard Simpson referred to the link workers in the deep end practices—let us see a bit more of that. There are great nursing projects, which I will be highlighting in my members' business debate tomorrow, and many of them have a mental health focus. There are also community projects, which I am sure members have in their constituencies. For example, in my constituency there is the Pilton Community Health Project, which runs its women supporting women project as well as providing counselling services and doing other work, a lot of which is to do with mental health.

My second example is an even more distressing one, because it involves a woman whose son committed suicide when, she feels, there was no help or services available for him. The woman, Laura Nolan, has set up the Joshua Nolan foundation and has done amazing work in the past year to raise money for counselling for those who cannot get services through the NHS. Of course, that should not be necessary, but we should pay tribute to her for all the work that she has done. She is now starting to work on awareness of mental health issues in schools, which is part of the very important public mental health agenda, which includes the work of the see me campaign. We have to work on that as well.

The Presiding Officer (Tricia Marwick): You need to bring your remarks to a close.

Malcolm Chisholm: I had a lot more to say about young people and mental health, but I am being told to stop, so I shall.

The Presiding Officer: Thank you.

16:51

John Mason (Glasgow Shettleston) (SNP): We last debated mental health on 28 October, when we discussed a motion that Linda Fabiani lodged. It is good that we are returning to the subject today in Government time.

I will start by focusing on GAMH, the Glasgow Association for Mental Health, which is a charity that is based in my constituency. As members might know, Glasgow City Council is planning to cut the GAMH budget pretty severely, by 40 per cent or £880,000. Of course, all budgets are under pressure and everyone expects budgets to fall a few per cent each year, but that proposal is much more severe and represents a real shift of resources away from that section of mental health provision. If we are serious about preventative expenditure and trying to tackle problems before they escalate, I am puzzled by the thinking behind those Glasgow cuts.

The *Evening Times* of 30 December carried the story of Jennie Robertson, who was the victim of sexual abuse as a youngster and who has been through various treatment regimes, including prescribed drugs and electroconvulsive therapy. However, the one thing that helped her most was input from GAMH. I have had some connection with GAMH, including almost exactly a year ago, when it launched a book of writings by folk with mental health issues. The launch, which was in Dennistoun in my constituency, was a really impressive and moving event at which the main speaker was Liz Lochhead, who spoke in a personal way about her experiences.

It strikes me that one thing that people with mental health issues need is time, including time spent being listened to so that someone really understands their problems, time to form friendships and trust people, time to take part in physical activities or hobbies, which can be a real help, and time to reflect on and perhaps write of their experiences. That is exactly the kind of thing that GAMH and, I am sure, other organisations do. Giving people a few pills might be quicker and cheaper, but I am increasingly certain that it is not always the answer.

I raised the question of GAMH with Glasgow City Council, and I have to say that I was somewhat unhappy with a number of points in its reply of 2 December. For example, the council said:

"A citizen's engagement with Social Work should only ever be, in the main, transitory in nature."

Surely, as with physical disability or illness, some conditions in the mental health realm are long term. I understand that the decision to cut funding has been called in by committee, and I very much hope that the decision will be reconsidered. If the Government can make any representations to the council on behalf of some very vulnerable folk, that would be much appreciated.

I have a few other points to make in relation to mental health more generally. The first is about the continuing challenge of stigma, which has been mentioned. We had a negative reaction from some folk—admittedly it was a minority—in a community in my constituency when there was a proposal to build a care home for people with mental health issues. We need to continue working to counteract such stigma.

My second point is on the link between poverty and poor mental health. Audit Scotland figures show that GP consultations for depression and anxiety ranged from 28 per 1,000 in the least deprived areas to 62 per 1,000 in more deprived areas. Similarly, the rate of suicide is three times higher in the most deprived areas.

Finally, although we should talk about the shortcomings and the things that we want to be improved, we need to keep things in perspective. During recess, I read a report about Cambodia, where the Government has stated that it will not examine mental health issues because it has to deal with many other issues, such as malaria.

The Presiding Officer: You need to bring your remarks to a close.

John Mason: At the weekend, I spoke to a Canadian who has worked all over the world and is currently working in Mozambique. He said that one thing that we must not forget is how superb the NHS is, by world standards.

16:55

Linda Fabiani (East Kilbride) (SNP): Of course, this is a big subject. I know that Mary Scanlon feels that it is not given enough time, but it is a subject that affects so many people that we could literally talk about it constantly. For that reason, we have to hone down our contributions, as everyone who has spoken today has done.

I am particularly interested in the aspects of the Government motion that talk about mental health and wellbeing, because wellbeing is an important word to use about someone's health, whether physical or mental. I am also interested in the mental health innovation fund and would like to hear more about that. I have read that it is about identifying new ways of treating people in the early stages. It ties in with primary care services, too. Malcolm Chisholm referred to the SAMH briefing

and I think that Richard Simpson also spoke about primary care services, which are important for early identification and understanding. They are also important in taking away some of the stigma around mental ill health. I remember reading a piece of research that said that some people felt that even their GP was stigmatising them when they went along to seek help. A big awareness-raising exercise needs to go on, as well.

The Government's mental health strategy ties in with the NHS Scotland quality strategy about making healthcare person-centred, safe and effective. That is particularly relevant for mental health issues. Healthcare must be person-centred; it must suit each person. There should be a joined-up approach not only in the health portfolio but across all portfolios and every aspect of life. That is what leads to an overall sense of wellbeing. Too often, we separate things and put them into different categories. Sometimes, the pooling of health budgets, transport budgets and arts and culture budgets can create a sense of wellbeing. I see that regularly in my constituency.

I have spoken many times about Theatre Nemo, which does wonderful stuff in the arts, but today I want to mention another organisation, which ties into the issue of new towns. The centres of new towns are different from those of other towns. In new towns such as Cumbernauld, Glenrothes and East Kilbride, the shopping centre is the town centre. Therefore, I want to talk about the shopmobility scheme, which supplies disability carts, bikes, trolleys and so on in town centres. However, it is not just about shops; it is about enabling people to feel that they are part of their community because they can move around their own town centre, where they will find not only shops but libraries, cafes and other places where they can meet people. People who live in new towns do not just walk out of the door and go along to local shops; they have to go to their town centre.

I would like there to be a lot more joined-up thinking across portfolios and I ask Mr Hepburn, in his new role, to think about reaching out beyond his portfolio and seeing where the mental health innovation fund can be used and augmented by other aspects of Government so that we can promote that sense of wellbeing that comes not from being referred to a service by a GP but from feeling that one's life is useful.

16:59

Paul Martin (Glasgow Provan) (Lab): I, too, welcome the minister to his new post. He should take in good spirit the robust exchanges that we have heard from a number of members, which should ensure that we learn from the challenges that we face. The minister should take on board

the fact that some of the measures in the current mental health strategy that need to be met have not been met, and there is no doubt that the Government should include in future parliamentary business the opportunity for us to revisit the debate that we have had today so that we can take the issues forward.

I hope that, in his closing remarks, the minister will show humility in recognising that some of the challenges that the Government faces have not been met and that he will tell us how he intends to address that at an early stage. I appreciate how complex the area is, but we must recognise that the patient experience is not always as positive as it should be. Whatever measures could be put in place to improve the situation would be welcomed.

Like other members, I recognise the dedication of the staff who treat people who have mental health conditions. Those staff are to be commended for their good work. Over the years, I have dealt with many members of staff who have shown absolute dedication in what is a complex area, in facing challenges in terms of resources and in the bureaucracy in the system. Nevertheless, we should recognise that there are cases of mistreatment or misdiagnosis, and that those who are treated by health professionals do not always get the treatment that they should get. People find themselves in the bureaucratic process of making complaints because they are concerned that their condition has not been dealt with as well as it could have been.

I want to raise the particular case—it is similar to the case that Malcolm Chisholm raised—of a constituent who visited me just last month. She suffers from a bipolar condition and contacted me to say that she had a prescription from the NHS centre for integrative care at the homoeopathic facility in Glasgow. She had been a nurse for over 30 years, but had had to give up work in order to get treatment to get better and to get back to the job. Her new treatment has been working well and she is beginning to return to the state that she was in previously.

However, in a situation that is similar to that which Malcolm Chisholm described, her GP refused to give her the repeat prescription that she requested. Because of that, her condition has deteriorated. I find that to be unacceptable. It could be that, as in the case that Malcolm Chisholm described, my constituent's GP has not been able to refer her to services because they are not available.

To me, that is a clear case of a patient experience that has gone wrong unacceptably. My constituent's condition has now deteriorated, and she is currently going through the bureaucracy of pursuing an official complaint. I ask the minister, in his new role, to ensure that he takes on board

such real-life patient experiences so that we can take action.

I ask members to support the Government motion and the amendments that have been lodged.

17:03

Mark McDonald (Aberdeen Donside) (SNP): I welcome the minister to his new role and welcome the tone that he struck in opening the debate. Broadly speaking, it has been a constructive debate.

I will touch on a number of key areas, the first of which is stigma, which has been mentioned by several members. I note the rather stark figures that are contained in the briefing that has been provided to us by the Health and Social Care Alliance Scotland. A quarter of people surveyed had experienced a mental health problem at some time, but almost half the people who were surveyed said that

"if they were experiencing mental health problems they 'wouldn't want people knowing about it'".

The briefing goes on to say that one in six people said that

"they would find it difficult to talk to someone with a mental health problem"

and that

"Only 82% of people said that they thought people with mental health problems should have the same rights as anyone else."

That is troubling for anyone to read.

When we talk about one in four people being affected by a mental health problem, let us not beat about the bush. That means that 30-odd members of this Parliament could be affected by a mental health condition at some stage in their life.

Most of us will have somebody in our networks of family and friends who is experiencing, has experienced or will experience mental ill-health, so it is our responsibility to respond to that not just as parliamentarians and politicians, but as people who have loved ones who are likely to be affected. Linda Fabiani made the point that it is not the responsibility only of the health service or even, necessarily, of social care services, but of everyone to ensure good mental health.

It is worth noting that the length of time for treatment for a mental condition will vary from person to person because each individual, by their nature, will experience mental health conditions in different ways. I do not think that we need new legislation on this—the minister highlighted that it is already in legislation—but it is important that mental health receives priority treatment. I believe

that that is down to attitude as much as it is to any form of legislation.

If a person breaks his or her leg, we can roughly gauge the time that will be needed before they can have the cast taken off and before they will be able to walk again. However, for a mental health condition it is less easy to predict exactly at what point the individual will no longer require treatment. That bears remembering when we are talking about the kinds of treatment that are being offered.

In terms of negative influences, it is worth noting that briefings that we have received refer to the impact of welfare reform on mental health—certainly those from Inclusion Scotland and the mental health alliance do so—in particular for people who already suffer from significant mental health conditions, but also on people who find their anxiety and stress increasing, which has an impact on their mental health. That impact is being documented by a range of organisations across Scotland. We must accept that external factors impact on the ability of an individual to enjoy good mental health and to recover from a situation that has caused their mental health to deteriorate.

Finally, I want to touch on something positive from a local perspective. I noted in *The Press and Journal* in October that the Care Inspectorate gave a fantastic rating of “excellent” to the service that is provided by VSA at its facility in Westerton Crescent in Aberdeen, which switched in February 2014 from being a care home to being a housing support service for individuals who have mental health conditions. A lot of positive work is going on there, and I hope to visit the facility soon. It is worth recognising the strong role that the voluntary sector plays in ensuring that people with mental health conditions get the best support, as required.

The Presiding Officer: We move to wind-up speeches. Jim Hume has four minutes.

17:07

Jim Hume: As I said in my opening speech, I welcome the consensus that is emerging for action on mental ill-health today. The debate has also highlighted some of the concerns around treatment and service availability. I am glad that the minister wants all boards to meet their HEAT targets within a year, but of course that might be difficult to do, with the loss of beds and the cuts to the numbers of experienced and specialist staff. We must recognise some of the weaknesses as well as the ambitions. If we do not, we will fail to make progress, which we cannot afford and none of us wants.

I was a wee bit disappointed in the Conservative and Labour amendments because they perhaps do not go far enough. They accept that there is

parity between physical and mental health ill health, which I do not think is the case. The RCN says that it is not the case and the evidence is that GPs are not referring people to talking therapies because they know about the pressure on services.

Jamie Hepburn: Will Jim Hume take an intervention?

Jim Hume: I have only three minutes left, so I am sorry, minister.

I am glad that Richard Simpson mentioned human rights because I am concerned that guardianships are being used more and more for people who have learning disorders, but I will leave that for another day.

However, not having quality services in suitable surroundings compromises individuals’ recovery, which in turn compromises their health and their future. In addition, we rely on the expert knowledge of mental health officers for the most serious cases. It is therefore hugely worrying that there is an inadequate number of mental health officers for the demand, and that because of that there has been a 5 per cent fall across Scotland in mental health officer consent for emergency detention in hospital. People should not be detained without that consent unless to do otherwise is totally impractical, but 42 per cent of detentions had no mental health officer consent. We therefore back the calls by the Mental Welfare Commission for Scotland for an urgent recruitment and training strategy for mental health officers, and we thank the commission for highlighting that need.

Campaigns such as see me, which many members have mentioned, have gone some way towards addressing the stigma that is attached to mental health, but it still exists—nine out of 10 people who suffer from mental ill health have experienced discrimination. That is unacceptable, so we must do more.

We look forward to the issuing of a revised mental health strategy this year. I hope that the minister will listen carefully to what has been said during the debate and to what those who are involved daily in mental health services have raised as issues in their meetings and briefings with us. We cannot make progress unless we deal with the concerns and the failings.

I reiterate the Scottish Liberal Democrats’ call for it to be set out in law that mental ill health and physical ill health deserve equal recognition. I believe that that will help to ensure that improvements in treatment are made for people who have mental ill health, and to address stigma where it exists. I was a bit surprised that, despite making a thorough critique of the lack of progress on the mental health strategy, Mary Scanlon

supports the Government's motion, which I believe does not go far enough.

Today's debate is a welcome step, but it is a small step. We must keep working to improve the situation, and I am happy to do so in a consensual manner. I offer my whole-hearted support for, and thanks to, those who work in the NHS, local authorities and the third sector to provide mental health treatment. We know that, without them, individuals would be lost and the picture as a whole would be a lot darker. Those individuals are calling for real action now: we must listen to that call and act on it.

17:11

Mary Scanlon: I begin by addressing a couple of the points that Jim Hume made. We support the Government's motion because of the level of interest that the Government has shown in mental health and its level of commitment to tackling the issue. I rightly went through the commitments that were made in the mental health strategy. Although those commitments have not been achieved, I look forward to their being achieved; I was simply reminding the minister of what we seek. Nevertheless, I welcome the progress that has been made in improving mental health, and I look forward to further progress being made. It is not a huge motion, but I do not think that we are in a position to be churlish. We have a new minister—the debate is Jamie Hepburn's first outing as minister—and I think that much more work can be done.

Jim Hume called for parity in the treatment of mental ill health with the treatment of physical ill health. I refer him to a statement that Earl Howe made at Westminster on 19 December that set out various new waiting targets. However, I want to use my time to talk about what is being done here, rather than about what the Westminster Government is doing, because it is a very short debate. If I have not covered everything that Jim Hume expected me to cover, that is not because I am not committed to improving mental health; it is due simply to a shortage of time.

Although the debate has been short, it has been an important one. I thought that Linda Fabiani made very good points on the joined-up approach and I liked what John Mason said about the use of alternatives to antidepressants, which takes me on to my next point. As others have said, 40 per cent of the GPs who took part in the Scottish Association for Mental Health's survey said that they had not referred anyone for psychological therapies recently because waiting times were too long. We therefore have a huge hidden waiting list and enormous unmet need, because treatments and therapies that are appropriate for people's conditions are being ruled out as a result of long

waiting times. As Malcolm Chisholm said, although one in three GP appointments relates to mental health, 85 per cent of the GPs who took part in the survey told SAMH that there are gaps in service provision and 90 per cent of them wanted more information on local social prescribing opportunities. If the GPs do not know about social prescribing, the patient cannot possibly be referred to the service. There is certainly work to be done on that.

On criminal justice, commitment 32 in the mental health strategy includes an undertaking to increase effective use of community payback orders, which were introduced in 2010 to help to prevent people from going to prison when what they actually need is mental health treatment and support. We all supported that, yet only 74 out of the 10,000 community payback orders that were issued in 2011-12 included a mental health requirement, so we need to do an awful lot more on that front.

On access to CAMHS, only half of health boards achieved the 26-week waiting time target and only five of 14 health boards achieve the 18-week target. The only mainland board that is achieving the target is NHS Dumfries and Galloway. It is concerning that the target is met only 54 per cent of the time in NHS Grampian and only 50 per cent of the time in NHS Tayside.

The Presiding Officer: You need to wind up, Ms Scanlon.

Mary Scanlon: Just as worrying is the increase in referrals to CAMHS. The focus on recruitment of psychologists and psychiatrists is an issue, given that last year there were eight vacancies for learning disabilities posts and none was filled.

There is more to do.

17:15

Jenny Marra (North East Scotland) (Lab): I, too, welcome the new minister to his post. I am new to my post in the health brief as well. I hope that we can put mental health right at the centre of our health agenda, that mental health will be the minister's personal passion and that he will drive the issue forward. I think that everyone across the chamber would agree that it is one of the biggest health challenges facing Scotland.

The problem is not specific to Scotland. I did quite a lot of reading over Christmas, comparing our health record with that of Finland, which is seeing an increase in mental health problems, too. On the challenges ahead, we need to look internationally and to be bold and ambitious in our approach. I hope that the minister will rise to the occasion.

There is so much that we need to look at on the mental health agenda, and it is disappointing that, since 2007, the Scottish Government has taken the opportunity to use its own debating time only twice to debate mental health. I hope that, working with the minister, we can turn that around. I will make a personal pledge to the minister: if, every time we return from recess, he wants to debate mental health in detail and to look at different aspects of how our services and communities are coping with and trying to prevent mental health issues, Labour would whole-heartedly welcome that and would meet that challenge. I also make the pledge that I will work hand in hand with him on initiatives to make sure that we put the prevention of mental health issues right at the centre of our health agenda.

I will touch specifically on educational psychology, which is an aspect of prevention that I do not think has been covered in the debate. In its briefing for today's debate, the Scottish children's services coalition asks the Scottish Government urgently to address issues around funding for training educational psychologists.

I would be surprised if members across the chamber have not had experience of families coming to their surgeries to ask about the waiting lists for their children to be seen and assessed in school by an educational psychologist. The waiting lists are long. If we are truly to take a preventative approach, we must look seriously at that situation.

Funding for the training of educational psychologists is an issue. In 2012, the bursaries were withdrawn, and the postgraduate course is not funded. I have had people at my surgery who have been looking to put their immense talents into educational psychology but who have not been able to afford to do so. When Michael Russell was the Cabinet Secretary for Education and Lifelong Learning, I asked him if he could redress the situation and provide funding to pay the fees of students who would be dedicating their skills to the health service on not great salaries—educational psychologists earn roughly £30,000 a year. As I say, I would be happy to work hand in hand with the minister if he would address that issue as a priority.

I turn to some of the contributions that have been made.

Mary Scanlon made an excellent speech. She talked about the Government's report card on the matter, highlighted the paucity of debates and called for an annual update. I hope that she will back my call for us to look seriously at mental health more regularly than annually.

Mary Scanlon also talked about the importance of measuring mental health outcomes and raised a point that I know the minister will have taken note

of: the increase in the past year in the number of children who are treated in adult psychiatric wards. I hope that that is one of the points requiring urgent action that the minister will take away from the debate.

Jim Hume and Malcolm Chisholm spoke about organisations and GPs not making referrals because the waiting lists are so long. I would like to hear an early indication from the minister of what can be done about that mass of unmet need in respect of non-referrals. That is an issue that is particularly close to my heart. I have visited organisations in Dundee that provide opportunities for young people to come together—young people who have been affected by the issue, and friends of young people in our communities who have taken their own lives. I hope that, throughout his time in government, the minister will commit to focusing very strictly on prevention and on seeing what we can do about mental health issues in Scotland.

I turn to the motion and the amendments.

The Presiding Officer: You have 30 seconds.

Jenny Marra: Yes, Presiding Officer.

We will support the Government's motion. There is much in the Conservative and Liberal amendments that we support, but I understand that, even if our amendment is agreed to—the minister has indicated the Government's support for the Labour amendment—the Conservative and Liberal amendments would delete it. Therefore, although we agree with the content of the Conservative and Liberal amendments, we will not be able to support them. I hope that that strikes a note of consensus.

17:21

Jamie Hepburn: Jenny Marra said that she hopes that mental health will be my passion. I hope that she and other members will recognise that, as the first debate that I have brought to the chamber is on mental health, that gives at least some indication of the priority that I place on ensuring that we tackle mental health disorders and improve Scotland's mental health.

The debate has been useful. Paul Martin felt that it had been "robust" and Mark McDonald felt that it had been "constructive". At first glance, those concepts might seem to be mutually exclusive, but both comments are true, and the debate has benefited accordingly.

I know that Richard Simpson, Jenny Marra and Mary Scanlon feel that we should debate the subject more regularly, given that the process has been constructive. I am certainly happy to look at bringing it back on a more regular basis.

A lot has been said in the debate, and it is unlikely that I will be able to respond to every point. If a member has raised any particular issue that I am unable to respond or refer to, they should feel free to contact me directly.

I start by referring to Mary Scanlon's opening speech. She raised concerns about the mental health strategy. I am happy to provide an update on some of the issues that she referred to.

Mary Scanlon: Will the minister take an intervention?

Jamie Hepburn: I have not even got to updating Mary Scanlon yet, but I will take an intervention—absolutely.

Mary Scanlon: The minister may want to address issues raised by other members, because I have submitted eight or nine written questions on the strategy that relate to most of the issues that I raised. I look forward to seeing the replies.

Jamie Hepburn: For the benefit of other members, I will still mention the issues anyway.

On commitment 1 in the mental health strategy and the Sandra Grant report, the report in question will be published later this year.

Mary Scanlon was concerned that technology has not featured as part of the mental health strategy. I can inform her and other members that NHS 24 is project managing a technology-based process whose acronym is Mastermind. I will not go through the full title, but essentially it is to do with telehealth. NHS 24 is piloting the process in four health board regions: Shetland, Grampian, Lanarkshire and Fife. Therefore, technology is featuring as part of the process.

Commitment 26 was to audit the in-patient estate. The audit took place in October 2014 and the findings will be published later this year.

Commitment 30 was on women in the criminal justice system with borderline personality disorder. I recognise that that is an important area. Work is on-going to improve mental health services to address those challenges, building on the work that is under way at HMP Cornton Vale to test the effectiveness of training prison staff in a mentalisation approach to working with women with borderline personality disorder and, indeed, women who have experienced trauma.

Dennis Robertson raised an issue that I know is very close to him and his family: eating disorders. If he has specific suggestions as to how we can focus our efforts better in that area, I am always willing to discuss the issue with him.

Sandra White and John Mason raised a variety of local issues in relation to the Charlie Reid centre, GAMH and the closure of day centres,

which is something that I know my colleague Bob Doris has campaigned on—

The Presiding Officer: One moment, minister. There is far too much talking among members coming into the chamber. I am sure that you are all pleased to see your colleagues, but could we save the happy new years and handshakes for outside?

Jamie Hepburn: Ultimately, those local changes are matters for the local authority, but I appreciate that the removal or reduction of services can impact on service users. I suppose it reminds us that decision makers have to carefully think through any decisions that they make.

Linda Fabiani spoke of the unique nature of new towns. She will understand that I readily recognise that, too—as indeed you will, Presiding Officer. She mentioned the idea of cross-portfolio working to deliver services better in the community, particularly in relation to where people are in their community. That is always a good thing to do, and where we can do it in this area, we will.

I turn to the amendments. I recognise the points that Mary Scanlon makes in her amendment. In particular, I pick up on what she says about young people being placed inappropriately in adult wards, which Jenny Marra also mentioned. I accept that that should not happen and I am disappointed to see that the number of young people being admitted to adult wards has increased. We expect it to be reduced.

Dennis Robertson: Does the minister agree that we need to look at the transition period, when young people are moved from children's services into adult services? That period could be extended so that, if appropriate, young people could stay within CAMHS rather than moving on to adult services.

Jamie Hepburn: That is the flipside of the point that I was about to make. In the circumstances that we are talking about, most of the admissions are of young people aged 16 or 17, and in certain cases an adult facility might be clinically judged to be a more appropriate setting. Nevertheless, I expect almost all children and young people who are admitted to adult wards to be discharged quickly and transferred to CAMHS settings.

I point out that we are increasing bed numbers in the north of Scotland for children and adolescents—the new unit will be ready later this year.

However, I cannot accept the Tory amendment because the quality of mental health services is not measured in nationally set numbers of beds or staff. Although, as I have alluded to, those are both important parts of a well-functioning system,

it is the quality of clinical outcomes and social and personal outcomes that matters.

I do not accept Mr Hume's amendment. I agree that we need to ensure that mental and physical health have equal recognition. I was somewhat perplexed when Mr Hume's response to me was that the difference between Scotland and England is that that recognition has been put in legislation in England, given that I had already said to him that section 1 of the National Health Service (Scotland) Act 1978 essentially makes the same commitment here in Scotland. To be clear, I say to him that the 1978 act is legislation.

I think that we would take the Liberal Democrats' concerns about parity rather more seriously if they had not, in March 2014, overseen a funding decision made by NHS England that imposed a proportionately greater funding cut—20 per cent greater—for mental health services than for acute hospitals, which was of course widely criticised by mental health organisations.

Jim Hume rose—

The Presiding Officer: The minister is in his last 15 seconds.

Jamie Hepburn: I therefore cannot accept the Lib Dem amendment. I am happy to accept the Labour amendment, which is constructive.

This has been a useful debate. I look forward to bringing mental health back to the chamber as it is an important issue for us continually to debate.

Serious Crime Bill

17:30

The Presiding Officer (Tricia Marwick): The next item of business is consideration of motion S4M-11986, in the name of Michael Matheson, on the Serious Crime Bill, which is United Kingdom legislation.

Motion moved,

That the Parliament agrees that the relevant provisions of the Serious Crime Bill, introduced in the House of Lords on 5 June 2014, relating to amendments to the Proceeds of Crime Act 2002, amendments to the Computer Misuse Act 1990, amendments to the Serious Crime Act 2007 in respect of serious crime prevention orders, the repeal of provisions within the Serious Organised Crime and Police Act 2005 in respect of financial reporting orders and the amendments to the Prohibition of Female Genital Mutilation (Scotland) Act 2005 to include habitual UK residents, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.—[*Michael Matheson.*]

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

Decision Time

17:30

The Presiding Officer (Tricia Marwick): There are eight questions to be put as a result of today's business.

The first question is that amendment S4M-11976.2, in the name of Claire Baker, which seeks to amend motion S4M-11976, in the name of Fiona Hyslop, on winter festivals, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is that amendment S4M-11976.1, in the name of Liz Smith, which seeks to amend motion S4M-11976, in the name of Fiona Hyslop, on winter festivals, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Brown, Gavin (Lothian) (Con)
 Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Davidson, Ruth (Glasgow) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 McInnes, Alison (North East Scotland) (LD)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Liz (Mid Scotland and Fife) (Con)

Against

Adam, George (Paisley) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Roderick (North East Fife) (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)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)

Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Abstentions

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McTaggart, Anne (Glasgow) (Lab)

Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Stewart, David (Highlands and Islands) (Lab)

The Presiding Officer: The result of the division is: For 20, Against 61, Abstentions 33.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S4M-11976, in the name of Fiona Hyslop, on winter festivals, as amended, be agreed to.

Motion, as amended, agreed to.

That the Parliament notes the contribution that Scotland's Winter Festival programme makes in promoting Scotland both nationally and internationally as a world-class cultural tourism destination and the perfect stage for events all year round; acknowledges that the programme of St Andrew's Day, Christmas, Hogmanay and Burns Night celebrations is gathering momentum year-on-year and offers visitors, the people of Scotland and all those with an affinity to Scotland a real taste of the nation's distinct traditions and contemporary culture through the promotion of Scottish music, arts, food and drink; recognises the role that the festivals have and will continue to play in supporting Scotland's successful programme of themed years, and welcomes the contribution that the winter festivals make in helping to promote Scotland as a great place to visit, study, work, invest and do business all year round; also recognises the many local and community-organised winter festivals that take place throughout Scotland, and commends the hard work of volunteers, local groups and small businesses that make such events a success.

The Presiding Officer: The next question is, that amendment S4M-11975.2, in name of Richard Simpson, which seeks to amend motion S4M-11975, in the name of Jamie Hepburn, on mental health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Buchanan, Cameron (Lothian) (Con)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)

Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Fergusson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hilton, Cara (Dunfermline) (Lab)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kelly, James (Rutherglen) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macintosh, Ken (Eastwood) (Lab)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McDougall, Margaret (West Scotland) (Lab)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McMillan, Stuart (West Scotland) (SNP)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)

Robertson, Dennis (Aberdeenshire West) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Hume, Jim (South Scotland) (LD)
 McArthur, Liam (Orkney Islands) (LD)
 McInnes, Alison (North East Scotland) (LD)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scott, Tavish (Shetland Islands) (LD)

The Presiding Officer: The result of the division is: For 109, Against 5, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is that amendment S4M-11975.3, in name of Mary Scanlon, which seeks to amend motion S4M-11975, in the name of Jamie Hepburn, on mental health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Brown, Gavin (Lothian) (Con)
 Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Davidson, Ruth (Glasgow) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)

Against

Adam, George (Paisley) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Bibby, Neil (West Scotland) (Lab)

Boyack, Sarah (Lothian) (Lab)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hilton, Cara (Dunfermline) (Lab)
 Hume, Jim (South Scotland) (LD)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Keir, Colin (Edinburgh Western) (SNP)
 Kelly, James (Rutherglen) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macintosh, Ken (Eastwood) (Lab)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McDougall, Margaret (West Scotland) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McMillan, Stuart (West Scotland) (SNP)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Pearson, Graeme (South Scotland) (Lab)

Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 15, Against 99, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S4M-11975.1, in the name of Jim Hume, which seeks to amend motion S4M-11975, in the name of Jamie Hepburn, on mental health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Brown, Gavin (Lothian) (Con)
 Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Davidson, Ruth (Glasgow) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 McInnes, Alison (North East Scotland) (LD)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Liz (Mid Scotland and Fife) (Con)

Against

Adam, George (Paisley) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)

Campbell, Roderick (North East Fife) (SNP)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hilton, Cara (Dunfermline) (Lab)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kelly, James (Rutherglen) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macintosh, Ken (Eastwood) (Lab)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McDougall, Margaret (West Scotland) (Lab)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McMillan, Stuart (West Scotland) (SNP)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)

Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 18, Against 96, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S4M-11975, in the name of Jamie Hepburn, 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)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Buchanan, Cameron (Lothian) (Con)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)

Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hilton, Cara (Dunfermline) (Lab)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kelly, James (Rutherglen) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macintosh, Ken (Eastwood) (Lab)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McDougall, Margaret (West Scotland) (Lab)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McMillan, Stuart (West Scotland) (SNP)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Hume, Jim (South Scotland) (LD)
 McArthur, Liam (Orkney Islands) (LD)
 McInnes, Alison (North East Scotland) (LD)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scott, Tavish (Shetland Islands) (LD)

The Presiding Officer: The result of the division is: For 109, Against 5, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament welcomes the level of interest and commitment to improving mental health and mental health services; recognises the equal importance that the NHS places on the care and treatment of mental and physical illness but notes that, while there has been progress toward the targets on child and adolescent mental health, the targets have not been met, psychological treatments waiting times remain very challenging and primary care teams are under substantial and increasing time pressure to deliver holistic care, particularly in areas of deprivation where there is a greater amount of mental illness; further notes that, after initial progress in improving public attitudes to mental illness with the See Me programme, this welcome trend has stalled and there is a need for more robust monitoring and inspection of the variation between NHS boards; notes the Scottish Government's recent announcement of an additional £15 million investment in mental health services, and looks forward to further progress in improving mental health and wellbeing as a fundamental and integral part of delivering person-centred, safe and effective healthcare services.

The Presiding Officer: The next question is, that motion S4M-11986, in the name of Michael Matheson, on the Serious Crime Bill, which is UK legislation, be agreed to.

Motion agreed to,

That the Parliament agrees that the relevant provisions of the Serious Crime Bill, introduced in the House of Lords on 5 June 2014, relating to amendments to the Proceeds of Crime Act 2002, amendments to the Computer Misuse Act 1990, amendments to the Serious Crime Act 2007 in respect of serious crime prevention orders, the repeal of provisions within the Serious Organised Crime and Police Act 2005 in respect of financial reporting orders and the amendments to the Prohibition of Female Genital Mutilation (Scotland) Act 2005 to include habitual UK residents, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.

“New Psychoactive Substances Needs Assessment for Tayside, 2014”

The Deputy Presiding Officer (John Scott):

The final item of business is a members' business debate on motion S4M-11849, in the name of Alex Johnstone, on “New Psychoactive Substances Needs Assessment for Tayside, 2014”. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes the report, *New Psychoactive Substances Needs Assessment for Tayside, 2014*, by NHS Tayside, which states that there are now over 350 substances that the European Monitoring Centre for Drugs and Drug Addiction is aware of and over 650 websites in Europe that market new psychoactive substances (NPS) to consumers; understands that, in 2013, NPS were found to be a potential contributor to 60 drug deaths in Scotland; acknowledges the concerns of community groups in places such as Aberdeen, Arbroath and Montrose about the potential impact of NPS and the retail premises that sell them; commends the work of these community groups and agencies in raising awareness of the potential dangers of using NPS, and notes the hopes of many that this work will be taken forward locally and nationally to reduce the availability and consumption of NPS.

17:38

Alex Johnstone (North East Scotland) (Con):

The life of an MSP rarely goes quiet, but if there is one time of year when people have better things to think of, it is between Christmas and new year's eve. That is why, last year, I was surprised to receive an urgent call in that period.

It was as a result of that call that I found myself attending a packed public meeting in Arbroath. The purpose of the meeting, which had been organised by local community activists, was to highlight concerns about the use of new psychoactive substances—so-called “legal highs”—especially among young people in the area. One of the major concerns was not just the potential effects of those products but the fact that they were so readily available in a number of retail premises in the town.

Since that meeting, things have come a long way. A campaign group was formed in Arbroath, followed by others in Montrose and Aberdeen. Those groups decided to work together. They harnessed social media and subsequently joined other, similar groups south of the border.

The problem is an on-going and constantly evolving one. The manufacturers can quickly change the chemical make-up of these products, meaning that they are always one step ahead of the law. The effects of new psychoactive substances and the prevalence of NPS in our

communities can be hard to pin down. That is why the report, "New Psychoactive Substances Needs Assessment for Tayside, 2014" and the large-scale survey on which it is based are such a welcome contribution to the on-going debate on this serious issue.

New psychoactive substances are designed to mimic the effects of existing illegal drugs—or it is claimed that they do so. The range of adverse effects from taking them includes palpitations, agitation, vomiting, seizures, headaches, chest pain, insomnia, sweating, hypertension and delusions. Worse still, as NHS Tayside said in its report,

"users experienced mental health impacts such as paranoia, anxiety and psychotic symptoms while under the influence of NPS."

A worrying long-term issue is that users have reported dependency developing while on NPS, tolerance of these substances and withdrawal symptoms. As is so often the case, the substances can also make users vulnerable when they become confused and lacking in self-awareness.

Given that wide range of deeply concerning effects, many members will find it astonishing that NPS can be purchased from retail premises in our towns. That gives the substances a veneer of legality that masks the potentially appalling effects of consumption. All too often, toxicology tests on products that are being sold as plant food, bath salts and even incense show that they contain a cocktail of potentially harmful substances, some of which might be illegal under the Misuse of Drugs Act 1971, which leaves the purchaser and the seller open to legal action and a criminal record—if only that happened more often.

When things go wrong, there are knock-on effects on public resources. According to the report, in the majority of cases assistance was sought from the Scottish Ambulance Service. The number of incidents involving NPS has increased consistently since January 2012. As we know, help is also regularly sought from accident and emergency departments, general practitioners and mental health services.

The growing awareness of the dangers of taking new psychoactive substances is to be welcomed, but much remains to be done. There are opportunities to examine the reporting methods used in incidents in which it is suspected that substances have been taken, to look at how users or potential users can be educated about the risks, and to review how organisations such as the Scottish Government, the United Kingdom Government, Police Scotland and the national health service work alongside key partners to maximise awareness of how dangerous the substances are, until such time as the legal loopholes are closed and it is illegal to sell them.

I am reassured that the results of the survey reflect not only the discussions with professional and community groups but what I was told at that meeting more than a year ago and have consistently been told since then. Most respondents to the survey expressed a wish for additional help and support to be available to people who take NPS. The majority wanted awareness to be raised of the dangers of and potential damage associated with NPS, with emphasis on the requirement for more education.

Respondents also wanted to see more availability of support services for NPS users. Some respondents suggested that there should be readily accessible drop-in services or a dedicated NPS service.

Jenny Marra (North East Scotland) (Lab): The member said that he is looking forward to it becoming illegal to sell NPS. Is he suggesting that there should be a more robust licensing system at local authority level?

Alex Johnstone: As the member is aware, it would not be appropriate for me to make requirements of Government during a members' business debate. However, it is important that the UK Government and Scottish Government move forward together and ensure that both Parliaments legislate to deal with areas for which they are responsible. That includes action by the Westminster Parliament to make the substances illegal when that is possible, as well as action by this Parliament that will enable local authorities and police forces to take greater action on the ground to close down the shops that have been identified.

I pay tribute to the grass-roots community campaigns that sprang up in response to growing concern about the issue. Their voices have been heard loud and clear, and they continue to move towards their ultimate goal of closing the head shops and banning the so-called legal highs that they sell, making sure that they get them off the streets. I welcome this report and I see it as being hugely influential in the campaign. I commend the authors and those who took part in the survey for the work that they have done.

17:45

Graeme Dey (Angus South) (SNP): The "New Psychoactive Substances Needs Assessment for Tayside, 2014" report makes informative reading and I commend Alex Johnstone for bringing it before the chamber for debate.

It would be impossible to cover every relevant aspect of the report in four minutes, so I will focus on ease of access to NPS and what is being done to disrupt that in the part of Tayside that I represent.

Although there are 650 websites across Europe selling NPS, the report indicated that not only did most people first experience these products through friends or so-called head shops but supply after that introduction was predominantly through shops. People accessed NPS in the first instance directly from shops rather than from the internet by a margin of 6 to 1. When it came to subsequent, on-going usage, the ratio was about 4 to 1.

There is painful, real-life experience to support those figures. Angus woman Laura McKay, who lost her brother Michael to NPS abuse last year, made a very telling and touching contribution to a recent newspaper article on the subject. Refuting suggestions that head shops are doing nothing other than providing the same service that is available online, she made the extremely valid point that if people want NPS, they are not going to wait for an internet delivery if there is a readily available supply close at hand.

The report highlighted the influence of the presence of head shops in our communities, revealing a widely held view about the role that ready access plays in NPS as well as the techniques used by those premises to encourage the purchase of NPS. The report specifically suggests that the fact that so-called legal highs can be purchased from shops gives them legitimacy.

Interestingly, the report says that there is an apparently “strong appetite” among NPS users and people who know users to ban head shops, the reasoning being that by removing the shops from our midst, temptation would be reduced. They undoubtedly have a point. Of the 34 NPS seized by Police Scotland across Tayside between May and July last year, 21 are known to have been purchased from one of seven head shops that were operating within the region at that time.

The good news is that some of those premises are leaving our communities—although the Montrose premises in Nigel Don’s constituency remains open, both shops in Arbroath have closed their doors. That is down in no small measure to the work of Police Scotland.

This is a hugely challenging area for the police. In the absence of tried and tested paths to deal with those who bring these substances into our communities, the police must think outside the box, and they are doing just that. Around a year ago, as the local MSP, I was allowed to sit in on a Police Scotland mini-conference in Arbroath, at which officers from Strathclyde met up with colleagues from Angus to compare approaches to the problem.

What struck me most about what I heard, including in answer to the questions that I posed, was the determination of officers to tackle the

matter head on. In that regard, I commend absolutely the action that was taken in early 2014 by local officers, under the command of Chief Inspector Gordon Milne, to seize more than £2,600 in cash from the owner of a shop selling NPS in Arbroath.

The officers concerned took that action with no certainty of being backed up by the full force of the law. It was therefore heartening for them and is surely to be welcomed by this chamber that the Crown Office supported seizure under the Proceeds of Crime Act 2002 and forfeiture was subsequently granted, setting a positive precedent and one that proved to be more than a shot across the bows for those peddling so-called legal highs. The head shop in question has now followed another that was set up in Arbroath and has now closed its doors.

Members all too often hear criticism being levelled at Police Scotland and its approach to certain issues. I hope that on this occasion we can unite in commending the efforts of Police Scotland in Angus in seeking to rid our communities of ready access to NPS and that we can all support Chief Inspector Milne, who told the *Arbroath Herald* newspaper just before Christmas:

“the supply of these substances from shops in our towns and in ways which entice young and vulnerable people to experiment and consume these substances is morally reprehensible and should be stopped.”

The seizure of the money attracted media coverage. However, it is only the tip of the iceberg of the work that is being done by the police—along with the Procurator Fiscal Service and trading standards—in the area of Scotland that I, Nigel Don, Alex Johnstone, Alison McInnes and Jenny Marra represent. Much of what is going on, such as the shaping of potential future approaches aimed at making life extremely uncomfortable, if not impossible, for the traders in NPS, understandably takes place away from the public gaze. However, I understand that an individual from Angus has recently been charged with eight counts relating to the trafficking of NPS. If the case proceeds to trial and ends in conviction, that will send the strongest possible deterrent message to those who are peddling NPS in our communities.

I am sure that members on all sides of the chamber will be watching with interest to see how the situation unfolds.

17:51

Anne McTaggart (Glasgow) (Lab): I am particularly pleased to participate in this members’ business debate on the NHS Tayside report on new psychoactive substances, as I have previously worked in and around addiction

services. I thank Alex Johnstone for bringing the debate to the chamber.

Although there is much media and political interest in new psychoactive substances, there is currently very little robust data on prevalence or patterns of use, which makes it difficult to assess the need to deliver health prevention interventions.

I try to keep up to date in the area of addictions, but I was not aware of the full picture on NPS until the Parliament's cross-party group on drug and alcohol misuse invited along representatives from agencies and a Glasgow consultant specialising in NPS addiction and treatment to speak at one of its meetings.

It was pretty horrific to say the least, as the consultant gave a blow-by-blow account of his day-to-day work with some of the young people who came to his hospital for treatment. The addiction, which sometimes led to death, was traumatic not only for the young people but for their parents, who had to watch them going through the process.

However, the appearance of novel substances is itself not new. Until 2009, most of the NPS products that emerged were typically sold on the illicit market and were considered to be an area of limited significance. The open sale of NPS marked the start of what is now called the legal highs market. It was facilitated by advances in technology and by globalisation. The internet has provided a platform for information on NPS and made them more widely available, which, combined with ease of distribution and delivery, has had a significant impact.

Those factors, together with changes in the price, purity and availability of similar, more traditional illicit drugs, created a perfect storm that enabled the NPS market to establish itself in Scotland and in the UK as a whole. The range of new substances, and the rate at which they appear, mean that we need to understand the situation and respond differently from how we might have done in the past.

NPS are designed and produced to mimic the effects of illegal drugs such as cocaine, cannabis and ecstasy, albeit that they are created with a different chemical structure to avoid their being controlled under the current legislation.

In the five years since the introduction of European-wide controls, the number of new psychoactive drugs has continued to grow. In Scotland, the level of use is much higher than it is among our European counterparts. There is very little robust data on the prevalence of NPS in Scotland; however, according to the National Records of Scotland, there were 581 drug deaths in Scotland in 2012. In addition, the NHS Tayside

report states that NPS was found to be a potential contributor to 60 drug deaths in Scotland in 2013.

Legal highs will become an even greater problem in the future, so the Scottish Government needs to take steps to establish a clear message in our schools and among the wider public of the dangers of NPS.

NPS use results in a cost to society. The total economic and social cost of illicit drug use in Scotland was estimated in 2006 to be just under £3.5 billion per year, with heroin holding the largest share of the market.

In conclusion, the new thinking on the issue, and the refreshed approach, are both timely, and I hope that my colleagues will join me in commending the work of the community groups and support agencies that raise awareness of the potential dangers of using NPS.

17:54

Alison McInnes (North East Scotland) (LD): I, too, am grateful to Alex Johnstone for bringing this important issue to the chamber and for the work that he has done on it. Comparatively little is known about the use, impact and perceptions of new psychoactive substances or NPS. That is why research such as the comprehensive assessment by NHS Tayside, which was compiled on behalf of the three local alcohol and drug partnerships, is so valuable. I am impressed that the research drew on the expertise of professionals, sought the insight of community groups and collected some 700 survey responses. It was one of the largest such exercises ever conducted by NHS Tayside's public health department. The engagement with 120 people with direct experience of using NPS was particularly worth while and illuminating, as their experience and perspective are essential to developing evidence-based responses.

The report will assist in monitoring local trends and identifying appropriate harm-reduction messages and measures. Members have highlighted some of its most significant observations. For example, one is that people are most commonly introduced to NPS between the ages of 16 and 19. Another is that almost 60 per cent of people always take the substances alongside other substances, which range from alcohol to cocaine. Another is that many people have sought emergency medical help for acute mental and physical symptoms that are associated with NPS use, such as psychosis, paranoia and seizures.

I was interested to read in the report that there is a "strong appetite" among customers and the wider public for so-called head shops to be banned, which they believe could "reduce temptation". That reflects the views of a number of

my constituents who are troubled by the emergence of such shops on their high streets. As the public face of an otherwise shadowy international industry, the shops in my North East Scotland region—in Aberdeen, Arbroath and Montrose—have understandably attracted attention and been the focus of significant public concern.

The shops are unmistakable. One even opened just a couple of doors down from the St Andrew's church drop-in centre for people contending with alcohol or drug addiction. The situation has led to the formation of campaign groups such as Arbroath and Montrose against legal highs. People across Scotland are understandably asking how retail premises can openly display drugs paraphernalia and sell untested psychoactive substances. Despite the professional-looking packaging of NPS, those who buy them are often oblivious to their legality, strength, purity and effect. Just because they are sold as legal, that does not mean that they are safe. Police Scotland advises that analysis of drug-related deaths in Scotland in 2013 revealed that NPS were found to be present in the person's body in 113 cases and were found to have been implicated in the person's death in 60 of those cases, as Anne McTaggart mentioned.

Premises in Tayside were recently investigated by the police as part of operation carinate, which was a local response to the trafficking, distribution and consumption of NPS. As we heard, that led to thousands of pounds being forfeited under the Proceeds of Crime Act 2002. Yesterday, the *Evening Telegraph* reported that the owner of three shops has said that it is unlikely that he will continue to sell new psychoactive substances. I am sure that my constituents will welcome that news, which is testament to their determined campaigning and co-ordinated action and to the police's determination to take action.

The assessment and recent events in Tayside prove the importance of local partnerships and a multi-agency approach to NPS that involves the police, the Crown Office, health services, local authorities and trading standards officers. However, my constituents are also looking to both of Scotland's Governments to ensure that the law is effective in the face of this new, reckless and volatile industry. That is why I am pleased that Liberal Democrats in the UK Government recently led a review of NPS and that the Scottish Government has identified the issue as a ministerial priority.

In developing practical and sustainable NPS policy, we must listen to communities and front-line professionals, from health workers to youth workers. That is the only way to ensure that they have the tools that they need to bring about

change and improve early intervention, education and enforcement.

17:59

Nigel Don (Angus North and Mearns) (SNP): I thank Alex Johnstone for bringing this extremely important and timely debate to the Parliament. In the previous debate on the subject, which was on 6 February last year, we were to an extent floundering because of the lack of information. However, since then, the two reports that I have in my hand, which members will have consulted, have significantly informed us, which is useful in its own right.

As members have commented, much of the information in the reports is extremely useful. However, one problem is that most of the information that we have is second hand. That is an important aspect of researching anything. I noticed with some pleasure that the Hot Chocolate Trust in Dundee provided some of the information. As a former trustee of that organisation, I think that it is well placed to know what its clients are saying and will have passed that on very well. Of course, although much of the information is second hand, much of it should be treated with considerable respect, and I am happy to do so.

As others have said, most people first experience such drugs when given them by friends or after finding them in shops. That is why it is extraordinarily important that we get rid of the shops. I am therefore pleased that active groups across our constituencies—I refer to Montrose in particular—have been highlighting the issue.

We know that the drugs can be dangerous, but it is only when we have someone in front of us with experience of the danger that they present that that means something to us. I remember a man from Aberdeen telling me how his partner had become delusional and totally addicted to the drugs and had subsequently died in dreadful circumstances. I am conscious that, if the youngsters in our communities are to be dissuaded from using the drugs, we must ensure that they hear such first-hand experiences. Such education is the most important thing that we can conceivably do. I do not know how we deliver it, but it would work.

I am grateful to Graeme Dey for what he said about the police. I commend the work that they are doing, which he outlined. My conversations with the police indicate to me that they will crack this. They are absolutely determined to do what they can to protect our communities, and I am equally aware that our communities want them to deal with the issue.

Apart from delivering good information and education, restricting the supply of the drugs

seems to be the other thing that is important to our constituents. As others have mentioned, there is a difficulty with online sales, which will continue to cause us a problem.

I will address the legislative approaches that the Government might come up with. I am grateful to other members for what they have said, but we have to make it clear that this is not an easy legislative area. I commend the report from an expert panel group that the Home Office published in September—this is a UK-wide debate. It examines various legislative routes that might be taken, which I will put on the record, partly because they might help the minister in his summing-up.

We could try to ban analogues, which are chemicals that look roughly the same. We could also try to legislate for neurochemical equivalents—there is some good chemistry in the report—by picking up parts of the chemical that seem to have the right effect on identified bits of the brain, which can be done by genuinely clever organic chemistry. However, that would involve banning only a particular group of chemicals and dealing with one part of the problem. The trouble that I am having in merely describing that indicates how difficult it would be to get the chemistry right and to define it in any terms that lawyers—never mind courts—could cope with.

The third approach that is outlined in the report involves general prohibition, which essentially says, “If the substance is anything like this kind of chemical and is sold on the basis that it will have that kind of effect, we can probably assume that it is bad and we really ought to ban it.” That is quite a good approach and is what the group recommended. However, the difficulty is that that is not the way in which the Scottish and English legal systems work.

Another approach involves full regulation, which is what we do with current drugs. New Zealand has tried that, and its story suggests that that might not be the best approach and that we would very much want to recommend restricted availability.

The police are to be commended for what they are doing, as are community activists. Communities want these shops out of the high streets and we must do everything that we can on that. However, I stress that we must be careful not to imagine that there is some easy legal fix. “Just ban them” sounds easy, but it ain’t going to work. The issue is enormously complicated.

18:04

Jenny Marra (North East Scotland) (Lab): I will make only a short speech, as most of the substantive issues have been covered by

colleagues. I very much agree with the note that Nigel Don finished on—there is no easy solution to the problem and legislation might not be the answer.

Yesterday, I went to a shop in Dundee to see for myself how attractively packaged these so-called legal highs are. It is an extremely worrying issue, especially because we know that young people—16 to 19-year-olds in particular—are attracted to try the substances. It is also worrying for parents because they know that, although the tag “legal highs” implies that the substances are legal, acceptable and even safe, the reality is that they are not. I am not coming to the chamber today with any hard answers; I just hope that we can look carefully at the issue over the next few weeks so that we do not have the same debate next new year without having moved any further forward.

One thing that I would suggest—we released something on this in the Christmas period—is that we have a more robust system of reporting in our national health service. I understand that there is no reporting system in place that requires health boards to report the number of cases that are presented to hospitals as a result of people taking legal highs, and I wonder whether we could put such a system in place so that we would at least have the data in Scotland to show what is being presented to our hospitals. Once we had the evidence, we could start to identify preventative measures.

18:06

The Minister for Community Safety and Legal Affairs (Paul Wheelhouse): I am grateful for the opportunity to close the debate on behalf of the Government, as it is the first such opportunity that I have had since taking up my new post. I am pleased to respond on a matter of such significance, and I thank Alex Johnstone for bringing the subject to the chamber today.

Although I could not participate in the debate on NPS in February last year, I am aware that there was much agreement that NPS—or, as they are often inappropriately called, legal highs—present a real challenge to us not just in terms of enforcement and their legality or otherwise, which Jenny Marra touched on, but in terms of the need to educate people and design services that respond swiftly to the growing array of products that are available.

Although NPS are often referred to as legal highs, it is fundamentally important to remind people who are not experts in the field—I counted myself among them until I got this position—that NPS cannot and should not be sold for human consumption. They may pose real risks to anyone who consumes them—Alex Johnstone set out in

detail the health risks that they may pose—and only time will tell how significant the long-term health risks are of consuming these products. The motion sets out some very worrying statistics, which were echoed by Alison McInnes and other members, on the association of NPS with fatalities to date and the trauma that is caused to relatives, such as those to whom Graeme Dey, Nigel Don and others have referred.

I am grateful to Alex Johnstone for lodging the motion and I recognise the efforts that are being made in his local area. I am also grateful to the other members who have spoken in the debate, notably Graeme Dey, the constituency member for Angus South, for his support for the efforts of Police Scotland and trading standards officers in clamping down on what they have perceived to be reckless conduct on the part of those selling NPS. I very much welcome that, and other members have echoed that support.

Last year, my predecessor, Roseanna Cunningham, asked all alcohol and drug partnerships to continue to make new psychoactive substances a priority for their areas, considering the needs of their areas and planning and delivering services to respond to those needs. I am delighted that NHS Tayside has picked up the ball by undertaking a needs assessment and acknowledging the considerable concern that the substances are causing to local communities there and elsewhere. That point was addressed in the remarks of Alison McInnes, Graeme Dey and Alex Johnstone, and it reflects the testimony of families whose relatives, sadly, have been killed by NPS.

I very much commend the efforts of the range of local partners in Arbroath and Montrose who have shown real leadership on the issue and have developed a strong partnership to consider the range of legal and other remedies that are available and to restrict the sale and supply of NPS. I was encouraged to read in Saturday's *Courier* of the closure of the head shop in Arbroath as a result of that strong partnership approach. That is a significant development and it shows what can be achieved when partners such as Police Scotland, trading standards officers and local communities work together. I know that similar partnership success has been achieved in South Ayrshire, which was the first area to secure the closure of a head shop in those circumstances.

The expert legal group, which was commissioned by Roseanna Cunningham, has visited the Tayside area and spoken at first hand to those on the ground in order to understand better the limitations and opportunities presented by current reserved and devolved law. I am grateful to local stakeholders for supporting the work of the expert legal group in that way.

The expert group was struck by the strong partnership of the local authority, the police, treatment services and schools all pulling together in a comprehensive approach, which echoes the remarks of many across the chamber. I met the expert legal group just before Christmas to discuss the progress that it is making with its work, and I expect to receive its report later this month. The report is being informed by the publication of the UK Government's own review into NPS, and I will be looking to engage with Home Office ministers in the coming weeks to discuss how we can co-operate further in delivering on this agenda.

I take this opportunity to remind colleagues across the chamber that, in addition to that legal work, the Scottish Government has been leading some thinking at a national level about how we can understand better the who and what of NPS, and develop an evidence base to ensure that our policy response is proportionate and targeted. In August, we published a summary of evidence to date and brought together a group of informed experts drawn from different fields to examine the trends in use, the data being collected and what evidential gaps remain. I am currently considering the recommendations from that group. I hope that that addresses Nigel Don's concerns regarding the need for more first-hand data to be available in due course. I should point out, particularly to Jenny Marra, that we are also studying the approach taken in Wales at this time to see what relevance it might have for Scotland. We will take on board any messages that come from that.

Our work to support prevention and education continues. I recently visited Crew 2000 in Edinburgh, which I note supplied a useful briefing for MSPs in advance of this debate, to see the prevention and messaging work that we support and to aid my understanding of NPS issues. I found the visit particularly helpful and was struck by the information on the dominance of NPS stimulants and cannabinoid use in the Edinburgh area, and on their strength and how they are often used alongside illicit drugs in a cocktail of substances that people take. Of course, alcohol can also be an exacerbating factor. What also worried me was the emerging evidence that some people are using NPS intravenously, exposing themselves to the risk of blood-borne diseases and, indeed, amputation, to add to the long list that Alex Johnstone set out earlier.

Our continued funding for the web-based know the score programme and the schools-based choices for life programme is a vital part of the national contribution. I was greatly impressed by what I saw at the choices for life studio in East Kilbride, and I welcome the fact that the choices for life team is hoping to be in a position to broadcast from the spring onwards a powerful new NPS-themed video over glow, the network used to

educate children. I hope that that addresses the point that Anne McTaggart made about looking for more support in education resources to help inform young people of the risks of using NPS.

I have been struck by the level of political consensus on the issue of NPS in this debate and last February's debate. I am giving some consideration as to how I might build on that consensus and work with colleagues across the political spectrum to build on the engagement undertaken by my predecessor, Roseanna Cunningham. I will bring forward some thoughts on that in the coming weeks.

Again, I thank Alex Johnstone for bringing this debate to the chamber today. I assure him and other colleagues that I remain committed to working with all those who have something to offer in responding to this challenge.

I am encouraged by the progress that is being made in local areas, such as that across Tayside, but we must increase the capacity of all of Scotland to respond, with local ADPs working with community planning partners and nationally commissioned organisations to tackle drugs misuse and support delivery of the road to recovery.

Members have my commitment and that of the Government that we will continue to intervene at a national level to create the best conditions for NPS to be tackled and that we will have an open door to work with colleagues from across the chamber to tackle the challenge of NPS to public health and the wellbeing of communities.

I thank members for their time today and for the valuable contributions that all have made to this debate.

Meeting closed at 18:14.

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