

Mental Health

The Deputy Presiding Officer (Christine Grahame): The next item of business is a debate on motion S5M-12706, in the name of Alex Cole-Hamilton, on health.

14:42

Alex Cole-Hamilton (Edinburgh Western) (LD): It is a great privilege to lead the debate for my party and to move the motion. In her first speech in the chamber after the 2016 election, the First Minister graciously credited my party when she announced the creation of a ministry for mental health and the post of Minister for Mental Health. We had fought for that for many years and we were gratified when it was made real.

However, after two years, the sense of common purpose that we shared on that day has all but evaporated. We can no longer find consensus with a Government that consistently lets us down so much on an issue of such importance.

We live in a Scotland in which less than half of new mothers are served by adequate perinatal mental health services, in which waiting times for child and adolescent mental health services are the worst on record and perform worse every month, and in which 1,000 adults have waited a year or more for access to a talking therapist. Against a steady decline in recent years in the implementation of the choose life suicide prevention strategy, we saw last year the terrible statistic that showed the first rise—an increase of 8 per cent—in the number of Scots who take their own lives.

The Government's response has been an additional £30 million in the previous budget, and more money has been announced today, but that will not even cover the 800 link workers whom the Government has agreed to deploy. Two strategies have been monstrously delayed and roundly criticised by the sectors that will implement them.

I am not here to make enemies, and I like to think that I treat everybody in this chamber with respect. However, against such a powerful index of failure I am compelled to ask the Minister for Mental Health exactly what she does all day. The eyes of the most vulnerable people in this country are fixed on the Scottish Government for answers, solutions and care—and they have been left wanting.

We celebrated the creation of this ministry: it was a staging post and the first part of a much bigger vision of a comprehensive, gold-plated, copper-bottomed service that would look after people who are mentally unwell from infancy until the end of life. However, we see deficiencies in

policy and provision at every level and at every single stage in that process.

As I said at the start, in Scotland there is a likelihood of less than half that a new mum with anxiety or depression as a result of her pregnancy will be seen by adequate perinatal mental health services. There is no standardised training of general practitioners, midwives or health visitors. The chances are that we do not even know about a child with any kind of trauma as a result of an adverse childhood experience, because we are not capturing that information. I thought that it was very telling that, in giving evidence to the Health and Sport Committee about his review of national health service targets and indicators, the former chief medical officer for Scotland Sir Harry Burns said that the one thing that we should be measuring—and are not—is young people who have experienced ACEs. Similarly, a young person identified as having anxiety, depression or self-harming behaviour can wait for up to two years for first-line treatment. If they need admission for tier 4 crisis bed support, there is every chance that they will be turned away because there are insufficient staff there to tend them.

Neil Findlay (Lothian) (Lab): Last week, during carers week, I met a group of young carers, to speak about their lives. Ten out of 14 of them told me that they had had to be referred to CAMHS. Most had had to wait for an extraordinary length of time, and some of their cases had been the result of self-harm. The only advice that had been given to some had been for them to visit a website, which is clearly not sufficient.

The Deputy Presiding Officer: I will give you a little time back, Mr Cole-Hamilton.

Alex Cole-Hamilton: Thank you, Presiding Officer.

I agree with Neil Findlay absolutely, and I think that what he said underscores the group who are most vulnerable, who are already delivering a service and whose love of the people around them—and for whom they care—we exploit. We should look after them in their time of need.

So bad are CAMHS that, in evidence to the Health and Sport Committee, the chief accountable officer of North Lanarkshire health and social care partnership, Janice Hewitt, said that referrals to such services

“have risen in tier 3 and severe by 23 per cent”.

She also said:

“There is something not right; there is something that we are not doing right with families or children.”—[*Official Report, Health and Sport Committee, 22 May 2018; c 37.*]

That was a red warning flag that we should all heed. Put simply, if someone's daughter fell off her

bike and broke her arm, we could reasonably expect her to be in plaster by the end of the day. However, if she came to her parent with anxiety, depression or even self-harming behaviour, we could expect her to join the longest queue in our NHS. It is simply not good enough.

Things do not get better when people transit to adult services. Those, too, are characterised by long waits and fractured continuity of care. Many of us on the Health and Sport Committee have heard compelling stories of families who have been bereaved by suicide. One person talked about their loved one, who, in the last five months of his life, had had appointments with no less than five psychiatrists. We would not expect a cancer patient to have to see five different cancer surgeons. Every time, he had to start at the beginning, retell his story and potentially retraumatise himself over that. There is no support for families in how to look after somebody who is experiencing a suicidal tendency. There is also no provision for non-English-speaking citizens or people from other countries for whom English is not their first language.

There is also precious little training of police. The subject is only optional at Tulliallan. We need to make it mandatory because it is often the police who form the all-important first response.

I should also say that my position is not a reflection of how I view our hard-working healthcare staff, who are absolute champions of the health service and deserve our respect. They only want for training, capacity and adequate resources.

The sharpest end of this agenda should cause us all great concern: an 8 per cent increase last year in Scots taking their own lives, against a marked period of decline. Yesterday, at the Health and Sport Committee, Toni Giugliano from the Mental Health Foundation said:

“There is no longer strong ministerial guidance to local authorities on directing money towards suicide prevention.”—[*Official Report, Health and Sport Committee*, 12 June 2018; c 4.]

I whole-heartedly agree with that, and I hope that the Government will listen to his message.

We have come a long way in this country in getting people to finally talk about mental health and to come forward, but we do them profound harm if, once we have brought them out of the shadows and got them to recognise the problems that they are experiencing, there is a void of services to offer them. That is an unconscionable cruelty.

I say: enough. Today I am asking the Parliament to take this department under special measures and ask it to bring forward plans for how it will turn the situation around.

The mental health strategy was 500 days late and it was panned by stakeholders. We often hear the First Minister say that that delay was caused by the Health and Sport Committee, but let us be clear that only three weeks of the 68-week delay to the strategy was caused by the Health and Sport Committee, and I will not hear anybody say otherwise in this debate.

We are still waiting for the suicide strategy; it is more than 500 days late. In those 500 days, 1,000 fellow Scots have perished at their own hand. It is a human tragedy—

Clare Haughey (Rutherglen) (SNP): Will the member give way?

Alex Cole-Hamilton: I will not; I am just coming to the end of my remarks.

It is a human tragedy that is visited on the north shore of my constituency every single week. My party can no longer excuse the deficiencies in the Government or its minister. The minister should do her job or make way for somebody who will do it.

I move,

That the Parliament believes that there is currently a mental health crisis in Scotland; deeply regrets that, in the two years since the appointment of the first dedicated mental health minister, published measures of services have shown a serious and sustained decline, including worsening waits for children, adolescents and adults requiring treatment; recognises that there is still no new suicide strategy, despite it being over 500 days since the last one expired, and that the mental health strategy that will set the tone for services for a decade was published 15 months late and was widely criticised for its lack of ambition; considers that hard-working staff do not have the resources and support that they require to deliver the service that they would wish, and demands that the Scottish Government publish plans detailing how it will improve performance against key targets and that the next Programme for Government delivers a step change in both ambition for and investment in mental health.

The Deputy Presiding Officer: I now call the minister, Maureen Watt. You have six minutes, minister.

14:51

The Minister for Mental Health (Maureen Watt): Thank you, Presiding Officer. Six minutes is a rather short time to address these important issues, but I will do my best.

As stigma around mental health has lifted, we have witnessed a fantastic change in our society. More and more people are comfortable talking about their own mental health and coming forward for help when they need it. As a result, it is right that our expectations on services for mental health care should also change. Our mental health strategy sets out a vision of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free

from discrimination and stigma. Achieving that vision is not an easy task, but it is one to which I believe that everyone in the chamber is committed.

On child and adolescent mental health services, I am clear that performance on new referrals is simply not good enough. I have met, and continue to meet, the chairs and chief executives of NHS boards on the issue. I have made clear to them my expectation for them to produce new plans on how they will take forward their services to best meet the needs of their patients.

We are entering a period during which services are being redesigned to meet the changing demand of young people and children coming forward. We have put young people at the heart of some of the key upcoming reports that will help to shape that. Last year, I commissioned an audit of rejected referrals by the Scottish Association for Mental Health, to provide us with recommendations on how we can reshape services to ensure that those who need our care can receive it. It will be published later this month.

We have invested £95,000 in a youth commission on mental health, led by Young Scot and SAMH, which will also set out recommendations on mental health services. To improve care planning for children and young people, we are working with the Scottish Youth Parliament, examining provision for those transitioning, including from CAMHS to adult mental health services. That work will also conclude shortly.

We are also working to reshape provision on adult services. In primary care, we are investing in multidisciplinary teams. Each integration authority is developing a primary care improvement plan, which must include meeting the needs of people with mental health issues. All four test sites for distress brief intervention are under way, with early indications of positive outcomes. That is a world-leading innovation, which is attracting international interest.

Our mental health and incapacity legislation is based on rights and principles. The review of how the Mental Health (Care and Treatment) (Scotland) Act 2003 works for those who have learning disability and autism is under way, and we have consulted on proposals for reform of our incapacity legislation.

A further piece of work that will conclude soon is the development of our new suicide prevention plan. It will be published before recess and it will build on our current investment in prevention of more than £2 million a year.

The loss of anyone to suicide is a tragedy. It represents not only the pain and distress that has led to someone taking their own life but the pain

and the loss of their loved ones. As a result, I believe that it is impossible to be too ambitious on aiming to prevent suicide. The new plan will signal a step change in our approach to suicide prevention.

I would like to put on record my thanks to stakeholders such as the Samaritans—I note that the tone of the Samaritans' briefing is in stark contrast to that of Alex Cole-Hamilton—Penumbra, the Mental Health Foundation, the Mental Health Alliance and many others for their help in improving the prevention plan in recent months.

In a recent amendment, we outlined that the prevention plan would include the development of a new national leadership group. That group will help to drive improvement, and we are creating a new suicide prevention innovation fund of an additional £3 million over the next three years to assist in that work.

Of course, I expect to be held to account for delivery of the change to mental health services. The Scottish Government will publish plans detailing how it will improve performance against key targets. I will be reporting on progress on the mental health strategy in the annual report to Parliament in the autumn.

Jenny Marra (North East Scotland) (Lab): Will the member take an intervention?

Maureen Watt: I am in my last minute.

The next programme for government will deliver a further step change in both ambition for and investment in mental health.

I move amendment S5M-12706.4, to leave out from “is currently a mental health crisis” to “demands” and insert:

“has been a welcome shift in attitudes to mental health in recent years; commends the work of NHS staff in supporting mental health and wellbeing care across acute, community and primary settings; notes that, following the publication of the mental health strategy, Young Scot is leading a commission on child and adolescent mental health services, and that SAMH will soon publish its report and recommendations on rejected referrals; supports a vision of mental health care where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination; believes that this will be aided by improving the scope of available information on the usage of services beyond the currently published performance against new referrals; notes that a new suicide prevention plan is being developed in partnership with stakeholders, which will build on the current spending of over £2 million a year on suicide prevention; welcomes the ambition to support the step change, which will be supported by the application, by the national leadership group, of a new prevention innovation fund of an additional £3 million over the next three years; considers that NHS boards should set out detailed plans for taking forward new models of support and services to improve performance, including through partnership with the third sector, and asks”.

14:56

Annie Wells (Glasgow) (Con): I thank the Liberal Democrats for bringing this extremely important topic to the chamber today.

Last week's figures for mental health waiting times showed without doubt that, when it comes to mental health, Scotland is falling behind. As much as I welcome the announcement of the investment of £3 million over the next three years, I am disappointed to see the Scottish Government attempt to override a motion that rightly highlights what has been, at best, a patchy record on mental health. Attitudes to mental health have improved in recent years, which I whole-heartedly welcome, but we have a mental health crisis, and there is no reason to wash over it—we are where we are.

To put the debate into context, one in three people presenting to a general practitioner has a mental health problem, and about one in 12 people in Scotland use antidepressants every day. We urgently need ambition and a step change.

It is evident from last week's figures that we are waiting too long before assisting people with mental health problems. Nearly 30 per cent of children and more than 20 per cent of adults are not being seen for mental health treatment within the 18-week target that has been set by the Scottish Government. That is why, as highlighted in my amendment, it is important that we refocus our efforts on early intervention and prevention by supporting people in front-line services.

With regard to children and young people, there is a vital opportunity to provide support for teachers who are struggling to cope with the demands of what has become a generational epidemic. Some 10 per cent of children aged between five and 16 have a clinically diagnosable mental health problem and 75 per cent of mental health conditions have onset before the age of 24. A SAMH survey showed that more than two thirds of teachers do not feel that they have received sufficient training in mental health to allow them to carry out their role properly and that only a third of school staff say that their school has an effective way of responding to pupils experiencing mental health problems. We must recognise the incredibly important role that teachers play in the lives of young people and support them in navigating the web of where to signpost pupils. That is why I am calling for a commitment from the Scottish Government to a national roll-out of teacher training as well as improved counselling services—something that the First Minister was not able to guarantee when I asked her about it last month.

As well as alleviating the pressure on teachers, we need to look at the health service provision for mental health. As I have mentioned before, social

prescribing is absolutely key to promoting more intermediate forms of treatment and easing the pressure on CAMHS and psychological therapy services. We know that there have been 18,000 rejected referrals to CAMHS in Scotland over the past three years. That is why I am also calling on the Scottish Government to commit to the provision of specialist mental health support in every GP practice and hub and to concentrate on the faster recruitment of key mental health link workers. I also want mental health support to be provided in every accident and emergency department on a 24/7 basis.

Broadly speaking, the strategy has been widely criticised for its lack of ambition, and much of what we have seen in the past year has been a Government playing catch-up. Nowhere have we seen that more than with the suicide prevention plan, a strategy that expired two years ago, during which time we have seen suicide numbers rise.

I appreciate that a new plan will be published shortly, along with extra funding, but the process of reaching this point has been arduous, to say the least. Only this weekend we saw another third sector organisation, the Mental Health Foundation Scotland, express concerns about what it saw as lost impetus at both national and local level.

I thank the Lib Dems again for using their business time to highlight the urgent challenges that we face in tackling mental health issues right across Scotland. Many of the statistics raised across the chamber today will show why we cannot bury our heads in the sand over mental health. The appointment of a dedicated mental health minister in the Scottish Government two years ago was welcome, but we have arguably gone backwards since then in relation to assisting those who most require our support. It is time for us to be bolder and more ambitious in our mental health strategy and to ensure that no patient is left behind when they require treatment and support.

I move amendment S5M-12706.1, to insert after “requiring treatment”:

“; calls on the Scottish Government to refocus on prevention and early intervention through improved front-line support, including the roll-out of national mental health teacher-training, improved secondary school counselling provision and the placement of specialist mental health support in every GP practice and hub”.

15:00

Anas Sarwar (Glasgow) (Lab): I thank the Liberal Democrats for bringing this timely and important debate to the chamber. I say right at the outset that we will be supporting their motion today. We will also be supporting Annie Wells's amendment, but sadly we will be voting against the Government's amendment, because although we welcome much of what is in it, it is a

complacent amendment that fails to recognise the Government's failures and fails to provide a coherent, long-term strategy to get to grips with the long-term impact of mental health services.

The debate comes just a few weeks after we debated the appalling situation with mental health services in Tayside, so perhaps the minister can give us an update on the progress with that. Do we yet have terms of reference and the appointment of an independent chair who has the confidence of the families? Perhaps she can address that in her closing remarks.

The debate also comes hot on the heels of some of the most appalling, distressing, shocking and shameful statistics on the time that mental health patients have to wait to get treatment under this Government, under the Cabinet Secretary for Health and Sport, and under the Minister for Mental Health. More than 1,000 children are waiting longer than they should. Thousands of children have been rejected after being referred for help by their GP. Thousands of adults are waiting longer than the expected standard.

Although I welcome the fact that we have a Minister for Mental Health, that alone is not good enough. It is not good enough to have the symbolism of a minister. It is delivery that matters. It is the workforce that matters. It is services that matter. Most important of all, it is patients that matter.

However, in Scotland today, under the current Government, the number of children with recorded mental health problems in schools more than doubled between 2012 and 2016. In CAMHS, 1,147 young people waited longer than they should have for treatment in the first three months of 2018 alone. That is an increase of 60 per cent on the same period last year. A 60 per cent increase in one year is not a record of improvement; it is a shameful record.

Tom Arthur (Renfrewshire South) (SNP): Mr Sarwar referred to CAMHS waiting times and workforce. As he will be aware, staffing for CAMHS has increased by 69 per cent since 2007. Clearly he thinks that that is inadequate. Can he say by which percentage he believes that it should have increased since 2007?

Anas Sarwar: Consultant vacancy numbers are going up, not down. There has been a failure to plan adequately for the workforce, which is why we have had to launch our own workforce commission. We have seen a cut in the number of educational psychologist places under the current Government over the past four years, not an increase. We should have some more reality in this debate.

Last March, the Scottish Government promised an audit of cases where children who had been

referred to child mental health services had been rejected and of why. Since we were promised that audit, more than 5,000 cases have been rejected. That is 5,000 young people. The First Minister told the chamber, and the minister repeated it today, that the audit report would be published by 30 June. Can the minister therefore give a commitment to the chamber today that that audit report will be published before Parliament goes into recess and that its publication will be accompanied by a ministerial statement in this Parliament?

On psychological services for adults, the number of patients waiting too long for help is also on the rise. In the first three months of 2018, almost 3,400 adults waited longer than the Government's own target for treatment—400 more than last year. Again, progress is going backwards, not forwards. Real people are in need of help and are not getting it, sometimes with devastating consequences.

That is why we need a genuinely transformational approach. We need to ring fence mental health budgets to make sure that they go to the front line. We need to listen to the concerns of senior doctors and have a mental health counsellor in every school across the country. We need to go further by restoring the bursary for educational psychologists and we need to see the number of educational psychology training places, which have been cut over the past four years, going up.

Crisis mental health services are also in need of urgent support. Some patients cannot wait for days or weeks to see a GP, or wait for weeks or months to see a psychologist. For some people, that time difference is literally a matter of life or death. That is why we need a fundamental rethink of mental health services. Our patients and staff deserve better.

We must recognise that the challenges with mental health services go beyond NHS Tayside. The review in Tayside, therefore, has a national significance, so perhaps the time has come for a nationwide review—perhaps a commission—to look at service provision, funding, models of care, community support, access to crisis services and patient involvement. Let us be clear: a review, strategy or ministerial title, which is always so popular for this Government, cannot be a fig leaf for its failures and an excuse for it not to act. I urge Parliament to send a message to the Government today that the time to act is now.

I move amendment S5M-12706.2, to insert at end:

“; notes the results of the Scottish Social Attitudes Survey, which suggest that at least half of people in Scotland feel that poorer health is a result of an 'unjust society' and believes that inequality and poverty have a

significant impact on mental health; believes that societal and economic reforms are needed to reduce many drivers of poor mental health; further believes that early intervention is vital if the country is to see a generational shift and that, as part of that, there should be access to a mental health counsellor in every school, and recognises that suicide prevention strategies should be implemented at a local level, with funding ring-fenced, and that any new framework on suicide prevention should have sufficient resources, workforce, governance and leadership.”

15:06

Alison Johnstone (Lothian) (Green): I am pleased that one of the amendments that have been selected for debate today—the Labour amendment—acknowledges that the prevalence of mental health problems is linked strongly to disadvantage and inequality. I agree that there is now a mental health crisis in Scotland, and that if we want to tackle it in the long term, we must make sure that people have the social and financial security that they need.

Yesterday, the Health and Sport Committee heard from the Mental Health Foundation Scotland that

“the austerity agenda and welfare reform have had a huge impact on people’s mental health, particularly around employment”

and that we need to look at

“in-work poverty and job security”.—[*Official Report, Health and Sport Committee*, 12 June 2018; c 14.]

That is why my amendment, which was not selected for debate, called on the Scottish Government to improve support for mental health in primary care. We know that the erosion of social security support has placed increasing pressures on people’s health, and on general practices.

Access to primary care in Scotland remains inequitable and, as I have stressed many times during debates on health, general practitioners in the most deprived areas typically have longer patient lists and see many more patients with mental health problems. Supporting GPs in areas of high deprivation is absolutely fundamental to supporting mental health and tackling health inequalities.

The Government has committed to putting 800 additional mental health workers in place, but progress is slow and we still lack clarity on how many staff will be based in primary care settings and what degree of specialty they will have. We know that there are real issues with access to talking therapies. I agree that there should be access to specialist support in every GP practice, hub or cluster and that as well as prioritising early intervention, we need urgent improvement to support people who experience mental health crises. At the moment, that support—especially out of hours—is just not good enough. We heard

from Samaritans in Scotland yesterday that many people would not know where to turn if someone close to them was in crisis.

The Scottish Association for Mental Health has pointed out that there is now a crisis care concordat in England, which aims to ensure that there is 24/7 provision of crisis support. We need to know that the specialist mental health staff are liaising effectively with accident and emergency departments and the emergency services. There is good practice in many areas, but there are real concerns. As James Jopling from Samaritans in Scotland said yesterday,

“There is no line of sight from the minister to what is happening locally.”—[*Official Report, Health and Sport Committee*, 12 June 2018; c 25.]

and in its written submission, Samaritans said,

“There is no longer an effective structure of suicide prevention leadership or delivery in Scotland.”

I have repeatedly raised the lack of leadership on self-harm, too, and the mental health strategy did not set out any action on reducing it. The Government said that it would be part of the suicide prevention action plan, but it was not a priority in that consultation either. We cannot allow people who have self-harmed or who are at risk of self-harming to fall through the gaps in the strategies.

The Scottish Young Greens are campaigning for every pupil to be given high-quality mental health education, and my colleague Ross Greer has made review of personal and social education in schools a priority. It is fundamentally important that young people also have good access to counselling; the Labour and Conservative amendments both reflect that. The Government, however, has cut the bursary for people who wish to study educational psychology. I ask that it review and reverse that decision.

We cannot look away from the fact that children and young people from the most disadvantaged areas are three times more likely to develop mental health problems than are their peers from more affluent areas. A truly preventative approach to mental health has to tackle that inequality at its root.

I welcome the fact that we are debating such an important issue this afternoon, and I will be pleased to support the Liberal Democrat motion and the Conservative amendment. I will also support the Labour amendment—although I point out that I am concerned about ring fencing.

Janice Hewitt from North Lanarkshire health and social care partnership told the committee:

“one thing that we ask is that partnerships are trusted to invest where they think that the greatest need is”.—[*Official Report, Health and Sport Committee*, 22 May 2018; c 8.]

She went on to say—

The Deputy Presiding Officer: No. I am sorry, but you must conclude. You have made your point.

Alison Johnstone: Thank you.

The Deputy Presiding Officer: It is now the open debate. I am afraid that speakers have a strict four minutes.

15:10

Liam McArthur (Orkney Islands) (LD): Scottish Liberal Democrats have, over the years, consistently sought to keep the spotlight on mental health. We have repeatedly used the time that is available to us in the chamber to highlight concerns that, I am sure, we all share about lack of progress, and to demand from ministers the sort of response that does justice to the scale of the challenge that we face, so that mental health gets the priority that it needs and deserves.

My colleague Alex Cole-Hamilton vividly set out the scale of that challenge, the failure to match Government rhetoric with effective and timely action, and the alarming evidence that shows that it appears that in key areas we are, far from making progress, going backwards.

I do not doubt the sincerity of the minister's commitment and, as most people did, I welcomed her appointment as the dedicated Minister for Mental Health. However, that has not by any measure resulted in the step change that is needed to address mental health issues.

In CAMHS, we are seeing the worst performance against waiting time targets since the current targets were established in December 2014. Children and young people who need help are waiting longer and/or travelling further for that support.

For psychological therapies, the picture appears to be little better, as the Government's target is now being met in only one health board area. In the meantime, the number of adults who are waiting over a year for treatment has doubled to 1,000 since the minister was appointed. Shocking as that figure is, it should not be taken as criticism of the staff who work in our mental health services, who do outstanding work despite lacking the resources and support that they need.

Although turning the situation around will take time, the Scottish Government's apparent lack of urgency, or lack of recognition of the scale of what is needed, is alarming. The approach to suicide prevention illustrates that perfectly. Like the mental health strategy, the suicide prevention strategy was allowed to lapse. When a draft was finally published 18 months late, it fell woefully

short of what was needed. Samaritans branded it "very disappointing". The Mental Health Foundation Scotland suggests that it

"has significant gaps and lacks clarity over fundamental issues, including resourcing, timescales, structures"

and

"the future of Choose Life".

It is one thing for the Government to take its time to make sure that it gets things right, but it is quite another for it to drag its heels for months and then to come up with a strategy that patently falls far short of what is needed.

Again the Mental Health Foundation Scotland hit the nail on the head when it pointed out that

"while mental health has taken a more prominent place on the political agenda over the past decade, suicide prevention has lost impetus and drive at both national and local levels".

The foundation calls for a radical redesign, strong national leadership and efforts to recapture the impetus that was seen during the early years of the choose life programme, when the number of suicides fell significantly.

That certainly strikes a chord with me in terms of what I see locally in Orkney. For example, in recent correspondence the minister assured me that Orkney had a choose life co-ordinator, but then named the chair of the local choose life group, who does excellent work but is not in a position to co-ordinate activity in Orkney, far less to do so across the region. Moreover, the local group has no access to any resources, which means that it has no chance of undertaking the sort of work that saw choose life make such an impact in its early years.

Although suicides in Scotland have been on a downward trend, the most recent figures show a disturbing reversal of that trend. I hope that it is just a blip, but it reinforces the urgency for Government to up its game on leadership, resources and timescale.

On average, every day in Scotland two people take their own lives. Each is a tragedy and each is devastating for the people who are left behind, but each needs to be seen in the context that suicide is preventable. As the Mental Health Foundation Scotland rightly put it,

"No caring society or government should tolerate the suffering and despair that leads a person to take their own life."

I therefore urge Parliament to support the motion in Alex Cole-Hamilton's name, and the Labour and Conservative amendments, and to send a strong message that we believe that treatment of mental ill health deserves the same priority as treatment of physical ill health.

The Deputy Presiding Officer (Linda Fabiani): We are very tight for time, so I will have to be strict.

15:15

Tom Arthur (Renfrewshire South) (SNP): I am grateful for the opportunity to speak in the debate, which takes place at a time of significant change in attitudes to mental health. Here in Scotland, all the parties that have been elected to Parliament were elected on manifesto commitments to improve provision and quality of mental health services. Although we may differ in our approaches, we are united in challenging all stigma that is associated with mental health, are proud to support our third sector partners and have, collectively, played a part in pushing mental health to the top of the political agenda. That is to be welcomed, and it demonstrates what can be achieved when we speak with a common voice. Despite much of what has been said so far, I believe that there is much common ground.

Just as we all recognise the priorities of increasing awareness, tackling stigma and achieving parity for mental health with physical health, we all recognise the challenges in making that vision a reality. I am sure that all members fully appreciate that. I am sure that we have all supported constituents and their families who have had difficulties in accessing timely treatment. I certainly know how frustrating and time consuming it can be to achieve a successful outcome for constituents in such cases. I therefore understand clearly why frustration and anger inform the language that some members use to discuss mental health services, and why that leads to demands for immediate action from the Government. However, we all know and appreciate that there is no short cut to achieving our shared vision for mental health services.

The welcome increase in awareness of mental ill health in Scotland has seen a commensurate increase in demand. As all members will realise, that situation is not unique to Scotland: our neighbours in other parts of the United Kingdom are experiencing the same challenges. Indeed, our Commonwealth cousins in Canada, Australia and New Zealand are also facing the same rising demand, which is resulting in political debates that are similar to the one that we are having.

The fact that other countries near and far are tackling the same problems as we are is, of course, no comfort to a young person who has had a rejected CAMHS referral or who has received a referral only to find themselves on a long waiting list, and nor is it any comfort to their family. However, I believe that it is vital that we understand that Scotland is not alone in having to adapt and develop its health services to meet new

needs and demands. That is as true for mental health as it is for the demands arising from having an ageing population.

Just as we need that perspective internationally, we require it when look at Scotland internally. As members are well aware, with mental health services and all public services, there is performance variation within Scotland. That is a consequence of having 32 local authorities, 31 integration boards and 14 territorial health boards. Clearly, our aim must be to minimise variation and to work towards equity in service provision, but achieving that will take time. As the member for Renfrewshire South, I know that in CAMHS in NHS Greater Glasgow and Clyde in the last quarter, 88.7 per cent of people were seen within 18 weeks and that, in bordering NHS Ayrshire and Arran, the figure was 98.3 per cent. However, I know that the same is not true in other parts of the country, so we must work to achieve parity.

As I said, that will take time. To take one example with CAMHS, we want a situation in which people do not get to tier 3 and 4 services; that is about having strong community provision. Scotland has taken a lead on that, and we all support integration, but we know that the benefits will take time to feed through, just as it will take time—

The Deputy Presiding Officer: You must close, please.

Tom Arthur: I will just say that there is common ground and that, if we work together constructively, we can achieve the vision that we all share.

15:19

Miles Briggs (Lothian) (Con): I welcome this important debate on mental health, and I thank the Liberal Democrats for using their debating time to have it.

The motion rightly refers to the disappointment that many people who work in the mental health and voluntary sectors felt when the Scottish Government's new mental health strategy was published in late March 2017. At the time, I called the strategy "a missed opportunity" that would not deliver the transformative change in mental health services that we all want. Unfortunately, I am sorry to say that I have not seen enough additional action from the Scottish Government since March 2017 to change my view.

Despite the strategy and the rhetoric that we have heard from ministers, the sad fact is that mental health services are still failing too many people. Waiting times for child and adolescent mental health services are a particular concern, as members from around the chamber have said

today. The latest CAMHS data, which was published by Information Services Division Scotland last week, indicates that, during the previous quarter, only about 70 per cent of patients were seen within the 18-week target. That is a significant fall from the 84 per cent that was recorded this time last year, and it is a massive 20 per cent below the Government's target.

NHS Lothian met the target in only 65 per cent of cases, which means that many vulnerable young people in my region are currently waiting far too long just to start treatment, which places even greater pressure on their families. Everyone knows that swift and effective support to tackle mental health challenges in childhood is essential in order to prevent mental ill health worsening and to reduce the risk of it resurfacing in adulthood, so the delays are unacceptable. They could prove to be devastating for individuals and families.

I hope that today's debate focuses the minister's attention on the need to take genuine and decisive action to turn things around. Annie Wells's amendment correctly identifies the importance of increasing mental health support in schools and of early intervention. They are both vital, and I continue to believe that we need to do far more to offer young people with mental health challenges—and people of any age who go to their GP with mild to moderate depression or anxiety—social prescribing options with local groups and voluntary sector organisations, as well as access to counselling and talking therapies.

Under the Scottish National Party, we are building a crisis in mental health services in Scotland. That is unsustainable and it will continue to fail families around Scotland. The Scottish Government needs to prioritise social prescribing and support for local groups that can provide support to people when they need it. If the Scottish Government's mental health strategy target of delivering an "Ask once, get help fast" approach to mental health is to be achievable, we need to make sure that that change happens. It is absolutely no use for families to ask once and be told to wait a year before they get any help.

The Government also needs to understand that other parts of our NHS are not delivering for patients, which is impacting on mental health services. I am the co-convenor of our Parliament's cross-party group on chronic pain, and the mental distress and suicidal feelings of chronic pain patients who face delays of up to a year in accessing vital treatment is of increasing concern. At our last meeting, the CPG heard moving testimony from one chronic pain patient who had attempted suicide rather than face a year of being in pain before she could get repeat treatment. Ministers need to recognise the impact of long

waiting times for chronic pain treatment and how it impacts on the wellbeing of many people.

I agree with the concerns that have been expressed by Alex Cole-Hamilton and other members about the new suicide strategy. Only yesterday, a representative of Samaritans in Scotland agreed at the Health and Sport Committee that

"We have gone from being ahead to being behind."—*[Official Report, Health and Sport Committee, 12 June 2018; c 5.]*

He told us that the Scottish Government had undertaken no evaluation of the previous strategy, and ministers should understand that that needs to take place as soon as possible.

We simply cannot afford to be complacent when suicide is one of the biggest killers of men in Scotland, especially of men under 45, and when we know—we must always send out this message—that every suicide is preventable.

15:23

Jenny Marra (North East Scotland) (Lab):

There are thousands of stories behind the children's mental health waiting times statistics. Each child has their own story of how their name came to be on the waiting list, becoming part of the bigger story that we debate today, and each of those stories will inform the child's life and their decisions, paths and relationships. That is why waiting lists are most destructive for children, out of all sections of our society. A day is a long time in a child's life, a week seems like an eternity and nearly eight months—the time that a child in Dundee has to wait for a CAMHS appointment—is unimaginable to them.

Last Monday, I visited Tayside's children's mental health service in the Dudhope centre in Dundee, where we have the highest CAMHS waiting list in Scotland. The average waiting times for CAMHS treatment is 23 weeks, which compares with the Scottish average waiting time of 10 weeks, which is still far too long. The main reason that I was given for the long waiting times was consultant vacancies. Tayside has four full-time equivalent CAMHS consultants when it requires seven. Rightly, all the cases are consultant led, so consultant shortages result in longer waits for every child on the list.

The Scottish Government is aware of the issue, but it needs to tackle it urgently. If we are not training enough psychiatrists—and we are not—we need to. The vacancies for GPs, hospital doctors and psychiatrists are in deprived areas, and the reality is that people in more deprived areas have longer waits for mental health services.

We train doctors in Scotland. No one—not the General Medical Council nor the British Medical Association—will give me an official figure, but I understand that we lose about 40 per cent of our trained doctors to New Zealand and Australia. Not only is that a huge brain drain, it is a failure of public policy that, although we invest and pay to train doctors at public expense, we are not able to employ them in the Scottish NHS.

I understand that the location of services is also an issue. To my mind, there is no good reason why consultants based in the CAMHS centre in each health board cannot work for a day in some of the localities. In Dundee, that might mean a day in Arbroath, Menzieshill or somewhere else in the health board area. A CAMHS referral is a significant matter for families. The impact on school, work and the whole family is significant, and more ready access in the community should be considered.

On my CAMHS visit, I, too, was concerned about the rejected referrals. I welcome the fact that information will be published before the end of the month, but it is imperative that we have an opportunity to scrutinise the issue before Parliament, and I would welcome confirmation of that in the minister's closing speech.

My initial understanding of rejected referrals from the health services point of view is that everything is being referred to CAHMS in the absence of an earlier intervention or support in the community. That is only part of the picture, but I wonder whether the minister has up-to-date figures on the number of educational psychologists working in our schools. I have raised that issue many times before in the chamber. The declining number of educational psychologists makes a referral on to a higher-level intervention inevitable, when that child's problem could have been addressed in their own community, without a CAMHS referral and all that that means for the child, their family and public resources.

15:27

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): Alex Cole-Hamilton's motion says that the

"hard-working staff do not have the resources and support that they require to deliver the service that they would wish".

I beg to differ. I agree with Anas Sarwar, who said that it is the patient who matters. Therefore, my entire speech simply quotes from the Care Opinion website. All three cases come from the previous week and cover all Scotland.

Alison Johnstone: Will the member take an intervention?

Stewart Stevenson: No.

The first comment is about Aberdeen royal infirmary:

"I attended A&E during a mental health crisis. From the start, reception staff were really patient and understanding. I got seen in triage by Gail and, her manner with me was just fantastic. She genuinely listened to me and didn't make me feel like I was a burden or anything.

Due to the way I was feeling and the state I was in, I was kept in A&E to see the psychiatry team. In A&E whilst I was waiting, another nurse, Bethan was looking after me. I appreciated just the small things—giving me some juice and a biscuit, listening to what I had to say.

I was in A&E for about 3 hours and, in that 3 hours they didn't fix everything but, they gave me somewhere safe when my thoughts were too much and a plan. I can't really ask for much more."

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

Stewart Stevenson: We will hear from patients; we have heard from politicians.

The comment continues:

"I know a lot of the A&E nurses from various admissions with self harming but, Gail and Bethan did an absolutely amazing job when I needed it most".

A kiss—an X—then follows.

The second comment, which was made this week, is about Crosshouse pharmacy services:

"My son who has Aspergers Syndrome and mental health issues"—[*Interruption.*]

I would appreciate silence behind me, Presiding Officer. It is dreadful that people have mental ill health, Mr Rumbles. I will start again:

"My son ... has Aspergers Syndrome"—

Mike Rumbles (North East Scotland) (LD): Your Government is not doing anything about it.

The Deputy Presiding Officer: It is getting a bit silly now. Please let Mr Stevenson proceed.

Stewart Stevenson: I will continue:

"His medication leaked in his bag on Sunday. If he misses a dose of medicine his mood can change considerably. It is normally a special order prescription, I rang my local pharmacy who had none in stock.

I then phoned the pharmacy at Crosshouse Hospital and spoke to a very helpful pharmacist, Ailsa, she phoned round a number of community pharmacies and found one which had it in stock, making sure that I knew exactly where it was. I can't express strongly enough how grateful both my son and myself are for this excellent service."

Mike Rumbles: Will the member take an intervention?

Stewart Stevenson: I will not take an intervention from that source.

This is what someone in the south of Scotland had to say last week:

“I suffer with depression and anxiety (which can be pretty severe)”—

Neil Findlay: Will the member take an intervention?

Miles Briggs *rose*—

The Deputy Presiding Officer: Mr Stevenson has made it quite clear that he does not intend to take any interventions, so all that members are doing is wasting time. Please carry on, Mr Stevenson.

Stewart Stevenson: They said that they had

“suicidal thoughts and feelings (which are present every single day) and at times become overwhelming”,

and went on to say:

“What I would like to say about the Crisis Team is how I feel they really are in a league of their own when it comes to Mental Health Services. It was during my first experience of using the service that one nurse in particular said a few words to me in a moment of such mental and emotional pain, with such compassion and conviction, that someone felt my life, me, had value, to know that someone out there was ‘hoping’ for me because I couldn’t.

A nurse from the team would visit me every day for around the next 10-14 days ... the crisis team are a team of very special people”.

Of course there are challenges in mental health. I have experienced suicide in my family, so I know that perfectly well. However, there are good stories, too, and let us not demean our staff by pretending that there are not.

The Deputy Presiding Officer: We move to the closing speeches.

15:32

Mary Fee (West Scotland) (Lab): I thank Alex Cole-Hamilton and the Liberal Democrats for lodging their motion on mental health. The motion recognises that there is a crisis in mental health in Scotland. No matter how often we debate and discuss mental health, our actions matter more than our words. The current Scottish Government has a record of platitudes, not performance, and Opposition members have rightly called on it to do more. Young people and adults across Scotland are in crisis and in desperate need of help. They deserve a service that delivers; they do not need platitudes from the Government.

Children, young people and adults are all waiting longer for treatment. People are taking their own lives because they cannot be seen when they reach out for help. They are being told to go home. The Government’s mental health strategy was published late and a suicide strategy is missing. Those are just a few of the reasons why we support the Liberal Democrat motion, which should shame the Government into action.

Our amendment is a reasoned one that backs up the motion’s argument that there is a crisis in mental health. That point was well made by Anas Sarwar, and it echoes the view of mental health organisations and charities that suicide prevention should be carried out at a local level with ring-fenced funding. It reaffirms our position that every secondary school should have a mental health counsellor, and it recognises that inequality and poverty have a significant impact on mental health.

Jenny Marra spoke movingly about the crisis in CAMHS in Dundee and the impact that the staff shortages there have. Anas Sarwar told us that, in the first three months of 2018, 3,400 adults waited longer than the Government target. Those 3,400 people needed help but did not get it. We welcome the fact that we have a Minister for Mental Health, but we need substance rather than symbolism. We need a service that works and delivers, and a workforce that is properly supported and properly resourced. We want every person in Scotland who needs mental health support to get that service. We speak for thousands of people across Scotland who are being failed.

The failure of the Scottish Government to implement a new suicide strategy after the expiry of the previous one shows that mental health is less of a priority than the Scottish Government claims it to be. I hope that the recent rise in suicide is an anomaly, and that the rate will fall in coming years. However, without the leadership of the Scottish Government in preventing suicide, I fear that many people will miss out on the front-line services that they desperately need.

The recent figures for child and adolescent mental health services show, once again, that there is not the parity between mental and physical health that the SNP claims to want. More than 1,147 children and young people were not seen within the 18-week target for an appointment, which is a rise of more than 60 per cent on the previous year’s figures. That rise means that more children and young people are missing out on the vital support and treatment that they need. The SNP needs to do more than offer warm words. Not all children and young people require specialist services, and many can be seen outwith a health context. That is why we want there to be a mental health counsellor in every school, so that young people are supported at an earlier stage.

I ask members to support the Liberal Democrat motion and the Labour and Conservative amendments at 5 o’clock.

15:36

Brian Whittle (South Scotland) (Con): I refer members to my entry in the register of members’

interests. I have a close family member who is a healthcare professional in the Scottish NHS.

I thank the Liberal Democrats for using their time to debate what is, in my opinion, one of the most important topics for Parliament to tackle. I wish that we had the opportunity to give the issue the time that it deserves.

We have heard very personal and heartfelt speeches from across the chamber, which have been very hard hitting. Alex Cole-Hamilton highlighted a suite of extended and extending mental health waiting lists. Mental health should be an acute issue, but people are waiting so long to get treatment. That point was backed up by Anas Sarwar, Miles Briggs and Jenny Marra, among others, who talked about the length of time that it takes to access CAMHS being far too long. It was also highlighted that the transfer from CAMHS to adult services is problematic. Sandra White and I heard about those problems last week in taking evidence for the Health and Sport Committee at Cardonald College, where we got the opportunity to sit round a table with young adults who were experiencing such issues.

The problems are not new, but they continue to deteriorate. I was disappointed to hear Maureen Watt and Tom Arthur almost congratulating themselves on encouraging people who are suffering to come forward because, when people do come forward, they are faced with inadequate services and an inability to access them. If we want to reduce the stigma around mental health and encourage people to come forward and be treated, how can it come as a surprise—

Clare Haughey: Will the member take an intervention?

Tom Arthur: Will the member take an intervention?

Brian Whittle: I am not taking any interventions.

How can it have come as a surprise—
[*Interruption.*]

The Deputy Presiding Officer: Mr Whittle has said that he will not be taking interventions.

Brian Whittle: —that the demand for such services has gone up?

There has been poor planning. Annie Wells said that one in three people presenting to GPs has mental health issues and that one in 12 people in Scotland uses antidepressants. It cannot be a surprise that we need more support for people with mental health issues.

Early intervention is highlighted in the Conservative amendment and it was highlighted by Annie Wells in her speech. The education portfolio is crucial in tackling poor mental health,

particularly in relation to health inequalities and access to opportunities, as has been highlighted.

The topic should cut across all political divides, and the subject is one that we should all want to rally round. We should use every resource to reverse the crisis. During meetings of both the committees on which I sit—the Public Petitions Committee and the Health and Sport Committee—the evidence that we have heard on the state of Scotland's mental health and the mental health strategy is as harrowing as it is incontrovertible. It is similar to the evidence that we have heard on the related suicide strategy. Stewart Stevenson would do well to look at that evidence because, from listening to his speech, I think that his head is definitely in the sand.

Throwing people and resource at a symptom of a continually evolving crisis without considering the cure is the Government's attempt at a solution, but it cannot work. Without dealing with the root causes or taking significant cognisance of the preventable element of poor mental health or of poor health in general, the Scottish Government is not managing the long-term sustainability of the health service. All that it is doing is managing the demise of the NHS.

Tom Arthur: Will the member give way?

Brian Whittle: I am in my last minute.

In conclusion, there is, without doubt, a crisis, and it is a crisis that lies at the feet of Maureen Watt and her Government. As we have seen, it is a crisis that has cut through political divides—and it should do so. I ask the Government to reflect on what has been said in the chamber and on the mountain of evidence, which continues to pile up. Definitive action is already long overdue. The minister should not leave it any longer.

15:40

The Cabinet Secretary for Health and Sport (Shona Robison): I want to use my time to try to respond to as many contributions as possible. I would like to think that, given the subject that we are debating, all contributions across the chamber have equal value, and they should be treated with the respect that they deserve.

Alex Cole-Hamilton said a number of things. One thing that he talked about was the suicide strategy. It is important to get that strategy right. The engagement that there has been with key organisations such as Samaritans Scotland and the listening that has taken place have got the strategy into a better place. That is reflected in the Samaritans Scotland briefing, which says that it strongly welcomes the Scottish Government's commitment to a £3 million innovation fund to support the work of the proposed leadership group

and that it welcomed the national suicide prevention leadership group previously. Although it says that it wants to see the detail of the final suicide prevention plan, it has been very closely involved in its development.

Miles Briggs: Samaritans Scotland told the Health and Sport Committee yesterday that there has been no assessment or evaluation of the previous strategy. How will we learn from what works and what has gone wrong in the past?

Shona Robison: The fact that the suicide trend is down by 17 per cent over 10 years suggests that the strategy has had some success. Every individual suicide is a tragedy, but the trend has been on a downward trajectory. That is positive, and we have to build on that. That is why getting the next phase of the strategy right is so important. We want to do more. So far, the response of organisations such as the Samaritans has been very positive, and we welcome that.

Annie Wells mentioned the need for co-location with GP practices. That is, of course, what the new GP contract and the new primary care model are designed to deliver. That is backed up with record levels of funding in primary care. In addition to that, there is the funding for 800 additional workers, including for co-locating in primary care practices. What members, including Annie Wells, have been asking for is therefore in train, and we want to deliver that as quickly as possible.

Anas Sarwar asked a couple of specific questions. He asked about an update on Tayside. I am not sure whether he is aware that, just two weeks ago, NHS Tayside put out a statement in which the chairman, John Brown, announced progress on establishing the independent inquiry. *[Interruption.]* Anas Sarwar asked a question. Does he want to listen to the answer?

The Deputy Presiding Officer: Can the private spats stop, please, and can we have a bit of respect from both sides?

Shona Robison: John Brown announced:

“Three potential independent chairs have been identified and expressed a willingness to take up the role.

- The potential chair of the inquiry will be invited to meet with families and key stakeholders before a final decision is made on who will lead the independent review.

- The independent chair will be supported by high level professional advice from a leading psychiatrist”.

He also announced that the chief executive of Health and Social Care Alliance Scotland, Ian Welsh,

“will independently lead a Stakeholder Participation Group made up of families, the public and other external stakeholders. He will meet with families and the public providing them with expert independent advice, leadership

and support to ensure people know how they can input and give evidence to the inquiry”.

and that the terms of reference of the inquiry will be

“shaped and agreed by families and the public”

in a process that is led by the alliance.

Of course, NHS Tayside has also made a commitment to staff that they will be supported to continue to make improvements. I heard someone say “shocking” from a sedentary position a moment ago. Surely we want to put families at the heart of the process, and what I have just read out does that. I do not understand how that can be shocking. I would have thought that members would have welcomed that update.

Anas Sarwar: Will the cabinet secretary take an intervention?

Shona Robison: Yes.

The Deputy Presiding Officer: The cabinet secretary is drawing to a close.

Shona Robison: I can confirm, as John Swinney announced on 26 May, a new joint funding package of £4 million to help train up to 90 new educational psychologists over the next three years, which will include support for those in training over the three years. Again, that is something that I hope that Anas Sarwar will welcome.

The Deputy Presiding Officer: You must close, please.

Shona Robison: I welcome Alison Johnstone’s recognition of the impact of welfare reforms on mental health, which was an important point made in the debate.

The Deputy Presiding Officer: I call Tavish Scott to close the debate. You have up to six minutes, please.

15:45

Tavish Scott (Shetland Islands) (LD): We have had an abundance of mental health statistics in the debate, but every statistic is a person: a woman, man, child or young person. Few families in Scotland are not touched by some aspect of mental ill-health—mine has been—and such cases are, without a shadow of a doubt, the toughest cases that we deal with as MSPs. I can think of a number of constituency surgeries in which the only case that I could remember afterwards involved someone who had come to talk about some aspect of mental ill-health.

One of those involved a woman who came to see me some time back about her particular circumstances. She was on medication for depression and was going through a rough time.

She found out last summer that she was pregnant, but her GP and the maternity services did not feel able to help her—or were not comfortable about it—by providing enough information about the impact on her pregnancy of the possible side effects of the medication that she was on. She was therefore referred to mental health services last summer, but she heard nothing. She was one of those statistics, because she was one of those people who waited and waited and waited. Sadly and deeply depressingly, she miscarried during her pregnancy. She got through that because of the incredible support of her partner, some friends and local people whom I know, and she is now in a much better place. However, the sad thing for me, apart from the loss of the child, was the fact that mental health services did not quite make it on that occasion.

I have no criticism whatsoever of Stewart Stevenson, who has every right to set out three examples of where things went properly and right. However, for every such example, there are many examples of where, sadly, things have gone the other way. That is what is at the heart of this debate and at the heart of why Parliament is rightly, across all parties—including, I suspect, the Government party—challenging our Government to recognise the sheer scale of the problems that exist. It is why Alex Cole-Hamilton, Anas Sarwar and others have trotted out so many statistics. I will not repeat them, because they have been mentioned and the minister and the cabinet secretary are all too well aware of them and all too familiar with them.

Any Government would react to those statistics and recognise the depths of the problems and the scale of the issues that confront it in the mental health area, which is, arguably, the most specialist one. I do not think that any Government minister or any Government could accept that taking more than a year to pull together a strategy is adequate. It is not so much the strategy that matters—I will remember this from my ministerial days—but what we do with that strategy thereafter. If I may say so, we are awfully good at producing strategies in politics but are less good at ensuring that they make a difference to real people's lives. If it was otherwise, all of us could stand up and give three examples in the way in which Stewart Stevenson did earlier in the debate.

Maureen Watt was fair in saying that the performance was not good enough. I noted carefully what the Government has done with the Liberal Democrat motion in Alex Cole-Hamilton's name: it has accepted, in its amendment, the last three points, one of which says specifically that the Government should

“publish plans detailing how it will improve performance against key targets”.

The amendment also refers to the other two points, on ambition and investment. If I have one concern about the wind-up speech that we have just heard from the cabinet secretary, who knows this area intimately—rightly—it is that there was an opportunity in that speech to set out exactly what she was going to do in response to those three specific points in our motion.

I will pick up on three or four other points that have been made widely by members in the debate, the first of which is on counselling. A number of members mentioned organisations outside formal health service structures that make such a difference to so many lives. We depend highly on them in many different parts of Scotland. In my area, Shetland, Mind Your Head has absolutely taken on the challenge. It now sees 161 people—who would not be being seen by the national health service—through its wellness and wellness together programmes. That work is essential in providing much-needed counselling.

However, that reflects the waiting times across Scotland, which colleagues have mentioned. For talking therapy services, there is a five to six month wait. Indeed, there is a year-long wait to see a specialist. We got the figures only through the much-maligned freedom of information regime that was mentioned earlier. That is a side point, but therein lies half the problem. In 2015-16, people in Shetland waited for 96 weeks for psychological therapy referrals. In 2017-18, they were waiting for 105 weeks, and the current wait is 65 weeks. Colleagues will have such figures for places across Scotland. By any standards, such waiting times are too long, and more needs to be done.

I have two final points. First, I want to reflect the strong points that a number of colleagues made on workforce planning. Anas Sarwar raised that right at the start. It strikes many of us that the lack of people in key specialisms, be they psychologists, psychiatrists or mental health nurses, is at the heart of many of the problems. For example, Stewart Stevenson and I are both familiar with the Royal Cornhill hospital, as we have seen many of our constituents being referred there over the years. That facility, important as it is for the north-east of Scotland and the islands, has to close beds because it does not have enough specialist staff at key times. That is at the heart of this debate.

It is right that the Parliament focuses on mental health. As Liam McArthur said, it gives it parity with physical health, and the remarks that Brian Whittle made in that regard were absolutely right. It is also right that there is a dedicated minister. Few of us would disagree with that. Indeed, it gained broad parliamentary support. However,

Alison Johnstone made a very important point on that—

The Deputy Presiding Officer: Please close.

Tavish Scott: I will finish with this, Presiding Officer. A minister needs to have line of sight between the strategy and what they do on the ground. That is the part that the Government needs to measure up on.

Sustainable Growth Commission

The Deputy Presiding Officer (Linda Fabiani): I would appreciate it if members could change their seats quickly. We are already late in starting this debate, so timings are really tight. Please pay attention to them.

The next item of business is a debate on motion S5M-12708, in the name of Willie Rennie, on finance and the constitution. I call Willie Rennie to speak to and move the motion. You have up to seven minutes.

15:53

Willie Rennie (North East Fife) (LD): Thank you, Presiding Officer. I feel sorry for Scottish National Party members. The big, long-awaited report was published in a flurry of breathless press releases and members were champing at the bit to debate it at their conference, but after the long bus journey to Aberdeen they discovered that it was not even on the agenda. However, I am generous and I am here to help. We have carved out time today so that SNP members can have their say, tell us what they really think and let off steam. It could be quite a cathartic experience.

The sustainable growth commission's report is a substantial piece of work.

Members: Hear, hear.

Willie Rennie: The SNP members would love me to stop there, but they do not know what is coming next.

The report admits how challenging an independent Scotland's finances would be. It is a confession. It is the best case, although not of many great choices. It is the stark reality. This is not some flimsy report that is easily dismissed. It is the words of the First Minister's close advisers. The First Minister herself described it as a blueprint. It is a significant development and it deserves scrutiny in this Parliament.

Liberal Democrats oppose independence, and the report strengthens our case against it. The report makes points on the currency, on the volatility of small countries' economies, on the deficit and on the years of financial pain. That financial weakness is a direct threat to our national health service—it is that serious.

Ivan McKee (Glasgow Provan) (SNP): Will the member take an intervention?

Willie Rennie: Not just now.

I will go through some of the evidence, which I am sure that SNP members will want to hear. In 2014, I warned that small countries' economies are prone to greater volatility. That was denied