

partners, they are leading the overall design and planning of services at a regional level to provide better patient outcomes and more efficient and sustainable services.

**Tavish Scott:** I am grateful for that clarification. Is Shetland NHS Board in the north area that the cabinet secretary described? Is there a regional plan? If so, has that been submitted to the Government? When will it be published?

**Shona Robison:** We have received draft plans from the regions. Over the summer, they will be embarking on public engagement to discuss some of the details in those plans. I hope that Tavish Scott will have the opportunity to attend one of those events.

**The Deputy Presiding Officer:** That concludes portfolio questions, and I am still in a good mood.

## NHS Tayside (Mental Health Services)

**The Deputy Presiding Officer (Christine Grahame):** The next item of business is a debate on motion S5M-12107, in the name of Anas Sarwar, on the NHS Tayside public inquiry. [*Interruption.*] Quiet, children! I call Anas Sarwar to speak to and move the motion. You have eight minutes, Mr Sarwar.

14:41

**Anas Sarwar (Glasgow) (Lab):** It is a relief to hear that you are still in a good mood, Presiding Officer.

Last week, the Parliament heard about the tragic case of David Ramsay. David hung himself four days after his second emergency assessment at the Carseview centre. David's case is sadly not an isolated one. In the past year, there has been a 61 per cent increase in the number of suicides in Dundee. However, it is not about the statistics; it is about people's lives. Many of the families that have been affected join us in the public gallery today. They have been campaigning for an inquiry into mental health services in Tayside for more than three years.

On Thursday, Richard Leonard raised the case of David Ramsay and the demands of the families at First Minister's question time. On Friday, NHS Tayside announced a review into Carseview. Today, the Government's amendment goes further, with a commitment to a wider inquiry into mental health and suicide prevention services across the region.

It should not take raising such issues in Parliament to get action. I hope that the debate will mean that our Parliament can genuinely unite in solidarity with the families' campaign, after its three-year struggle. That will demonstrate to the families that we have listened and we have acted. I cannot begin to imagine the pain and suffering that they have gone through, so we cannot thank them enough for turning that absolute grief into a campaigning effort. It has been an effort to get answers about what happened to their loved ones, but, equally, it has been an effort to deliver change in order to prevent it from happening to anyone else. I thank each and every one of them. We cannot thank them enough.

Labour members are minded to support the Government's amendment. However, like the families, we still have questions, and we need further reassurances and commitments from the Government. Crucially, the independent inquiry needs to be exactly that—a genuinely independent inquiry. The Government must recognise that

there are clear trust issues with NHS Tayside, so it must appoint a genuinely independent chair. The families must also be included in the process of agreeing the terms of reference of the inquiry. We must ensure that the families are part of the process throughout the inquiry and that they feel included. The inquiry must be open and transparent, and it must include a public call for evidence. I emphasise that it cannot be those things only in words. The inquiry must be visibly independent, visibly inclusive, visibly open and transparent and visibly supportive of the families' demands.

**The Cabinet Secretary for Health and Sport (Shona Robison):** I can say yes to all those questions. I have had assurance from the chair of NHS Tayside, John Brown, that that will be the case.

**Anas Sarwar:** I thank the cabinet secretary for her intervention. Everybody inside and outside the chamber knows that, at times, there is no love lost between me and the cabinet secretary, but I hope that we are genuinely as one on this issue. If that is the case, I thank her, and I thank her for listening to the voices of the families. I hope that, in her speech, she will set out in more detail how the five principles will be delivered in practice, so that the families will have the comfort of a genuinely independent inquiry and of being part of the process. We must learn the lessons of previous inquiries and ensure that those who have been affected are involved in the process. It would be an absolute tragedy if any inquiry did not have the full support and confidence of the family in its process and its final report. Confidence is crucial—we cannot allow this to become a repeat of the mesh inquiry.

The inquiry has national significance. As today's report by Professor Rory O'Connor found, one in nine young people in Scotland has tried to commit suicide and, at some point in their life, one in six young people in Scotland will self-harm. The lessons from this inquiry, if it is done right, could help to better inform and design services not just in NHS Tayside but throughout Scotland. One in three people will have a mental health issue at some point in their life. The number of children with recorded mental health problems in our schools has more than doubled between 2012 and 2016. That is why we must ring fence mental health budgets to ensure that resources reach the front line, where they are needed most. We need to guarantee access to a school-based counsellor for every pupil in Scotland.

An area that needs specific investigation in NHS Tayside and right around Scotland is emergency mental health services. The reality for too many patients is that they cannot wait for days to see a general practitioner and then wait weeks or even

months to see a counsellor or psychologist. We need to build emergency services that are supported by better use of technology so that people can speak to a counsellor quickly. That can be the difference between life and death for many individuals.

I have spoken about the wider challenges with mental health and of the importance of having the confidence of the affected families, having an open and transparent process, taking the families on a journey and giving them the answers that they want and need and the closure that they deserve, as well as delivering for the many families in Tayside that are concerned about the situation. It is also important to highlight that this is not just an issue in Tayside. I have been struck by the number of families that have said that this is about what happens across Scotland. We must make sure that we speak for them.

I will conclude by reading an email that I received from the niece of David Ramsay a couple of weeks ago. It tells the story of the families in their own words, explaining what they have gone through, what they demand and why they will not give up until they get what they want. It does that better than I or any other member in this Parliament could ever do. The email opened my eyes, and I struggled to read it because of the raw emotion that it contains.

David Ramsay's niece, Gillian Murray, wrote:

"There is no doubt in our minds that David has been failed. My family is now another sad statistic in Dundee. There are so many of us in the same situation that it is terrifying. David was not just my uncle, he was my best friend, so watching him literally lose his mind in front of me with no support from the national health service fuels the anger that I feel that he was let down. Carseview Centre passed on any responsibility to myself and family. We tried our best but it wasn't good enough. I was having to Google how to care for a suicidal individual since Carseview and NHS Tayside took no ownership. It is no wonder I now suffer from post-traumatic stress disorder. It is a living hell knowing that I asked the NHS for help and David asked the NHS for help, as well as other members of my family, and we were repeatedly ignored, resulting in David's death. The advice David got was that they had 'nipped it in the bud, go out and do normal things like walk the dog'. The guilt plagues us every day. I ran around Templeton Woods for over two hours. By the time I got to David, it was too late. David took the advice; he did go and walk the dog. He hung himself with the dog lead. No other family should have to go through this sheer agony knowing that their loved one's death was preventable. David's life has been taken from him and my life has been destroyed in the process, as have the rest of my family's lives, and those of other families in Dundee. This crisis cannot continue and will not continue. I will not stop. We cannot grieve and we cannot move on with our lives without some form of justice. You wouldn't expect a murder victim's family to simply 'move on', so why should our families, whose loved ones have lost their lives, be any different?"

The answer to Gillian's question is that they should not. I hope that this Parliament stands

united with her and all the families in their pursuit of justice. [Applause.]

I move,

That the Parliament notes the catalogue of concerns regarding mental health services in NHS Tayside raised by campaigners and families of people who have died by suicide in the region; understands that Dundee has had a 61% increase in its suicide rate in a year, and agrees with the families' call that the Scottish Government must instigate a public inquiry into mental health services in the region.

**The Deputy Presiding Officer:** I say very gently to the members of the public who are in the public gallery that we do not permit applause. I understand why you want to applaud and I have every sympathy, but it is not permitted.

14:50

**The Minister for Mental Health (Maureen Watt):** I recognise the strength of those who have raised the cases of their loved ones who have been lost to suicide, and I thank them for their determination to prevent the pain and suffering that they are experiencing being visited on others. I commend them for coming to the gallery to be with us today and I look forward to meeting them soon. Their efforts have led to the new leadership team of NHS Tayside setting out that it will commission an independent inquiry.

I commend Anas Sarwar for his moving remarks. As he said, on Friday, John Brown and Malcolm Wright, the chair and chief executive of NHS Tayside, announced the inquiry into mental health services at the Carseview centre. They have since broadened the inquiry to cover mental health services across Tayside.

Miles Briggs's amendment sets out that the inquiry should cover the whole region and that the families who have been affected must be involved in the establishment and remit of the inquiry. I agree, so we will support his amendment as we will Anas Sarwar's.

As we know, mental health services do not operate in a vacuum. Their quantity and benefit depend on meaningful and coherent links between community, specialist and crisis services. I support the commitment that has been made by NHS Tayside to ensure that the findings and recommendations of the recent reports by the Mental Welfare Commission and Healthcare Improvement Scotland are fully considered through the inquiry.

I am also pleased to see the commitment to work with staff and to hear from patients and families. It is vital that their voices are clearly heard and responded to. I am confident that the newly appointed chair and chief executive of NHS Tayside will create the environment for an

effective and independent inquiry. That will allow the inquiry to be established and undertake its work quickly, ensuring that any necessary changes are expedited. However, should it be apparent that the inquiry is not independent or that barriers to its work exist, the health secretary will use the statutory powers available to her to make that happen. As the cabinet secretary said, the answer all of Anas Sarwar's asks is yes.

Within the recent debate around mental health services, there has been a specific focus on the tragedy of those who have died or attempted to die through suicide. We are currently working with people and organisations from across Scotland to conclude a new suicide prevention plan, which will be published in the summer. Progress has been made in the past decade, with a 17 per cent reduction in the number of deaths from suicide, but I want us to go further. My view is clear: suicide is preventable.

We need our services to work more closely with each other so that the support that is given to those in crisis is coherent and effective. That is important not only for those who are in contact with health services but for developing new approaches to reaching those who are considering suicide but are not in contact with any service. Around a quarter of suicides are carried out by those who have not been in contact with health services.

As part of the suicide prevention plan work, I want to see a national suicide prevention leadership group established to drive the required changes. The plan will support the development of appropriate reviews into every death from suicide. I want a process that, where necessary, involves multidisciplinary reviews and that ensures that learning and knowledge from every suicide is shared and considered and that improvements are made.

The Parliament has already legislated for a review of the arrangements for reviewing the deaths of people who were receiving mental health treatment under section 37 of the Mental Health (Scotland) Act 2015. That review will report in December this year. I want the development of a process to review all deaths by suicide to take account of the recommendations of the section 37 review, which will help to drive local and national learning.

I also want a more consistent and coherent approach to supporting those who have lost a loved one through suicide and those who are themselves at risk of suicide. Bereaved relatives and friends have told me of the improved support that they require while they are involved in the review.

I note that the Samaritans welcome the proposals in our amendment. We will continue to work with the organisation on this and on other issues that it highlights, not least isolation and loneliness.

We all know that there is rarely any single identifiable causal factor for individual deaths by suicide. However, through sharing knowledge and learning and by ensuring that services and support are effective and joined up, and that all those who are at risk of taking their life through suicide get the help that they require, we will deliver the changes that are required. The independent inquiry in Tayside will be an important part of that learning and of the improvement of services.

I move amendment S5M-12107.3 in Shona Robison's name, to leave out from "understands" to end and insert:

"welcomes the decision of the new chair of NHS Tayside to commission an independent inquiry into mental health and suicide prevention services across the region; believes that this inquiry must be an opportunity to capture the concerns of the patients and families who have felt let down by services; considers that the inquiry should also help ensure that recommendations from recent Health Improvement Scotland and Mental Welfare Commission inspection reports are fully implemented; believes that, if the NHS Tayside-commissioned inquiry is hindered in its undertaking by either non-cooperation by providers or by lacking appropriate independence, the Scottish Government should subsequently convert it to an inquiry under the auspices of the Inquiries Act 2005; supports calls for the forthcoming Suicide Prevention Strategy to help deliver more constant crisis support for people who have lost a loved one to suicide; approves of the creation of a national suicide prevention leadership group to help support the creation and delivery of local prevention action plans, and endorses the inclusion of the development of reviews, where necessary multi-agency, into all deaths from suicide as part of the new Suicide Prevention Strategy."

14:57

**Miles Briggs (Lothian) (Con):** I grew up in Perthshire, and I know many individuals and families who have experience of NHS Tayside's mental health services. In the majority of cases, they have received help, support and treatment, which has helped them to get their lives back on track. However, I also know of cases and individuals who have been failed, and questions remain over what has gone wrong. NHS staff in Tayside work hard to deliver the best mental health services that they can in the face of huge resource pressures and patient demand.

I pay tribute to the families who have joined us today in the public gallery and to all those who have spoken out. It cannot be easy for them as they seek the answers that they so desperately need about how their loved ones have not been given the care and support that we all expect our NHS to provide.

It is right to condemn the personal attacks that the campaigners have faced, mainly on social media, simply for speaking out. That has been shocking to witness. I particularly pay tribute to Gillian Murray and the lost souls group for the campaign that they have undertaken to seek the answers that families in Tayside so desperately need.

Last Friday, when NHS Tayside announced a limited inquiry into Carseview in Dundee, I said that it was clear that that was not acceptable to families across Tayside. I made that view known to the Scottish Government.

It is clear from many families across NHS Tayside that there remain many unanswered questions. From the outset, it has been clear that a wider independent inquiry is needed to find out what went wrong in so many cases at a number of facilities across the region. That inquiry must truly address the problems and get answers, ensuring that we prevent such mistakes from ever happening again in the future.

I know from my colleagues who represent the Mid Scotland and Fife and North East Scotland regions in the Parliament that they have cases of individuals and families where mental health services have failed. In some cases, suicides have taken place in NHS facilities, when individuals have meant to be under the safe care and supervision of NHS Tayside.

From the outset, Scottish Conservatives have focused attention on supporting the families and ensuring that their voices are heard. That is what my amendment seeks to achieve in securing a wider independent inquiry across NHS Tayside—one that will allow for concerns to be investigated comprehensively in order to restore faith in services among patients and their relatives and friends. The prevalence of suicide in Scotland, especially among men, should focus all our minds.

Like the previous two speakers, it is my belief that there will be learning for other parts of our health service from such an inquiry's findings—lessons that must be learned and services that must be improved. No more individuals should face crisis and then be denied help.

I say to the cabinet secretary that it is imperative that families who are seeking answers are included in the establishment and remit of the wider inquiry. I would like to endorse Anas Sarwar's points on the five principles of the inquiry.

We know that we face a crisis in our mental health services across Scotland. The cases that have come to light in NHS Tayside have demonstrated that in the most concerning of ways. Those who have campaigned to make today's debate happen and for this Parliament to listen

should be valued for what they have done to open up the issues to the rest of the country.

Above all, today cannot be about shutting down concerns; it must be about opening them up. That is what I have sought to deliver today and it is what I hope our Parliament will deliver.

I move amendment S5M-12107, to insert after “the Parliament”:

“notes the concerns expressed by families regarding the treatment of their loved ones within mental health services in NHS Tayside, access to facilities and the limited scope of the inquiry announced by the board; believes that a wider independent inquiry across the region would allow for these concerns to be investigated comprehensively in order to restore faith in these services among patients and their relatives and friends; further believes that it is important that families seeking answers are included in the establishment and remit of a wider inquiry;”.

15:00

**Alison Johnstone (Lothian) (Green):** The most serious matters bring us to the chamber today. In Scotland, we have made new commitments to see that people are treated with dignity and respect when they need help from the social security system, and those principles apply to healthcare, too.

I know that every day our healthcare system relies on the skill, professionalism and compassion of doctors, nurses, pharmacists and all other healthcare professionals. However, there are times when people—vulnerable people—reach out for help and do not get it. That should never happen. We talk easily—at times, too easily—about parity of esteem between mental health and physical health. However, we know that that is far from the reality. I, too, give my sincere condolences to the family of David Ramsay. We in this Parliament must work together to ensure that every lesson is learned and that we begin to treat mental health with the urgency that it requires.

It is right that NHS Tayside has commissioned an independent inquiry into mental health and suicide prevention services. However, I join others in stressing that any inquiry must be truly independent, involve families from the very start to the very finish and be prepared to go wherever necessary.

It would not be right for me or for any of us to prejudge what the remit of the inquiry should be. The families must help to guide those decisions. However, in considering the Government’s amendment, I reviewed the recommendations from Health Improvement Scotland and the Mental Welfare Commission, and I was struck by the high turnover of locum psychiatrists in NHS Tayside. That cannot be good for continuity of treatment, for sharing information about support and treatment, for building relationships with patients and for

building good relationships between staff. I note, too, that there were also long waiting lists to see a clinical psychologist. I would be grateful if the cabinet secretary could, in her closing speech, discuss what steps the Government has taken to support the recruitment and retention of psychiatrists and clinical psychologists in Tayside.

We are all concerned about the fact that, outwith acute services, people are waiting far too long to access psychological therapies in Tayside. Only 54.7 per cent of people started treatment within 18 weeks of referral, and only 41.5 per cent of children and young people were seen by child and adolescent mental health services within 18 weeks of referral. Those figures are shameful. It is clear to me that, as well as investigating specific failings at Carseview, we must ensure that community services are well supported and that people have access to psychological therapies when and where they need them.

Healthcare Improvement Scotland’s review also indicated that the crisis resolution and home treatment team has not always been able to work well with community mental health teams in different localities. That is concerning. If there are systemic or organisational issues at work, they must be addressed now.

The actions on suicide prevention that are addressed in the Government’s amendment include creating a suicide prevention leadership group and establishing multiagency reviews into all deaths by suicide. Those steps are necessary and are welcomed by the Samaritans in Scotland, which I thank for its expert briefing.

Like colleagues, I agree that any inquiry must be as wide in scope as necessary and must absolutely begin and end with family involvement.

15:04

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I thank Anas Sarwar and the Labour Party for using the party’s debating time to bring this issue to Parliament this afternoon. I also thank Anas Sarwar for the measured tone that he struck at the top of the debate, which has been picked up by other speakers thus far.

This is not a debate about personalities on either the Government or the Opposition benches in the chamber; it is a debate that is very much steeped in human tragedy. I thank David Ramsay’s family and the other campaigners from the lost souls group who are with us today for their courage in bringing the issue to Parliament and for being here to support us in our deliberations on it this afternoon.

It says a lot about the state of the public policy response to suicide in this country that we need

campaigns such as the lost souls group's campaign—and, indeed, that this debate is being held in Opposition time. Self-harm, suicidal ideation and suicide completion represent the very nexus of human crisis—the limit of endurance that affects all too many lives in Dundee and in the regions beyond it, where that crisis is met too often with silence and a void or gaps in service provision.

I pay tribute to Richard Leonard for his question to the First Minister last week. It was one of those pin-drop moments when every member in the chamber could not help but feel huge compassion for David Ramsay and his family. At the age of 50, David very sadly joined the ranks of the all too many young men in this country for whom suicide is the leading cause of death.

I wish to associate myself and those of us on the Liberal Democrat benches with Anas Sarwar's call for the five tests to be met by the independent review into what happened in NHS Tayside, and I very much welcome the cabinet secretary's positive response to that. On that basis, I can assure her of our support for the Government's amendment tonight.

Confidence in that review is absolutely key, not only to the families represented here, but to everybody in the Tayside area. The review will need transparency if it is to enjoy that confidence and give reassurance to the families in the area who are affected by suicide. The independence of the review is critical, as is the public call for evidence, and it will be vital for the review to hear the stories and about the lived experiences of those families who are steeped in tragedy in order to learn from them and ensure that progress can be made in this critical area.

What happened in Dundee and Tayside is symptomatic of a wider problem and wider deficiencies in our country's public policy response to suicide. Suicide has been trending down across the country—something of which we should all be justifiably proud—but we are seeing an uptick and resurgence, with an 8 per cent rise last year alone.

I have mentioned many times the concerns of those of us on the Liberal Democrat benches about the 18-month delay in the production of the suicide prevention strategy and the fact that the draft—now that it has been published—has been met with some derision from the sector. The Samaritans talked about the fact that the strategy lacks resources, timescales and ambition, and the Scottish Association for Mental Health, which delivered suicide prevention training in the Parliament this very week, said that without an understanding of what will be in the plan and the Government policy response, it cannot use the strategy to underpin its planning for such events.

I close by again thanking the lost souls group, and particularly David Ramsay's family, for having the courage to come to the Parliament today and be part of the debate. If anything can come from that abject human tragedy, let it be positive action and concerted consensus across the chamber, to ensure that David leaves a lasting legacy.

**The Deputy Presiding Officer:** We move to the open debate, with speeches of four minutes.

15:08

**Jenny Marra (North East Scotland) (Lab):** Mental ill health is a human crisis in the city of Dundee. For years now, I have listened to families who are concerned about the support and treatment that their loved ones receive. I find it difficult to find the right words when parents come to me, having lost their children, asking why their son was turned away from Carseview, why he was not admitted and why they could not make contact with any services that weekend. Words seem futile as grief overwhelms the room.

There is no doubt in my mind that we have a particular problem with the services in Carseview. That was confirmed in no uncertain terms when I visited the Carseview centre in September 2016, after calling publicly for a full review of the Carseview unit. The presentation that I received was possibly one of the most offensive accounts of public service that I have ever heard. After having meetings with the then chairman of NHS Tayside to raise public concerns about mental health services, on 9 April this year, at a meeting with the new chair and chief executive on their first day of work, I asked them please to prioritise two issues for our community: mental health services and deaths from drugs.

Like the cabinet secretary and Labour's health spokesperson, Anas Sarwar, I am therefore relieved that the new management has undertaken to review Carseview and mental health services at last. I am also heartened that the Government amendment agrees with Labour's call and says that a public inquiry is appropriate if we do not get the answers that we need. We will hold the Government to that if necessary. I have raised these issues time and time again with NHS Tayside, and if I feel powerless, I can only imagine how powerless the families feel and how the lack of answers or redress compounds their loss and grief.

I am grateful to Richard Leonard for elevating Labour's call to a level at which it has been heard and answered. However, the services concerned are—and should be—wider than those at Carseview. NHS Tayside's recent mental health review resulted in the closure of the Mulberry unit in Angus and, consequently, further pressure on

Carseview. The reason that MSPs were given at the time was that there were insufficient numbers of psychiatrists to staff the unit safely. No politician can turn their face from that advice, but I believe that we have got to this place because of poor workforce planning by the cabinet secretary's team. We have a growing crisis but declining capacity and services that are ever further from communities and people.

Increasing problems with mental health are not unique to Scotland. Other post-industrial countries report the same, which is why, as well as conducting a full review of the services that are available to support people, the Government has a moral duty to look closely at prevention.

Following a meeting with the lost souls parents group in Dundee a couple of years back, I met the head of mental health at NHS Tayside and her team at the Murray royal hospital. After discussing the services that the families had received, I asked how we could prevent escalating problems and crisis. Resilience in children was the answer, and we have a duty to start looking at that seriously. Early intervention in mental health is so poor in Dundee; only 40 per cent of children on the CAMHS waiting list in NHS Tayside are being seen within 18 weeks. SAMH has recently commissioned a survey to find out how many children are being turned away from CAMHS after being referred by their GP. I have raised on a number of occasions in the chamber the declining numbers of educational psychologists, and Government changes to the path and cost of training are depleting that essential workforce further.

I welcome the review and the commitment by the Government to look again if we do not get the answers that we need. However, this is not job done. There is a huge and escalating problem with mental health from childhood and we need to think about ways to tackle it as early as possible.

15:13

**Ash Denham (Edinburgh Eastern) (SNP):**

Suicide prevention is such a serious subject and I am glad that we have chamber time today to discuss it. I agree with a number of things in the Labour motion; if people have trouble accessing services, that needs to be addressed, and people should never be afraid to call out failings in service and try to get them fixed.

In any sphere, be it international development, a large corporation or a health board, those areas all demand continuous learning in order to improve. We all need to be able to learn from a variety of situations in order to move forward. An important part of any system is constructive challenge. If people have the courage to come forward, they

need to be listened to and the feedback that they give needs to be acted upon.

I welcome the fact that the new NHS Tayside chairman, John Brown, has commissioned an independent inquiry into the mental health services that are delivered at Carseview and now also the entire region. The inquiry will speak to the families who have experience of the centre and review the recommendations that have already been set out in reports by Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland. If it is found that things need to change, that should be undertaken as a priority. Continuous improvement is what we should all strive for.

I was encouraged to see that the Government has consulted on a suicide prevention action plan with the goal of producing an ambitious strategy that is informed by the views of families with experience of suicide and of the front-line services that work in the area. I am informed that the consultation has received 280 responses, and I look forward to seeing the responses feeding into the finalised action plan.

Part of the plan is the development of a world-leading suicide prevention plan for employers. That is ambitious, but it should be achievable. I know that, in the Parliament, a training session has just been run for staff on the subject of mental health and suicide prevention. My own staff from my office attended the session. That type of thing is useful in itself, but it also has a potentially more important effect: it sends out the wider message that that is something that we care about, that there should be no stigma around talking about mental health or suicide, and that support is available for those who need it, if required.

The new action plan is key but, more than that, we need to ensure that the implementation does justice to the plan. That is why the Government's setting up of the forum of stakeholders to track the real progress on real actions in the real world is welcome and will provide a vital oversight.

No Government can ever get everything right, but the Scottish Government is committed to doing more and doing better on both mental health and suicide prevention. That was signalled particularly clearly by the First Minister's appointment of Scotland's first Minister for Mental Health. If those who have experience can inform the Government's approach, I have every faith that we will begin to make improvements.

I conclude with a quote from "The Letters of Gratitude" from this year:

"Just a reminder in case your mind is playing tricks on you today: You matter. You are important. You are loved. And your presence on this earth makes a difference whether you see it or not."

15:17

**Liz Smith (Mid Scotland and Fife) (Con):** The tone of the preceding speeches speaks volumes about why this debate is taking place and its importance. I pay tribute to all the previous speakers.

I add my welcome to the genuine commitment to an independent review, and I agree with the comments that others have made about its being vital that we take with us the families of patients who feel that they have had a raw deal or that they have been badly let down and not listened to. If we do not do that, we will not make any progress at all.

The Mental Welfare Commission for Scotland has stated that it is every patient's right and, indeed, every family's right to expect the highest standards of care when someone is in a very vulnerable situation. Exactly the same expectation should be evident in any part of the health service.

In that context, I come to this debate from my constituency work across three parliamentary sessions. I am sorry to say that, in several cases, it has been very clear that patients did not receive the highest standard of care. Obviously, I cannot speak about the individuals concerned because of the need to maintain confidentiality, but I want to highlight three areas in which reform is needed and which, as it happens, tie in with the findings of the Mental Welfare Commission's report.

As Alison Johnstone and Jenny Marra have rightly said, there are staffing issues. We know that there are significant pressures on staff across Tayside. The result is that there are currently 21 locums in place, with the additional expense that that brings. More important, there are the difficulties of patients not having a consistent link to a member of staff who can deal with their specific problems, so that they end up having to retell their story several times over. Obviously, that adds to the stress of the situation.

The issue of care plans and their lack of consistency is related to that. The Mental Welfare Commission reported that there was very variable information in patients' care plans. Although some were described as "excellent", one patient told the commission about having to fill in forms with no assistance from any member of staff, because the staff were too busy doing other things. That was certainly the experience of two of my constituents, whose care was very patchy in its quality. The recommendations made by the commission in that respect are extremely important and I hope that they will provide essential support to patients and their families at their most vulnerable time.

Like many other professions, mental health care can bring with it a great deal of time-consuming paperwork, which often prevents the carers from

spending time with their patients. That is just another reason to hasten the improvements in the electronic records system.

We all understand the desire to help patients at home and in the community as far as possible. However, for the 6 per cent who require hospital treatment we need to ensure that there are better standards of care across the board. We also need to understand that there is much more work to be done to improve the situation when there are crisis admissions. I hope that the independent commission, which was brought in to review matters, will ensure that there is greater liaison with the police, who are almost always in the front line of such cases.

The recent Samaritans report, which says that suicide is not being treated seriously, could hardly be a starker warning to us all.

I will finish on the issue of the conflicting requests from health and social work. It comes down to mental health management and, again, I think that it is relevant to the problems within the structures of integration joint boards, which I spoke about in last week's debate about NHS Tayside. MSPs discussed the issue yesterday with John Brown and Malcolm Wright. I hope that we can address the matter soon. Good-quality mental health care depends on clear lines of responsibility and accountability for staff, and on patients and families knowing exactly what they are.

There is no time at all to waste. I support the motion, the Government's amendment and the amendment in the name of Miles Briggs.

15:21

**Clare Haughey (Rutherglen) (SNP):** I refer members to my entry in the register of members' interests, in that I am a registered mental health nurse and currently hold an honorary contract with NHS Greater Glasgow and Clyde.

There can be no denying that the death of David Ramsay and others in NHS Tayside is a tragedy. I will repeat the phrase that has been used today already—that does not diminish its veracity—by saying that one suicide is one too many. I extend my heartfelt sympathies to Mr Ramsay's family and friends. I pay tribute to the tenacity of the lost souls of Dundee campaigners in ensuring that their campaign is rightly being debated in the Scottish Parliament today.

As a mental health nurse for more than 30 years, I know all too well the effect that someone's suicide can have on their loved ones. Therefore, I sincerely hope that the families present here today are able to find some comfort in the months ahead.



I have raised the issue of suicide and, in particular, male suicide on a number of occasions in the Parliament. In the same year as Mr Ramsay's passing, another 727 suicides were registered in Scotland, 71 per cent of which were of men. Although the suicide rate in Scotland has fallen by 17 per cent over the past decade, and the five-year rolling average shows a downward trend, that is little comfort to those whose family member or friend has already passed away. However, we owe it to them and to the others to continue working to ensure that the number of people taking their life continues to fall.

Suicide is not unique to Tayside. Sadly, 44 people took their life in South Lanarkshire in 2016, a number of whom will have been from my constituency. However, if NHS Tayside has been letting down its patients, it is correct that it is closely looked into. I therefore welcome the announcement that an independent inquiry into mental health and suicide prevention services across the region has been launched. That is testament to the decisiveness of the new leadership, which was installed by the cabinet secretary, and I am sure that the health board will move in the correct direction under the leadership of John Brown and Malcolm Wright.

Within that investigation, the delivery of services at centres such as Carseview will be closely examined. If the report highlights areas for improvement or raises issues on which lessons can be learned, NHS Tayside must make the necessary changes immediately.

I sincerely hope that the families who are concerned about mental health and suicide prevention services in NHS Tayside will not be let down by this process. However, if they are, they can be reassured that the Scottish Government will convert it into an inquiry under the auspices of the Inquiries Act 2005.

The families will be anxiously awaiting the conclusions of NHS Tayside's investigation, and I hope that time is given to ensure that all relevant details are thoroughly scrutinised. I was heartened by the cabinet secretary's comments today on "Good Morning Scotland" that the families are to be at the heart of the inquiry and will be involved with its terms of reference, and that they should have confidence in its chair.

Although the investigation is under way, it is worth while pointing out that the Scottish Government and health agencies have already been looking into concerns regarding mental health services in NHS Tayside. The Mental Welfare Commission for Scotland carried out an unannounced inspection of Carseview in November and made a number of recommendations regarding care planning and the availability of responsible medical officers; Health

Improvement Scotland carried out a similar examination in December 2017.

More widely, the Scottish Government has published a 10-year mental health strategy, and the new suicide prevention action plan will be published soon. As a mental health nurse, I am incredibly proud that Governments, politicians, health services and the public are beginning to see mental health as being equal to physical health. However, we are not there yet, and we must all continue to work together until tragic deaths such as Mr Ramsay's are a thing of the past.

15:26

**Lewis Macdonald (North East Scotland) (Lab):** Everyone has acknowledged that we are having this debate because of failures in the provision of mental health services to the people of Dundee, Angus and Perth and Kinross. Those failures are to be the subject of the independent inquiry that was announced last week, and it is essential that the terms of reference of that inquiry are broadly drawn and that those who have been affected by the failures have a say in the process from the outset. The five principles that Anas Sarwar laid out today, and the cabinet secretary's positive response to them, are very welcome.

The previous review of mental health services in Tayside led to decisions to cease to provide general adult psychiatry in either Perth or Angus. Those decisions, and the process of reaching them, must be looked at again as part of the new inquiry. At the time of the previous inquiry, the board's view was that its existing model for delivery of

"acute admission inpatient services was not sustainable and could pose a significant clinical risk to patients and staff."

As Jenny Marra said, its response was to close the Mulberry unit at Stracathro and to deliver those services only at the Carseview centre in Dundee. There needs to be reconsideration of whether that was the right answer and, if it was not, we must consider what else must be done to deliver safe and sustainable services.

We have already heard some of the concerns around Carseview, so I am glad that the remit of the independent inquiry will now go beyond that unit to look at mental health services across Tayside as a whole. Patients from neighbouring board areas may also be affected, because some specialised mental health services are planned and delivered on a regional basis.

Other boards are also involved, of course, with the chair of NHS Greater Glasgow and Clyde and the chief executive of NHS Grampian taking on equivalent roles for the time being in NHS

Tayside. Although John Brown and Malcolm Wright certainly bring fresh pairs of eyes to the problems that will face them, they acknowledge that, for the planned inquiry to be credible, the appointment of a genuinely independent chair and advisers will be crucial. I welcome their plans to engage with the Mental Welfare Commission and others in seeking to identify the best people, and I look forward to hearing who will lead the inquiry, which I hope will be in the course of this week.

The inquiry must also provide a platform for those who have been most directly affected to have their voices heard. I join those who have paid tribute to the people who have attended the debate this afternoon. I know that patients and families do not just want to hear the answers; they want and need to be part of framing the questions. One constituent who contacted me yesterday evening put it succinctly when he said:

"I would like to know if I (and the rest of the general public) will be given the opportunity to provide evidence of the failures I have experienced through supporting friends who have been admitted"

and

"if past and existing patients will also be given the opportunity to provide evidence".

We know, since Grenfell, that the public demand to be part of the process, not simply its victims or beneficiaries, and that principle must apply here too.

I hope that one result of the inquiry will be to put in place clear clinical leadership and effective management of mental health services. Achieving that clarity can help to deliver the best possible mental health services in Tayside, including in particular the best hope of reducing the incidence of suicide. The Health and Sport Committee has agreed to take evidence on the Government's suicide prevention strategy before the summer recess. Such evidence could influence the final form of the strategy if ministers are open to that.

Although the timescale is necessarily different, the independent inquiry in Tayside also has the potential to influence national policy on suicide prevention. If lessons can be learned from the experiences of families who have been affected in recent months, perhaps other families will be spared that pain. That is why those who have been affected must be at the front and centre of the inquiry. I look forward to NHS Tayside and ministers laying out exactly how that will be achieved.

15:30

**Bill Bowman (North East Scotland) (Con):** I suspect that my remarks will duplicate what others have said, but today's subject is such that I do not think that apologies for that are necessary.

Suicide is preventable. Last week, we heard Richard Leonard highlight the case of David Ramsay, who took his own life after being turned away from the Carseview centre—a tragic case that speaks to a wider problem in Dundee and Tayside. The campaign group *Lost Souls of Dundee* has identified at least 10 such cases that could have been prevented if better care had been available at Carseview. Just one week on from Mr Ramsay's case being highlighted, we now have an NHS Tayside inquiry moving forward, for which the health secretary has signalled her support. I am pleased to see that swift response, and I welcome any move to provide answers and prevent further deaths.

Those answers must now be sought and lessons learned, but I note the words of Gillian Murray, who is part of the *Lost Souls* group and David Ramsay's niece, concerning the inquiry. She said:

"I'm pleased at this announcement but it is not the end—this is just the first step."

I could not agree more, because research shows that 70 per cent of people who take their own lives do so within a year of having contact with healthcare services. Thus, the proposal to look at Carseview alone was never sufficient to provide the answers that are needed. We must ensure that the inquiry covers all mental health needs, resources and provision at NHS Tayside.

I was reminded of the importance of that yesterday, when I was contacted by a constituent outwith Tayside, who raised some very serious concerns about mental health care at NHS Grampian. It was a timely reminder that failings in mental health care are not confined to a particular treatment facility or, for that matter, a particular health board. For NHS Tayside in particular, though, a wide-ranging inquiry is vital because it can offer more reassurance to patients and their families that the issue is being taken seriously.

Let us be clear about how serious an issue it is. Around two people die by suicide in Scotland every day. As we have heard, in Dundee alone, suicide deaths rose by 61 per cent recently. Almost unbelievably, almost two out of every three Scots have some experience of suicide—a worrying statement to which I am sure the ministers will pay heed. It also reflects local concern that, in Tayside, there is a lack of focus on improving mental health outcomes. For example, as I think that we have already heard, fewer than half of Tayside children who are waiting for mental health treatment are seen within 18 weeks. The target is for 90 per cent to be seen within that timeframe, whereas, at about 42 per cent, NHS Tayside's performance was the second worst in Scotland.

The list of problems in NHS Tayside goes on. Staff are facing difficulties in accessing training; there is a lack of permanent psychiatrists, with patients seeing up to four different consultants during their time in hospital; waiting times for clinical psychologists exceed the 18-week target; and, as we have heard, one patient was even given a blank recovery care plan form to fill in themselves.

Treatment is of course crucial but, equally, we must be prepared to tackle the underlying reasons why so many people take their own lives. For example, those who live in the most deprived areas are more than three times as likely to die by suicide than those who live in the least deprived ones. That is a particular challenge in Dundee, which has levels of deprivation that are among the highest in Scotland. We must stop simply offering apologies and platitudes, and get to work to make sure that no more individuals and families suffer. Let us never forget that talk may be cheap but lives must be held dear.

**The Deputy Presiding Officer (Linda Fabiani):** We now move to closing speeches. I call Annie Wells. You have about four minutes.

15:34

**Annie Wells (Glasgow) (Con):** I echo Liz Smith's comments about the tone of today's debate. We have been frank; we have let people know that the Parliament takes mental health and suicide seriously. I, too, pay tribute to the families in the gallery and the staff who work tirelessly in difficult circumstances.

With mental health services in NHS Tayside having fallen seriously short of the standards that are expected, I welcome the minister's comments that the investigation will cover the whole of NHS Tayside and all its facilities. As we can see from the extremely tragic case of David Ramsay, it is the families and the friends who ever after live with the consequences of services that fail their loved ones.

NHS Tayside has come under the media spotlight for good reason. Bill Bowman said, as an MSP for the area, that fewer than half of Tayside's children waiting for mental health treatment are seen within 18 weeks, and NHS Tayside's performance of 41.5 per cent being seen within the referral period is the second worst in Scotland. As Anas Sarwar and others have stated, suicides in Dundee have risen 61 per cent in a year.

I, too, pay tribute to the bravery and the work of the lost souls of Dundee group. It has identified at least 10 suicides that could have been prevented, had better help been available at Carseview.

Four minutes is a short time for which to speak about such an important topic, but I will round off the debate for the Scottish Conservatives by looking at how NHS Tayside sits within the broader context of mental health services struggling to meet growing demand.

We know that mental health services across Scotland, are being pushed to their limit, with more than a quarter of adults waiting too long for psychological therapy and more than a quarter of children waiting too long for mental health treatment. We have not seen the promised step change following publication last year of the Scottish Government's mental health strategy. Mental health charities have stated publicly that the strategy lacks the ambition and the investment that are needed. As we see in NHS Tayside, the current model is not working.

When it comes to suicide, which is an incredibly sensitive topic, I am concerned that we are not seeing the ambition that is so desperately needed. In 2016, 728 people in Scotland died from suicide, which was a rise of 8 per cent from the previous year. Despite that, we have not had a suicide action plan in place since 2016. The draft plan that was published in March was met with open disappointment from Samaritans Scotland, which had engaged with the Scottish Government prior to its publication. Samaritans cited the draft plan's scarce detail on targets, timeframes and the resources to be allocated. There was also no information on how groups who are disproportionately affected by suicide—men, people in middle age, people in deprivation and people who live alone—would be supported. The lack of detail is worrying. I hope that the final strategy, which will be published in the summer, will clearly outline how suicide will be tackled.

To finish, I echo my colleagues' calls for a wide inquiry into mental health services in NHS Tayside. Mental health awareness week begins on Monday. It is time that strong words on the topic were backed up by urgent action. If we do not act now, mental health services will continue to lag behind physical health services when it comes to investment and resources, which will have potentially far-reaching consequences.

The problems in NHS Tayside have vividly highlighted that, when we are not disciplined in tackling mental health issues, we badly let down the families and friends of people with mental health problems. Members across the chamber would be failing in our duty if we did not do everything in our power to improve the situation for some of the most vulnerable people in our society.

15:39

**The Cabinet Secretary for Health and Sport (Shona Robison):** I, too, welcome the families to the gallery, and thank them for getting us to this point. The new leadership team at NHS Tayside has listened; it has come in with a fresh pair of ears, heard the calls from the families and, with the chair's announcement last Friday, responded appropriately.

As other members have pointed out, it would be wrong to focus the inquiry purely on Carseview; it is right and proper that the inquiry will look across all of NHS Tayside. As others have said, lessons for improving mental health services in Tayside might well apply elsewhere in Scotland, which is an important point.

As I hope I said in my intervention on Anas Sarwar's opening speech, it is important from the start that the independent inquiry is just that— independent. It is most important that it has the confidence of the families, who should be involved from the start in developing the terms of reference. The inquiry's chair, who will have a challenging job in progressing this important work, must have the right skill set and inspire the families' confidence. All those things are important.

Last night, I had a further discussion with the chair of NHS Tayside, John Brown. I assure members that he absolutely appreciates the importance of every one of the issues. He will put a lot of thought into the process. Families might wish to be involved in different ways, but they should all have the opportunity to be involved and to be heard.

**Anas Sarwar:** Will the cabinet secretary confirm that the inquiry's chair will not be an employee of NHS Tayside or of the NHS Scotland organisation, and that the chair will be truly independent of the health board and of the Scottish Government?

**Shona Robison:** Yes. That will be important. The chair of NHS Tayside and I have discussed the point that the inquiry's chair must not just have the right skill set but be independent of the health service and the Scottish Government. It is important that the inquiry's chair inspires confidence in the families and in the public at large that the inquiry will make positive changes. I will come back to that.

Miles Briggs made the important point that we must recognise the efforts of the staff who are involved. We must put it on the record that many people have had good treatment from mental health services in NHS Tayside. I agree with Miles Briggs's comment about personal attacks on Gillian Murray. Families need to be able to speak out without being criticised on social media or anywhere else. I have made my views about that clear.

Alison Johnstone made an important point about recruitment and retention and the high turnover of locum psychiatrists. This will be a difficult time for NHS Tayside, especially as it tries to attract new staff to mental health services in the region. It is my aspiration that the independent inquiry will be seen as a force for good, and that it will help to bring new staff to NHS Tayside. The inquiry needs to be seen as a positive thing.

**Miles Briggs:** The Mulberry unit has been mentioned. Will the Scottish Government, together with NHS Tayside, look at whether it would be appropriate to reopen that unit for patients in Angus?

**Shona Robison:** I do not think that it is appropriate to start to establish the independent inquiry's remit this afternoon. We all agree that an independent chair must lie at the heart of the process, and that there must be consultation of others and of affected families. We should not attempt to establish the remit today.

What I will say, though, is that I hope that the most important thing to come out of the debate is that the families who are here today, and those who are not, are given confidence that we all agree that we must use the independent inquiry to seek answers to the very pertinent and serious questions that many families have and, importantly, that we will ensure that the changes that come out of the inquiry will make NHS Tayside's mental health services among the best in Scotland and beyond these shores. If that is what comes out of the independent inquiry, then the collective efforts of everyone in the chamber will have been worth while.

15:45

**Mary Fee (West Scotland) (Lab):** In closing the debate, I begin by thanking the families and campaigners who have been at the heart of the debate. Their dedication to tackling and highlighting the problems in NHS Tayside will help to save lives. I also thank members throughout the chamber for their thoughtful and considered contributions to what I think has been a powerful debate.

The Government's amendment to the motion is an indication that it has listened to the campaigners. The stigma of mental ill health and the lack of support and understanding for people who suffer with mental ill health still, unfortunately, pervade our society. We cannot allow that to go on; we must change it.

Many of the points that I will make in my closing remarks have been made by other members, but they are worth repeating. A number of colleagues have praised the lost souls of Dundee group. My colleague Lewis Macdonald, who was contacted

by a constituent about the issue, said that patients and families do not just want to hear answers, but want and need to be involved in framing the questions.

Jenny Marra spoke of the crisis in mental health and drug-related deaths in Dundee. Along with Richard Leonard and Anas Sarwar, I welcomed the review into the Carseview centre that was announced last week. However, we knew then that that would not go far enough and that a wider and fuller public inquiry into NHS Tayside was required. I am glad to see in the Government amendment the commitment to an inquiry, but that inquiry must be open and accountable and must fully involve all the families.

Public services are at the core of what the Government provides, and those services should always be accessible when they are required, and be transparent and accountable when things go wrong. It should not take a question being posed to the First Minister for the Government and NHS Tayside to sit up and listen. Families such as those who are in the gallery today have been demanding answers for far too long. The death of David Ramsay is tragic not only because of the missed opportunities to prevent it, and his niece and father should not have had to travel to Parliament to be listened to.

Although the focus of the debate is NHS Tayside, there are problems across Scotland with mental health services, particularly for children and young people. We know that waiting times are on the increase for an initial appointment for child and adolescent mental health services, and that more than a quarter of children are not being seen within the 18 week waiting time target. Recent statistics show that 10 out of 14 health boards are not meeting CAMHS targets. I hope that the Audit Scotland review of CAMHS, which is due to be published this autumn, will show that improvements are being made. If they are not, action must be taken immediately to support our young people. The tragic loss of Lee Walsh has brought about a campaign for better mental health services in Tayside. Lee died of suicide last year and the website "Not In Vain for Lee" tells us that Lee suffered

"mental health problems on and off for over nine years, being prescribed various alternative medications, but never actually receiving a particular diagnoses."

I close by focusing on the Government amendment, which commits to a full inquiry, and on the comments that were made by my colleague Anas Sarwar in his opening remarks, when he said that an independent inquiry must have an independent chair, must include the families in agreeing the terms of reference and must ensure that the families are part of that process. The inquiry must be open, transparent and inclusive.

Those steps will be a starting point in rebuilding trust and confidence in mental health services.

My final thanks and admiration must go to the families. Parliament has listened to them, and I am confident that we stand united in our desire to achieve justice for them all. Thank you. *[Applause.]*