



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament (Hybrid)

Wednesday 12 January 2022



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Scottish Parliament

Wednesday 12 January 2022

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

Portfolio Question Time

Covid-19 Recovery and Parliamentary Business

The Presiding Officer (Alison Johnstone): Good afternoon. I remind members of the Covid-related measures that are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The first item of business is portfolio questions. In order to get in as many members as possible, I would be grateful for short and succinct questions and responses.

Covid-19 Recovery (COBR Meetings)

1. Jackie Dunbar (Aberdeen Donside) (SNP): To ask the Scottish Government how its cross-Government co-ordination of Covid recovery policies incorporates the outcomes from recent COBR meetings to discuss the impact of the omicron variant. (S6O-00592)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Recovery from Covid remains the priority as we continue to respond to variants such as omicron. The First Minister joined four-nation Cabinet Office briefing room calls on 10 and 19 December to discuss actions across the different Governments and the co-ordination of a cross-United Kingdom response to the omicron variant. Those calls included consideration of the latest data, international travel, vaccination programmes, testing, self-isolation and the impact on public services. Funding to support additional interventions was also discussed.

Last week, the First Minister confirmed that we will publish a revised strategic framework in the next few weeks that seeks to be more sustainable, less restrictive and more proportionate as we continue to live with Covid and manage any future variants.

Jackie Dunbar: There has been much speculation that the UK Government will unilaterally end the free provision of lateral flow tests. Given the fact that our recovery from Covid requires us to keep the virus under control, does the Deputy First Minister agree that decisions on the continued need for LFTs must be made on a

four-nation basis and not by the UK Government in isolation?

John Swinney: A four-nation approach on that question is essential. Lateral flow tests form a significant part of our approach to managing the pandemic and the approaches of those in the rest of the United Kingdom. The availability of those free tests has been an integral part of the way in which we have managed the pandemic. I would certainly want to see any question about the future steps that are to be taken on LFTs to be decided on a four-nation basis.

Murdo Fraser (Mid Scotland and Fife) (Con): In recent weeks, we have seen a divergence in the approaches to restrictions being taken across the four different parts of the United Kingdom, but there has been very little divergence in case rates. Indeed, in the past few days, the case rates in Scotland have been higher than those south of the border, where there have been fewer restrictions. Given the fact that we are likely to see more variants of Covid coming up in the months ahead, how will the Scottish Government reflect on the experience in deciding whether to impose additional restrictions as we go forward?

John Swinney: As Mr Fraser will be aware, we look at a range of data to inform our judgments about the appropriateness of any restrictions that are applied, and ministers have to be satisfied that those restrictions are proportionate in relation to the evidence that lies before us.

I counsel Mr Fraser against jumping to the assumptions that underpin his question. We must also factor in the fact that variants can affect different parts of the United Kingdom at different times. For example, developments in London preceded developments here in Scotland and have no doubt completed their course earlier than they will complete their course here in Scotland. Fundamentally, the Scottish Government must take the appropriate decisions that we judge to be essential to protect public health in Scotland.

Freedom of Information Requests (Timescale)

2. Russell Findlay (West Scotland) (Con): To ask the Scottish Government whether it will provide an update on its handling of freedom of information requests against the 20 working day statutory timescale. (S6O-00593)

The Minister for Parliamentary Business (George Adam): The Scottish Government routinely publishes FOI performance statistics on a monthly basis. In November 2021, which is the most recent month for which data is available, we answered 90 per cent of FOI requests within 20 working days. The equivalent figure for 2021 up to and including November was 85 per cent.

Scottish Government response times have recovered significantly since the initial impact of the coronavirus outbreak in 2020. That has been achieved at the same time as we have handled our highest ever volume of requests. Nevertheless, we are not complacent about our performance and remain committed to achieving the 95 per cent target agreed with the Scottish information commissioner, and to maintaining performance at that level as we were doing prior to the coronavirus outbreak.

Russell Findlay: The Scottish National Party Government has a track record of hostility towards FOI. What justification is there for making de facto public bodies such as Zero Waste Scotland, which are funded by the Government and were set up to carry out Government policy, exempt from FOI? Will the minister consider widening FOI to such bodies?

George Adam: We have previously used the power that we have under section 5 of the Freedom of Information (Scotland) Act 2002 to extend coverage of the act to further entities in significant ways. Most recently, in 2019, we extended coverage of FOISA to all registered social landlords and their subsidiaries.

The Scottish Government will soon set out its broad approach to the future use of the Scottish ministers' powers to extend FOISA. I can confirm that we will consider all areas that were highlighted in response to our 2019 consultation on the future use of ministers' powers, including the social care sector; transport providers; non-profit distributing, public-private partnership and private finance initiative projects; and the work of regional hubcos.

Jackie Baillie (Dumbarton) (Lab): Aside from the time that it takes to respond to FOI requests, there are issues about the substance of the responses that are provided. Although I am sure that the Scottish Government is not deliberately withholding information, there are questions to be raised about the quality of its responses to FOI requests and to written parliamentary questions, which suggests that there is a lack of transparency at the heart of Government. Will the minister review the quality of responses and take action to improve transparency in Government?

George Adam: Since coming into this post, I have continually reviewed how we can make these things work better. Obviously, there have been many challenges as we have worked within the constraints that have been faced during coronavirus. However, I am aware of certain situations and, with officials, I have been working to make sure that we can make things better.

Covid-19 Recovery (Cowdenbeath)

3. Annabelle Ewing (Cowdenbeath) (SNP): To ask the Scottish Government how its policies across Government will support people living in the Cowdenbeath constituency to recover from the Covid-19 pandemic. (S6O-00594)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Covid recovery strategy sets out how we will recover from the pandemic by working collaboratively with our partners in local government, business and the third sector.

Priorities for recovery will vary by location. We are committed to working with communities to understand those priorities and to tailor services to support them. I recently chaired the first meeting of the Covid recovery programme board with the president of the Convention of Scottish Local Authorities. The programme board's members include representatives from the Scottish Government, local government, business and the third sector.

The Cowdenbeath constituency benefits from the Edinburgh and south-east Scotland city deal, which aims to deliver inclusive and sustainable economic growth across the region through investment in housing, innovation, transport, skills and culture.

Annabelle Ewing: On Covid recovery, my sense is that people in my Cowdenbeath constituency are most focused on the need for health and social care services to be fully reinstated. To what extent will the planning for that be led nationally, given that, at present, local health boards such as NHS Fife must prioritise their resources to deal with the critical Covid winter challenges that they face?

John Swinney: That is a very important issue. The response must involve a collaborative approach between national and local Government. The Scottish Government has initiated discussions with our local authority partners to satisfy all of us that the necessary steps have been taken to strengthen the delivery of social care services, recognising the critical dependence on those services of people in local communities.

Last week, along with the Cabinet Secretary for Health and Social Care and the Cabinet Secretary for Social Justice, Housing and Local Government, I had a discussion with the leadership of COSLA. At a follow-up session this evening, we will look at the responses of local resilience partnerships to satisfy ourselves that all steps are being taken to strengthen social care to address the priorities that Ms Ewing has highlighted on behalf of her constituents in Cowdenbeath.

Covid-19 Recovery (Strategic Reviews)

4. Brian Whittle (South Scotland) (Con): To ask the Scottish Government what consideration it gives, as part of its cross-Government Covid-19 strategic reviews, to long-term strategies to mitigate the impact of the pandemic. (S6O-00595)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Through the course of the pandemic, our strategy has changed in relation to factors such as vaccination uptake and vaccine waning, levels of adherence to Covid-19 rules and guidance, and new variants, all of which can combine to produce different outcomes requiring different responses.

In the long term, we must adapt our thinking on how to manage the virus and become more resilient to it in the future. That will mean seeking ways that are more proportionate, sustainable and less restrictive. The Scottish Government is therefore currently working on, and will publish in the next few weeks, a revised strategic framework that will set out more fully how the process of adaptation can be managed, with a view to building greater resilience.

Brian Whittle: The cabinet secretary will be aware that the pandemic has greatly reduced the public's access to physical activity and leisure activities, which has had a significant impact on people's physical and mental health, as well as increasing inequalities. What will the Scottish Government actively do to encourage and help the restart of those activities and ensure that all have access to those opportunities?

John Swinney: I recognise unreservedly the importance of the point that Mr Whittle makes and that such services and opportunities must be available to all communities. We are working with our local authority partners as part of the Covid recovery programme board, which I referred to in my earlier answer, to enable such an approach to take place and those services to be available.

However, I will add one caveat to that point, which the First Minister made reference to yesterday. We have to ensure that social care services are available for all our constituents as an absolute priority. In my answer to Ms Ewing, I indicated that we are reviewing, with local resilience partnerships, the effectiveness of service delivery. I am conscious that, because of staff absences due to omicron, there is intense pressure on the availability of social care services. The implications of prioritising social care might well be that some of the services that Mr Whittle would like restarted—for absolutely understandable reasons—might have to be restarted slightly later in order to enable us to prioritise social care. It is important that I am candid with the Parliament about that point.

However valuable and important the point that Mr Whittle makes, which I unreservedly accept, we have to ensure that we prioritise the measures that will enable us to deliver social care effectively.

Sarah Boyack (Lothian) (Lab): Numerous constituents have been in touch with me about issues to do with their vaccination status. I know that my Labour colleagues and other MSPs across the chamber have raised the issue, but boosters are now adding another level of challenge. When will the Scottish Government ensure that boosters show on the app as a booster if someone has received both doses in the European Union or another part of the United Kingdom? They are currently showing as dose 1 or 2, which makes travel to some countries impossible, and constituents have not been able to get help from NHS Inform.

John Swinney: As I have said to the Parliament before today, in a programme of this scale—we are talking about in excess of 10 million vaccinations—there are bound to be difficulties for some individual cases. The NHS Inform team is working hard to address any discrepancies that emerge. If members of the Parliament are having difficulty resolving those issues on behalf of their constituents, I would be happy to hear from them in order to ensure that they are addressed. I have had a number of representations directly from members of the public, which I have asked to be addressed, and which have been addressed. I would therefore be very happy to address any points that members of the Parliament wish to draw to my attention.

Parliamentary Business (Scheduling)

5. Beatrice Wishart (Shetland Islands) (LD): To ask the Scottish Government what considerations it will give in relation to its proposals for the scheduling of Government business in the chamber in order to take account of the various impacts of Covid-19 and Scotland's recovery from it. (S6O-00596)

The Minister for Parliamentary Business (George Adam): Responding to the impacts of Covid-19 and managing Scotland's recovery from the pandemic is a central focus of the Scottish Government, which will be reflected in our approach to the scheduling of future Government business. The First Minister's weekly statement to the Parliament is an example of our commitment to ensuring that the Parliament is updated on all developments.

Beatrice Wishart: One hundred thousand people are living with long Covid. For many, it has radically altered their lives. Thousands are also self-isolating, ill and relying on others. Covid has significant impacts on the people with whom they live, including children who are now supporting

adults with daily tasks. Will the Scottish Government provide a ministerial statement or any other update on its support—financial, educational or otherwise—for those young carers?

George Adam: That is probably an issue for Ms Wishart's business manager to take up—although in her case, that would be quite difficult, right enough. It might be an idea for me to talk to other business managers and bring up what Ms Wishart has raised, which we can possibly discuss at the next Parliamentary Bureau meeting. I apologise to Ms Wishart if I have offended her in any shape or form.

Stephen Kerr (Central Scotland) (Con): That was very delicate.

Parliamentary portfolio question time rotas are available months in advance, yet we continue to see Scottish ministers answering questions on their briefs in portfolio question time virtually from their homes or even their offices. Does the Minister for Parliamentary Business agree that meeting their obligations to appear in this chamber in person allows ministers to show their respect for the Scottish Parliament and the Scottish people, whom we have been elected to serve?

George Adam: The Deputy First Minister and I are here today, answering our questions, which is the way that it should be. However, we live in extremely difficult times, and now and again there will be situations where some members will answer remotely. As a rule of thumb, we tend to agree on the matter, and the member knows from our discussions at the bureau that we try to ensure that ministers are here physically in the chamber. Should there be a problem with any remote communication, there will be another minister on site, to make sure that the question can be answered. If a minister is participating remotely, there is still the option for someone to answer physically in the chamber.

Covid-19 Recovery (Meetings with United Kingdom Government)

6. Alex Rowley (Mid Scotland and Fife) (Lab): To ask the Scottish Government when it last met the United Kingdom Government to discuss the recovery from the Covid-19 pandemic and what the outcome was. (S6O-00597)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): There are frequent four-nation ministers and officials calls focusing on Covid, which take place at every level, including with the participation of the First Minister. The most recent First Minister call took place on 19 December to discuss the response to the omicron variant, and one is due to take place later today. A separate call for health ministers took place on 6 January. We will

continue to engage proactively at four-nation level to protect as effectively as possible the health of the people of Scotland and to recover from the pandemic.

Alex Rowley: Mr Swinney will no doubt be aware of the impact of the pandemic, and the recovery from it covers a wide range of Government policy. Although there is much that needs to be tackled to recover from the pandemic, one of the most pressing things is the cost of living—in particular, the unsustainable rise in energy costs. Has the Deputy First Minister made representations to the United Kingdom Government regarding that? Does he agree that reducing the cost of energy will be essential to recovery from the cost-of-living crisis following the impact of the pandemic?

John Swinney: I understand entirely the point that Mr Rowley has put to me. Scottish ministers have raised those issues with the United Kingdom Government. I would imagine that we share Mr Rowley's concerns about the impact of rising energy prices on household incomes, which has, coupled with the reductions in, for example, child payments under universal credit, further eroded household incomes. By doubling the Scottish child payment, the Scottish Government has taken measures to try to remedy some of the issues.

I agree with Mr Rowley about the importance of energy costs and the necessity of addressing them. Energy costs are obviously reserved, so it is entirely proper to discuss them with the United Kingdom Government. I assure Mr Rowley that Scottish ministers will continue to press those arguments to protect households in Scotland.

Covid-19 Recovery (Support Strategies)

7. Bill Kidd (Glasgow Anniesland) (SNP): To ask the Scottish Government what cross-Government strategies have been identified, as part of its work on Covid-19 recovery, to support communities and businesses most affected by the pandemic. (S6O-00598)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Covid recovery strategy focuses on supporting those who have been most affected during the pandemic and complements a range of sectoral recovery plans.

Our national health service recovery plan, which was published on 25 August 2021, sets out key commitments that will support recovery over the next five years and is backed by over £1 billion in investment. Our education recovery plan, which was published on 5 October, puts improving educational outcomes at the heart of our learning recovery. The plan details key next steps,

including measures to tackle the poverty-related attainment gap.

The Scottish Government has worked with a range of public authorities around the country to develop regional economic strategies. In relation to Mr Kidd's constituency, collaboration with Glasgow City Region, which was launched in December 2021, has ensured alignment around inclusive growth, increasing productivity and net zero ambitions.

Bill Kidd: I have been contacted by small local businesses that have been allowed to remain open throughout the pandemic because they are essential, but which have nonetheless taken a substantial hit to their incomes. They did not receive the same funding as was received by businesses that were forcibly closed during the height of the pandemic.

Will the cabinet secretary say what strategies have been discussed by the Scottish Government and United Kingdom Government to strengthen the long-term viability of small to medium-sized local businesses, including those that are categorised as essential, as we continue to move out of the grip of the pandemic?

John Swinney: I understand the distinction that Mr Kidd made between businesses that remained open and businesses that closed. A measure that we have taken and that has affected a range of businesses has been provision for a number of sectors of business rates reliefs, which have been available on a continuing basis. The Cabinet Secretary for Finance and the Economy has said that those reliefs will continue for part of the next financial year.

The Government makes on-going support available through the small business bonus scheme, which assists with the costs of running small businesses in all localities in Scotland.

We have a number of strategies in place to support, for example, the retail sector, and there are developments in enterprise policy that are designed to support the very companies to which Mr Kidd referred.

Local Government Elections 2022 (Preparations)

8. Gordon MacDonald (Edinburgh Pentlands) (SNP): To ask the Scottish Government what preparations it is making for the local government elections in 2022 in order that people can vote safely. (S6O-00599)

The Minister for Parliamentary Business (George Adam): Statutory responsibility for funding and delivering local government elections rests with councils and returning officers.

The Parliament has approved a number of legislative measures that are designed to help returning officers to ensure that people can vote safely.

In addition, the Scottish Government is funding the system that will electronically count the votes that are cast. My officials are in dialogue with the Electoral Commission about the arrangements for delivering the elections safely, in the context of the pandemic.

Legislation that the Parliament has passed and discussions with the elections community have been informed by the experience of successfully holding last year's Scottish Parliament elections, and that will continue to be the case.

Gordon MacDonald: At the election last May, voters in Balerno in my constituency faced lengthy queues at polling stations well beyond the normal 10 pm closing time, with the last vote being cast at 11.30 pm. Will the minister say what steps will be taken to ensure that people can cast their votes and to avoid a repeat of that situation at the forthcoming local government elections in May?

George Adam: The operation of each polling station is a matter for the relevant returning officer.

The returning officer in Edinburgh told me that they have reviewed polling provision in light of the experience in May 2021. That experience was largely the result of adverse weather during the day, which encouraged a large proportion of voters to delay their attendance at the polling place until the evening. All those who were in the queue at 10 pm were able to cast their votes.

For this coming May's election, each returning officer will seek to ensure that voters can vote safely, taking into account public health advice and guidance from the Electoral Management Board for Scotland, including directions that relate to the operation of polling places.

Miles Briggs (Lothian) (Con): I thank the people across Scotland who put in a power of work to ensure that the Holyrood election could go ahead safely, and I acknowledge the cross-party work of Graeme Dey to make sure that we were able to have the election. We should not undermine the work that went into that election.

I ask about two key points. Will emergency proxy votes still be in place for the council elections, in case people still have to self-isolate? Will the Scottish Government review the provision of a Royal Mail delivery for each council candidate who stands in the election?

George Adam: On the point about Mr Dey, I always have difficulty giving credit to my former—or indeed, current—colleague. [*Laughter.*] In this case, I probably will give credit.

Provision for emergency papers is part of a Scottish statutory instrument that has already gone through; people will still be able to use that approach. On Miles Briggs's second question, it will probably be up to local authorities to decide whether they want to do that in their areas.

Paul O'Kane (West Scotland) (Lab): We all want to see safe elections, and I associate myself with the comments that were just made about the conduct of the 2021 elections.

However, the matter is about not just the polling date, but the run-up to the election and the campaign itself. We all want candidates to be able to meet voters face to face—obviously in line with public health regulations—because we know how important that is. Is it the minister's expectation that the campaign will be conducted more face to face, and can he explain to Parliament how the decisions will be taken about any further restrictions due to emerging variants?

George Adam: I will get my crystal ball out now and try to work out where we will be when it comes to the election.

I understand where Mr O'Kane is coming from. Having been a candidate myself this past year, I know how difficult it can be for us to sit and not be able physically to go out and do anything. However, I assure the member that, should there be any changes one way or the other, I will ensure that I bring those to the chamber so that members are aware of what is going on with regard to the election, and so that we—I hope—end up having elections that are as close to normal as possible. However, I cannot make any promises. Who knows, after the past 20 months?

Net Zero, Energy and Transport

The Deputy Presiding Officer (Annabelle Ewing): The next portfolio is net zero, energy and transport. If a member wishes to ask a supplementary question, they should press their request-to-speak button or enter R in the chat function during the relevant question.

Energy Strategy

1. **Tess White (North East Scotland) (Con):** To ask the Scottish Government whether it will provide an update on when its refreshed energy strategy will be published. (S6O-00600)

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): The Scottish Government will publish a draft energy strategy and just transition plan in spring this year.

Tess White: As part of its approach to the refreshed energy strategy, will the Scottish Government consult a wide range of stakeholders

to assess its position on nuclear as part of Scotland's future energy mix?

Michael Matheson: The Scottish Government's position on nuclear energy has not changed under present technologies. We do not support the building of any new nuclear power stations in Scotland. Nuclear energy will therefore not feature as part of the wider energy strategy review.

Fiona Hyslop (Linlithgow) (SNP): Hydrogen technology and its deployment and delivery need to be a key part of Scotland's energy mix. Other countries are not just running pilot projects, but are markedly ahead on hydrogen mass production and deployment. In the energy strategy, will we see a step change in Scotland's work on hydrogen development, use and deployment as an energy source?

Michael Matheson: Ms Hyslop will be aware that we published our draft hydrogen action plan on 10 November this past year, which sets out a strong strategic approach to the development of the hydrogen economy. The plan is supported by £100 million of programme investment over the next five years that is specifically targeted at accelerating the development of renewable hydrogen at scale in Scotland.

I also assure the member that, as part of our energy strategy and just transition plan, we will develop support around the hydrogen economy at pace, in order to ensure that Scotland is able to maximise the potential that comes from the development of hydrogen technology and its production.

Mark Ruskell (Mid Scotland and Fife) (Green): Will the cabinet secretary update the chamber on how the cost of nuclear energy currently compares with that of renewables?

Michael Matheson: Nuclear power is a bad deal for consumers. In 2016, Hinkley Point C nuclear power plant received a contract for difference strike price of £92.50 per MWh, which has increased by 25 per cent since then. Recent power price spikes underline the need to create better outcomes from energy investment, particularly for those struggling with household finances. Internal analysis has identified that in 2030 alone, Hinkley could add almost £40 to a consumer's bill whereas an equivalent offshore wind farm would reduce bills by £8.

Significant growth in renewables, storage, hydrogen and carbon capture is the best way to secure Scotland's future energy needs and meet our net zero objectives.

Net Zero Targets (UK Internal Market Act 2020)

2. **Michelle Thomson (Falkirk East) (SNP):** To ask the Scottish Government in what ways the

United Kingdom Internal Market Act 2020 could impact on its ability to meet its net zero targets. (S6O-00601)

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): The Scottish Government is determined to take all actions within our powers to tackle the climate emergency and deliver the legally binding target that was set by the Scottish Parliament of net zero greenhouse gas emissions by 2045.

However, the 2020 act can undermine decisions made by the Scottish Parliament, including in wholly devolved climate and environmental policy. The act means that standards that are set elsewhere in the United Kingdom must be accepted in Scotland, regardless of our regulations. It is an attack on the powers of the Scottish Parliament and poses a direct threat to our ambitions for net zero.

Michelle Thomson: At today's Economy and Fair Work Committee, it became clear that the 2020 act acts as an enabler for a raft of other legislation—for example, the UK Parliament Subsidy Control Bill is one area of concern. Professor David Bell of the University of Stirling noted in his submission to the committee that

"It is also not clear how the Bill might interact with policies that are intended to move the economy towards net zero. For example, if the Scottish government proposed to subsidise industrial plants to reduce their carbon footprints, would it be forced by the Secretary of State (BEIS) to request a CMA assessment of this action."

To what extent does the cabinet secretary share the concerns of Professor David Bell?

Michael Matheson: Professor David Bell raises serious concerns, and the Scottish Government has consistently highlighted our concerns about the reservation of subsidy control in the UK Internal Market Act 2020 and what that means for devolved policy making. The act has sweeping implications for a wide range of decisions that are made by the Scottish Parliament. The act not only reserved state aid, which was previously a devolved matter, but gives the UK Government powers to decide how public money is spent in wholly devolved policy areas, as well as imposing new market access principles that could force us to accept standards that are set in other parts of the UK. That is an unprecedented assault on the devolved powers and responsibilities of the Scottish Parliament, which is why the act should be repealed.

Ferry Services (Support)

3. Rhoda Grant (Highlands and Islands) (Lab): To ask the Scottish Government what steps it is taking to support ferry services in Scotland. (S6O-00602)

The Minister for Transport (Graeme Dey):

The current ferries plan delivered transformational changes, with new routes for Gourock to Kilcraggan and for Campbeltown, Lochboisdale and Mallaig, a dedicated Barra vessel and increased sailings to Mull and Arran.

The planned investment of £580 million will improve Scotland's ferry infrastructure. The procurement of new Islay vessels and the purchase of the MV Loch Frisa demonstrate that. Work continues on the small vessel replacement programme and on vessels for the Dunoon to Kilcraggan and Mull to South Uist routes and freighters for Orkney and Shetland.

We continue to explore possible options for second-hand tonnage for passenger and freighter purposes. Recognising the pressure that local authorities have been under since 2017, we have provided an additional £50 million of funding to help them to deliver the ferry services for which they are responsible.

Rhoda Grant: Communities that rely on the Scottish Government for lifeline ferry services have been failed. The minister must involve operators, unions and communities in strategic planning to ensure that services meet their needs. Currently, there is no strategic plan, only service cuts and eye-watering continued delays in building our new ferries. Capacity has been cut due to lack of funding and no alternative services are proposed from Harris for six months while the Uig harbour is upgraded.

I could go on. The list gets longer daily. How on earth does the minister propose to deliver lifeline ferry services in the face of additional budget cuts?

Graeme Dey: I have acknowledged in the past that we must improve the delivery of ferry services to our island communities. I have never shirked that. There is a multitude of options for how we do strategic planning moving forward. For example, one that I have instigated is an enhanced role for the CalMac Ferries community board to enable the voice of communities to be heard through that body. We also engage with local authorities. Of course, we can and must do better.

I will pick up on the point about the services to Harris later this year because of the closure of Uig harbour, which is a reasonable point. The harbour is closing for an upgrade that the Scottish Government is funding. It is a substantial upgrade for a harbour that we do not own. That demonstrates our commitment—*[Interruption.]* I see Rhoda Grant shaking her head, but £60 million is a considerable sum of money to invest in a port that has not been maintained to the standard that we require.

To be more constructive on that point, I recognise the community's concern and my officials are working with CalMac to determine how we can mitigate the impact of that necessary work on the community.

The Deputy Presiding Officer: There are a number of requests for supplementaries to this question. Because of time constraints, I will be able to take some but, sadly, not all of them.

Kenneth Gibson (Cunninghame North) (SNP): CalMac has admitted that some of its skippers are neither experienced nor competent enough to sail to Airdrossan or Gourock as port of refuge in moderate, not to mention bad, weather, which leads to sailings being cancelled needlessly. What discussions has the minister had with CalMac regarding the training of skippers to minimise that problem?

Graeme Dey: I stress that, as I am sure Kenny Gibson agrees, decisions on the safety of passage and berthing at various ports must lie with the masters of the vessels concerned. It would be wrong for anyone to challenge those individual decisions, which are always taken on the basis of the safety of passengers, the crew and the vessel.

Officials have been in dialogue with CalMac on the matter over the past 48 hours because what has been suggested is concerning. It has emerged that all the crews are fully trained. Experienced masters are familiar with specific routes and, in normal circumstances, will be deployed in those locations. However, given the acute circumstances at the moment as a result of Covid-related absences, there have been crews on vessels that are less familiar with particular routes to ensure that the service operates.

It is, of course, ideal that crews be familiar with alternative ports and trained in using them. CalMac looks to work towards that but, to do that, vessels need to be taken out of service. Equally, I understand the impact that the issue is having and the concerns of ferry users. I undertake to discuss the matter personally with senior management at CalMac tomorrow.

Liam McArthur (Orkney Islands) (LD): The minister will be aware that the per head of population funding settlement that Western Isles Council receives is significantly higher than the one that Orkney Islands Council receives, but ferry replacement costs on west-coast routes are covered by the Scottish Government while OIC is left to pick up the significant tab for replacing the ageing vessels on internal northern isles services. Does the minister believe that that is fair and, if not, what will he do about it?

Graeme Dey: Mr McArthur and I have had that conversation on numerous occasions. I note that he did not, just now, acknowledge the substantial

amount of funding that has already been provided to Orkney Islands Council—both funding for service delivery and capital funding for the replacement of a vessel, if memory serves me. Those vessels are the responsibility of the local authority, but I am aware that there is dialogue between the Cabinet Secretary for Finance and the Economy, Orkney Islands Council and others on the subject of what future ferry replacement funding would look like.

Jenni Minto (Argyll and Bute) (SNP): A combination of adverse weather and a rise in Covid cases among crew and shore staff has had a severe impact on service provision in recent days and weeks. What difference will the change to the isolation rules make, and what more can be done to encourage passengers' compliance with the relevant protective measures?

Graeme Dey: Transport Scotland continues to engage daily with CalMac on the impacts to services and to monitor the situation as we move forward. The reduced isolation period already appears to be providing some relief from those pressures, although there remains the risk of disruption as a result of further infections among crew and staff. I place on record my appreciation of the work of the crew and staff throughout the pandemic, both on the west coast and in the northern isles.

As restrictions are eased, the emphasis will continue to be on personal responsibility, good practice and informed judgment. I encourage everyone who is using our ferries to ask themselves whether the journeys that they are considering on ferry routes are necessary at this time, in order that we can best protect services and ensure that space remains available for those from our island communities in particular.

Bus Service Operators Grant (Conditions of Eligibility)

4. **Paul Sweeney (Glasgow) (Lab):** To ask the Scottish Government when it next plans to revise the conditions of eligibility for the bus service operators grant. (S6O-00603)

The Minister for Transport (Graeme Dey): The bus service operators grant is currently suspended, other than in exceptional circumstances. Emergency Covid-19 support grants are in place to support operators to maintain services. We are monitoring passenger numbers closely and developing options for future financial support for bus services, taking account of the continuing impact of the pandemic.

Paul Sweeney: It is clear that the bus service operators grant was no longer fit for purpose. In looking to the future, can we look at alternative ways of providing support? For example, we could

look at the provisions and powers in the Transport (Scotland) Act 2019 to enable local authorities to regulate private providers of regional franchises and invest in publicly owned and accountable bus companies. Previously, operators have been provided with financial support while they continued to withdraw, extract and reduce bus services from communities across Glasgow and Scotland.

Graeme Dey: With regard to the concerns and aspirations that the member has expressed, I am not a million miles away from his views, in so far as I believe that it is imperative, as we move forward, that the bus provision in this country is tailored to meet the needs and requirements of our communities and bus users. That must be the priority. I know that Mr Sweeney has a real interest in the issue, and I am happy to meet him and discuss the matter further.

Bill Kidd (Glasgow Anniesland) (SNP): What impact does the minister think that the provision of free travel for all under-22s in Scotland might have on bus services and on the incomes and viability of the bus companies?

Graeme Dey: We are currently in a state of flux; there is no doubt about that. In the context of the provision for under-22s, we have set the reimbursement terms carefully, in line with the statutory objective of the free bus travel scheme that bus operators should be

“financially no better and no worse off as a result of their participation”.

In the short term, therefore, I would not expect the scheme to have any negative effect on services. Over time, by creating more demand for bus services and by supporting young people to adopt sustainable travel habits early in their lives, I would expect it to lead to an increase in bus usage, thereby improving services and their viability. Given the immediate impacts of the pandemic, however, it will take some time for all that to work its way through.

Chief Scientific Adviser for Environment, Natural Resources and Agriculture

5. Paul McLennan (East Lothian) (SNP): To ask the Scottish Government what the environmental priorities will be for the new chief scientific adviser for environment, natural resources and agriculture. (S6O-00604)

The Minister for Environment and Land Reform (Màiri McAllan): The new chief scientific adviser for environment, natural resources and agriculture, Professor Mathew Williams, will lead the integration and effective use of evidence in policy across a wide range of subjects, including the environment, agriculture, climate change,

biodiversity, food security, land use and animal health.

The overarching priorities for the role include delivering a strategic approach to science across the portfolio, providing assurance that scientific evidence and advice is robust and ensuring that ministers receive the most up-to-date advice on key scientific issues.

Paul McLennan: Professor Mathew Williams has 25 years of experience of monitoring and modelling terrestrial ecosystems and the responses to global change. Does the minister share my view that Professor Williams is therefore exactly the right person to ensure that we continue to produce evidence to inform policy development and delivery at the heart of our journey towards net zero?

Màiri McAllan: I absolutely do. Sound scientific advice is utterly crucial to helping us to tackle Scotland’s environment and climate challenges. As the member has set out, Professor Williams’s expertise will be invaluable in helping us to address the challenges and opportunities that we face in the coming years in order to meet Scotland’s world-leading net zero ambitions.

Fuel Poverty (Kilmarnock and Irvine Valley)

6. Willie Coffey (Kilmarnock and Irvine Valley) (SNP): To ask the Scottish Government how it is tackling fuel poverty in Kilmarnock and Irvine Valley. (S6O-00605)

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): We target all four drivers of fuel poverty, but decisions about low-income benefits and regulation of the energy markets are reserved to the United Kingdom Government.

Since 2013 we have allocated some £12.4 million through our area-based schemes to improve energy efficiency in East Ayrshire. Those projects have now benefited more than 2,974 fuel-poor households. Families in Kilmarnock and Irvine Valley have also benefited from improvements delivered through our national warmer homes Scotland service. In addition, we continue to provide free and impartial advice to every household in Scotland through our home energy Scotland service.

Willie Coffey: Scotland is an energy-rich nation, yet nearly a quarter of our households are still living in fuel poverty. Scottish Government initiatives are extremely important in helping us to drive fuel poverty down, but does the cabinet secretary agree that energy price hikes, raising the fuel price cap and continuing to charge VAT will have a severe impact, particularly on the poorest people in Scotland? What can the Scottish Government do to press the United Kingdom

Government to intervene in those matters before thousands more households in Scotland fall further into fuel poverty?

Michael Matheson: Mr Coffey makes a very good case about the increasing pressure that households are facing as a result of the financial pressures that are being experienced, including through the very significant increase in energy prices. Regulation of pricing in the energy markets is reserved to the UK Government and it is critical that the UK Government now takes the matter seriously and takes action to minimise the financial impact that could be experienced because of significant energy price rises once the cap is reviewed in the next few weeks. The consequence, if the UK Government does not take action, is that hundreds of thousands, if not millions, of households across the UK as a whole will potentially be forced into fuel poverty.

There are a range of measures that the UK Government should consider taking, not just on VAT but through the various levies that are presently applied to energy tariffs, which can have a disproportionate impact on households that are reliant on electrical heating.

The UK Government now needs to act. I and Shona Robison have both made representations to the UK Government on the matter, and we are seeking a meeting at an early date to explore what further measures it is prepared to take to address what is a household financial crisis that is being fuelled by ever-increasing energy prices.

Brian Whittle (South Scotland) (Con): Tackling fuel poverty must include ensuring that homes are energy efficient. With that in mind, I ask the cabinet secretary when the Scottish Government will set embodied carbon targets at early design stages of new builds and redevelopment projects and whether those energy-efficient measures are affordable for developers and accessible for all homes.

Michael Matheson: Brian Whittle will be aware that, at the end of last year, we published our "Heat in Buildings Strategy" to make sure that we are taking forward the right measures to reduce fuel poverty and improve insulation of properties that are being retrofitted. Alongside that, we are also looking at whether the existing building regulations need to be amended further in order to ensure greater fuel efficiency going forward. All that is part of our wider work to make sure that we meet our 2030 target of 75 per cent net zero, as well as our 2045 net zero target. We continue to look at all those issues in order to make sure that residential premises, in particular, are increasingly fuel efficient and that we do that in a way that helps to reduce fuel poverty.

The Deputy Presiding Officer: The next question is from Alasdair Allan, who joins us remotely.

Electricity Levy Schemes (North of Scotland)

7. Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): To ask the Scottish Government what work is being undertaken to change electricity levy schemes to tackle fuel poverty in rural and island areas of the north of Scotland. (S6O-00606)

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): The legal powers to regulate energy markets and set associated levies are reserved to the United Kingdom Government, and we have called on the Government to take action to protect energy consumers against the significant increases that are expected in retail prices in the coming months.

We must see a review of the energy levies for social and environmental obligations, as set out in our strategies on heat in buildings and fuel poverty. That is a key ask that the Scottish Government has made of the UK Government through our own representations. I encourage anyone who is facing high energy bills to contact Home Energy Scotland for advice on how to reduce their fuel costs.

Dr Allan: I thank the cabinet secretary for that reply. The north of Scotland region is rich in green energy but has twice the average Scottish level of extreme fuel poverty. As the cabinet secretary has recognised, part of that problem is the unfair and archaic transmission charges, which are set by the UK Government and, in effect, charge consumers by how far they are from the south. In Scotland, there is a significantly higher distribution cost levy per unit for customers in the north than in the south. Will the Scottish Government continue to lobby to get rid of that once and for all?

Michael Matheson: Dr Allan makes a very good point, and he represents a constituency with greater levels of fuel poverty. That is exacerbated by some of the environmental and social obligation costs that are applied to energy bills and end up causing a premium to be set for some customers who make greater use of electricity-based heating. The Scottish Government will continue to make representations on the matter to the UK Government, which needs to take urgent action to address the issue, because a failure to do so will simply cause more households to fall into fuel poverty. It is essential that the UK Government takes that urgent action before the review of the fuel price cap is completed and implemented in the months ahead.

Liam Kerr (North East Scotland) (Con): The cabinet secretary is very quick to blame the UK Government but fails to mention that, by removing

subsidy for liquefied petroleum gas—LPG—heating systems, through its warmer homes Scotland scheme, the Scottish Government is forcing electric-only heating solutions on fuel-poor, off-grid households, when they might not be appropriate or what the consumer needs. Will the cabinet secretary consider reinstating support for heating technologies such as LPG, which have a clear transition to renewable bio LPG, in order to give fuel-poor households meaningful choice?

Michael Matheson: The way to address that particular issue is to reduce the cost of electricity, by dealing with the unnecessary levies on electricity costs that are imposed by the UK Government through the Office of Gas and Electricity Markets, rather than continuing to sustain forms of energy technology that are not compatible with our net zero objectives. That requires a significant change in the way that energy is provided in this country. To simply tinker with the issue—in the way that Liam Kerr suggests—will not significantly address fuel poverty, because the regulation of the present market is not working effectively or in consumers' interests.

The UK Government needs to get serious about the matter and take action before households find their energy costs increasing by almost 50 per cent in the course of the next few months, should the fuel price cap be lifted to the expected levels. It is essential that the UK Government steps in and deals with the issues. If it does not do so, its inaction and failure to properly regulate the energy markets will potentially send millions of households into fuel poverty.

Public Transport (Accessibility)

8. Sarah Boyack (Lothian) (Lab): To ask the Scottish Government what steps it is taking to ensure that public transport is accessible to disabled people. (S6O-00607)

The Minister for Transport (Graeme Dey): People with disabilities should be able to travel with the same freedom, choice, dignity and opportunity as other citizens. That is why the 10-year accessible travel framework was created in 2016. Through discussions with disabled people and organisations that represent them, the framework identified 48 issues. The Scottish Government continues to work closely with transport providers and disabled people's organisations to address those issues through a series of annual delivery plans.

Sarah Boyack: The pandemic has exacerbated the challenges in accessing public transport, particularly for people with sight loss, due to, for example, timetable changes at short notice and service cancellation. Given that lots of transport apps appear to be developed separately, what

work is the Scottish Government doing to ensure that information is available to passengers? As we come out of the pandemic, what support, such as access to support on trains and at stations, will be available to enable people with sight loss to access public transport services?

Graeme Dey: There is a lot to unpack in that question.

Passenger assistance and provision of information were two of the 48 issues that were identified in the 2016 framework, and I acknowledge that there is still work to be done in that regard.

Despite our best efforts, if we are coming up short on public transport in the manner that has been highlighted by Sarah Boyack—I particularly note her point about challenges during the pandemic, which is concerning—that would be a matter of concern to me. Therefore, I am happy to meet Sarah Boyack to hear more at first hand about concerns in both the immediate and longer terms, to see how we might better address them in the future.

The Deputy Presiding Officer: Thank you. That concludes portfolio question time. There will be a short pause before we move on to the next item of business.

Mental Health and Wellbeing (Primary Care)

The Deputy Presiding Officer (Liam McArthur): The next item of business is a debate on motion S6M-02747, in the name of Kevin Stewart, on mental health and wellbeing in primary care services. I invite members who wish to participate in the debate to press their request-to-speak buttons or type R in the chat function as soon as possible.

14:58

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): Happy new year to you, Presiding Officer, and all in the chamber. I welcome the opportunity to open the debate on mental health and wellbeing in primary care services. Mental ill health is one of the major public health challenges in Scotland, and we know that the pandemic has had a significant impact on mental health and wellbeing across Scotland, particularly for our children and young people.

We have all been affected in different ways, and we know that, for too many people, the impact on their mental health will have been exacerbated by existing inequalities. Approximately one third of all general practitioner consultations now have a mental health component, but the increasing range and complexity of mental health presentations means that they do not all fit existing pathways of care. We need to have in place the right capacity and capability to provide the necessary assessment, care and support in primary care settings. That is essential to ensure that people get the support that they need, when they need it.

Last year, we published our mental health transition and recovery plan, which sets out how we intend to support mental health through the pandemic. We have further built on those commitments through the national health service recovery plan and our programme for government. Our work focuses just as much on supporting and creating the conditions for everyone to have good mental wellbeing as it does on transforming our mental health services.

Our ambition is supported by our £120 million mental health recovery and renewal fund, which is the single largest investment in mental health in the history of devolution. The Scottish budget, which was published on 9 December 2021, continues the record levels of investment, with direct funding for mental health in 2022-23 of more than £290 million. That is a 6 per cent increase on this year and a 139 per cent increase on 2020-21. By the end of this parliamentary session, we will have increased direct mental health funding by 25

per cent and ensured that 10 per cent of all front-line NHS spend goes to mental health, with 1 per cent directed specifically to children and young people's services.

Alex Cole-Hamilton (Edinburgh Western) (LD): I am grateful for the minister's assurances about his Government's commitment to addressing the crisis in child and adolescent mental health care. However, he will be aware that the response to my party's freedom of information requests, which we published during the Christmas period, shows that things are getting worse, not better—in fact, one young person had to wait seven years for first-line treatment. How does he expect to clear the waiting times for child and adolescent mental health services by next year, which is the Government's ambition, when we are still going backwards?

Kevin Stewart: We are still in the midst of the pandemic, and this is the most precarious time in the pandemic—we still have Covid cases and there are other winter pressures. Quite frankly, we have a situation in which folk are tired. We are supporting our staff and continuing to help where we can to drive down waiting times and lists—they are unacceptable, and we will do all that we can to get them down.

I have talked about the record transformational investment. I will also talk about the new multidisciplinary model, which will deliver our manifesto commitment to provide 1,000 additional dedicated roles by 2026 to help to grow community mental health resilience and increase the use of social prescribing. The approach has the potential to be truly transformative by fundamentally changing how services are delivered. It provides the opportunity for a truly person-centred service, with more help for people when and where they need it.

The multidisciplinary approach has been developed in partnership and will be central to changing how we deliver services. The newly funded roles could include mental health nurses, psychologists, peer support workers, occupational therapists and link workers. That will increase the range of responses that are available in or around general practitioner settings. It will no longer be the case that an individual can be treated only by their GP or through a referral to secondary services.

To facilitate person-centred care, a range of professionals will be available to deliver a sustainable, timely and compassionate mental health service. We have heard directly from patients how support from different professionals can be life changing. Following input from her occupational therapist, one patient in Ayrshire and Arran said:

“my sleep pattern has improved and I feel like I am a different person”.

The Royal College of Occupational Therapists recognises that such support can prevent conditions from getting worse, especially when physical health and mental ill health intertwine. The approach looks to improve our nation's health not just now but in the long term, because it puts the needs of individuals first and, over time, it will reduce pressure on our hospitals and acute services.

The service will not operate in isolation. As well as strengthening links with secondary care, those involved will sit in and link to broader community assets, such as addiction services, food banks, benefit support and on-going emotional support. That aspect of the services will be supported by every GP practice having access to a link worker, who will support mental wellbeing through good-quality conversations and through putting individuals at the centre of decision making about their care.

Sandesh Gulhane (Glasgow) (Con): Does the minister agree that link workers should be in every practice under the contract that is already in place?

Kevin Stewart: We already have link workers in practices, and this goes much further. As I have said, the multifaceted approach will make a difference not only to GPs in practices but—more important—to patients across the country. The Health and Social Care Alliance Scotland supports the approach and recognises

“the role that community link workers and others in multi-disciplinary teams can play to support and improve mental health and wellbeing”.

We know that the pandemic has had and will continue to have a significant effect on the mental health and wellbeing of our children and young people in Scotland. I would like to take a moment to highlight some of the work that we have progressed to improve services and support for young folk's mental health and wellbeing.

We have provided health boards with nearly £40 million to improve their child and adolescent mental health services over the lifetime of the parliamentary session. In addition, the mental health and wellbeing primary care service will provide support, treatment and assessment across all demographics, rather than to targeted groups, so that will include children and young people. The approach will include early intervention and prevention services for a range of people, which we know are vital to preventing the escalation of mental health needs, and it will support people with severe and complex mental health needs. When more specialist input is required, specialists

will be accessed by the service in partnership with the GP practice.

To work towards our ambitions for new mental health and wellbeing primary care services, £1.5 million has been made available from the mental health recovery and renewal fund. Local planning guidance has been developed and will be published tomorrow. Planning has been devolved to local groups, which are best placed to determine—through collaboration, communication and co-operation—what is required to meet the needs of local people and communities.

Although such services will play a vital role in Covid recovery by supporting and addressing mental health and wellbeing needs, which have increased significantly over the past two years, I am only too aware of the pressure that the pandemic continues to place on our front-line NHS services. Therefore, although we do not want to delay implementation, we have made it clear to stakeholders that we will work flexibly with them to support planning and avoid any additional or unnecessary pressures.

We know that, despite recent workforce expansion, demand for mental health services continues to grow. That is why we are taking steps to continue to support and grow the workforce. We have invested, but we recognise that recruitment continues to be challenging, which is why the services must be developed incrementally up to 2026 and across a number of disciplines, as I mentioned. The services must provide additionality and not replace existing capacity. The additional roles will be factored into the long-term mental health workforce plan in the first half of this parliamentary session, but we must act now to meet the growing demand for mental health support.

Our intention is that the available funding will increase significantly year on year to support implementation and will reach up to an expected £40 million per annum by 2024-25. By the end of the parliamentary session, that could be an investment of more than £100 million, which should increase the mental health workforce substantially and change how support is delivered, in a truly transformational way. It will improve the experience of support and care that is provided in primary care, through more rapid access to support in a setting that individuals know and trust.

Our investment will be further complemented by the communities mental health and wellbeing fund, which was announced in October last year and will provide £15 million in community support for adults. The fund will provide opportunities to maximise links to further support options in communities, which will enable and empower people to tap into existing community assets, support and services. The fund builds on the £15

million of funding that has been provided this year through the community mental health and wellbeing framework, which has enabled local authorities to provide more than 230 new and enhanced community-based services for children and young people and their families and carers.

I know that, regardless of our political differences, members across the chamber share our ambition to improve the nation's mental health and wellbeing. Mental health services in primary care feature as a centrepiece in the manifestos of most of the parties that are represented in the chamber.

I look forward to the debate and to hearing the views of all in the chamber, including views on how folk can work with us to support the implementation of all this work. I take the opportunity to thank the key stakeholders, who have contributed their time and energy to the development of the approach that I have outlined. I also give my sincere thanks to those who have continued to provide essential services and support during the pandemic.

I do not support the amendments that have been lodged, although I have some sympathy for the amendment that Mr Cole-Hamilton has lodged. We will continue to recognise that there are workforce challenges, which are not unique to Scotland. In the face of unprecedented demand and challenges, we have taken action to invest in mental health services to address waiting times.

The Deputy Presiding Officer: You need to wind up now, minister.

Kevin Stewart: I am almost there, Presiding Officer.

I recognise that this winter is one of the most difficult winters that those in our workforce have faced. Their wellbeing remains a key priority. We will overcome the challenges ahead if we look after our most valuable asset, which is the people who provide our services. I look forward to hearing members' contributions.

I move,

That the Parliament recognises the importance of improving capability and capacity for mental health assessment, care and support within primary care settings as Scotland recovers from the COVID-19 pandemic; further recognises the progress that has already been made to boost capacity in GP settings through funding from Action 15 of the 2017 Mental Health Strategy and Primary Care Improvement Plans; welcomes the commitment to further expand mental health and wellbeing primary care services, initially supported by the £120 million Mental Health Recovery and Renewal Fund; considers that this collaborative model will create 1,000 additional roles within primary care settings across a range of disciplines, establish and embed links between primary care and community assets, and increase the use of social prescribing and community link workers to improve mental health and wellbeing, and supports the development and

implementation of those multi-disciplinary mental health and wellbeing teams in primary care services to ensure better and more timely access to support and treatment for people for mental health, distress or wellbeing issues.

The Deputy Presiding Officer: We are quite tight for time, so I encourage members to stick to their time allocation.

15:11

Craig Hoy (South Scotland) (Con): I wish you, Presiding Officer, and everyone else who is present a happy new year.

I welcome this debate on mental health and primary care in Scotland. At its core, the debate should be about the challenges that we face in mental health services. Those challenges have undoubtedly been made more acute by the pandemic and by the restrictions that have been put in place to combat it. However, Scotland went into the public health crisis of the pandemic with a pre-existing mental health crisis. People with mental health problems, particularly the young, are forced to wait too long for help. Today, we need to focus on the barriers to progress.

Additional funding for mental health services is welcome. We have long advocated that 10 per cent of the NHS budget should be directed towards mental health services, because those services are in crisis. Waiting times are too long, pathways are often too complex, medication rates remain too high and too many people reach crisis point. GP services, which are often the first point of contact, are severely overstretched. I pay tribute to the work that GPs and all those working in the NHS and our mental health services are doing and will continue to do.

We should never lose sight of the fact that GPs are responsible for diagnosing, treating, monitoring and referring patients to specialist services, and that patients return to GPs when they fail to access satisfactory secondary mental health treatment or if treatment fails. Although I recognise the huge pressures that GPs face, I support the Scottish Association for Mental Health's call for patients with mental health needs to be given priority for face-to-face appointments, whenever that is possible.

The Government should be well aware that 90 per cent of people who are referred for psychological therapy should start treatment within 18 weeks but that that national standard has never been met. The 18-week waiting time target for child and adolescent mental health services has also never been met. That means that more than 2,000 children are waiting for more than a year to access essential mental health services. Can the minister honestly imagine being 10 or 11 and being asked to wait for more than a year—or, as

Alex Cole-Hamilton said, for up to seven years—for treatment for a complex condition that he did not fully understand? That is not just unfair; it is unsustainable and indefensible.

Following Covid, people are up to twice as likely to be experiencing anxiety, depression and high levels of psychological distress. That inevitably places more demand on all care and support services, including community facilities across primary care and secondary mental health facilities. The system is squeezed to crisis point. More than 1,000 vacancies for mental health nurses remain unfilled, and nearly 100 more consultant psychiatrists are needed across the service. The Royal College of Nursing says that we need a long-term fully funded workforce plan for mental health services across primary and acute care. The Royal College of General Practitioners in Scotland warns that 71 per cent of its members saw mental health-related presentations increase a lot during the pandemic.

I want to make an appeal. Mental health problems are widespread. They affect people of all ages and all backgrounds. All too often, when we debate poor mental health, we fall back on jargon and make the services seem inaccessible. The minister talked frequently about lived experience, so what is “lived experience”? It is people who took a drink rather than a walk this morning, because the world outside seemed too bleak. It is children, often young girls, retreating to their rooms to self-harm, starting with pins and pencils before moving to knives. It is people who suffer stress and anxiety at the prospect of doing everyday things. It is adults being treated in secure mental health facilities for their own safety or for the safety of their partners and children.

Let us never forget those who feel that there is no other way out—sometimes they are failed by the system—and who take their own lives. That is the reality of the lived experience for some individuals, their families, their friends and their colleagues.

As a report that was published last July by the British Medical Association and Health and Social Care Scotland stated, more work needs to be done to demystify services. It adds:

“The current terminology used within the system is often a barrier to asking for help”.

Fundamentally, the Government needs to address the barriers and blockages to accessing services, such as the complex terminology, people being forced to tell painful stories time and time again, the locked doors, the long waiting lists and the rejected referrals.

Kevin Stewart: During the short time that I have been in this role, I have spent a lot of time talking to folks with lived experience. I do not disagree

with Mr Hoy about the terminology and some of the difficulties that people have in accessing services. That is one of the reasons why we are making the investment so that it will be easier for folks to talk to people and to access services. I hope that we can all, from across the Parliament, do as much as we possibly can to destigmatise mental health issues and ensure that we get rid of some of the jargon and barriers that Mr Hoy has talked about.

The Deputy Presiding Officer: That is an important point, but it is not a brief intervention.

Craig Hoy: I thank the minister for his not-so-brief intervention. I agree with him that, if community link workers can act almost as translators between practitioners and the public and patients, they will be doing a huge service.

We must focus on the multidisciplinary teams that will be created. They are to be welcomed and encouraged, but many of the blockages that I have talked about are a result of poor levels of recruitment into existing posts. Although I welcome the Government’s commitment to expanding the numbers of mental health link workers, I wonder where they will be recruited from.

By 2026, every GP practice will have access to mental health and wellbeing services, but that will require more than 1,000 new recruits, and I look forward to finding out more from the Government about how it will find that capacity. We need to focus not just on retention and recruitment; we must also ensure that we avoid redeployment. The borrow from Peter to pay Paul approach to staffing across the NHS is ultimately unsustainable, as the Royal College of Psychiatrists has conceded.

We must address staff morale. As Alex Cole-Hamilton’s amendment says, staff are worn out and burnt out. We have asked everything of them and more, and urgent action needs to be taken on that.

It is time to tackle the postcode lottery in mental health services, to ensure that the new services are fully defined, accessible around the clock, whenever possible, and consistent and comprehensive.

Fundamentally, we need to ensure that we tackle the low-level mental health problems that, left unchecked, often escalate, sometimes to crisis solutions. According to Public Health Scotland, socially disadvantaged people have an advanced or increased risk of developing mental health issues, so we need to be sure that multidisciplinary professional teams are plugged into the primary care process; that they are qualified in areas such as relationships, family circumstances, the effects of poor housing, disability and unemployment; and that they can

provide support for people's personal finance issues, drug and alcohol misuse, grief and trauma, problems with prescription drugs and other forms of dependency.

I believe that there is cross-party consensus that we must do more to tackle the mental health crisis that we face. As we have all seen from the helpful briefings that we have received in recent days from the royal colleges, charities and community groups, there is no lack of support and no poverty of ideas as we set about doing that.

The challenge for the Government is to take the crisis seriously, to address it urgently, to get in place new and additional trained staff—

The Deputy Presiding Officer: You need to conclude now, Mr Hoy.

Craig Hoy: —and to tackle the underlying causes of poor mental health. That should not be too much to ask.

I move amendment S6M-02747.3, to leave out from “further recognises” to “increase the” and insert:

“notes the impact of ongoing pressures on frontline mental health services; expresses concern about workforce planning failures, which are likely to result in an ongoing capacity shortfall in primary care settings across a range of disciplines; supports increased”.

15:20

Carol Mochan (South Scotland) (Lab): I am grateful for the opportunity to open the debate on behalf of Scottish Labour. As a party, we have been at the forefront of arguing for a better settlement for people who are in need of mental health support. With the pandemic further stretching the resources of our NHS, there is no better time than now to discuss that crucial issue.

I welcome the fact that mental health is receiving more attention and that it appears that we are beginning to turn a corner in recognising its vital importance to the wellbeing of the country. However, I make it clear that recognition on its own will not push the needle forward. Doing that will require considered and targeted investment over a long period of time, including significant investment in staffing levels. We must match the increased funding in other parts of the United Kingdom.

I will be honest. We need a minister and a Government that place the needs of others before the need to spend time in this chamber patting themselves on the back. Our staff and those who need the service deserve better; they deserve better than the self-congratulatory Government motion that is before us.

Scotland's mental health provision is well below that which taxpayers deserve, and that puts undue pressure on staff who are working day and night to provide a world-class service. I think that it is fair to say that, for the most part, the Scottish Government's record on the issue has been dismal, that the general public recognise that and that their perception is that mental health is treated as a second-class consideration.

Kevin Stewart: Mental health has been a priority for the Government since it came to power, and there has been significant investment in mental health provision. Since 2007, the number of psychiatric consultants across all specialities in NHS Scotland has increased by 23.22 per cent and the mental health nursing workforce has increased by 34 per cent.

Carol Mochan: I will come on to address those issues.

There are so many personal stories. We have heard many of them; the experiences of young people, in particular, stand out. They are often in pain and, in many cases, they are very lost and have nowhere to turn. What do they face? They face long waiting lists. For some, getting a first appointment and continued treatment could be the difference between life and death but, in many cases, that comes far too late.

Evidence to the Health, Social Care and Sport Committee has repeatedly shown that people face long waits, with no community alternatives or basic local service provision being available. Young people and mental health organisations have repeatedly told us that the shrinking provision of local services is impacting on wellbeing. The Scottish Government's response is to cut local government funding again. Scottish National Party members must surely recognise that that must change, and change rapidly.

John Mason (Glasgow Shettleston) (SNP): Is the member arguing that the NHS budget should be cut so that more can be given to local government?

Carol Mochan: I am fed up with Government party back benchers using that as an excuse to not properly fund services. The need for proper funding must be recognised.

To return to NHS services, Scottish Labour's amendment notes that

“the 18-week waiting time targets for Child and Adolescent Mental Health Services ... has never been met”

and, on top of that, we have heard that there are

“almost 2,000 children and young people on the waiting list who have waited over a year to begin treatment”.

I do not think that we would leave someone waiting for a year if they had a serious physical

injury, so why does the minister not address that situation? Beyond the individuals who are directly affected, those figures tell the story of thousands of extended families, and they speak to us about this. They are constantly worried about their loved ones.

At the bottom of much of the problem is continued underinvestment. The Government's motion papers over some of the cracks, but it is not anywhere near enough to turn the ship around and address the very real issues of staff shortages. The truth is that only this Government can take the blame for it. Its lack of planning has resulted in such failures for our staff and the workforce. Our NHS staff deserve much better.

I would ask the minister the questions, but he already knows the answers, because the previous speaker mentioned that there are more than 1,000 vacancies for mental health nurses and almost 100 consultant psychiatrist vacancies across Scotland. Will he tell us how many of those vacancies will be filled, and whether they will be filled over the next 12 months?

Staff shortages are undermining our efforts to improve services, to get people who are experiencing poor mental health the right treatment and to support staff wellbeing. Those things do not seem to be a priority. It takes time and long-term planning to get them in place, but a quick pat on the back is preferred. Short-termism will not cut it. It looks as though the Scottish Government's own target to recruit 800 mental health workers by 2022 will be missed. Of those positions, 100 have not even been created. Let us be honest—it was not even an ambitious target. Those statistics do not make for positive reading.

However, there is an alternative. Scottish Labour believes that every GP practice should have access to mental health professionals to support patients close to home and reduce pressures on GPs who are already struggling to deal with their growing case loads. It is our contention that, in order to do that, mental health funding should be increased to at least 11 per cent of the NHS budget. Doing so would signal to young people, in particular, that this Government is taking mental health seriously.

We can see developing a consistent pattern, whereby the Government comes to the chamber to announce targets that are designed to address long-term problems. Those targets are missed, and then it simply starts the cycle again.

The Deputy Presiding Officer: You need to close now.

Carol Mochan: I will.

Although, in this case, the Government also allocated time to congratulate itself.

The Deputy Presiding Officer: No—you need to conclude now.

Carol Mochan: It is politics by press release. I hope that the amendment in my name for Scottish Labour will be supported.

I move amendment S6M-02747.1, to leave out from "further recognises" to end and insert:

"regrets the Scottish Government's continued failure to remedy existing problems facing NHS mental health services; notes that the 18-week waiting time targets for Child and Adolescent Mental Health Services (CAMHS) has never been met and there are currently almost 2,000 children and young people on the waiting list who have waited over a year to begin treatment; considers that, with over 1,000 vacancies for mental health nurses and almost 100 consultant psychiatrist vacancies, staff shortages are undermining efforts to improve services; notes that the Scottish Government is on track to miss its target to recruit 800 mental health workers; believes that every GP practice should have access to a mental health professional to support patients close to home and reduce pressure on GPs; agrees that investment in mental health must be increased, including in community-based services, and calls for mental health spending to be increased to at least 11% of the NHS budget."

The Deputy Presiding Officer: I call on Alex Cole-Hamilton to speak to and to move amendment S6M-02747.2.

15:27

Alex Cole-Hamilton (Edinburgh Western) (LD): I am grateful to the Government for making time for this debate, because Scotland still faces a national mental health crisis. It has been defined as a crisis by the chamber on no fewer than two occasions through its backing of amendments in my name and the name of the Scottish Liberal Democrats. That mental health crisis is experienced on front lines right across our public sector. In our schools, prisons, hospitals and GP surgeries, it is characterised by the same things: unmet needs, crises that could have been averted if early warning signs had been acted on sufficiently, and people facing monstrous waiting times.

We know that there is an acute mental health problem in Scotland, and that one in four people will suffer from a serious mental health condition at some point in their life. Just like physical health, mental health and how it is maintained and falters has a huge impact on everyone's life; and just like physical health, when small problems are not spotted or treated, they become acute. That is why mental health should be regarded with the same priority as physical health. Carol Mochan was absolutely right when she said that we would not expect somebody to wait a year with a severe physical injury. Mental health should be prioritised in the same way, and Scottish Liberal Democrats have long fought for that. Such a fight secured

more than £145 million for mental health in the last budget.

The pandemic has taken its toll. It has separated us from loved ones, disrupted our livelihoods and made us worry about the very fabric of our communities. It is no wonder, then, that the pandemic has left so many of us with our mental health taking a turn for the worse. The Royal College of Psychiatrists has reported that people are twice as likely to experience anxiety, depression and high levels of psychological stress as they were before Covid-19. The Scottish Association for Mental Health found that eight in 10 GPs think that we are on the cusp of this new hidden pandemic and that mental ill health is set to increase.

Novelist Charlotte Brontë once wrote:

"life is a battle: may we all be enabled to fight it well!"

Despite the growing need for access to mental health services and the valiant efforts of our healthcare services, those battling with their mental health in this country are not enabled to fight that battle well. Twenty per cent of adults who have sought help for their mental health were not seen within the 18-week waiting period. In 2014, the SNP set itself a target of mental health waiting times that has never been achieved. Furthermore, research that was conducted by my party—I referenced this in my intervention on Kevin Stewart—found that hundreds of children have had to wait more than two years to receive first-line treatment from child and adolescent mental health services. As I said earlier, one young person had to wait seven years for treatment to begin. That is a scandal.

Opening up about one's mental health is a vulnerable and remarkably brave act, regardless of where it takes place, and it should be met with reassurance and, most importantly, help. People should have to tell their story only once. Primary care providers such as GP surgeries are so often used as a place to seek such help, but already existing pressures on staff have been exacerbated by the pandemic, which has moved appointments online, shortened them and reduced the amount of face time that people can have together. Those factors make it even harder for people to open up and for staff to spot warning signs.

It is crystal clear that there needs to be radical action to tackle the issue and to ensure that everyone has access to consistent treatment if and when they need it. Although I welcome progress where it has been made and the ambition that has been set by the Government—we talked about the ambition to clear CAMHS waiting lists by 2023; my party's campaigns have been listened to—the policies that the Government currently has on offer simply do not go far enough.

I am concerned that we may seek to artificially meet targets such as the CAMHS one by parking young people on medication.

That is why the Scottish Liberal Democrats have been campaigning for more mental health professional places in primary care providers—we agree with the Labour amendment on siting in GP surgeries those mental health care professionals, who should be not just link workers but people who can offer talking therapies on site—for a mental health first-aider strategy to be implemented in every workplace and for an increase in the number of walk-in services at mental health emergency services.

There is a desperate need to train more staff—of that there is no doubt. When surveyed, almost half of students said that they experienced serious psychological issues and that they are not getting help for them, yet one in eight specialist positions in child and adolescent mental health services currently lie vacant. That is why we have previously called for doubling the number of specialist psychiatrists to answer that deeply unmet need.

We must make sure that across Scotland we have a large and strong workforce to ensure the quality of services delivered to anyone, wherever they are. We know that there are issues of rurality that compound the problem. We also need to do more to retain the staff that we have, by making sure that they are not overloaded, that they have good working conditions, that they know when their breaks are coming and that their wellbeing is protected. We know the impact that those things can have.

I have told the chamber before of my constituent Andy Cunningham, who is a paramedic in emergency care who talked very bravely about the time he realised that he needed help. When fishing another suicide victim out of a river, he felt entirely empty and devoid of feeling, and he realised that he was struggling. He put his hand up and received some help, but he is one of the lucky ones. We owe our emergency care and front-line primary care staff, whose mental health is suffering as well, an immense debt of gratitude.

The NHS is our most vital service. It is life saving, but it is on life support. Nowhere is that more evident than on the waiting lists for first-line mental health treatment.

I move amendment S6M-02747.2, to insert at end:

“; notes the warnings from frontline professionals, and the organisations that represent them, that those working in primary care settings have seen an impact on their own mental health and wellbeing due to the work they have provided during the COVID-19 pandemic; believes that retention is as important as recruitment in ensuring greater capacity for mental health services, and considers,

therefore, that the introduction of an urgent Burnout Prevention Strategy could assist in easing the pressure on staff and reducing the long waiting times experienced by patients.”

The Deputy Presiding Officer: We move to the open debate. James Dornan joins us online.

15:33

James Dornan (Glasgow Cathcart) (SNP): This is an extremely important debate and I am pleased to have the opportunity to speak in support of the motion in the name of Kevin Stewart. That is why I am sorry that, before I get into my speech, I have to ask the minister whether, during his closing speech, he can inform me of what budget proposals Labour made to increase funding for mental health this year, last year or any year since 2007, or of whether Ms Mochan gave him the address of where Labour keeps the magic money tree. Labour does nobody any good by pretending that there is an easy solution to the problem of staffing in mental health services.

I know that the Scottish Government has been keen to make progress for some time on improving the situation for people who have been struggling with their mental health, and I note the progress that has been made through the introduction of community link support workers in many areas of the country.

As someone whose mental health has suffered during the pandemic, I think that it is vital to acknowledge the mental health challenges that Covid has posed for all of us. I am fortunate to have a partner who stays with me and family close by who understand my moods and my depression when things get bad, but there are many people who are unable to make use of their regular family support networks and are isolated from the people who are close to them, whether that is the result of geography or restrictions on visiting in hospital and care settings.

Given that the omicron variant is more transmissible than other variants, we cannot abandon all restrictions at this time. There is a difficult balance to strike between combating the threat that Covid poses and acknowledging the challenges of maintaining good mental health, which is clearly a major driver behind the implementation of this new policy, which marks a step change in the treatment of mental health in Scotland. In 2021, the Scottish Government announced the establishment of the £120 million mental health recovery and renewal fund, which has largely focused on the provision of community-based support. That huge fund is enabling the expansion of mental health services, including through the provision of 1,000 new roles.

It is not hyperbole to say that the additional mental health challenges that have been presented in the wake of Covid might not be fully felt for a generation, and I am pleased that the Scottish Government is taking action now to mitigate the detrimental health problems that we will face, alongside the issues that we face now.

The addition of 1,000 new roles in primary care settings will mark one of the biggest investments in the nation’s mental health in decades. It will lead to the development and implementation of innovative solutions at local level, by enabling teams to work together across multiple disciplines to enhance the care that our citizens receive when they need it the most.

I am pleased to see the recommendations in the 2017 mental health strategy begin to come to fruition. I have advocated for better and more accessible mental health services from the beginning of my time as an MSP, and I think that the Scottish Government is taking a large step in the right direction. I know that it is not a panacea for all the mental health problems that my fellow Scots are experiencing, but it is a big step in the right direction, which all parties in the Parliament should welcome.

Public Health Scotland estimates that adults who live in the most deprived areas are approximately twice as likely to have common mental health problems as people who live in the least deprived areas. We must address that as we consider ways to improve the mental health of our nation.

There are numerous reasons why people in deprived areas suffer more often from mental health issues—often to do with the frequency with which those people have to deal with problems that they do not have the means or support to deal with, which, not surprisingly, causes massive amounts of stress. I am talking about issues such as poor housing, family problems, unemployment, adverse childhood events and chronic health conditions, and behind most of those issues—if not all of them—lies the curse of poverty.

Mental health inequalities exist all over Scotland but, given the issues that I just highlighted, I would welcome any assurance from the minister that help will be targeted, where possible, at the more deprived areas of Scotland. I am the MSP for Glasgow Cathcart, a constituency that has a number of areas where a large number of people suffer from mental health issues, and last year I received an alarming number of reports of young men committing suicide in one area of my constituency.

We all know that, too often, such horrific events happen in areas where there are many unemployment and sickness benefit recipients.

For some families, the last straw is the loss of any part of the meagre household income that they receive. For that reason—I am not saying that this is the only issue and I promise that I am not trying to make political capital here—I urge my Conservative colleagues to lobby their Government to reinstate the £20 universal credit uplift. That amount might not mean much to us, but it can make the difference to a young mother or parent with a child or children to feed and it can make the difference between choosing between heating and eating and being able to do both.

I am keen to ensure that people in deprived areas benefit the most from the increased staffing of mental health services. It is in those areas that the increases can do the most good for my constituents, the city of Glasgow and the country as a whole, by helping people who have to negotiate many precarious aspects to their lives.

I warmly welcome the Scottish Government's actions on mental health. I recognise that improvements to mental health services will transform the lives of many people who, in the past, have not been able to access the help that they needed.

I appreciate Kevin Stewart's commitment to mental wellbeing. As Minister for Mental Wellbeing and Social Care, he has worked hard on a brief that is particularly challenging at the moment. I am proud to see the Government taking concrete action on a long-standing problem in our society.

I look forward to seeing the new community-based support put in place. It will benefit many people in the area that I represent and it will, I hope, mitigate some of the health inequalities—in which mental health inequality has always played a large part—that are present in the more deprived areas.

15:40

Sue Webber (Lothian) (Con): Primary care services are often the first point of contact for people who are experiencing mental health problems, but, as we have heard today, improving mental health and wellbeing is a major public health challenge. That is partly because the underlying issues are complex and people's needs are different. All public services have an important role to play in supporting wellbeing and tackling the social and economic factors that contribute to mental health problems.

In 2021, mental health issues were the primary reason for time off work, outstripping Covid. Poor mental health accounted for 19 per cent of all lost working time across the country, while confirmed cases of Covid represented 16 per cent. In addition, mental health troubles were the most common cause of lost working time in nearly every

industry in the UK, with the length of absences averaging at least three times longer than that of Covid-related ones.

Evidence suggests that mental health problems in childhood and adolescence have a significant impact on people's physical health and education and on their ability to find and sustain employment. The Covid pandemic has had a detrimental effect on children's and young people's mental health and wellbeing, with some evidence showing that it will also affect their attainment.

Thirty-six per cent of children and young people with learning disabilities have a diagnosable psychiatric disorder; 40 per cent of looked-after children in Scotland who are aged between five and 17 have been assessed as having at least one mental disorder; and 95 per cent of 16 to 20-year-olds in custody have at least one mental health problem. As we have heard, children who live in low-income households are three times more likely to suffer mental health problems than their more affluent peers are. Despite those alarming statistics, more children and young people are waiting more than 18 weeks to start treatment in specialist CAMHS—up from 26 per cent in 2017-18 to 33 per cent in 2020-21—while the number of those waiting more than a year for treatment trebled between March 2020 and March 2021.

The national improvement framework is the Scottish Government's key plan and it sets out four priorities for education, which include children and young people's health and wellbeing. However, data is lacking to assess the wellbeing of children and young people who are learners at school. If we cannot assess whether a national priority is achieved, it is impossible to know what is working and what needs to change.

We heard from Mary Glasgow, the chief executive of Children 1st, at the Health, Social Care and Sport Committee yesterday. She spoke at length about the challenges that families face when their children need support, and we heard about the importance of having good person-centred services, which the Scottish Government frequently mentions but rarely delivers. Good person-centred services should provide a space in which to really listen and understand the needs of the family and the young person; they should not be about what the agency can spare to offer.

Mary Glasgow told us of family wellbeing teams and of the success that those services have had when social and family relationships are fractured and young people suffer anxiety, self-harm tendencies and eating disorders. Young people who get their GP appointment are often told that CAMHS services are the only option, but those family wellbeing teams offer quick and early help,

often remove the requirement for CAMHS assessment and provide a safe space in which families and young people can be heard. Those teams are effective and allow the time that is needed to build relationships between the professionals and the families. Unfortunately, funding issues often make it difficult to, in Mary Glasgow's words,

"replicate the family wellbeing teams across the country".

As we heard from Ms Mochan, the language that our professionals use often contributes to the stigma. We must start using human language. Often, those who need assistance feel shame and guilt, and the use of the term "being referred" to a service contributes to that feeling. Shame, stigma and guilt must be removed. Those who need assistance have done nothing wrong. They are entitled to support and help, and that must be delivered with respect, kindness and compassion. However, how can a workforce that has reached burn-out deliver compassionate care when they face periods of stress and anxiety? Patients and carers are at the end of their tether.

I want the SNP Government to accept, for once, that things were bad long before Covid. We must stop using Covid to justify our poorly performing services. We need to start making changes now. Our parents and young people deserve better mental health support. There is so much good practice going on across the country; let us find it, fund it and replicate it.

15:45

Paul McLennan (East Lothian) (SNP): I thank Kevin Stewart and the Scottish Government for bringing forward the debate. In October, my first members' business debate celebrated world mental health day, and it is great to see the issue being debated again.

The first line of the motion states that

"the Parliament recognises the importance of improving capability and capacity for mental health assessment, care and support within primary care settings".

Obviously, that is in the context of our recovery from the pandemic. The commitment to expand mental health and wellbeing primary care services is being supported by the £120 million mental health recovery and renewal fund, which is very welcome.

Why is that important? A few members have talked about that today. We have all been briefed by various organisations. The Mental Health Foundation has said that long-term inequalities continue to drive many mental health problems across Scotland. Children who live in the poorest households are four times more likely to have

poorer mental wellbeing than those in the highest-income households.

Craig Hoy: In response to Alex Cole-Hamilton's intervention, the minister said that the delay in CAMHS is largely down to Covid and winter pressures, but the Government first said that it would address CAMHS waiting times in 2018, which predates Covid. Surely the issues are deeper rooted and the Government has failed to tackle them in the past.

Paul McLennan: Alex Cole-Hamilton mentioned that issue, and I am sure that the cabinet secretary will address it when he winds up the debate.

We cannot forget that poverty is a major driver of poor mental health, so we need to redouble our efforts to tackle child poverty. The 2020 Scottish health survey found that one in 10 adults had two or more symptoms of depression, while a similar proportion—13 per cent—had two or more symptoms of anxiety. Among Scottish 18 to 24-year-olds, 50 per cent of those who were surveyed in February 2021 reported feeling lonely over the previous two weeks because of the pandemic. The rate among Scottish adults was 29 per cent.

The Royal College of Psychiatrists welcomes the investment and the additional staffing that are mentioned in the motion. It states that the proposals can take us a step closer to a "no wrong door" health and social care service that can provide the right care in the right place at the right time. It is important that we consider where we can deliver such services in the local environment. We need to continue to invest in local primary care services when needs would be better met by holistic community-based treatment options.

I want to touch on the role of social prescribing. The Social Prescribing Network has already been set up, and I know that Maree Todd meets its members often. Previous studies have shown that social prescribing initiatives can reduce the number of accident and emergency attendances and in-patient admissions and can significantly improve feelings of social connectedness and overall mental wellbeing.

In its briefing, the Mental Health Foundation asks that the Scottish Government invest in community mental health services through a rapid expansion of social prescribing, exercise referral schemes, peer support and cognitive behavioural therapy. As we have heard, the proposals for multidisciplinary primary care mental health and wellbeing services, defined by local resource to meet local need, are a positive step. A range of professionals can provide the skills and experiences that are needed to provide comprehensive care as well as connections to social supports.

The Scottish Government's commitment in its 2021-22 programme for government to recruit 1,000 additional mental health link workers is, of course, welcome. We have heard discussions about general practices having access to a community link worker, which is really important. It is a vital means of ensuring that patients who present with symptoms of a mild to moderate mental health problem are given the opportunity to participate in community-based programmes. Local need should determine the allocation of newly recruited link workers.

Link workers should also have an in-depth and up-to-date understanding of the range of relevant mental wellbeing programmes that are available across their GP catchment areas. A key point for my constituency is that we need to ensure that that service is also available in rural areas.

We must have clearly defined expectations of what care should be available and of the metrics of success for those services and their staff. Those measures can help to ensure the quality of care and support regardless of the model of delivery. That also applies to link workers, who need a defined training pathway.

A few members have talked about recruitment and the additional posts that have been identified. Yesterday, we had a debate about labour shortages in our economy, and it is relevant to talk about that subject as well. We need a unified approach to the matter. We need to work alongside other services and professions in mental health, strike the correct balance between redeployment and the creation of new staff capacity and work even more closely with the third, community and health sectors.

We also need to support people with severe pre-existing mental health conditions. It must be a priority to provide equality of access for people with more severe and complex mental health conditions so that they can access the right care and support through their GPs. That includes their being able to access the social supports and connections that are proposed to enable them to participate in economic and social activities.

Connections to specialist care are also critical. Continued engagement by GPs with secondary care settings is necessary to ensure timely access to the care that patients need. That care must continue to be properly resourced and staffed to reflect the fact that there will continue to be people with severe, complex and enduring conditions who will need specialist care interventions.

We must ensure that additional support and training are provided to enable new services and link workers to provide support and signposting to people with severe mental ill health. This morning, I met Carers of East Lothian and we talked

extensively about signposting. It is important to consider local solutions for local people.

The investment by the Scottish Government is very welcome. It can make a real difference to many families and ensure that people live as full a life as possible.

15:52

Monica Lennon (Central Scotland) (Lab): Although it is always good to talk about mental health and wellbeing, people in Scotland really need the Government to take bold and urgent action to address fundamental system failure.

I must use some of my time to address breaking news that affects my constituents. NHS Lanarkshire declared a code black emergency on 22 October last year, which means that services are operating at the highest level of risk. That is clearly not a sustainable situation. I wrote to the Cabinet Secretary for Health and Social Care on 9 December asking him to meet me and other Lanarkshire MSPs as a matter of urgency to brief us on his plans to reduce the risk to our constituents. Twelve weeks on, I do not have the words to describe how badly the situation has declined—it is off the scale.

Today, the health board advised that GP practices have been instructed to move to a managed suspension of services, which will continue for four weeks. However, given the fact that the code black emergency has already gone on for three months, it is hard to have confidence that the Scottish Government has a proper plan to get out of the crisis, beyond shutting down more services, cancelling operations and keeping people in despair.

I refer to people such as my constituent Liz Barrie from East Kilbride, whose mental health is in tatters because she lives with constant chronic pain and is expected to wait three years for a vital pain relief injection. Liz has already tried to take her own life. That is how serious the matter is.

It is extremely distressing for me and my team that the phone number that we most often hand out is 116 123. That is the number for Samaritans Scotland. I am grateful to all the Samaritans volunteers for providing a lifesaving helpline 24 hours a day, 365 days a year, but I feel sad and angry that people are contemplating suicide because they cannot get NHS treatment and have lost all hope.

I return to the grim announcement from NHS Lanarkshire, which cautions that only the most urgent and time-critical cases will be responded to. How are urgent and time-critical being defined?

Those who can afford it are going private, but what about everyone else? It worries me greatly—

I hope that it is an oversight—that arrangements for people with mental health concerns are not even mentioned in the correspondence and the press release that NHS Lanarkshire published today. The minister must, this afternoon, give a cast-iron guarantee that mental health is not being deprioritised in NHS Lanarkshire or, to be frank, anywhere else.

Laying everything at the door of Covid is not an answer; we all know that mental health services were in a really bad way before the pandemic. We need transformative system change, and again I make no apology for drawing the attention of Government and Parliament to a petition that my constituent Karen McKeown spearheaded following the death of her partner Luke Henderson from suicide—a matter that I highlighted in Paul McLennan's members' business debate on world mental health day last year. The death of Luke Henderson was a tragic loss that could have been avoided if we had mental health services that functioned properly. Karen's petition has already moved MSPs to tears in committee, but she does not look for our sympathy. She wants an independent review of mental health services, and I appeal to the minister to agree to that.

I also want to acknowledge the thousands of people who are living in care homes and whose mental and emotional wellbeing has declined during the pandemic as a result of isolation and loneliness. Before the election, the SNP promised to give effect to Anne's law. Anne Duke has sadly passed away, and her family and the care home relatives Scotland group want to know when Anne's law will be implemented. Family caregivers must be part of the care plan if we are serious about mental health and wellbeing.

We all know and appreciate healthcare workers who do their best with the time and resource available to them—at times their own mental health and wellbeing take a battering. The minister must act to prevent burnout, exhaustion and post-traumatic stress disorder from becoming the norm in our public services.

I, like my Scottish Labour colleague Carol Mochan, am frustrated by the motion before us. For too long, SNP ministers have been complacent and have taken a sticking plaster approach to mental health services while people continue to fall through the cracks. It is unacceptable that the Government's 18-week waiting time targets for CAMHS have never been met; that there are currently almost 2,000 children and young people on the waiting list who have had to wait for more than a year to begin treatment; and that there are currently more than 1,000 vacancies for mental health nurses and almost 100 consultant psychiatrist vacancies.

The Labour amendment injects some reality into the debate. SNP ministers have failed to take workforce planning seriously, and their target of recruiting 800 mental health workers is at risk. Missed targets and broken promises have consequences. I support the Scottish Labour amendment, and I urge the Government to accept Karen McKeown's petition, as nothing short of an independent review of mental health services and complete system change will do.

15:58

Joe FitzPatrick (Dundee City West) (SNP): The Covid-19 pandemic continues to place additional strain on our NHS, including on its mental health services. We know that the pandemic continues to have a significant impact on the mental wellbeing of many in our communities, so I welcome that the Scottish Government has provided £80 million of dedicated funding to help to respond to the specific mental health challenges of the pandemic.

In Dundee, there have for some time been calls, which I have backed, for a service in the city centre that can support people, in particular at a time of crisis, and I am really encouraged that my city is now delivering on that ambition. A site has been identified for a new community wellbeing centre, which will be always open and will provide an immediate compassionate response to anyone who considers themselves to be in need of mental health support. I look forward to seeing that vital service up and running, and I pay tribute to Phil Welsh and his wife for campaigning for it.

As we have heard, the SNP has committed to increasing Scottish Government investment in mental health by at least 25 per cent, which will ensure that, by the end of the current session of Parliament, 10 per cent of our front-line NHS budget will be invested in mental health services. I welcome the Scottish Government's plan to build on the success of its community link worker programme to ensure that every GP practice in the country has access to a dedicated mental wellbeing link worker, creating a network of 1,000 additional dedicated staff who can help to grow community mental health resilience and help to direct social prescribing. That will ensure that people get the support that they need when and where they need it.

In primary care across Dundee, the new patient assessment and liaison mental health service, or PALMS, aims to enable without-barriers access to a mental health specialist right across our city. PALMS places mental health specialists directly within general practices and encourages people who are concerned about their mental health and wellbeing to book appointments directly, without having to see their GP first. Social prescribing link

workers are supporting practices across the city. I understand that, as of August, there were seven general practices with full access to PALMS and four practices with partial access. Further expansions are planned.

I take this opportunity to pay tribute to some of the charities and third sector organisations that are playing a vital role in improving mental health and wellbeing in communities across Dundee. The Lochee community hub in my constituency provides mental health support, as well as drug and alcohol support, child and family groups and one-to-one services. The hub has been supported by funding from the Scottish Government's investing in communities fund and is an invaluable community space, with staff supporting the Lochee community.

At the Lynch centre, Street Soccer Scotland's new change centre is providing football-themed training and personal development opportunities for socially disadvantaged groups from across Scotland, including those in my constituency. Street Soccer is doing incredible work in supporting people to address issues such as mental health issues, drug and alcohol use, loneliness and isolation.

The Dundee fairness commission brought together members from the public, voluntary, community, private and academic sectors, including those with lived experience of poverty and inequality. Since 2015 the commission has gathered evidence and has worked tirelessly to identify solutions to improve local communities across Dundee.

One of the areas that the commission identified as being beneficial to mental health and wellbeing was safe access to green space. In 2019 I was pleased to help launch green health prescriptions in Dundee as part of the green health partnership. Three general practices piloted the programme, which has since been expanded into primary care and selected secondary care services across the city. The initiative aims to bring about a step change in the use of nature-based solutions to deliver health outcomes, as part of social prescribing, aiming to allow NHS healthcare professionals to connect patients with free outdoor interventions that are delivered and supported by the third sector.

I highlight the important work of the award-winning Tay View community garden, which now has 25 plots and is helping to connect the community with local organisations and charities. Preparations are under way at the adjacent site to create Dundee's first wee forest—a partnership between the University of Dundee's botanic gardens, a local primary healthcare provider and local primary schools, funded by NatureScot. Wellbeing Works Dundee works closely with

individuals and partner organisations to grow food at the community garden. The community toolbox has recently been launched, allowing members to hire tools and equipment from its library. That ranges from tools for home improvements to camping equipment.

The fruit bowls community garden project at Lochee park, in the heart of my constituency, has transformed a former bowling green to a community growing project. That is another example of repurposing green space in Dundee for the benefit of the local community's health and wellbeing.

I take the opportunity also to thank the parish nurses at the Steeple church, the Hot Chocolate Trust, Positive Steps, Feeling Strong, the Dundee Carers Centre, Dundee Contemporary Arts and the Dundee Rep theatre, as well as the many other organisations that continue to work tirelessly to improve the mental wellbeing of my constituents.

Finally, I recognise the two Andy's man clubs that now operate in Dundee—and a woman's club is also planned. The clubs regularly organise walk and talk sessions, and everyone is welcome to join. Almost 38,000 people attended an Andy's man club across the UK last year, including many in my constituency. Charities such as that are integral to tackling stigma around mental health, which I hope all of us across the chamber can work to do.

16:04

Gillian Mackay (Central Scotland) (Green): The Scottish Greens believe that everyone who needs mental health support should have quick and easy access to it. To ensure that it has parity with physical health, we must place mental health at the heart of our healthcare system, and part of that is ensuring that people can get support and treatment when they need it.

Too many people are waiting too long for treatment. The numbers of referrals to psychological therapies are now back to pre-pandemic levels, and services are struggling to meet demand. If we are committed to prevention and early intervention, we need to make it as easy as possible for people to access mental health support. We need to provide an alternative to acute treatment, so that people not only receive the most appropriate support but do not sit on a waiting list while their mental health worsens.

We know that the pandemic has had a devastating impact on mental health. People have struggled financially, they have lost loved ones and they have been isolated while in lockdown or shielding. We should not underestimate the effect

of that collective trauma, which will continue to take its toll for many years to come.

For most people, making an appointment with their GP is the first step towards getting help for mental health problems. Like Monica Lennon, I am concerned with the issues that face NHS Lanarkshire at the moment. According to the Royal College of General Practitioners, approximately one third of all consultations in GP practices have a mental health component. General practice teams have already been providing mental health support to a large portion of the population and, as health professionals embedded within the community, they are well placed to do so, particularly to individuals who might not require acute or specialist treatment. According to a recent RCGP Scotland survey, 94 per cent of GPs who responded agreed that, since the beginning of the pandemic, the number of patients who present with mental health problems has increased.

The GP workforce is under pressure like never before, and that is impacting GPs' ability to help patients who seek mental health support. A report that was produced by SAMH found that, although there have been very positive examples of participants receiving support from GPs, the pressures of the pandemic have negatively affected some people's experiences of accessing mental health support, with many describing difficulty in accessing appointments, due to high demand.

We cannot leave people struggling without the help that they need, but neither can we expect existing services to meet the surge in demand. We need to expand the number of mental health professionals who work within communities. That is why the Scottish Greens and Scottish Government have committed to ensure that, by the end of this parliamentary session, every GP practice will have a link worker and access to an assigned, community-based mental health clinician. That will help to ensure that patients can access mental health support as quickly as possible and that they see the most appropriate person.

If treatment is truly to be person centred, we also need a diverse mix of mental health professionals in primary care, so that people can see the right person at the right time, whether that is for cognitive behavioural therapy or talking therapies. That will, in turn, improve the support that is provided to people who seek help for their mental health and reduce GPs' workload.

Increasing the number of community link workers in general practice will—we hope—improve engagement with social prescribing, the mental health benefits of which are well known. In Lanarkshire, the well-connected social prescribing

programme has been shown to help people by improving self-confidence and self-esteem, reducing low mood and feelings of stress, and helping people to develop positive ways of coping with the challenges of life, among other benefits.

In a recent scheme, which was run over five months, GPs at five practices in Edinburgh prescribed nature as part of a collaboration between RSPB Scotland and Edinburgh and Lothians Health Foundation. The scheme aimed to establish the effectiveness of using nature as a health tool in an urban setting, with a view to rolling it out to other practices. Given that many peer support groups were cancelled because they were not able to meet in person during lockdown, outdoor social prescribing must be in the mix going forward.

Great work is being done on social prescribing, and the benefits are being felt. However, we know that clinicians might struggle to find the time to engage with social prescribing and to develop relationships with local organisations. Community link workers will be vital in that regard, as they are able to spend extended time with patients. Link workers can build relationships of trust and signpost patients to appropriate, local, non-NHS services. However, due to the pressures of the pandemic, many non-NHS organisations might be providing limited or reduced support, so it is essential that we support those organisations during their recovery from the pandemic, and ensure that there is equal access to social prescribing across the country.

16:10

Emma Harper (South Scotland) (SNP): Prior to the pandemic, there was already an increasing demand for mental health services in Scotland, and we know that that demand has been exacerbated by the pandemic. Covid-19 has changed many aspects of our lives, and it has allowed for a far greater understanding of the need to take mental health seriously and have a society that puts the wellbeing of its citizens first and foremost.

The exacerbated mental health challenges have also shown the need for greater emphasis on mental health services, and they have created a need for improved service delivery, including through better integration with primary care and the third sector.

I welcome that significant progress has already been made by the Scottish Government in expanding capacity and access to mental health services in GP settings. Action 15 of the document, "Mental Health Strategy: 2017-2027", outlines the Scottish Government's commitment to funding 800 additional mental health workers in

key settings, including GP practices, all accident and emergency departments, every police station custody suite and prisons. As of 1 July 2021, an additional 654.3 full-time equivalent mental health roles have been filled using action 15 funding. That equates to 82 per cent of the total overall target. Since 2019, the Scottish Government has made available more than £51 million to deliver action 15, and it will continue to invest in 2022 to ensure that the commitment is met.

In addition, it is welcome that the Scottish Government has invested more than £60 million to create provision for local authorities across Scotland to employ mental health counsellors. I credit Dumfries and Galloway Council for really taking the initiative on board. The local authority has named its counsellor staff “youth information officers”. The name is used to reduce stigma, which is hugely important. The staff work as part of Dumfries and Galloway Council’s Youth Enquiry Service team, accessing schools and young people across the region from Monday all the way through to Saturday. The staff are also forming strong links with local primary care and NHS staff, and responding to new demands arising from the pandemic.

I welcome that the Scottish Government has provided additional funding and support for crucial mental health services. Since March 2020, more than £18 million of dedicated funding to help to respond to the specific mental health challenges of the pandemic has been allocated.

I am pleased that the Government has supported the mental health and wellbeing of our front-line health and social care staff. During the pandemic, I have continued to work as a registered nurse and had direct contact with many health professional colleagues. They say that they have been resilient, but some of them have also suffered from stress due to the challenges. Therefore, the money to help with the health and wellbeing of front-line healthcare workers is important, and it is very welcome.

More than £1 million has been invested in the roll-out of the distress brief intervention programme on a national basis, including to people under 18. DBI includes seeing front-line health, police, paramedic and primary care staff who are trained in mental health first aid response. The DBI programme is hugely important, and it demonstrates how different agencies can work in partnership with primary care.

DBI has already been accessed by more than 4,000 individuals in the NHS 24 pathway, but I know that many more have already been involved. It has been proven to support people who are particularly at risk of acute mental ill-health, including people who are struggling with eating disorders.

At yesterday’s meeting of the Health, Social Care and Sport Committee—and previously at the mental health cross-party group, of which I am co-convenor—we heard that there has been an increase in eating disorders during the pandemic. I also have concerns over the number of suicides and reports of persons who self-harm.

The Covid restrictions have prevented face-to-face engagement. I ask the minister to ensure that DBI, as well as other online cognitive behavioural therapy support, continues to receive the funding that is needed to move those services forward.

My final point relates to social prescribing. A large part of the Scottish Government’s revised vision for mental health focuses on the importance of social prescribing and on the third sector playing a crucial role in promoting positive health and wellbeing.

I am a member of the Health, Social Care and Sport Committee, and I was a member of its predecessor committee in the previous parliamentary session, the Health and Sport Committee. One of the challenges that we recognise is that primary care practitioners do not know which services are available to refer or signpost people to. That issue was raised at the Health, Social Care and Sport Committee just yesterday, as part of our current child and adolescent mental health inquiry. Support is available and signposting people to that support is vitally important.

Third Sector Dumfries and Galloway has created a website with an app called DGLocator to help signpost people to the services that are available. DGLocator is similar to A Local Information System for Scotland—ALISS—which is a Government-funded service.

DGLocator, which lists all local services, is up to date, and is easy to navigate and access. It is linked to GP practices across Dumfries and Galloway, to make it easier for link workers and for support to be signposted. I would ask that the minister—

The Presiding Officer (Alison Johnstone): Ms Harper, could I ask that you conclude your remarks, please?

Emma Harper: Yes. I am in my final sentence, Presiding Officer.

I would ask that the minister looks at DGLocator and how its functionality works. I welcome the steps that the Government is taking.

16:16

Russell Findlay (West Scotland) (Con): As has already been said by the minister and others, there is broad cross-party agreement on this topic.

No one can doubt the importance of improving capability and capacity for mental health treatment. As we emerge from the darkness of the pandemic, those needs have never been more critical.

It is a privilege to have Dr Sandesh Gulhane as a colleague. His experience benefits our Parliament and I look forward to hearing his contribution. GPs such as Dr Gulhane are often the first point of contact for those with mental health problems. I know, because I have been that patient. I have sat in front of a GP and said that I was struggling. Those were dark days and I found it difficult. However, it was the right thing to do and ultimately resulted in my getting the help that I needed. I was fortunate, as my employers paid for my treatment, but many other people are left in agonising limbo.

In 2015, the SNP Government introduced a target time for psychological treatment. The target has never been met. Less than a year ago, the Royal College of Psychiatrists warned that child mental health services in Scotland were “significantly underfunded”, and an earlier Audit Scotland report said that they were “complex and fragmented”.

Mental health, like physical health, is not a constant throughout our lives. The Scottish health survey tells us that, every year, around one in four people are estimated to be affected by mental health problems. Absolutely no one is immune from becoming unwell.

I am sure that many other members will have their own stories to tell, and it is important that we do so. The mindset of keeping a stiff upper lip and pulling ourselves together now sounds ludicrously callous and old fashioned.

Charities such as the Scottish Association for Mental Health play a key role in chipping away at that stigma. Its campaign, See Me Scotland, can take credit for helping to change perceptions about mental health. In just over three weeks’ time, on 3 February, it will run the Scottish part of the UK-wide time to talk day. Described as the nation’s biggest mental health conversation, the event encourages friends, families, communities and colleagues to come together to talk, to listen and to change lives. However, it will not just change lives; it will save lives.

Another charity, the Samaritans, collates data on suicides from across the UK that paints a very bleak picture. In England and Wales, the suicide rate is around 10 people per 100,000, while in Scotland it is 15 per 100,000. Last year, tragically, 805 people in Scotland could see no other way.

Men are almost three times as likely as women to take their own lives. People in the most deprived communities are also three times more

likely to die by suicide than are those in the most affluent areas. Numbers such as those are sobering, but they cannot even begin to describe the pain behind each death. The need to talk is especially important for men who still, generally speaking, are not always as forthcoming about their struggles.

Suicide is an emotive and complex subject. Six minutes is nowhere near enough to provide a proper, meaningful contribution. However, one issue that I think is overlooked is the role of the media. Research shows that explicit descriptions of suicide methods used, sensationalism or identifying so-called hotspots can lead to imitational suicidal behaviour among vulnerable people. Broadcasters and newspapers adhere to detailed guidelines that are issued by media regulators and charities.

Year round, we see reports of missing people, and all too often there is a follow-up report of a body being found. There are no suspicious circumstances, say the police—which is usually coded language for suicide. However, those reports rarely mention the word. I believe that that is motivated by sensitivity and respect for the person whose life has been lost and fears that a report could lead to further deaths. However, does that well-intentioned blind spot not run contrary to the time to talk ethos? When someone dies of suicide, it should not be taboo to say so.

I would like to conclude with the observation—which has been made by others—that Scotland’s mental health crisis pre-dates the pandemic. Other speakers have provided numerous examples of delays and gaps in treatment and longstanding problems with staffing and staff morale and retention. The Scottish National Party needs to stop producing long-winded reports and reviews, stop the self-congratulation, and get on with taking the necessary action to save lives. After almost 15 years in government, it can blame no one else.

16:22

Fergus Ewing (Inverness and Nairn) (SNP): It was 22 years ago, in 1999, that I finally managed to persuade the voters of Inverness East, Nairn and Lochaber to elect me. Perhaps to my shame, it was only after becoming an MSP that I realised that mental ill health was quite so prevalent in our community. Across parties, I think that we see that in our constituency work. The problems are especially severe in the Highlands and Islands. Across all parties, many members have worked for many years to address what are complex and very difficult problems. It would be fair to mention the work of my former colleague Mary Scanlon, who focused on this issue for many a year.

I start by thanking all who work in our NHS, but also in other areas and functions in our local authorities, our schools and the third sector—as has been mentioned by Emma Harper and others—for all the work that they do on mental health. It is extremely difficult work, and I do not think that I could do it. It is immensely difficult to turn around the life of even one person who is troubled severely by mental health issues.

I welcome the very clear commitments of finance that the minister has made. I think that some of the criticism about self-congratulation is over the top. I do not see that—I see a minister who is determined to do his best in a very challenging brief.

I would also say that schools play a very big role in this area. I do not think that that has been mentioned before, so it is the first of a few points that I will make. After all, young people, especially in their teenage years, are slow to trust others, and perhaps that applies particularly to female teenagers. Who are they more likely to trust than a teacher to whom they are close, or a classroom assistant, occupational therapist or speech therapist?

I understand from what Shirley-Anne Somerville told the Education, Children and Young People Committee this morning that counsellors are to be provided in each high school. I am not sure what stage that initiative has reached, but I think that early intervention is key, and I am interested in whether the minister agrees with that. He will know much more than I do about what greater role schools can play. After all, they are looking to improve the mental health and wellbeing of all pupils who are within their care. The role of schools is especially important, as is their potential further role. If problems can be tackled at an early stage before they become acute, people will not get to the tragic stage that Mr Findlay and many others have described.

The other issue that I want to raise follows a fairly lengthy Zoom call yesterday with a family in my constituency who have a child who has been placed in what is called out-of-area care. As the minister knows, that involves persons with assessed acute mental health needs who require in-patient care being admitted to a unit outwith their local area. That is a particular challenge in the Highlands, where there is a lack of specialist units of some varieties, so young children and teenagers very often require to be admitted to establishments in Glasgow, Dundee or Edinburgh. That then means that the parents and family have to travel, sometimes twice a week. This particular family have spent the best part of the year in twice-weekly journeys of 370 miles to and from Glasgow.

The minister might wish to look at how those arrangements operate. First, there is often very grave difficulty in accessing services. I am afraid that the perception is that financial motivations might trump clinical judgment. Secondly, there is unnecessary complexity and, I believe, there are unnecessary references to mental health tribunals, which are incredibly costly and can be the source of huge conflict and tension among everybody involved. Thirdly, there is a very niggardly approach towards costs.

I will advise members of what the costs are. The family I am talking about, who are fortunately in well-remunerated employment, receive £8.50 each per day for a meals allowance and a mileage allowance of 12p or 13p. The family have travelled 30,000 miles in the past 10 months, and they are getting 12p a mile. As MSPs, we receive 45p a mile for the first 10,000 miles that we travel. How can it conceivably be fair or justified that people who are in the desperately difficult situation of having a child who faces difficulties such as self-harm, Asperger's syndrome or other such matters should have those difficulties compounded by being penalised financially in that way?

I will write to the minister with more details, which I have chosen not to mention for obvious reasons. I hope to meet the minister to discuss the case, as it perhaps casts a light on how the out-of-area service might be improved. I will finish by saying that the family told me that they are immensely grateful to many of the professionals in Scotland who have sought to help their child.

16:28

Pauline McNeill (Glasgow) (Lab): Many mental health practitioners will say that long periods of isolation and a lack of social contact have inevitably had an effect on many people's mental health. That is what practitioners hear in their sessions, and the situation is stark when it comes to children and young people. The pandemic and repeated lockdowns have been traumatic for children, with months away from school, separation from friends and anxiety about the virus, as well as concerns about their future job prospects. The period between the ages of 19 and 25 is considered to be the most critical period in a person's life, as it is when they make life choices. We have to factor that into the services that we provide.

We are already starting to talk about a lockdown generation, so we need to prepare our support services for that reality. Sadly, we know that the mental health crisis was with us before the pandemic. Craig Hoy gave an example of that earlier when he mentioned the experience of young girls on social media, and a recent survey

showed that three out of five girls had complained of some form of sexual harassment.

There is an urgency about setting out a comprehensive response in the creation of a mental health system that is fit for purpose, with longer-term thinking, funding and support. The pandemic has also highlighted the deep inequalities in our society, and we must be mindful of that in our support for children and families.

All children must be given the same chance to reach their individual potential, but, in order for that to happen, we need to do more to level up opportunities so that our ambitions for them in school and education are accompanied by strong action such as one-to-one help on skills and support in education. Many studies have shown that children and young people who live in poverty experience a greater impact on their mental health and educational attainment. Catherine Seymour, the head of research at the Mental Health Foundation, said:

“our evidence indicates that teenagers from less advantaged homes are having the hardest emotional struggle of all. They are much more likely to report frequent symptoms of anxiety and depression than their peers with parents in jobs that are typically better-paid.”

How do we know that young people are getting the support that they need? How easy is it for them to access the support that they need? How easy is it for them to access the right type of support? I suggest that it is not always easy and that there are quite serious issues of young people struggling to get the support that they need. I have previously raised in the chamber the worrying case of many young people whom I have dealt with being bumped off the referral system for reasons that seem to be very thin. I wonder whether that is due to pressures on the service, but surely such a system must factor in that a person might not be able to respond to a letter or a call because they need a mental health service. Surely bumping them off the list for not responding is fundamentally the opposite of what the service should be doing.

I have also raised previously the fact that, in Glasgow, there is an opt-in service but, if a patient does not reply to a letter within five days, they can be removed from the referral system. I do not really understand that model of care. I have now spoken three times in this debate about mental health, and I want the ministers to address the question of the structure and quality of our mental health service.

In many other areas, we differentiate between young people up to the age of 25 and adults. However, for some reason, we have not done that in our health service, although we have striven to get a transitional service, which is really important when it comes to mental health. The shift from

childhood to adulthood is sharp, so we need a service that is designed to recognise that. I therefore welcome the Government's commitment to extending the CAMHS programme up to the age of 25, but I am concerned about the high rate of referrals being rejected. A figure that I found today suggested that 27 per cent are rejected. I do not really know what that figure means, but we should interrogate it a bit more closely.

I also believe that we need to make sure that we are keeping up with the most recent treatments and that our system is not only a medical model. Many practitioners do not label patients with a specific diagnosis, so that they get the specific help that they need, and I wonder whether that is the approach that we need. Has the service modernised enough? A one-size-fits-all approach is certainly not what we need. We need to offer options that suit the patients. SAMH says that 46 per cent of respondents support having options for dealing with their depression, which suggests that people should have some form of choice. I think that Gillian Mackay spoke about that earlier.

I was concerned to find that a case that I raised during last year's debate, which involved a young woman who had made a suicide attempt, was not a priority in the system for reasons that I could not understand. After several interventions by her GP and me, as her MSP, she finally got an appointment with a psychiatrist. She required dialectical behaviour therapy as opposed to cognitive behavioural therapy, but she was told that that is not available through NHS mental health services. That has led me to question whether we are too focused on CBT and other singular therapies. I am clear in my own mind that it is common sense that we should incorporate treatments that would widen the options.

I cannot see the clock, Presiding Officer. Am I past my six minutes?

The Presiding Officer: You have 20-plus seconds, Ms McNeill.

Pauline McNeill: Thank you, Presiding Officer. I will need to sit a bit closer to the clock next time.

I would really like the minister to address the question of the modernisation of our service. Have we done enough research to satisfy ourselves on that front? The issue is about more than waiting lists and resources. We must make sure that, as a nation, we are modernising our service to make it fit for purpose. If we do not do that, all the discussion and critique around waiting lists will be less significant. That question needs to be addressed.

The chief executive of Barnardo's, Javed Khan, put it very well when he said that

“the negative effects of the pandemic could last a lifetime if children and young people don’t have the right support ... children must be front and centre of the Government’s plans for the post-Covid period.”

I hope that some of my points will be addressed in the summing up.

The Presiding Officer: We move to closing speeches. I call Alex Cole-Hamilton.

16:35

Alex Cole-Hamilton: I reiterate my thanks to the Government for holding this debate so early in the new year. However, I must correct the minister. It is not fair for him to say that mental health has been a priority for the SNP since 2007—it has not. For many years, it was Liberal Democrats leading debates on mental health in this chamber that gave the issue the only airtime that it got. Spending was afforded to tackling mental ill health in Scottish budgets only because Liberal Democrats had asked for it. It is disingenuous to say that mental health has been a priority for the Government when it was only the Liberal Democrats’ call for a mental health minister that resulted in such a post being created.

I will cover some of the topics and points that other members have raised, after which I will address some strategy specifics.

Carol Mochan delivered an excellent speech and was right to say that we would not leave people with a severe physical injury without care for an entire year, yet that is what we are doing to people with severe mental injuries every day, week in and week out.

We also support the call that Labour makes in its amendment for the provision of dedicated mental health professionals in GPs’ surgeries, for which we have called for many years. Link workers are fine, but they are only as fine as the referrals that they can make. If a link worker refers someone to the end of one of the longest waiting lists in the NHS, that is of no use to them if they are in a moment of profound personal crisis.

I respect James Dornan for talking about his own mental health record—I think that anyone who does that in the chamber is incredibly brave. However, he diminished that contribution and he diminished himself when he launched a series of childish attacks. He could have taken a leaf out of the book of Fergus Ewing, who spoke with even-handed fortitude and rightly paid credit to many members across the chamber for their efforts on this important issue.

Sue Webber made a couple of important points about employment. We picked up that issue in the freedom of information requests that we made over Christmas time, as a result of which we

discovered that, last year alone, more than 400 years of staff time was lost to the nursing profession because of mental ill health. That has had a massive impact on staffing capacity and staff wellbeing. The problem is self-sustaining, because if staff have to cover the work of colleagues during a shift that is not safely staffed, that will have an impact on their wellbeing.

I will turn to some of the work that the Government is doing. I have a particular interest in action 15 of the 2017 mental health strategy, which is highlighted in the Government’s motion, because the Scottish Liberal Democrats won that commitment. We have had to press again and again for the Government to keep it and to be open about progress on it.

I remember meeting the then health secretary, Shona Robison, and the Minister for Mental Health, Maureen Watt, shortly after I was first elected, in 2016. I impressed upon them the importance of getting an army of mental health practitioners into four key settings: accident and emergency departments; GPs’ surgeries; prisons; and working alongside the police in the community. I was very pleased when a version of our manifesto commitment was included in the 2017 mental health strategy, albeit on a scale that I warned would not make the impact that was needed. We told ministers that 2,000 staff members would need to be provided if new 24/7 provision was truly to be offered, but only 800 staff members were provided and they were link workers, not practitioners. That was never going to be enough.

Police officers and staff deal with people in distress on a daily basis. They do so in the knowledge that other services are better placed to help. All too often, the police are the service of last resort. The latest action 15 update shows Police Scotland receiving just 20 extra staff members, which is less than one extra mental health worker for every 1,000 officers and staff members. That is not transformational. Every one of those 1,000 officers and staff members will tell you that. They deal with mental health on a daily basis—it represents a huge proportion of what they do—and they need more support.

Employing 800 new mental health staff members was never going to be enough to meet the demand, and that was before those key settings received less than they were originally promised. One third of the staff who were hired under action 15 have been diverted to so-called other settings, and for years the Government could tell us virtually nothing about who they were or what they were doing. Worse still, it found itself against releasing information around recruitment towards action 15. For two years, ministers argued against releasing action 15 recruitment

projections, including details about where staff would be located and the roles into which they were being recruited. It needed us to go all the way to the information commissioner, who concluded recently that withholding that information is, indeed, a breach of the Freedom of Information (Scotland) Act 2002 and ordered its disclosure.

Scottish Liberal Democrats want to work with this Scottish Government where we can. The very existence of action 15 and £120 million more for mental health this year are some of the fruits of our previous work. I am determined to see many more mental health staff recruited during this parliamentary session, but ministers make the task of ending the terrible long waits for treatment harder if they refuse to release basic information. We should not need a two-year battle and to go all the way to the information commissioner to find out how £35 million is really being spent. We have only just started to learn about the staff in so-called other settings and the extent to which their time is actually spent in A and E departments, GP practices, prisons and alongside police in our community, which, as I said, were the priority areas.

I want to know whether the Government is counting them as progress towards that flagship target even if that represents only a fraction of their job. I hope that the cabinet secretary will address that question when summing up. Otherwise, there are absolutely no guarantees that A and E departments, GP practices, prisons and the police are getting anywhere near the benefit of the full contingent of additional mental health workers that they expected when the commitment was unveiled in 2017. It is important that the cabinet secretary addresses that issue in summing up.

16:41

Jackie Baillie (Dumbarton) (Lab): The importance of this debate cannot be overemphasised, and many of the contributions across the chamber have been thoughtful and challenging. I commend Russell Findlay in particular for his contribution on suicide, which was very powerful indeed.

Let me start by saying that mental health affects us all. Scottish Labour is willing to work constructively with the Government and parties across the chamber to end the continuing crisis in mental health and get help to those who are most in need. I welcome much of what the minister said, including in relation to community link workers. However, there was little recognition of the current poor state of provision, and the SNP has been in charge for almost 15 years.

As we have all acknowledged, the pandemic has had a devastating impact on our mental health. From an individual perspective, not being able to go to work, visit friends and family or access vital face-to-face mental health and support services has all had an impact on our wellbeing. So, too, have the mental health challenges that have been faced by mental health and social care staff, who have been at the very front line of the pandemic and have cared for and been with those who have died throughout that time.

However, as the minister knows, Scotland's mental health crisis far predates the pandemic. Although the steps that the Government has laid out today are welcome, it is nevertheless deeply disappointing that they are not on the scale that is required to tackle the problem. If its track record is anything to go by, previous promises to tackle the crisis in mental health have simply not been met.

Primary care is truly the front line of mental health care, with many people going to their GP surgeries as their first port of call when experiencing mental ill health. However, we know that GP practices have been overwhelmed by the increase in patient numbers. Access to dedicated mental health clinicians will therefore help to ease the significant pressure that GPs are facing.

Hand in hand with the need for additional clinicians is the need for primary care-based mental health services to be made available 24/7. We know that mental ill health does not operate only on a 9-to-5, Monday-to-Friday basis. In my area, half of my constituents—those who are covered by NHS Greater Glasgow and Clyde—have access to out-of-hours mental health crisis services. However, for those who live in Helensburgh and Lomond, which is part of NHS Highland, there is nothing after 8 pm. That postcode lottery cannot be allowed to continue.

As Carol Mochan pointed out, severe and long-lasting staff shortages in mental health services undermine any efforts that those in primary care settings are making to improve service delivery. It is deeply disappointing that, despite promises that the Government made in 2017 to recruit 800 additional mental health workers in key settings, including GP practices, over the next five years, the latest figures show that we are still at least 100 key workers short of meeting that target.

Seventy-one per cent of Royal College of General Practitioners members said that they had seen a significant increase in the number of patients presenting with mental health needs as a result of the pandemic. That speaks to the urgent need for an immediate increase in staffing numbers, as well as a long-term workforce strategy to address the problems.

The RCN made it clear that no amount of service redesign or additional funding will improve services while so many mental health nursing posts remain unfilled. Vacancies in mental health nursing are at an all-time high. More than 1,000 positions have been left unfilled, so any pledge to increase staffing levels must first fill existing gaps, then create roles that are genuinely additional.

The SNP Government's promise of 150 additional mental health student places is welcome, but it does not begin to touch the sides and will not provide the fix that the workforce crisis needs. The Royal College of Psychiatrists has made it clear that, although any commitment to addressing the crisis in the workforce is welcome, there needs to be far more detail on what shape that will take. To tackle the current postcode lottery that exists in mental health service provision, the Royal College of Psychiatrists is calling for

"clarity on training pathways and a shared understanding of what success looks like in terms of ... mental ill health."

There is no point, it says, in pledging to create X number of additional staff if we then do not have a proper strategy for where best to place those workers so that they are of most use.

As Carol Mochan pointed out, nowhere is the postcode lottery more apparent than in the provision of CAMHS. A staggering 12,000 children and young people were on CAMHS waiting lists at the end of September 2021. Almost 2,000 of them have waited over a year. Just imagine the agony for them and their families, desperately waiting for help. As Craig Hoy said, the 18-week target time for CAMHS has never been met. That is shameful, and there are no two ways about it.

I was recently contacted by a mother who told me how her daughter, who was in need of out-patient CAMHS support to tackle the beginnings of an eating disorder, had been left to deteriorate on a waiting list for so long that she has now had to be admitted to long-term in-patient care. That would have been entirely avoidable had she been able to access the care that she needed in a timely manner.

I wish the current minister well in his endeavours, and we will work with him and others across the chamber. However, I hope that he will recognise members' considerable frustration that his predecessor SNP ministers have simply not served mental health services well.

16:48

Sandesh Gulhane (Glasgow) (Con): When I started to read the minister's motion, my eyes lit up. Yes, I believe that members indeed recognise

"the importance of improving capability and capacity for mental health assessment, care and support within primary care settings as Scotland recovers from the COVID-19 pandemic".

However, then my heart sank. The minister goes on to say that

"progress ... has already been made to boost capacity in GP settings".

Really? I guess that that depends on how the SNP defines progress, or maybe it is down to the cherry picking of data to suit a desired narrative.

I wish to declare an interest in that I am a GP, and I have also worked in psychiatry. Based on my experience and that of the Royal College of Nursing Scotland, please allow me to describe the reality in primary care. When it comes to the Scottish Government's stewardship of mental health services, there is no place for self-congratulatory statements. There is clear evidence that mental health services have been struggling for a long time. The national standard is that 90 per cent of people who are referred for psychological therapy should start their treatment within 18 weeks, as many of my colleagues have mentioned. However, that standard has not been met.

Why is that so important? Imagine that you are 20 minutes late for a job interview and you are rushing to get there. At that moment, you are scared, worried and anxious. Imagine having that feeling all the time. Imagine being at work, making a mistake and being told off. In that moment, you feel ashamed, you feel that nobody likes you and you feel down. Now imagine having that feeling all the time. People do not choose to have mental health issues. Mental ill health does not respect wealth, job title or name. I have described only the mild to moderate end of the mental health scale.

If someone breaks their arm and it is at an angle, people can see that and the person gets treated. Mental ill health is not something that can be seen, but it is a disease that deserves to be treated and cared for, just as much as any physical injury does.

The majority of my GP day on Monday felt like it was taken up with mental health issues. We have to do better than this.

As Alex Cole-Hamilton and others told us, more than 20 per cent of young people who are waiting to access child and adolescent mental health services wait more than 18 weeks, and the 90 per cent standard has never been met. That is mainly down to abysmal workforce planning. Mental health nurse vacancies have been rising for the past five years and are at record levels, with more than 1,000 posts unfilled. The number of unfilled posts has increased by 350 in the past year.

I thank Russell Findlay for bravely talking about his mental health problems. Speaking up is vital. Stigma is worse for men and for people in ethnic communities, and we must work hard to remove it. I agree with Russell Findlay that the media can help in that endeavour.

I can tell Fergus Ewing that early intervention is indeed key and, further, that schools have a pivotal role to play. I agree with him that the financial penalisation of the family that he described was unacceptable. Patients who are out of area and children who are moved around in care settings are at risk.

Pauline McNeill spoke about the role of social media. During the lockdown restrictions, a lot of us took to social media. We saw the glamorous lifestyles of celebrities and the rich and the highlights of other people's lives, and we compared our lives with the fantasy that we saw on social media. That has worsened mental health problems.

I can tell Pauline McNeill that the rejection of 20 per cent of referrals means that GPs like me will need to pick up the care of those patients.

My colleague Sue Webber said that mental health issues were the primary reason for time off work last year, which is likely a combination of lockdown restrictions and the fact that, as Craig Hoy so articulately put it, people are twice as likely to experience anxiety, depression and high levels of psychological distress following Covid.

GPs are very stretched. When patients return to us because they face long waits to be seen in hospital, that adds to the burden.

Sue Webber spoke about Mary Glasgow, who appeared before us at the Health, Social Care and Sport committee. Mary Glasgow's idea that there should be family wellbeing teams across the country, following successful pilots, is right. Joe FitzPatrick gave great examples, which strengthen the case. We need to help people who have low-level mental health issues by offering not drugs or psychiatry but support in the community.

Russell Findlay spoke eloquently about how poor mental health can lead to the sad reality of people committing suicide. He was right to say that men are more likely to die, because men tend to make more violent attempts to commit suicide. However, more women attempt suicide. It is a cry for help. It is an agonised person's last, desperate act. I say to anyone who is watching this debate: if you feel low, if you feel sad, if you feel that things are getting on top of you and the dark is closing in, please pick up the phone. Call the Samaritans on 116 123. Call your GP. Speak to your family or friends. Speaking about how you feel is the first step towards getting better.

The SNP must accept that we went into this pandemic with a pre-existing mental health crisis, which has been exacerbated—and not solely caused—by Covid. I think that Monica Lennon agrees with me on that.

The key to addressing the mental health crisis in primary care is sustainable workforce planning. An apt example in that regard is NHS Lanarkshire, which has put GP services into managed suspension, whereby they will focus only on the most urgent and critical care. Let me explain why that is such a bad thing to happen. When accident and emergency units ask patients not to come in unless the issue is life threatening, it is GPs who provide the safety net that catches the sick patients who did not attend A and E. GPs provide unlimited care to patients and pick up much incidental pathology. GPs ensure that not just the health but the wellbeing of patients is looked after. Back pain, urinary infections, period issues and endometriosis—which we discussed yesterday—do not meet the definition of “urgent”, but for someone who is suffering from such a problem, it is urgent. The GP service in Lanarkshire has broken. My fellow GPs—and everyone who works in primary care—have seen so much extra work from hospitals that we are burning out. Patients will suffer. NHS Lanarkshire needs to be escalated to level 5, and I hope that the cabinet secretary will address that point in his closing remarks.

The minister's motion misses the mark. Scotland does not need another statement of intent. Members who are serious about mental health and wellbeing in primary care settings will support our amended motion—one that has substance and commitment.

To ensure the health and wellbeing of our patients, we must take care of the health and wellbeing of our workforce; we cannot have one without the other.

16:55

The Cabinet Secretary for Health and Social Care (Humza Yousaf): Happy new year to you, Presiding Officer, and to all members across the chamber.

The debate has been excellent. I have not agreed with every word that has been said—I suspect that that will never be the case—but the debate has been powerful. Many members, particularly those who have been in the Parliament for a number of years, have mentioned that the Parliament is at its best when it comes together to discuss mental health, and there have been good examples of collaboration, some of which I will touch on if I can.

I thank members who have spoken about their constituents. Every one of us will have had

constituents contacting us at our offices and surgeries in dire circumstances and difficult situations. I do not doubt that every MSP across the chamber will deal with those situations with the utmost compassion and with the urgency that they require. I pay tribute to members who referenced those cases.

Many members said that they might write to Kevin Stewart or me, and I urge them to do so. He and I would be happy to meet MSPs in relation to any issues that they raise.

I thank Russell Findlay for sharing his story and for speaking powerfully about his mental health challenges. He made the important point that, given the positions that we hold and the platform that we have, speaking up is really important in order to de-stigmatise and remove the taboo from mental health issues—particularly those of men of a certain age, for whom we know that suicide rates are far higher than for their female counterparts. I congratulate him and thank him for speaking up.

Many good contributions have been made, many of which touched on common themes that I will try to pick up.

Craig Hoy rightly challenged the Government, and all of us, to demystify and de-jargonise services. He was right to refer to the Government, in its documents, strategies and articulation of the services that exist, perhaps falling into the trap of jargonising them. I take up his challenge. I know from an excellent community link worker in Pollok health centre, who has just moved on and been replaced by an equally good community link worker, that the 1,000 additional mental health professionals and GP practices that are in the hearts of our communities will help us in that endeavour.

Community link workers have the ability to be on a level with our constituents and the public, and to give them access to services. Craig Hoy is right to say that perhaps the Government sometimes suggests that those services are a bit more inaccessible than they are. In our work, we will ensure that we make those services as accessible as possible.

A number of members mentioned key themes, one of which is the workforce, and the amendments also mention the workforce and workforce challenges. Some members seemed to suggest that we do not accept that there were challenges pre-pandemic, but I have said countless times in the chamber that I fully accept that point.

I ask for some acknowledgement back from the Opposition that over the past 21 or 22 months, the pandemic has undoubtedly been a significant shock to our health services and to individuals' mental health. The number of constituents who

have told me that they had never suffered a mental health challenge until the pandemic is quite staggering.

Although I am not suggesting that there were no challenges pre-pandemic, I would like to say that there has been improvement under the stewardship of this Government. Since 2006, CAMHS staff have increased by 81 per cent, and since 2007, the psychology workforce has increased by 110 per cent. We are planning to recruit an additional 320 CAMHS staff and we are increasing our mental health nursing intake. The number of vacancies there was raised by a number of colleagues, but we are working hard to increase our mental health nursing workforce. NHS Scotland has increased it by 34 per cent to more than 9,500—in fact, 9,700—whole-time equivalent posts.

However, I accept that there are still challenges. The mental health nursing student intake will increase in 2022-23 to a recommended intake of 888 places, which is up by 20 per cent from the previous year and is up almost 150 per cent over the past 10 student intakes. We take those workforce challenges seriously.

Members asked how we compare with the rest of the UK. Where there is best practice elsewhere in the UK, we will look to see whether we can possibly match that. A recent benchmarking study that looked at mental health services across the UK showed that we had 56 whole-time equivalents per 100,000 compared with the UK average of 40 whole-time equivalents.

Pauline McNeill: Will the cabinet secretary address investment, which was the theme of my speech? The Government says that it is a priority, which it clearly is. How does the cabinet secretary satisfy himself that Scotland's system is not only comparable with the UK's but is comparable internationally in terms of how we provide services, make sure that people have optimum treatments and that a variety of treatments are available? How do ministers satisfy themselves that investment results in an internationally brilliant service?

Humza Yousaf: That is a fair challenge. Government officials and ministers look not only UK-wide but Europe-wide and globally. The first step in doing that is ensuring that we meet the targets that we have set. Members have criticised the Government for not reaching the 90 per cent target, and I do not blame them for doing so. Although we are making progress, and the latest figures show that almost eight out of 10—78.6 per cent—children and young people were seen within the 18-week target time, that is not the 90 per cent that we committed to, so members are right to challenge us on that. I give members every commitment that Kevin Stewart and I, and the

entire Government, do not rest on our laurels in relation to the issue. We are not complacent about it and we want to make sure that we reach that target.

The other key theme that was mentioned by a number of members was investment in areas of deprivation and in areas where those waiting time targets are not being met and are the furthest away from being met. I give the absolute assurance that the Government is looking to invest in and target the health board areas that are the furthest away from meeting that target. An additional £40 million has been invested in that this financial year.

Funding is of course important and has already been referenced by Kevin Stewart. We will increase funding for mental health by 25 per cent and will ensure that 10 per cent of front-line NHS spend goes towards mental health.

In the time that I have left, I will mention a number of other good points that were raised. Alex Cole-Hamilton and a couple of other members asked whether the 1,000 mental health professionals in GP practices are in addition to action 15. They are in addition to action 15, and there should be no doubt about that. If Alex Cole-Hamilton wants further clarification, I am happy to provide that.

I will conclude with the important points that were raised by Monica Lennon and Gillian Mackay about NHS Lanarkshire. They asked me for clarification about the change to GP services and whether that will include mental health services. The answer is yes. NHS Lanarkshire has said that it will see people who are in time critical and urgent situations. That includes mental health as well as physical health. Although the press release from NHS Lanarkshire said that those arrangements would be in place for four weeks, I have made it clear that they should be reviewed every week.

I am sorry that, due to the shortage of time, I have not been able to address other members' points. I will write to a number of members on some of the questions that they asked.

I hope that we can continue to take a collaborative approach to tackling mental ill health, particularly for our young people and children. The Government will do everything that it can to ensure that we have appropriate service provision in every part of Scotland to support all people who struggle with their mental health.

Business Motion

17:05

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-02757, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 18 January 2022

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by First Minister's Statement: COVID-19 Update

followed by Local Government, Housing and Planning Committee Debate: Retrofitting of Properties for Net-Zero

followed by Legislative Consent Motion: Judicial Review - UK Legislation

followed by Committee Announcements

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 19 January 2022

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions: Health and Social Care; Social Justice, Housing and Local Government

followed by Scottish Conservative and Unionist Party Business

followed by Business Motions

followed by Parliamentary Bureau Motions

followed by Approval of SSIs (if required)

5.10 pm Decision Time

followed by Members' Business

Thursday 20 January 2022

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Portfolio Questions: Constitution, External Affairs and Culture

followed by Stage 1 Debate: Coronavirus

(Discretionary Compensation for Self-isolation) (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 25 January 2022

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by First Minister's Statement: COVID-19 Update

followed by Stage 3 Proceedings: Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill

followed by Committee Announcements

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 26 January 2022

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions: Justice and Veterans; Finance and Economy

followed by Finance and Public Administration Committee Debate: Committees Budget Scrutiny

followed by Business Motions

followed by Parliamentary Bureau Motions

followed by Approval of SSIs (if required)

5.00 pm Decision Time

followed by Members' Business

Thursday 27 January 2022

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Portfolio Questions: Education and Skills

followed by Stage 1 Debate: Scottish Budget 2022-23

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 17 January 2022, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[George Adam.]

Motion agreed to.

Parliamentary Bureau Motion

17:05

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of Parliamentary Bureau motion S6M-02758, on approval of a Scottish statutory instrument. I ask George Adam, on behalf of the Parliamentary Bureau, to move the motion.

Motion moved,

That the Parliament agrees that the Public Health (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 13) Regulations 2021 (SSI 2021/470) be approved.—[George Adam.]

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

Decision Time

17:06

The Presiding Officer (Alison Johnstone):

There are five questions to be put as a result of today's business. I remind members that, if the amendment in the name of Craig Hoy is agreed to, the amendment in the name of Carol Mochan will fall.

The first question is, that amendment S6M-02747.3, in the name of Craig Hoy, which seeks to amend motion S6M-02747, in the name of Kevin Stewart, on mental health and wellbeing in primary care services, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

There will be a short suspension to allow members to access the digital voting system.

17:06

Meeting suspended.

17:09

On resuming—

The Presiding Officer: We come to the division on amendment S6M-02747.3 in the name of Craig Hoy. I remind members that, if the amendment is agreed to, the amendment in the name of Carol Mochan will fall. Members should cast their votes now.

The vote is now closed.

For

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)

Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Clark, Katy (West Scotland) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)

McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sweeney, Paul (Glasgow) (Lab)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the vote on amendment S6M-02747.3, in the name of Craig Hoy, is: For 34, Against 89, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S6M-02747.1, in the name of Carol Mochan, which seeks to amend motion S6M-02747, in the name of Kevin Stewart, on mental health and wellbeing in primary care services, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is now closed.

Alexander Burnett (Aberdeenshire West) (Con): On a point of order, Presiding Officer. The option to vote did not show. My vote would have been yes.

The Presiding Officer: Thank you. That will be recorded.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)

Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Malcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)

Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the vote on amendment S6M-02747.1, in the name of Carol Mochan, is: For 55, Against 68, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S6M-02747.2, in the name of Alex Cole-Hamilton, which seeks to amend motion S6M-02747, in the name of Kevin Stewart, on mental health and wellbeing in primary care services, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. Members should cast their votes now.

The vote is now closed.

Douglas Lumsden (North East Scotland) (Con): On a point of order, Presiding Officer. The list did not appear for me. I would have voted yes.

The Presiding Officer: We will ensure that that is recorded.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)

Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on amendment S6M-02747.2, in the name of Alex Cole-Hamilton, is: For 54, Against 69, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S6M-02747, in the name of Kevin

Stewart, on mental health and wellbeing in primary care services, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. Members should cast their votes now.

The vote is now closed.

Natalie Don (Renfrewshire North and West) (SNP): On a point of order, Presiding Officer. My voting app was not allowing me to vote, but I would have voted yes.

The Presiding Officer: We will ensure that that is recorded.

Liz Smith (Mid Scotland and Fife) (Con): On a point of order, Presiding Officer. It is the same for me: my app froze. I would have voted no.

The Presiding Officer: We will ensure that that is recorded.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)

McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)

Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division on motion S6M-02747, in the name of Kevin Stewart, on mental health and wellbeing in primary care services, is: For 68, Against 55, Abstentions 0.

Motion agreed to,

That the Parliament recognises the importance of improving capability and capacity for mental health assessment, care and support within primary care settings as Scotland recovers from the COVID-19 pandemic; further recognises the progress that has already been made to boost capacity in GP settings through funding from Action 15 of the 2017 Mental Health Strategy and Primary Care Improvement Plans; welcomes the commitment to further expand mental health and wellbeing primary care services, initially supported by the £120 million Mental Health Recovery and Renewal Fund; considers that this collaborative model will create 1,000 additional roles within primary care settings across a range of disciplines, establish and embed links between primary care and community assets, and increase the use of social prescribing and community link workers to improve mental health and wellbeing, and supports the development and implementation of those multi-disciplinary mental health and wellbeing teams in primary care services to ensure better and more timely access to support and treatment for people for mental health, distress or wellbeing issues.

The Presiding Officer: The final question is, that motion S6M-02758, in the name of George Adam, on approval of a Scottish statutory instrument, be agreed to.

Motion agreed to,

That the Parliament agrees that the Public Health (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 13) Regulations 2021 (SSI 2021/470) be approved.

The Presiding Officer: That concludes decision time.

Scottish National Blood Transfusion Service

The Deputy Presiding Officer (Liam McArthur): The final item of business is a members' business debate on motion S6M-02635, in the name of Fulton MacGregor, on the Scottish National Blood Transfusion Service. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises the work of the Scottish National Blood Transfusion Service (SNBTS); understands that the SNBTS, which had its beginnings in the 1930s, is the specialist provider of safe high quality blood, tissues and cells products and services in Scotland; notes that its cornerstone policy is to ensure that NHS Scotland has enough blood to meet the transfusion needs of patients in Scotland; praises the SNBTS for what it considers diligent work during the COVID-19 pandemic in continuing to provide a lifesaving service, despite the hardships brought on by the pandemic; notes with concern reports that Scotland has fewer registered blood donors than at any other point this century, with the number of people donating blood supplies having dropped by 13,000 over the past year; believes that estimates suggest SNBTS would need to welcome 3,300 donors per week to ensure that blood supplies remain at safe levels; supports the SNBTS Amazing Stories campaign, which highlighted personal stories of those who have received lifesaving blood donations, and notes, therefore, the calls encouraging people across the country, including in Coatbridge and Chryston, to sign up to become blood donors if they are able.

17:22

Fulton MacGregor (Coatbridge and Chryston) (SNP): It is a great privilege to lead this debate on the Scottish National Blood Transfusion Service. As with so many scientific breakthroughs, it was in Scotland that the first successful blood transfusion was carried out, by James Blundell in the early 19th century. A century later, the Scottish National Blood Transfusion Service was created. Since its establishment, the service's diligent and vital work has saved countless lives. Indeed, the SNBTS helps to procure not only blood but life-saving platelets and plasma.

I hope to achieve two main things in my contribution today: first, to highlight the phenomenal work of the service, in particular over the past two years; and secondly, to focus on Scotland's need for more blood donors as a matter of some urgency. I put on record my thanks to Julie Bonner from the service for her excellent briefing ahead of the debate.

I am a fairly regular blood donor. My next donation, which is due in February, will be my 18th in total, and I hope to achieve my 20th donation at some point this year. It was donating blood and talking with the service's ever-friendly team, and hearing about the current plight in relation to active

blood donors, that inspired me to lodge the motion for debate. By complete coincidence, the mobile blood donation unit is in Coatbridge today, at the Old Monkland community centre, so if anyone local is able to attend, please consider booking an appointment. I give my thanks to North Lanarkshire Council for continuing to find venues to enable blood donation to happen.

Throughout the past two years, and well before that, the team at the Scottish National Blood Transfusion Service have worked tirelessly, day in, day out, to ensure that our national health service has an appropriate level of stock. The service continued throughout the pandemic and, in general, staff were not redeployed to other roles—something that the public does not always know. The team are now tired, as are those in all sectors, given staff absences and isolation, and I hope that they will be supported by the Government as we move forward. I feel that, in some ways, they are often the forgotten arm of our health response to the pandemic, and it is vital that the Parliament recognises and commends each and every one of them for their dedication and their sacrifices.

Members should be in no doubt that the SNBTS is vital, because, without blood supplies, so many essential life-enhancing and life-saving operations and procedures would simply not be possible. However, as a result of the situation over the past two years, Scottish hospitals are currently supplied by the smallest pool of blood donors this century. During 2020, the number of active blood donors in Scotland fell from more than 105,000 to fewer than 92,000. That is likely a result of people leaving their houses less often during restrictions; being worried about catching the virus or perhaps being unwell; or not being aware that they could give blood during that period. There was a real-terms reduction of nearly 13 per cent, which means that 13,000 fewer people gave blood in a single year. Although the donor base has started to rebuild in 2021, and Scotland now has 96,000 active blood donors, it is still well below pre-pandemic levels.

There is a varied picture across the country. For example, the statistics for Coatbridge suggest that there were 534 active donors in 2019 and 409 in 2020. At the current count in 2021, there were 364, so there has not been an increase in my local area. There is a 61 per cent to 39 per cent split between female and male donors, which is perhaps somewhat surprising, as men are less likely to have low iron levels and can donate every 12 weeks as opposed to every 16 weeks for women. I make a personal plea: come on, Coatbridge and Chryston, and come on, men—let us do this.

If people need even more reason to give blood, research suggests that it can be beneficial for the health and wellbeing of donors, too. I join the

Scottish National Blood Transfusion Service in calling for more people to come forward and give blood. Whether you have never given blood before or have not done so for a while, please come forward, especially now, as we are at the height of winter. Some people are not able to give blood—for example, if they have had a blood transfusion previously—so please check your eligibility before booking. Do not worry, however, as you will be given a health check before donating, during which your iron levels, among other things, will be checked. You will never continue through to donation if there is any identifiable risk to you—it is a thorough process.

People can find more information, including on Covid-19 safety protocols and how and where to donate, on the website www.scotblood.co.uk. They can also set up an account on the site and use it to change, make or cancel appointments at donor centres and at community day sessions. There are eight different blood groups, and the service aims to retain a five-to-seven-day supply of all eight groups at all times. That means that your blood will always be needed, whether you have a rare or a common type, so please do not worry about that—you will be welcomed with open arms. Rare types are needed because they are rare, but common types are needed because they are common, so everybody's blood is needed.

There are three different types of donations: whole blood, which is the most common type; plasma, which was recently reintroduced after an extensive ban; and platelets. At my most recent appointment in November, I spoke to members of the team about platelets, and I am considering that for the future.

In order to inspire donations, the National Blood Transfusion Service has an amazing stories initiative, in which recipients of blood tell of the huge impact that donation has had on their lives. Earlier this week, when the debate was confirmed, I put out a call on my Facebook page asking constituents who had received blood and wanted to share their story to get in touch. I thank all those who took the opportunity to email me their stories, and I will share two of them just now.

Jane from Gartcosh said:

"I had an emergency section when I had my now seven-year-old. I lost a lot of blood after a delivery, which then resulted in needing a transfusion. Before I had the transfusion I was unable to even stand on my own, never mind look after a newborn. After I had the transfusion, I was kicking my height—massive over-exaggeration there, but it made a huge difference to me. The only downside is I can't donate."

Debbie, who is not actually a constituent of mine but works locally and therefore saw my post, said:

"Following a pulmonary embolism"—

this is a lengthy quote, Presiding Officer—

"I was put on blood thinners and very steadily started losing blood. In August, this came to a head. After suffering from endometriosis erupting as a result of the blood lost gathering in my uterus, I became very, very unwell. My family were extremely concerned and phoned an ambulance. At this stage, I was so weak I could barely stand. My heart rate was high and I was struggling to breathe. As soon as I was admitted, doctors were concerned and moved very quickly. My blood count had dropped from 115 to 65 within a week. I was told 55 can mean heart failure. I had at most two days left before things were critical. I received two units of blood and one unit of iron. Without the transfusion, I would very likely have died. I have been back to work full time since September. This is the first time I've been able to work consistently since contracting Covid pneumonia, and the subsequent pulmonary embolism, since December 2020. The blood transfusion saved my life. I am feeling the most well I have for a year and I'm so thankful that someone donated the blood to save me."

What more can we all do? MSPs and other elected members can promote the service's work and share social media posts, particularly when we have mobile units in our areas. We should always promote the pre-booked appointments, as the system works well and avoids the queues that there used to be, as people will remember.

Businesses, public sector bodies and all other employers should allow staff time off during their working day to donate locally. They should incorporate that as part of their social responsibility initiatives or whatever they have in place. I will certainly write to local organisations in Coatbridge and Chryston about that.

I ask local authorities to continue to make venues available. The service has notified me that it has experienced increased difficulty in getting access to the usual venues since the pandemic. That might be due to those places being used for vaccination or testing clinics or to changes in staffing. Whatever the case, I ask local authorities to treat giving blood with the same urgency and to make venues available so that people can donate locally.

I, again, put on record my heartfelt thanks to the Scottish National Blood Transfusion Service for its work. I also reiterate the plea for anyone who can to consider donating blood. Over the past two years, we have learned how to respond to a health crisis with great dedication and a community spirit. I ask people to consider giving blood even once or twice a year in the same way. Like what we have done over the past two years, it really could save a life.

The Deputy Presiding Officer: Thank you for the reminder, Mr MacGregor. Although I cannot donate in Orkney because the mobile unit does not visit there, I need to get back to donating in Edinburgh. I commit here and now to making an appointment later this week or next week. There is

no pressure on anybody else who participates in the debate.

I call Edward Mountain, who joins us remotely.

17:31

Edward Mountain (Highlands and Islands) (Con): Thank you, Presiding Officer. I look forward to you notifying members when you have given blood, because that is the proof of the pudding and the need is for people to do it.

I congratulate Fulton MacGregor on securing the debate, which is important. I also congratulate him on his donations to date. I look forward to seeing him wearing the much-cherished silver 25-donation badge and perhaps go on to get the gold badge and emerald badge, which we should all aspire to do if we can.

It is right that we celebrate and recognise the pioneering efforts of the people who established the means of blood transfusion, which has gone on to save countless lives. As Fulton MacGregor said, the first successful human blood transfusion took place in Edinburgh in, I think, 1818. The first blood transfusion service was also established in Edinburgh in 1930. I struggle to imagine what it was like in those early transfusion days, when I suspect that there was no comfy bed or tea and biscuits afterwards. Let us be honest: I also suspect that the extraction methods could be described—[*Inaudible.*]—than the wee scratch, or whatever the current euphemism is, that we are told it is today.

In the early days, the service relied on an emergency panel of donors who came forward at times of a particular patient's need. That is not dissimilar to how I gave my first donation. As a soldier, I was ordered to attend a donation event. That great, if perhaps illegal, order led me to become a donor for as long as I am medically fit. Clearly, the service was nothing like it is today, with volunteer donations of blood being provided regularly at transfusion centres and mobile units throughout Scotland.

As the medical service progressed and operations became more complex, there was a need for far more national co-ordination across the United Kingdom. That co-operation by all four nations of the United Kingdom remains critical. At the time of devolution, the UK blood transfusion forum was established. It establishes a unity of purpose across the four nations, and it recognises that it is vital for all UK nations to ensure a good quality of supply and that the blood supplies are safe and available for all.

This country has a proud story to tell when it comes to developing blood transfusion services. However, we cannot ignore the fact that the

number of blood donations in Scotland has fallen to the lowest level at any point this century. As Fulton MacGregor said, we should never forget that many patients owe their lives to the people who donate blood, but there were 13,000 fewer donations last year.

I also believe that blood supplies have dropped significantly. There is only six days' supply of the rarest blood—[*Inaudible.*]—which is of concern, as that is the absolute minimum that is required to meet patient needs across Scotland.

As Fulton MacGregor said, we need to encourage more donations. It is a simple and painless process. Indeed, it is also therapeutic, because when we give blood, we are giving someone else life that, without that blood, they would be denied. In the 20 minutes that it takes to donate, we are giving a gift that is beyond monetary value. It is perhaps one of the most generous gifts that we can give in our lives.

Giving blood is a very simple act of generosity that can truly save lives. As that generosity is needed now more than ever, I whole-heartedly support the Scottish National Blood Transfusion Service's appeal for more donors to come forward, and I encourage everyone who can do so to give blood. Who knows? Our own lives might one day rely on the gift of blood that a donor has generously given.

The Deputy Presiding Officer: Thank you very much, Mr Mountain. I look forward to welcoming you back to Parliament in person so that we can compare our silver 25-donation badges over tea and biscuits.

17:36

Jackie Dunbar (Aberdeen Donside) (SNP): I am pleased to participate in this members' business debate on the work of the Scottish National Blood Transfusion Service and I thank Fulton MacGregor for bringing this important matter to the chamber.

Blood plays an absolutely crucial role in saving the lives of those patients in our NHS who require it. To be blunt, I would say that, without the SNBTS and its donors, we would not have the NHS that we are so proud of today, and I commend and thank all the staff at the service and indeed all NHS staff across Scotland for their continued efforts throughout the Covid-19 pandemic.

The motion highlights an incredibly concerning reality. The number of people giving blood has dropped dramatically over the past year, and we need to do all that we can to encourage people to give blood when and where they are able to do so. In that respect, I am delighted to hear your pledge,

Presiding Officer. I have given blood on a number of occasions in Aberdeen—indeed, I think that I have donated more than 46 pints of blood. As I have continued to do so over the pandemic, I can assure everyone who might be listening that all precautions have been put in place. I therefore ask anyone who can to go and give blood.

It is interesting to find out what happens to blood after it leaves our arms and where it goes on its journey to saving someone's life. After blood leaves an arm and goes into the bag, it is taken to a nearby processing and testing laboratory, where it is separated into three components: red blood cells, platelets and plasma. It is then tested for viruses, and if it passes all those tests, it is labelled and sent to one of the country's 39 blood banks. Not one drop is wasted. Even when a session has had to be stopped because of slow-running blood and a full pint has not been obtained, that blood is not wasted and is used for testing instead. That has happened to me on a number of occasions, and over the years I have learned the tricks of the trade to get my donation flowing freely such as drinking lots of water, crossing and uncrossing legs and wiggling toes and fingers.

I have been very privileged to be able to take part in SNBTS's awards ceremonies, which normally take place every year in the Beach ballroom in Aberdeen. The service is very aware of and thankful for their donors' contributions, and donors with 50-plus donations are invited along to those evenings to receive a small gift and to give the service the chance to thank them once again. As a former depute provost and councillor, I was proud to be able to present some of those awards. The donors do not think that it is a big deal to give up their precious time and blood. They do not see it as doing anything special, but we all know differently. I therefore take this opportunity to once again thank all the donors.

I say to anyone who is able, please give blood. If I can do it, anyone can. I am a feartie when it comes to needles, and it disnae help that I have only one vein that I can manage to gie blood fae. The SNBTS folk in Aberdeen are brilliant: they find that vein every time. People truly are in safe hands with all the teams at the Scottish National Blood Transfusion Service. I say to everyone: you can save a life today—please give blood if you can.

The Deputy Presiding Officer: Ms Dunbar, I wish you well in pursuit of your gold medal.

17:40

Paul O'Kane (West Scotland) (Lab): I think Fulton MacGregor for bringing this important debate to the chamber and I join him and colleagues in thanking everyone who works in the

Scottish National Blood Transfusion Service, particularly in these unprecedented times.

It is incredibly inspiring to hear of the many thousands of people who take the time to give blood every year. I say to everyone who gives blood across Scotland that what they do truly transforms lives. We are immensely grateful for their efforts.

The online page for the SNBTS amazing stories campaign gives an insight into the positive impact that donating blood can have, but I want to draw members' attention to a story I read in my local paper about Freya Pennington from Giffnock, which is in my region. Freya, who is seven years old, attends Braidbar primary school and was diagnosed with leukaemia. She had 14 blood transfusions over the course of last year. Her mother Louise spoke of the moment when she realised the importance of donating blood, saying that she had an "overwhelming sense of gratitude" for those who did that. She added:

"If you are on the fence about it, or it's something you have never thought about, please consider it, as it is so worthwhile."

Stories like that can make all the difference and it is important that we share them in our constituencies and regions to encourage more people to come forward and give blood.

The SNBTS said last month that there has been a 13 per cent reduction in the number of people donating blood, equating to 13,000 fewer people giving blood in a single year. Colleagues have spoken about the need to do more to bring forward new donors. I am glad that pleas for people to step forward and donate blood are receiving widespread coverage and hope that we will begin to see an increase in the number of people doing so.

Important steps have been taken to widen the eligibility to donate blood. There have been considerable and historic steps forward in the past year following the publication of the evidence-based review by the UK-wide FAIR—for assessment of individualised risk—steering group. I was delighted, and felt quite emotional, to see the group's recommendation to remove the three-month ban on donations from men who have had sex with men.

Those recommendations were accepted in December 2020. Their implementation in June last year meant that that was the first time since the early 1980s that many gay and bisexual men would no longer be judged against in the blood donation criteria because of who they are. The outdated rules, which reinforced stigma and were inconsistent with safer sex messages, have been consigned to the dustbin of history. It is thanks to the continued efforts of many individuals, and of

groups such as the Terrence Higgins Trust and the Equality Network—whose development manager, Scott Cuthbertson, has campaigned on the issue for 15 years—that we are finally able to take this progressive step forward here in Scotland.

I confess that, like many other gay men, I have not given blood since I was in my early teens. I intend to return to giving blood in my community. I am reliably informed that a Tunnock's tea cake and a cup of tea are still available after donation. Perhaps Fulton MacGregor, Jackie Dunbar and others can assure me of that.

In conclusion, I echo what we have heard from colleagues tonight. I urge everyone in our county to take the time, if they can, to give blood, and think about the difference that doing so makes to the lives of people in our communities. I call on our local authorities to continue to ensure that there is provision of spaces and sites where people can attend mobile blood donation centres.

We have taken huge steps forward, and there should not be barriers to giving blood when it is safe to do so. I would like to see far more people come forward and take the time to save a life, because that is exactly what they would be doing.

The Deputy Presiding Officer: Thank you, Mr O'Kane. I assure you that you are not alone in having been lured in by the prospect of chocolate biscuits.

17:45

Rona Mackay (Strathkelvin and Bearsden) (SNP): I am pleased to be able to contribute to this important debate, and I thank my colleague Fulton MacGregor for bringing it to the chamber.

Giving blood means giving the ultimate gift. It does not cost the donor anything—just a short time out of their day—to give someone the chance of life, or a better life.

The Scottish National Blood Transfusion Service is a credit to our nation. It has been providing safe high-quality blood, tissues and cell products since the 1930s. That is quite a pedigree. If we are ever in need of blood—whether through illness or an accident, whether for ourselves or for our children—we assume that it will always be there, and thanks to thousands of donors, it is. However, during the surreal time that we are living through, with Covid dominating our lives and the NHS, it is more important than ever that there are enough supplies.

Today's debate is important, because it might reach out to people who have always meant to donate blood—I include myself in that category. Sadly, as Fulton MacGregor articulated in his motion, there is concern that

“Scotland has fewer registered blood donors than at any other point this century”.

Over the past year, the number of people donating blood supplies has dropped by 13,000, and estimates suggest that the Scottish National Blood Transfusion Service needs another 3,300 donors per week to ensure that blood supplies remain at safe levels.

In 2016, I held a members' business debate in the chamber, and I had a resolution passed at our party's conference on the subject that Paul O'Kane has just excellently articulated: men who have sex with men being treated equally in regard to blood donations. At that time, a man who had had sex with another man in the previous 12 months could not give blood, albeit that they were in a monogamous relationship. Clearly, those rules were archaic and made no reference to someone's personal risk of, for example, being a carrier of HIV, and a promiscuous straight person would be able to donate blood freely. Shockingly, if a same sex couple's child ever needed a blood transfusion, and they were a match, they would not be allowed to save their own child's life.

Thankfully, that inequality has now changed. In June last year, on world blood donor day, new legislation came into effect across Scotland, England and Wales, which means that donors' eligibility is assessed on a person-by-person basis, rather than by the application of across-the-board restrictions. Gay men, who, for years, had suffered such discrimination, could safely and happily give much needed blood.

As many across the chamber have said, a person just never knows when they will need a blood donation. Many new mums owe their life, or their baby's life—as we heard from Fulton MacGregor—to someone taking the short time to give a pint of blood. What could be more rewarding than being responsible for enabling that?

As the saying goes, not all heroes wear capes. They simply decide to donate a pint of blood and become a lifesaver, and a special thank you must go to the hard-working staff who enable that to happen.

I say to people: please, if you have one new year's resolution to make that will really make a difference, please consider giving blood. It is painless, quick and easy, I am told. Visit the SNBTS website to find out how you can donate and where your nearest centre is, and make that positive step—a step that is needed today, as we battle our way through this pandemic, more than ever.

17:49

Sandesh Gulhane (Glasgow) (Con): I thank Fulton MacGregor for securing the debate. For many years, I was an orthopaedic registrar. I operated on a lot of people, fixing their broken bones. I will tell members about one of my patients. I was fixing their hip, something that I had done many times, which was normally quite straightforward. However, no surgery is without its risks. Halfway through, I realised that I could not see anything, because my visor was covered in blood. When I took it off, I realised that I still could not see anything, because the wound was covered in blood. My patient was bleeding quite profusely. We eventually got it under control and finished the operation, and my patient got the blood that they needed via transfusion. They survived, had a new hip and were absolutely fine. Now imagine if we did not have that blood donated by a kind citizen.

Eight years ago, I was so excited to see my son get born that we went to hospital bouncing—well, I did, at least; my wife could not bounce at the time. Things went wrong. My wife suffered a massive bleed. I was left holding my son, surrounded by a room covered in so much of my wife's blood that it made my previous story look like it was not a patch on it. Luckily, my wife survived. She was given blood and she is absolutely fine, but imagine if we did not have that blood donated by a kind citizen.

Anyone who drives, walks, cycles or plays in the snow never knows whether they will be the person who needs a blood transfusion. Numbers of donors have plummeted during Covid, as expected, but I urge everyone to think about all those people who have accidents, surgery or cancer and all who need blood transfusions. They might be your loved ones, relatives and friends. Part of being a citizen is to help our fellows. Donating blood is easy. It involves a simple and small—I promise that it is small—needle in the arm, and a cup of tea and a biscuit. That was the case pre-Covid and I am hearing that it is currently the case, which is wonderful. Most importantly—

Jackie Dunbar: The Tunnock's tea cakes are still available, but tea and coffee no longer are; it is just a drink of juice from a carton.

Sandesh Gulhane: Well, a cup of juice will be good, although a cup of tea was lovely afterwards.

Most importantly, the person who is donating blood will have the feeling that they have helped a stranger in need. That is one of the greatest things that anyone can do.

The Deputy Presiding Officer: I call the minister to respond to the debate for around seven minutes.

17:51

The Minister for Public Health, Women's Health and Sport (Maree Todd): What a lovely celebratory debate, in which there is consensus across the chamber and we recognise the importance of a service that runs really well in our community, thank everyone and encourage more people to come forward and donate blood.

I thank Fulton MacGregor for bringing the motion to the chamber and all members for their contributions. I particularly want to thank all the blood donors for continuing to come forward in spite of the on-going pandemic. Blood donors are vital to keeping our NHS going and they are saving lives across Scotland, as we have heard through the stories that folk have told in the debate.

Throughout the pandemic, the Scottish National Blood Transfusion Service has continued to provide enough blood to meet the needs of NHS Scotland, but demand for blood fluctuates and the changes that are needed to keep blood donation safe during the pandemic have at times made it more challenging for SNBTS to collect enough blood. Therefore, I welcome Fulton MacGregor's calls for people who can donate blood to do so.

I also take the opportunity to reiterate Fulton's MacGregor's thanks to all the staff at SNBTS for the work that they do to make sure that there are enough blood supplies. They work incredibly hard to ensure that the blood that they supply is safe for transfusion recipients. SNBTS has plans in place to ensure that there are sufficient donors and it had a brilliant response from the people of Scotland to its recent radio, TV and media campaigns. The SNBTS amazing stories campaign highlighted personal stories of people who have received life-saving blood donations. The campaign led to more than 1,000 people logging into the online booking system on the campaign launch day. That is a success.

Thousands of existing donors with specific blood groups have been contacted, asking them to make an extra special effort to donate and that work will continue. SNBTS has also opened a new donor centre in Livingston shopping centre, which has proved popular with donors. Community groups are also being very supportive and I give specific thanks to Livingston Football Club and Heart of Midlothian Football Club, as well as the many workplaces throughout Scotland that have encouraged their employees to donate. I sense that we might be able to co-ordinate something in the Parliament, as well.

Generally, SNBTS has always maintained supplies successfully, but it has become more challenging given the on-going coronavirus restrictions. Unfortunately, as has already been

noted in the debate, we have seen a decrease in the number of people donating blood during the pandemic. As Fulton MacGregor said, the number of active blood donors in Scotland fell from more than 105,000 in 2019-20 to around 92,000 in 2020-21. At the same time, on average, the demand for blood has also increased by about 5 per cent against pre-pandemic levels.

Recently, the number of donors has started to increase again and blood stock levels right now are good. I hope that that will continue. We all have a part to play. As Sandesh Gulhane's story illustrated, all members are acutely aware of the pent-up demand for elective surgery in our NHS. As the NHS recovers, the need for blood donations will increase.

In the past 12 months, SNBTS has welcomed more than 12,000 new donors. That is great, but it would love to welcome more. I can reassure people that SNBTS has triage, hygiene and physical distancing measures in place to ensure the safety of donors at its collection venues. Yes, juice and biscuits are provided at the end—but sadly no cups of tea at the moment.

Finally, I would also like to extend thanks to the Convention of Scottish Local Authorities, councils and other venue providers for their commitment to working with SNBTS to provide suitable community blood collection venues in spite of difficulties associated with the pandemic and the competition for such spaces—many of the spaces that are usually used for blood donation are being used as vaccination centres.

In addition to blood donation, SNBTS delivers a wide range of other vital services, including living and deceased tissue donation and important research on regenerative medicine.

Last year, we received updated advice from the Medicines and Healthcare products Regulatory Agency and the Commission on Human Medicines that it is now sufficiently safe to use UK plasma to produce immunoglobulin medicines, so SNBTS is also now collecting plasma from some of our amazing donors. Immunoglobulins are often life-saving medicines, particularly for patients with primary immunodeficiencies. Although collection levels are currently low, SNBTS is working on proposals to allow us to consider increasing these plasma collections in the coming years.

SNBTS has also played an important role in supporting Scotland's response to coronavirus. Back in 2020, it provided support with coronavirus testing. More recently, SNBTS has developed a new T-cell therapy for patients with Covid-19, which is being trialled. Last but by no means least, it has also provided vaccine storage facilities and distribution for NHS Scotland.

I will pull out just one point from the debate—although there were many good points. Paul O'Kane and Rona Mackay talked about the increase in eligibility for donation, which is very important. It overturns a long-standing discrimination and stigma. I, too, am delighted about it. I have many friends who are now able to donate. It is a delight for them to be able to participate in this altruistic activity that saves lives. Every time a person donates, they can save not just one life but potentially up to three. It is a phenomenal thing to be able to do and I am glad that more people are able to do it.

SNBTS provides a wide range of important services to support patients across Scotland. The Cabinet Secretary for Health and Social Care visited the SNBTS headquarters at the Jack Copland centre in October to meet staff and I know that he was impressed by the range of work that they do.

I will take the liberty of making a personal comment. I want to thank SNBTS personally. I am one of many people in Scotland who have haemochromatosis—it is a common disorder—a genetic disease that is very common among Scots and Irish people. I build up too much iron in my blood. SNBTS makes it possible for me to manage that condition in way that does not interfere with my work. I can pedal from here to the donor centre after work, give a pint of blood, and manage my condition. I am very grateful for that. I know that it is not the answer for everyone, but it is an answer for me.

I am grateful, both personally and as a minister, for all the hard work. I thank the thousands of people who give up their time to donate blood, as well as the millions of Scots who have signed up to donate tissue and organs after they die on the organ donor register. Those crucial services could not operate without the wonderful gift from the donors. I encourage anyone who is eligible to give blood. Find out more by going on the SNBTS website at scotblood.co.uk or by calling 0345 90 90 999.

Meeting closed at 18:00.

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