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

Time for Reflection

The Presiding Officer (Ken Macintosh): Our first item of business today is time for reflection. Our time for reflection leader is the Rev Neil Cameron, senior pastor at the Apex church in Peterhead.

The Rev Neil Cameron (Apex Church, Peterhead): Presiding Officer, thank you for inviting me to address Parliament.

I was born in Edinburgh in February 1962 and adopted 11 months later. Home is in Peterhead in the north-east of Scotland, and I love being part of the culture and community there. As a young boy, I was the only person of colour at school, and my parents were greatly concerned that my colour, rather than character, would identify me. Therefore, my father told me this story, which has been one of the motivators in my life.

There was a man who made a living by selling balloons at a fair. He had all colours of balloons, including white, red and yellow. Whenever business was slow, he would release a helium-filled balloon into the air and, when the children saw it floating high up into the sky, sales would increase. One day, he felt someone tugging at his jacket. He turned around and saw a little black boy, who asked, "If you release a black balloon, will that also fly?" Moved by the boy's concern, the man replied with empathy, "Son, it is not the colour of the balloon but what is inside that makes it rise."

The same thing applies to our lives. Our attitude should not be determined by exterior forces, but by the commitment and values that we hold to be true. A positive outlook is more than smiling in the face of problems or simplistically pretending that things are not as bad as they really are. Love, hope and integrity, while not always appearing to win through in the external circumstances of life, build an inner strength that far outshines the alternative.

Recently, I was most put out because of the continuous rain in the north-east of Scotland where I live. I wanted to give my grass its final cut of the season. As I moaned to myself about the weather, I looked out of my window and saw two little boys jumping in the puddles. I could hear their laughter and see their joyful expressions. They had made a choice to make the most of their day.

There is a dimension to hope that is produced not by the expectation of a favourable outcome but rather by the sense of purpose in what we are doing, regardless of the outcome. Being responsible is to realise that our choices are significant—what we do affects who we are and where we will end up. In short, the choice is always up to us.

Topical Question Time

14:03

Child Sexual Exploitation (Glasgow)

1. **Liam McArthur (Orkney Islands) (LD):** To ask the Scottish Government what action has been taken in response to recent allegations of child sexual exploitation in the Govanhill area of Glasgow. (S5T-00778)

The Cabinet Secretary for Justice (Michael Matheson): The allegations of child sexual exploitation in the Govanhill area that were made in the press over the weekend are deeply concerning, and anyone with evidence of suspected crimes should contact the police in the first instance.

Police Scotland has stated that, although it has no information or intelligence to substantiate the claims that were made in the article, those claims are being fully investigated. Should the police uncover any evidence that an offence has been committed or that there are children or young people at risk of harm, they will pursue that as they normally would. Should the investigation lead to the identification of any child protection concerns, Police Scotland will work closely with Glasgow City Council social work department, and with others, to ensure that children are protected from harm.

Scotland's agencies work tirelessly to tackle all forms of child sexual abuse, and it is important that perpetrators know that their criminal acts, and exploitation in any form, will never be tolerated in Scotland. Everyone has a responsibility to protect children and young people from harm and abuse, and that includes reporting signs of child exploitation and abuse so that it can be stopped.

Liam McArthur: The claims that were made at the weekend on the back of the *Times* investigation are, as the cabinet secretary said, truly sickening. No child should ever be put in such an awful position.

The cabinet secretary will be aware that Olive Arens, who is chief executive of Up-2-Us, which is a charity that works with vulnerable teenagers, is reported to have said:

"It is very clear what was taking place but nothing ever happened to stop it."

Social workers, community representatives and residents have also expressed concerns. Can the cabinet secretary confirm, therefore, whether Glasgow City Council, Police Scotland or any other body has ever received reports of that nature and, if so, what exactly was done as a result? *The*

Times reported that social workers were aware of concerns. How were those concerns escalated?

Michael Matheson: Liam McArthur will recognise that Police Scotland is now taking forward an investigation. As Police Scotland has stated, all the individuals who were named in the article to which Liam McArthur referred will be invited to interview and to make statements, which will allow it to assess whether there is intelligence that substantiates the allegations that were made in the article. Police Scotland has stated clearly that it has not received any intelligence or information that substantiates the claims. In addition, Glasgow City Council has confirmed that none of the allegations that were made in the article had been brought to its attention previously.

With regard to allegations that have been made in the past, when information is received by Police Scotland or Glasgow City Council social work services, it is dealt with through the normal child protection procedures. If there are allegations or concerns about vulnerability regarding young people, they are fully investigated. Those matters are taken forward by Glasgow City Council's child protection committee, which is a multi-agency body that is responsible for looking at issues relating to child protection and anything to do with child exploitation. Any allegations that were made in the past would have been dealt with through that process.

I assure Liam McArthur that, although there is currently no evidence or intelligence to substantiate the allegations, they are being thoroughly investigated by Police Scotland and by the Glasgow City Council social work department to address any concerns that arise from them. Should the allegations be substantiated, appropriate measures will be taken.

Liam McArthur: I thank the cabinet secretary for another detailed response. There has been atrocious abuse in areas such as Rotherham, where there is evidence that concerns were dismissed or ignored. Will the cabinet secretary ensure that there are no barriers that might discourage people from coming forward with reports, in particular from within the community itself, and will he report back to Parliament with a full statement in due course?

Michael Matheson: The issue of child sexual exploitation is complex. Abuse of children is an area of criminal activity that is very often hidden and underreported, which can present challenges for law enforcement agencies such as Police Scotland and for our child protection agencies in addressing matters in the way they would wish to.

That is why it is extremely important that we recognise that tackling issues around child abuse is not solely the responsibility of our police or local

authority social work departments. We all have a collective responsibility to look after the welfare and the needs of our vulnerable young people. If we have any concerns about young people potentially being exploited or abused, we should have the confidence to report those concerns to the appropriate agencies.

I tell anyone who has evidence or concerns regarding any children in Govanhill—or anywhere else in Scotland, for that matter, because child sexual exploitation can take place in any community across the country—that the most appropriate way in which to take those concerns forward is to report them to the authorities, whether that is Police Scotland or the local authority social work department. That will allow those authorities to assess the information and, if necessary, to ensure that any children who are being abused get the right protection as quickly as possible.

I assure people that action will be taken sensitively by the police and by local authority social work departments to give children the support and assistance that they require as and when it is necessary.

Liam McArthur: The cabinet secretary is absolutely right about the importance of the collective, collaborative and holistic approach that needs to be taken. It was rightly recognised following the abuse cases in Rotherham and Rochdale that Scotland is not immune from such exploitation. Will he update Parliament on what steps were taken then to identify and address any weaknesses, to enhance co-ordination and intelligence gathering, and to improve child protection processes?

Michael Matheson: Action was taken in a number of areas by the Scottish Government to make sure that we have robust and effective child protection measures in place. One of those areas of work was the child protection improvement programme, which aims to ensure that effective protection is in place for all children who are at risk of abuse and neglect. Alongside that, work was done on measures relating to neglect, child sexual exploitation, internet safety, child trafficking, leadership and workforce development, joint inspections data and evidence, and the children's hearings system. That independent system review also looked at our child protection committee system, including initial case reviews, significant case reviews and the child protection register. The report was published on 2 March this year and set out a range of recommendations, which were accepted in full. The national child protection leadership group, which is chaired by the Minister for Children and Early Years, is driving that improvement work forward. I hope that that reassures the member about the range of work

and assessments that have been undertaken to make sure that our child protection measures are as robust and effective as possible.

However, we can never afford to be complacent in this area. That is why our agencies continually review the way in which they take forward actions relating to child protection to make sure that they are as robust and effective as possible. Improvement works that are being driven forward by the Minister for Children and Early Years together with the leadership group will help to ensure that we continue to develop the good programmes we have in place, while continue to reflect on where learning can be gained from within Scotland or elsewhere to ensure that the protections for children are as robust as possible.

Iain Gray (East Lothian) (Lab): These concerns are not new. They were first raised 12 years ago. Three years ago, the local community council was minuting its concerns as well, yet they have arisen again now. Can the cabinet secretary assure us that what is promised will be a full investigation going beyond normal police and child protection procedures?

Michael Matheson: We need to put this in context. Allegations have been made in a newspaper article. Police Scotland and Glasgow City Council's social work department have made it clear that they are investigating them. As it stands, they do not have any intelligence or information to substantiate the claims. Issues relating to what happened in the past were dealt with at the time by both the police and the local authority. Now is the time to support our law enforcement bodies such as Police Scotland, our child protection social workers, who have a lead responsibility in investigating such issues, and the other third sector organisations that support children who may be vulnerable and who potentially are being exploited, in the work that they are doing to identify whether the allegations can be substantiated. If they are substantiated, action must be taken against the perpetrators and robust measures adopted to protect the interests of the children who have been exploited. At this stage, all members should be minded to support the organisations that are undertaking the investigation. They have assured us that this will be a thorough and detailed investigation into the allegations.

Annie Wells (Glasgow) (Con): Will the cabinet secretary confirm that Police Scotland will go into Govanhill to instil confidence in local people?

Michael Matheson: I know Govanhill well and I regularly pass through the area. I have been struck by the police presence there in recent times. One of the key areas of work that police in the greater Glasgow command do is with the hub in Govanhill in order to work with and support a

range of organisations. I recently had a discussion with the local commander for the Govanhill area, who explained to me the range of work that is undertaken with a range of partners in health and education. For example, officers are based in schools in the area to work with and support children and support teachers. All that work goes on on a regular basis in order to support and assist the community to address any issues and concerns that it has.

Are there areas in which the police could do further work? I have no doubt that, in their ongoing engagement with the community in Govanhill, they will explore those matters. However, I have been assured by Police Scotland and have witnessed that there is considerable engagement between the police and the local community, and I have no doubt that they will want to maintain and build on that.

Patrick Harvie (Glasgow) (Green): We should all acknowledge the seriousness with which questions are being asked and answered, and we should all, like the cabinet secretary, give our support to the police and local authority agencies that are looking to investigate the situation.

We know that some of the dreadful situations south of the border that have been referred to have been exploited by people who seek to promote racist and Islamophobic ideas on the back of them. Govanhill is an area with rich diversity, but it has also been subject to stereotyping in the past. Does the cabinet secretary agree that the serious response is that any genuine allegations must be handled in a way that avoids inculcating such stereotypes or giving any opportunity to people who seek to capitalise on them to promote racist attitudes?

The Presiding Officer (Ken Macintosh): You should be brief, if you can, cabinet secretary.

Michael Matheson: Patrick Harvie has raised a very important issue. Comments have been made in the press about such issues. Everyone has a responsibility to ensure that the issue is not exploited by people who wish to create disharmony in Govanhill. That is not to say that the matters should not be thoroughly investigated. I hope that members are reassured that Police Scotland and Glasgow City Council have said that they are committed to doing that.

Govanhill is the most ethnically diverse community in the whole of Scotland, and that brings a range of opportunities and challenges. Now is the time to get behind organisations with a lead responsibility for investigating the allegations and to support them in doing so in order to identify whether exploitation of children is taking place. If it is, robust measures and action must be taken against the perpetrators of those crimes, and we

must support and assist children who have been exploited at any time in the past.

Sexual Crimes (Investigation and Prosecution)

2. Claire Baker (Mid Scotland and Fife) (Lab): To ask the Scottish Government what its response is to the Inspectorate of Prosecution in Scotland's review of the investigation and prosecution of sexual crimes. (S5T-00773)

The Lord Advocate (James Wolffe): The Inspectorate of Prosecution in Scotland reports to me as head of the system of prosecution and investigation of deaths in Scotland. I am grateful to the inspectorate for its report, and I accept all of its recommendations.

The Crown Office and Procurator Fiscal Service has a strong commitment to securing justice for victims of gender-based violence and other sexual crimes, and has a good track record in that regard. The service is well aware of the particular challenges that are identified in the inspectorate's report, and has been implementing reforms with a view to addressing them. It has established specialist High Court sexual crime units to supplement the work of specialist Crown counsel in the national sex crimes unit, and its pre-petition recovery plan has more than halved the number of cases on pre-petition investigation in the past year.

Earlier this year, the service revised its victim strategy to improve the support that it provides to victims of crime. The inspectorate's report identifies further improvements that the service can make, which will now be taken forward.

Claire Baker: The inspectorate's report makes some sensible recommendations for the Crown Office on improving communication with complainers. The recommendations are to be welcomed and must be implemented. However, that will not address the very negative experiences of rape complainers in giving evidence in court. Some victims have described doing it as being worse than being raped. Will the Lord Advocate commit to working with the Scottish Government to introduce video recording of evidence in sexual offences cases early, in order to avoid complainers having to give evidence in court?

The Lord Advocate: We, as prosecutors, cannot bring the perpetrators of gender-based violence and other sexual crimes to justice unless victims have the confidence to come forward and give their evidence.

As Claire Baker will be aware, the taking of evidence from children and vulnerable witnesses is a workstream in the Scottish Courts and Tribunals Service's evidence and procedure review. The Scottish Government has also consulted on further measures to improve how

evidence is taken from children and vulnerable witnesses.

I will continue to work with the Government and other agencies as we seek to improve the system for the victims of crime, whom we are seeking to protect.

Claire Baker: Forensics is another area of the report that I want to raise. I was recently approached by a young woman who had reported a rape a few weeks ago. Her description of the care that she received, especially of the forensic examination, will break members' hearts and make them angry. I will quote how she described her experience to me. She said:

"Think, just think, how it felt at the time of the assault, how it felt being in a barren environment where basic needs were only just being met (heating, water, food), where the male Forensic Medical Examiner did not have the tools to do the job."

Can the Lord Advocate provide assurances that urgent action is being taken to address the clear deficiencies in how forensic examinations are carried out, as is highlighted in the report?

The Lord Advocate: The chief medical officer's review addresses the whole issue of forensic medical examinations. That is the appropriate forum through which those matters should, and will, be addressed.

Brexit (Cost)

3. **Ivan McKee (Glasgow Provan) (SNP):** To ask the Scottish Government what assessment it will make of the impact on Scotland of the cost of Brexit. (S5T-00781)

The Minister for International Development and Europe (Dr Alasdair Allan): In August 2016, the Scottish Government published analysis summarising the potential impact that leaving the European Union could have on Scotland's gross domestic product. The analysis was based on a range of recent economic studies. It implies that, by 2030, the output of the Scottish economy could be up to £11.2 billion a year lower under a hard Brexit, compared with the forecast GDP in the absence of Brexit.

Subsequent analysis by the Fraser of Allander institute confirms the risk that a hard Brexit poses to Scotland, and predicts that, after 10 years, employment in Scotland could be 80,000 lower after leaving the EU than would otherwise be the case.

Ivan McKee: We have seen reports that Theresa May is set to double to £40 billion the contribution that United Kingdom taxpayers must pay to Brussels to secure a Brexit deal. It might be more. Who knows? Does the minister agree, particularly given that Scotland did not choose to

leave the EU, that our budget and our public services should not face more cuts to pay the Brexit bill?

Dr Allan: As Ivan McKee points out, Scotland did not vote to leave the European Union, so it will not come as a great surprise to hear that I am not tremendously enthusiastic about Scots having to shoulder a share of the costs of leaving. All that we were told, on the side of buses, about there being £350 million a week—or whatever it was—that would come into the country as a result of Brexit has long since been dismissed as being far from the truth.

There is a cost. The UK Government's continued unwillingness to address the financial settlement in the EU negotiations risks causing severe and long-term economic damage. The Scottish Government remains deeply concerned that no meaningful discussions have yet taken place with the UK Government on the precise detail of any EU funding guarantees.

Ivan McKee: The chaos around the European Union (Withdrawal) Bill and other matters associated with Brexit shows that the Tories are clearly bungling the negotiations. The case for Scotland's voice to be heard has never been stronger. Will the Scottish Government continue to demand a place at the table in order to protect our place in the single market?

Dr Allan: The Scottish Government uses the opportunities that are available to it to engage with the UK Government on the issues that Ivan McKee raises. We have the joint ministerial committees, for example. However, the main JMC was not convened by the UK Government during a crucial time—over a period of eight months.

However, let me put that to one side. We seek to engage positively, where we can do so. However, we feel that it is our duty to point out, as Ivan McKee has pointed out, that we are nowhere near any meaningful agreement between the EU27 and the UK, and that the UK Government has, thus far, no clear plan in mind.

The Presiding Officer: I apologise to members who wanted to ask more questions. We must move on.

Minimum Unit Pricing of Alcohol

The Presiding Officer (Ken Macintosh): The next item of business is a statement by Shona Robison on the United Kingdom Supreme Court judgment on minimum unit pricing of alcohol in Scotland. The cabinet secretary will take questions at the end of her statement, so there should be no interventions or interruptions during it.

14:25

The Cabinet Secretary for Health and Sport (Shona Robison): It is with great pleasure that I come to Parliament today to make my statement on minimum unit pricing of alcohol in Scotland.

Members will know that, on Wednesday 15 November, the UK Supreme Court handed down a unanimous judgment rejecting the legal challenge to our pioneering legislation. The judgment was a resounding endorsement of our approach, which was approved—unopposed—by this Parliament in 2012.

The Supreme Court bench, which comprised seven justices, including Lady Hale, the newly appointed president of the court, and her predecessor, Lord Neuberger, concluded that minimum unit pricing was targeted, proportionate and lawful. The Scottish courts had already reached that conclusion on two separate occasions; we now have the decision of the UK Supreme Court, and I am delighted that the case has been finally decided in our favour.

As the current carrier of the baton on minimum unit pricing, with Kenny MacAskill, Nicola Sturgeon and Alex Neil preceding me, it is a privilege for me to make this landmark statement to the Scottish Parliament.

Over the past decade, there has been tremendous support for the policy from a vast array of organisations and businesses, including within the alcohol industry. Scottish Health Action on Alcohol Problems—SHAAP—and Alcohol Focus Scotland were often at the forefront. I pay particular tribute to Dr Evelyn Gillan, who sadly passed away in 2015. In her role as the chief executive of Alcohol Focus Scotland, Evelyn was a passionate advocate for minimum unit pricing. I remember her lasting contribution to Scottish public life and I feel extremely proud to have worked alongside her.

I have overseen the majority of the litigation—at the Court of Session in Edinburgh, at the European Court of Justice in Luxembourg and at the UK Supreme Court in London. Throughout, I had absolute certainty that our case was supported by evidence and policy analysis of the highest calibre.

Some members of the Scottish Parliament had different views on minimum unit pricing in the past, but I welcome the supportive commentary from across the parties over the past few days. I will shortly outline the next steps towards implementation, and I hope that all members will act in the spirit of consensus and get behind minimum unit pricing.

My justification for seeking parliamentary consensus is about more than warm words. Given the high and enduring levels of alcohol-related harm that Scotland experiences, the electorate deserves no less than a Parliament that unites to tackle the scourge of the cheap, high-strength alcohol that causes so much damage across our nation. I expect that I need not remind members that alcohol misuse costs Scotland £3.6 billion each year, or £900 for every adult.

We need not cast our nets far to see at first hand the devastation that is caused by alcohol misuse. The annual national health service hospital statistics, which were published only this morning, tell us that there were 36,235 alcohol-related hospital admissions in 2016-17, which is an increase of 2 per cent on the previous year. In August, we learned that there had been 1,265 alcohol-related deaths in 2016, which was an increase of 10 per cent on 2015. Behind every statistic is an individual, a family and a community. On average, alcohol misuse causes 697 hospital admissions and 24 deaths a week in Scotland. Let me be clear: that is wholly unacceptable.

We have never claimed that minimum unit pricing is a panacea. Our alcohol framework is comprehensive and has attracted international acclaim. It contains more than 40 measures across the prevention and support spectrum. Much of the work is on-going, and we plan to refresh the strategy shortly to build on our achievements to date.

Since 2008, we have invested more than £689 million to tackle problem alcohol and drug use. Furthermore, our recent programme for government commits an additional £20 million per year for alcohol and drug services, subject to parliamentary approval through the budget process.

Our commitment to providing treatment and recovery support is absolute. The Minister for Public Health and Sport, Aileen Campbell, intends to update Parliament shortly on our plans for reinvigorating the approach to alcohol and drug treatment.

There can be no doubt that Scotland pays a high price for alcohol-related harm. That is why the Government has an obligation to intervene in the market and to set a minimum unit price. The benefits of minimum unit pricing will be substantial.

As an illustration, last year, Sheffield University modelled that a price per unit of 50p would lead to 58 fewer alcohol-related deaths in the first year, with a cumulative total of 392 fewer alcohol-related deaths within the first five years. The reduction in alcohol-related hospital admissions at that price would be similarly substantial. In the first year, a price of 50p would lead to 1,299 fewer alcohol-related hospital admissions, with a cumulative total of 8,254 fewer alcohol-related hospital admissions within the first five years.

I turn to my plans for implementation. Minimum unit pricing of alcohol has been delayed for far too long. During the court cases, lives have been lost. That is why I will move to implement the policy as soon as is practicable. I am delighted to confirm that I am, today, laying a commencement order that brings into force immediately the order-making provisions of the Alcohol (Minimum Pricing) (Scotland) Act 2012.

I intend to consult on our draft Scottish statutory instrument, which sets the minimum unit price, and I will begin that consultation on 1 December. The consultation will run for eight weeks, until 26 January 2018. We will then work swiftly to ensure that the order that sets the minimum unit price is laid before Parliament on 1 March 2018. That order will state our intended implementation date for minimum unit pricing of alcohol in Scotland: 1 May 2018. Following the appropriate parliamentary scrutiny, and assuming that the Parliament votes to bring the price-setting order into force, no alcohol in Scotland will then be sold for less than the specified minimum unit price from 1 May 2018.

I anticipate setting the minimum unit price at 50p per unit, subject to the outcome of our consultation and a refreshed business regulatory impact assessment. A consultation is necessary to meet the requirements of European Union food regulations and, given the time that has elapsed since the Parliament passed the legislation, I am keen to consult stakeholders and the public on our preferred price. The BRIA plays an important role in explaining the impact of our legislation, so it is vital that it is up to date and reflects the consultation outcomes.

We want to hear from retailers about the practicalities of implementation. We are already talking to representative bodies and we will convene a retailers implementation group in December. We will also engage next month with licensing standards officers, who enforce Scotland's liquor licensing laws day in and day out, to hear their views.

The Supreme Court judgment was comprehensive and included consideration of the sunset clause that the Parliament approved in 2012. That means that Scottish ministers will bring

to the Parliament an evaluation of the impact of the policy five years on. The Parliament will then vote on the policy's continuation before the sixth year of its operation. It is well known that NHS Health Scotland is conducting that independent and objective evaluation, given its excellent track record of evaluating alcohol policy in Scotland over the past decade. The industry will also be involved in that evaluation.

Earlier this morning, I discussed moving forward with Karen Betts, the new chief executive at the Scotch Whisky Association. Karen has confirmed to me that the SWA will pay the Scottish Government's costs in the court cases, and I welcome that very much. We are agreed that a line must be drawn under the litigation.

The whisky industry remains a very important part of Scotland's heritage and, indeed, its future. It brings many benefits to our country, including employment—often in remote and rural areas—and, of course, tourism. There are many challenges ahead for the whisky industry, particularly because of the uncertainties of Brexit, and the Scottish Government will continue to work with the sector, including the SWA, to advocate for decisions that benefit the Scottish economy.

The court case was always about compliance with EU law and whether public health arguments should ultimately win out over trade. The European Court of Justice concluded that the ultimate decision on minimum pricing was for the domestic courts, and fellow nations are interested in following in our footsteps. Last month, the Welsh Government introduced a minimum unit pricing bill in the National Assembly for Wales, and Ireland looks set to do the same in its Parliament. I wish Wales and Ireland all the best in tackling alcohol-related harm in their jurisdictions.

I conclude by reflecting on one of the most important parts of the UK Supreme Court's judgment on minimum unit pricing of alcohol. The Supreme Court has set out the approach that the courts should take in considering a challenge to a policy decision of this sort by the Government and Parliament. Its judgment tells us that, in considering the question of public health benefits versus free trade, it is for the Government and Parliament to decide what weight is placed on public health harms. Paragraph 63 of the judgment says:

"That was a judgment which it was for them to make, and their right to make it militates strongly against intrusive review by a domestic court."

The Supreme Court judgment is a very important decision for public health policy generally. The power to act to minimise public health harms, to change unhealthy cultures and to give our children the best start in life lies in all our hands. Next May, we will take a huge step forward

in tackling one of Scotland's enduring health harms. Minimum unit pricing of alcohol can help to turn the tide on alcohol harm, and 1 May will be a landmark moment. *[Applause.]*

Jackson Carlaw (Eastwood) (Con): I unreservedly welcome and associate the Scottish Conservatives with the statement that the cabinet secretary has just made. It is quite extraordinary to think that it is five and a half years since, as Conservative health spokesman, I spoke in support of the Alcohol (Minimum Pricing) (Scotland) Act 2012.

I recall that, although the Scottish National Party had won a significant overall majority in the Scottish Parliament election in 2011, the members of the front bench of the day were prepared to reach out to other parties to get their support for the policy. They supported two conditions that the Scottish Conservatives attached to their support for the legislation. The first condition was that the legislation was legal. It has taken a lot longer than any of us imagined for us to get to the point of being able to say unreservedly that that is so. The second condition was support for my amendment to introduce a sunset clause. That is terribly important, because contentious pieces of public health legislation will enjoy greater ease of support in Parliament if those who are sceptical—some members were sceptical about the policy at the time—know that there will be an evaluation process.

I heard what the cabinet secretary said, but I ask her to agree to ensure that all the political parties in the Parliament are involved in agreeing the evaluation process and take part in that as the legislation to implement the policy proceeds through Parliament.

Shona Robison referred to the 50p minimum unit price that was established at the time, and I welcome the consultation that is to be held on that. It is clear that she favours a minimum unit price of 50p, but given how long it is since the legislation was passed, is she confident that that is an appropriate level? At any point over the five-year evaluation process, does she intend to put in place criteria that would allow for that level to be reviewed if that were felt to be necessary?

Shona Robison: I thank Jackson Carlaw for his supportive comments and for his welcome support at the time for proposals that were groundbreaking and controversial. As he has recognised, the sunset clause was an important aspect of the legislation, and it was cited in court as such, so I thank him for his work on that.

As far as the evaluation process is concerned, the evaluation board will involve a number of stakeholders, including some from the industry. This morning, I offered the Scotch Whisky

Association a seat on that board. It will reflect on my offer. I am happy to give further consideration to Opposition involvement and to talk to the Opposition spokespeople about how that can best be facilitated.

As to whether 50p is an appropriate level for the minimum unit price, that is our preferred option and the one that we will consult on. However, given that five years have elapsed since the passing of the legislation, it is important that we listen to views on that. All the modelling that the University of Sheffield has done has been based on the 50p proposal.

Jackson Carlaw will be aware that, if we should want to amend the minimum unit price at a later stage, once the evaluation has been carried out and—as I am sure will happen—the benefits of the policy have been shown, we would have to come back to Parliament to do that.

I am keen to get on with the implementation, the timeframe for which I laid out in my statement. I look forward to receiving Jackson Carlaw's support for that, as well, I hope, as support from across the chamber.

Colin Smyth (South Scotland) (Lab): The Supreme Court ruling was clear, as was the decision of Parliament five years ago. In her statement today, the cabinet secretary has set out the next stages in detail. I look forward to supporting those next stages and engaging constructively with the process as it goes forward to full implementation.

The cabinet secretary referred to the publication today of the annual NHS hospital statistics. She will know that they reveal that alcohol-related hospital admissions for 2016-17 were eight times higher among people from the most deprived communities. In the psychiatric statistics for 2015-16, the difference was even more pronounced, with just over 15 times as many people from the most deprived areas being admitted.

I welcome the cabinet secretary's commitment to publish a refreshed alcohol framework, and I hope it will be published this year. Will the cabinet secretary ensure that, when it is, it recognises the undeniable link between deprivation and higher levels of alcohol abuse and includes clear action to tackle yet another health inequality caused by wealth inequality?

Will the cabinet secretary also recognise the impact on people who face an addiction problem of the recent 24 per cent reduction in funding to alcohol and drug partnerships, which, by definition, has hit the poorest and the most deprived communities hardest? Will she ensure that the refreshed strategy at least changes and reverses that reduction in funding?

Shona Robison: I thank Colin Smyth for his questions and look forward to him engaging constructively in the process.

Colin Smyth cited a number of statistics that show that the impact of alcohol misuse falls disproportionately on the most deprived communities, and he cited the figures for hospital admissions and the impact of alcohol misuse. The refreshed framework will be available in the new year. I am sure that it will set a clear direction of travel and show the further action that can be taken, while building on the substantial amount of action that has already been taken. The work on brief interventions has been successful in helping people to address their alcohol-related problems.

On resourcing, Colin Smyth will be aware that there is a £20 million commitment in the programme for Government, which is obviously subject to the budget process. That will mean additional spend on alcohol and drug services. It is, however, important that that spend is related to the evidence of what works best, which will be set out in the framework. Aileen Campbell will also share with Parliament information about alcohol and drug treatment proposals that she will be bringing forward. I hope that we will have the support of Colin Smyth and others for securing that money in the budget process, because it will be important for progress.

Patrick Harvie (Glasgow) (Green): I welcome the statement and the Supreme Court judgment. The Green Party is the only Opposition party that has consistently supported the policy since its inception. Now that the legal arguments have been proved right, I agree that it is time to press on and demonstrate that the policy can be effective.

The cabinet secretary tells us that the industry will be involved in the evaluation process. Does she agree that the industry is not homogenous and that we should be listening rather less to the giant drinks multinationals, who can afford to employ lawyers and lobbyists and who make their profits from volume sales and mass manufacture, and more to the independent and smaller businesses and producers, who make a living not a killing and whose profitability is based on quality rather than mass manufacture and cheap promotions?

Shona Robison: I thank Patrick Harvie for his and his party's consistent support for minimum unit pricing.

Patrick Harvie refers to the alcohol industry having differing views, and that is true. Sections of the alcohol industry have supported minimum unit pricing over the years, and that is to be welcomed.

Patrick Harvie makes an important point about the manufacturers of high-quality products. As we

have always said, the target of minimum unit pricing has never been those premium-quality products. It has always been the low-price, high-alcohol-content products, which can be priced as low as 18p per unit, that have been in the sights of minimum unit pricing.

We hope that we will have the support of many sections of the alcohol industry. As I said in my statement, it is important to draw a line under the issue of litigation. We hope that the Scotch Whisky Association and the Scottish Government will be able to reset their relationship going forward, because they have many areas of common cause.

Willie Rennie (North East Fife) (LD): I was increasingly sceptical that this day would ever come, and I was depressed about the time that it was taking, because we have been fully supportive of the measure.

Since we have come so far, would it not be advisable—to follow on from what Jackson Carlaw said—to revise the price level? We set it at 50p before. Would it not be more suitable to set it somewhere in the order of 60p, to reflect inflation and other factors that have changed in the very long march towards delivery of the policy?

Shona Robison: I was confident that this day would come. It has been a long haul, but here we are.

Willie Rennie asked about the price level. As I said in my statement, we are going to consult, and obviously we will hear the views on that consultation, but we believe that there is a lot of evidence for maintaining the 50p price, and that is what we will consult on. The modelling that was done by the University of Sheffield states very clearly the public health gains from setting a price of 50p. Therefore, although we will listen to the consultation responses, the consultation will advocate the Scottish Government's position of a 50p minimum unit price.

The Presiding Officer: We have about 10 more questions, if we can squeeze them in. Alex Neil is next, to be followed by Miles Briggs.

Alex Neil (Airdrie and Shotts) (SNP): I congratulate the Scottish Government on persevering with this issue for the past five years and on its plans for swift implementation. I also welcome the Scotch Whisky Association's commitment to pay back to the taxpayer all the legal costs that were involved in the unnecessary and irresponsible action that it has taken. I encourage the Government to make sure that it recovers every penny of those costs.

I also point out that, based on the estimates that have been provided by the University of Sheffield, nearly 400 people in Scotland have died unnecessarily and avoidably as a result of the

Scotch Whisky Association's action over the past five years. Had the legislation been implemented five years ago, about 392 people who have died would probably still be alive.

We cannot undo what has already happened. However, I press the cabinet secretary to say to the Scotch Whisky Association that repaying the legal costs is not enough. Given the vast profits that the industry makes every year in Scotland, it should be investing heavily in the communities that are particularly adversely affected by the problem of alcohol abuse. It owes those communities a lot after its irresponsible behaviour. We should make sure that it pays those people as well as our legal costs.

Shona Robison: I recognise Alex Neil's contribution, when he was health secretary, to getting us to where we are today. All the previous health secretaries have contributed to getting us to the position that we have got to today.

Alex Neil mentions cost recovery. As I said in my statement, the Scotch Whisky Association has confirmed that it will pay the Government's court costs. Lawyers will discuss the cost recovery process, as is normal in such circumstances.

Karen Betts and I have agreed to discuss a number of things when we meet, one of which is how the Scotch Whisky Association can contribute to the public health agenda. One of the issues on which we want to ensure that we move forward is the chief medical officer's new guidelines on alcohol packaging. There is still discussion to be had with the Portman Group, because it has yet to agree to that. The alcohol industry could collectively take that step forward to ensure that the most up-to-date guidelines are available clearly for the public's information.

The Presiding Officer: Members will need to ask very brief questions if we are to get through them all.

Miles Briggs (Lothian) (Con): I welcome the clarity that we now have in relation to minimum unit pricing, which it is estimated could help to reduce the number of alcohol-related deaths by around 10 per cent. That would be welcome progress, but does the cabinet secretary accept that minimum unit pricing is just one of a broad range of measures that we need to take as a country to address alcohol misuse? Can she give more details of any additional proposals that the Scottish Government is developing? Will she agree to hold a cross-party summit on alcohol misuse so that we can look at the broader cultural changes that we need to take as a nation if we are to address Scotland's relationship with alcohol?

The Presiding Officer: When I say "brief questions", I mean one question, and please keep it brief.

Shona Robison: As I said in my statement, Aileen Campbell will shortly make a statement on developments in substance misuse treatment. Of course, the alcohol framework will be coming back for a refresh in the new year, and I am sure that we can look for a parliamentary opportunity to discuss that further. Miles Briggs is right that minimum unit pricing is not a silver bullet or panacea—or whatever phrase we want to use—and we have never argued that it is, but it is an important part of the armoury that we need to deploy to tackle alcohol misuse, because price and consumption are so closely linked.

I am happy to write to Miles Briggs with an update on the more than 40 actions in the framework, many of which are delivering a lot of change. For example, the brief interventions approach is helping people to address their alcohol misuse.

Ash Denham (Edinburgh Eastern) (SNP): I echo the cabinet secretary's sentiments on the devastating impacts that alcohol misuse can have on families across Scotland. Minimum unit pricing is a huge step in the right direction, but it is important to remember that it is not being done in isolation. Can she outline other measures that the Government is taking and other plans to tackle alcohol misuse?

Shona Robison: As I said to Miles Briggs, we have a framework with more than 40 actions. Those include regulatory measures such as the quantity discount ban, a ban on irresponsible promotions, lowering the drink-driving limit and the introduction of the age verification policy challenge 25. Other initiatives include the promotion of smaller measures of wine in the on-trade, the best bar none initiatives and of course the brief interventions approach, which I mentioned. It is important to consider that basket of measures, many of which have been of real and tangible benefit. Scotland is leading the way, particularly with things such as lowering the drink-driving limit. It is about changing the culture, and minimum unit pricing will help to do that. Just as it is no longer acceptable to drink and drive, we can create a different culture in our relationship with alcohol in Scotland.

Mark Griffin (Central Scotland) (Lab): The cabinet secretary spoke about the high price that Scotland pays for alcohol-related harm and the need to intervene in the market. My region of Central Scotland pays a high price for high caffeine content alcohol-related harm. Will the Scottish Government consider a market intervention in that area?

Shona Robison: Obviously, the product that Mark Griffin is talking about would not be affected by minimum unit pricing, because the unit price is already above 50p. However, that does not mean

that other measures cannot be taken on such products. I am happy to continue to have those discussions, but there has to be an evidence base for any measures. The process over the past five years has taught us that, when we bring forward public health policies, we must have a strong evidence base because, if we end up in the courts, it will be the evidence base that will lead to success or otherwise. I am happy to continue that discussion with Mark Griffin and others to see whether we can do more in that respect.

Fulton MacGregor (Coatbridge and Chryston) (SNP): Given the intricate relationship between alcohol use and poor mental health that can exist for some people, does the cabinet secretary expect that, in the longer term, the impact of minimum unit pricing on mental health will be just as positive as, if not more positive than, its impact on physical health?

My apologies—I should remind members that I am the parliamentary liaison officer for the cabinet secretary.

Shona Robison: Yes, I believe that it will have that impact. That is part of changing the culture. Many people with addictions have a dual diagnosis of addiction and mental health issues. Part of the Sheffield study covered the mental health impact of minimum unit pricing. It found that the reduction in hospital admissions that would be a benefit of the policy would apply to mental health, too.

There is a lot to be gained by minimum unit pricing, and mental health is just one area that will benefit.

Annie Wells (Glasgow) (Con): In Scotland, harmful and hazardous binge drinking is increasing among people aged 65 to 74 while it is decreasing in other age groups. How will the Scottish Government incorporate age into its alcohol strategies and recognise that older adults' needs might be different from those of younger people?

Shona Robison: Annie Wells makes a reasonable point that alcohol misuse affects the whole population. That is why our alcohol strategy takes a whole-population approach. As we refresh that strategy, we should consider older people and alcohol. For example, many of the brief interventions that have been delivered have been for older people who have turned up at their doctor's surgery or accident and emergency with injuries in which alcohol misuse may have been an underlying factor. As we refresh the framework, it is important that we take into account the needs of older people who may have an alcohol misuse problem.

Kenneth Gibson (Cunninghame North) (SNP): I listened carefully to the cabinet

secretary's responses to Jackson Carlaw and Willie Rennie. When legislated for, the suggested unit price was 50p. Five years later, that has been eroded significantly by inflation but remains the suggested unit price. Will the Scottish Government reconsider raising the minimum unit price in real terms to maintain its effectiveness and align it with inflation to ensure that the policy's positive impact in saving lives continues without having to be reconsidered intermittently, as was suggested in her statement?

Shona Robison: I recognise Kenny Gibson's interest in the matter. I also recognise what he is saying but I am very keen to get on with implementation and would be very cautious about taking any action that could lead to further delay. That is why we are consulting on the 50p minimum unit price. As I said, we will listen to the responses to that consultation, but the evidence base has been built up on the 50p minimum unit price and modelling has been done of that price. I am therefore keen that we should get on and evaluate the policy's impact. However, we will continue to keep the matter under review and, if necessary, come back to Parliament.

Ivan McKee (Glasgow Provan) (SNP): I congratulate the Scottish Government on the policy and commend the parts of the drinks industry that have consistently supported it, including Tennents in my constituency. The policy will reduce the number of people who develop an alcohol problem. What additional support will the Government put in place to support the recovery of people who already have an alcohol addiction?

Shona Robison: Next week, Aileen Campbell will lay out the developments in treatment for alcohol and drug addiction. She will be able to give more of the detail.

It is absolutely right and proper that, as well as changing the culture, addressing the link between price and consumption and reducing alcohol misuse, we ensure that people who need help get it as quickly as possible. Our treatment waiting times are being met for alcohol and drug treatment, so people are getting quick access to the help that they need. The brief interventions are also helping to address people's alcohol misuse at an earlier stage. Those measures are backed up, of course, by the £20 million in the programme for government that will help to deliver further improvements in alcohol treatment options for people who require them.

The Presiding Officer: I thank the cabinet secretary and members for their co-operation.

Patrick Harvie: On a point of order, Presiding Officer. Forgive me but, during that item of business, I should have made an oral declaration of my membership of the cross-party group in the

Scottish Parliament on beer and brewing. I apologise for the oversight.

The Presiding Officer: Thank you, Mr Harvie, for that update.

Suicide Prevention

The Presiding Officer (Ken Macintosh): We move to the next item of business. I allowed both the statement and topical questions to run over quite a bit, so I am looking for as much consideration and time saving as possible. Members should keep their speeches to the allotted time where possible.

The next item of business is a debate on motion S5M-09000, in the name of Maureen Watt, on suicide prevention in Scotland.

15:00

The Minister for Mental Health (Maureen Watt): I am pleased that we have an opportunity today to discuss suicide and its prevention in Scotland. The Scottish Government attaches the utmost priority to this high-profile area.

Any death by suicide is a tragedy, with a deeply distressing impact on the families and friends left behind. I have met quite a number of people who have been bereaved by suicide. Unless we have been in that situation, we cannot understand fully what such a loss feels like, but we can all appreciate the extremely upsetting and traumatic effect of losing a loved one in this tragic way. Out of respect for those who have been bereaved, I hope that we can speak in general terms today, rather than about specific cases.

Suicide is an extremely complex phenomenon, with a wide range of determinant factors, including mental illness, being male, unstable relationships, deprivation, adverse life events, gender issues, substance misuse and contact with the criminal justice system. There is rarely any single identifiable causal factor related to individual deaths by suicide. That makes it extremely challenging to identify in advance the risk of any individual dying by suicide.

Over the past decade, there has been a 17 per cent reduction in the rate of suicide in Scotland.

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

Maureen Watt: As we debate the hugely important issue of suicide and its prevention, it is vital that we recognise the improvements that are being made. It is also important that we understand where more work is required. For example, the rate of suicide has reduced more slowly among people experiencing mental illness compared with the general population. That is an area in which we want to see improved progress.

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

Maureen Watt: Presiding Officer, you have just sent me a note asking me to curb my speech, and I have about four minutes over. If members wish to raise issues during their speeches, I will be happy to respond to them in my closing speech.

Our mental health strategy sets out our guiding ambition

“that we must prevent and treat mental health problems with the same commitment ... as we do with physical health problems.”

People should only have to ask once to get help fast. That ambition also applies to supporting people who are at risk of suicide.

Our existing suicide prevention strategy sets out commitments under five broad themes, which encapsulate the overall aims of the strategy: responding to people in distress, talking about suicide, improving the response of the national health service to suicide, developing the evidence base, and supporting change and improvement.

We cannot say with certainty that any single action has had a direct causal link to the reduction in the suicide rate. However, we have provided funding and policy direction for a number of initiatives that are designed to improve support for people at risk of suicide. For example, NHS Health Scotland's national suicide prevention programme has been working nationally and locally to build skills through training, to improve knowledge and awareness of good suicide prevention practice and to encourage improved co-ordination between services.

We have provided funding to Samaritans, including a current grant to help Samaritans with the increased telephone charges that are being experienced as a result of its helpline now being free to access. Breathing space is a free telephone service for people who are experiencing low mood, depression or anxiety. It handles about 6,000 to 7,000 calls per month. Although breathing space was originally set up to respond to the fact that about 70 per cent of deaths by suicide are by males, it provides a valuable service that is accessible to everyone.

NHS living life is a free telephone psychological therapy service, which is available out of hours to adults who are feeling low, anxious or depressed. Like breathing space, the service is run for us by NHS 24. Last month, I visited staff who work on breathing space and NHS living life. It was good to learn how those early interventions can support people to deal with a range of mental health conditions. I announced £500,000 of development funding to improve the services that NHS 24 offers to people who are experiencing mental health problems.

In recent years, GPs and other clinicians have developed improved knowledge, recognition and

treatment of depression and anxiety. At the same time, anti-stigma work by see me has vastly improved public understanding of mental health. People now feel more comfortable about coming forward for help when they need it, so more people receive appropriate treatment and support for depression and anxiety.

Members will know of our work with partners to develop the innovative distress brief intervention. The DBI is about equipping people with skills and support to manage their own health and prevent future crisis. The pilot is being developed in Lanarkshire, Aberdeen, Inverness and the Scottish Borders. National partners include Police Scotland, the Scottish Ambulance Service and NHS 24.

Those are all strong examples of our work with partners to help to reduce the rate of suicide in Scotland. That partnership approach is crucial to suicide prevention.

It is worth remembering the role that we can all play in listening to friends, family and colleagues who may need an empathetic ear to speak about worries or ill health. Last year, NHS 24's breathing space team ran an awareness-raising programme called the year of listening. I was pleased to learn last week of a new initiative by Network Rail, Samaritans and British Transport Police called small talk saves lives, which encourages the public to support those who may be in emotional crisis around them on the railway network. Listening carefully and providing support can help people to feel a stronger sense of connection, which helps to support confidence and wellbeing.

We all agree that Scotland's children represent our country's future. Children and young people should have an understanding that it may not always be possible to enjoy good mental health and that, if that happens, support is available. Some local authorities provide school-based counselling. In others, schools use pastoral care staff and liaise with educational psychological services and health services for specialist support. Every school has a named contact in specialist child and adolescent mental health services, who can be contacted if they have concerns about a pupil. We continue to support Childline, which provides confidential advice and information to children and young people who are affected by bullying and related issues. That forms part of our wider attempts to improve the wellbeing of children and young people through curriculum for excellence.

We intend to publish a new suicide prevention action plan in 2018. To inform development of that plan, the first three in a series of pre-engagement events have been run for us by NHS Health Scotland, Samaritans and the Health and Social Care Alliance Scotland. Those events allow us to

hear from people who have been affected by suicide and from those who directly engage with those affected by suicide, so as to help understand what might be done better or differently to reduce suicide and the impact that it has on those left behind. I look forward to seeing the report on those events in January. That will help to inform development of a draft action plan, which we will publish on our website as part of a wider engagement process in early spring 2018. We hope to publish a final version in late spring 2018.

Early emerging themes from delegates at the first few pre-engagement events include the scale and scope of training and support offered to healthcare and other professionals who engage with those who are at increased risk of suicide, and the importance of public health approaches to improve our willingness and ability to respond to those in distress, including awareness raising for everyone. While we cannot pre-empt what might emerge over the full engagement process, those are helpful pointers.

In recent years, we have had extensive stakeholder discussions, which have helped to inform the content of the mental health strategy and the development of the DBI. We will continue those discussions as we work towards a new suicide prevention action plan; we know from them that many stakeholders would like, for example, to see a reinvigorated focus on local suicide prevention action. Currently, each local authority area has a locally agreed suicide prevention action plan and most areas have a local suicide prevention co-ordinator, who can be a crucial element in driving forward effective suicide prevention action. We recognise the need for strong local action, which we will consider as part of the engagement process.

Nevertheless, there are already many examples of good local practice to support suicide prevention. For example, in North East Scotland, collaborative work between Aberdeenshire Council, Aberdeen City Council, NHS Grampian, Police Scotland, Cruse Bereavement Care and Samaritans has seen a reduction in the rate of death by suicide in Aberdeen and Aberdeenshire by 20 per cent and 10 per cent respectively over the past decade. In March 2016, as part of the local suicide prevention campaign, they developed an app to signpost help and advice sites to users who research ideas about suicide. In recognition of that work, choose life north-east won an innovation award and care for mental health award at this year's Scottish health awards; some of my colleagues were there to see it.

I could go into other examples, but I will not as I need to be as brief as possible. In January, I will visit a partnership group of NHS 24, ScotRail,

British Transport Police, FirstBus and others to look at mental health improvement and suicide prevention for employees and customers across a range of sectors. The next suicide prevention action plan can provide opportunities to share and replicate such examples of good practice across Scotland.

I note the Conservative and Labour amendments, which the Presiding Officer has accepted for debate, and I am minded to accept them. Most of all, I look forward to hearing members' views on this important topic over the debate.

I move,

That the Parliament believes that every suicide is a tragedy, and extends its sympathy to all those bereaved in this devastating manner; supports the partnership and co-operation across the NHS, health and social care sector, Police Scotland, Scottish Ambulance Service, Scottish Fire and Rescue Service and the third sector, which have contributed to a 17% reduction in the suicide rate in the last decade; considers that Scotland can go further and learn more about this complex area; calls for individuals and local communities to be heard in the Scottish Government's public engagement process to develop a new suicide prevention action plan, based on evidence, to continue the downward trend in suicides, and commends and reiterates key messages learned from practice and research that suicide is preventable, that it is everyone's business and that collaborative working is key to successful suicide prevention.

15:12

Annie Wells (Glasgow) (Con): I am pleased to have the opportunity to speak today on an important subject that, unfortunately, is not spoken about enough.

The consequences of suicide are far reaching. When suicide is preventable, it is all the more heart-breaking for the families who are affected. I, like Maureen Watt, extend my sympathy to those people who have been bereaved in this traumatic way. I welcome any effort by parties to work collaboratively to create a successful suicide prevention strategy that seeks to learn from the good practice that we have seen so far and that looks honestly at where we need to improve. That is why I will support the Scottish Government's motion today.

Since the early 2000s, we have fortunately seen a positive decline in suicide figures, which fell by 18 per cent in Scotland between 2002 and 2013. Thanks in part to the Scottish Government's suicide prevention strategy that ran from 2013 to 2106 and focused on improvement in the NHS's response, assisting people to talk about suicide and developing the evidence base, figures have continued to decline, but we should never be complacent. While remaining sensitive to the fact that suicide figures are prone to fluctuation year on

year, we are united in our concern over the fact that suicide figures in Scotland rose by 8 per cent last year—the first such rise in six years.

Although suicide is a complex issue that can be difficult to fully understand, the deaths of 728 people in 2016—an increase of 56 on the previous year—should be taken as an early warning sign that we should act on quickly. That is why I have put forward an amendment to address the gap that exists now that the previous strategy has expired.

Evaluating what has worked so far and what could be changed for the better will be key to informing the new strategy. Charities working with the Government to inform the new strategy have commented on the need for consistency across local authorities, which is something that I support. While each local authority is responsible for the delivery of the choose life suicide prevention action plan, which allows for the tailoring of services according to local needs, there needs to be clear ownership and oversight of that.

The Scottish Association for Mental Health has called for greater transparency and accountability in the funding of suicide prevention activities, highlighting the fact that funding for those is not ring fenced. Through freedom of information requests, the mental health charity found that almost half of Scotland's 32 local councils did not have, or failed to provide, information on their suicide prevention budgets and the associated workforce. Samaritans has echoed the call for clear reporting and physical leadership.

It is also important that we work towards furthering the use of the evidence base that was spoken of in the previous strategy as a means of targeting resources effectively. When it comes to demographics, for example, we know that people aged between 35 and 49 are disproportionately affected, with 47 per cent of suicides last year taking place within that age bracket.

We also know that, in spite of the suicide rate improving over the past decade in terms of numbers, men are still the group that is the most affected by suicide. In 2016, 517 out of the 728 suicides were male—211 were women—and in the United Kingdom, suicide is the single biggest killer of men under the age of 50.

That is why I congratulate the work of charities such as the Men's Shed Association. By removing the stigma and creating a safe environment in which men can talk freely and at their will, the charities attempt to address the reasons why men, specifically, do not come forward—reasons that partly concern societal expectations of men's behaviour and roles. I urge health services to consider how they can cater specifically for men in the future.

We also need to work with statistics from the Scottish suicide information database so that we can understand how people at risk of suicide move through the health system. Although a large number of suicides have had no contact with healthcare services in the months before their death, a national database report that was published this month showed that 70 per cent of them had had contact with those services within 12 months of their death and more than a quarter died within three months of visiting an accident and emergency department.

We also know that a quarter of people had at least one psychiatric in-patient stay or out-patient appointment in the 12 months before their death and that 59 per cent of people had at least one mental health drug prescription dispensed within the same timeframe. Those statistics are telling. They show us that there are opportunities to intercept people as they move through the health system. This is why it is important that NHS front-line staff feel confident about identifying those at risk and are able to provide the appropriate support. I therefore support calls from charities for all health professionals to be provided with suicide intervention training.

Working with all the emergency services is key as well, and I am pleased to see that mentioned in the Scottish Government's motion. The Mental Health Foundation has called for the national roll-out of community triage, following a successful pilot in NHS Greater Glasgow and Clyde, which gives police officers direct access to mental health professionals to support their decision making and reduce inappropriate detentions of people in psychiatric distress or crisis.

I thank the charities that work tirelessly to help those who are at risk of suicide and to improve the public's understanding of it. Charities have long understood the importance of innovative and specialist campaigns, and I support the Samaritans' small talk saves lives campaign. It works with the British Transport Police and rail companies in the UK to reach out to those who are vulnerable to acts of suicide on the rail network. Based on the evidence of Samaritans-trained railway staff, the campaign's video seeks to give travellers the confidence to act if they notice someone who they think might be at risk on or around the rail network simply by the use small talk—a skill that I think that all Scots have.

Recently, I was honoured to meet mental health charity campaigner, Josh Quigley who, after attempting suicide, completed a 1,500-mile cycle trip last year across 80 countries to raise awareness of suicide prevention and mental health. It is because of the collaborative work by charities, public bodies and individuals such as Josh Quigley that we are able to see real change.

To finish, I reiterate my support for the Government motion. This extremely important debate has enabled us to talk candidly about a subject that is all too often still considered a taboo by many. We have a cross-party consensus on the need to prioritise mental health, and it is only by working together that we can continue to bring about an improvement in preventing suicide. I look forward to continuing to work with the Scottish Government in order to drive forward effective policies to tackle mental health issues and ensure that a new strategy delivers successful outcomes.

I move amendment S5M-09000.2, to insert after “complex area”:

“; notes with concern that Scotland’s previous suicide prevention strategy ended in 2016 and that the new action plan will not be published until 2018”.

15:20

Monica Lennon (Central Scotland) (Lab): Suicide prevention is a critically important issue, and Scottish Labour welcomes the opportunity to contribute to the debate. The motion before us is absolutely right to state that

“every suicide is a tragedy”.

On behalf of my colleagues, I extend our sympathy to everyone who has been bereaved as a result of suicide.

Uncomfortable though it is, this serious issue deserves debate and discussion so that we can continue to reduce the number of people who die by suicide. The motion notes that the suicide rate has gone down by 17 per cent over the past decade, which is welcome. However, the number of people who died by suicide last year was 728, which is an 8 per cent rise on the year before and the first such rise in six years.

It is true that the figures fluctuate from year to year, but when we are talking about people’s lives, we cannot be complacent. Each death by suicide is an utter tragedy, and the impact of each one of those 728 deaths by suicide last year will have devastating ramifications for many people for many years to come.

One death by suicide is one too many, so it is crucial that the Scottish Government brings forward another suicide prevention action plan in the coming months, although I share the concerns that have been raised about the fact that the Government allowed the strategy for 2013 to 2016 to expire without putting in place an updated plan. We in Scottish Labour will therefore be supporting the Scottish Government’s motion and the amendment in the name of Annie Wells, which recognises the concern that the previous strategy was allowed to expire.

I welcome the motion’s acknowledgement of the importance of collaborative working. We know that suicide prevention work can be successful only when agencies work together, and the forthcoming action plan must make that happen more effectively. As the minister mentioned, the Scottish health awards recently took place, and I had the pleasure of attending, alongside other colleagues in the chamber, to celebrate the amazing heroes who help to deliver our health service day in and day out.

Fortuitously, the minister and I were sat together at the event, and we both had the honour of watching the choose life north-east Scotland initiative win a well-deserved innovation award. I can think of no better example of the importance of collaborative working than the success of that project, in which collaboration between local authorities, the health board, Police Scotland, Cruse Bereavement Care and Samaritans in Scotland resulted in a 29 per cent reduction in suicides in a single year, and another 40 per cent reduction in the first three months of this year.

The spirit and success of that project must be captured in the new action plan so that that example of best practice can be rolled out across the country. Unfortunately, as we know only too well, there is still great variation in the success and availability of suicide prevention services across Scotland. Earlier this year, released a report entitled “Dying from Inequality”. It revealed the headline figures that I highlight in my proposed amendment to the motion, including the fact that those in deprived communities are three times more likely to die by suicide.

The report found that those who are experiencing socioeconomic disadvantage are more likely to experience negative life events and less likely to seek help. That partly explains why the suicide rate is much higher in deprived communities than it is in the least deprived communities. An understanding that low wages, insecure work and other factors such as unemployment are key contributors to the complex issue of suicide must therefore be central to the new action plan. Reducing the rate of suicide in Scotland cannot be achieved by investment in NHS services alone; it must be underpinned by a commitment to tackle poverty and inequality at all levels of our society.

Joan McAlpine (South Scotland) (SNP): I absolutely agree that we have to look at the wider causes. Would Monica Lennon include the austerity agenda that underpins welfare reforms in her list of factors that influence people’s mental health?

Monica Lennon: Yes, absolutely.

Suicide is the biggest killer of men aged under 50. Three quarters of those who die by suicide in Scotland are men. Focusing on how health services meet the needs of men, especially young men at risk, must be central to the new action plan if we are to tackle stigma. A suicide prevention action plan can be successful only if it is backed up with adequate resources, which means an end to cuts to local budgets and to austerity, wherever it derives from. The decimation and roll-back of services is heaping pressure on front-line staff and is making it more difficult for the signs of suicide to be spotted and taken seriously.

The publication of the Scottish suicide information database report last week revealed that more than two thirds of those who went on to complete suicides had some contact with health services in the year before they died, while more than one quarter visited an A and E department within three months of their death. As a nation, we must invest more in front-line services, resources and training to ensure that staff have adequate support to spot the signs of those in need and to provide appropriate intervention.

It is vitally important that any action plan should contain reporting and evaluating mechanisms. In March this year, in the context of the previous strategy, I raised that issue during First Minister's question time. I was disappointed that that was not taken forward. The new action plan must have mechanisms that allow it to be robustly evaluated and monitored, with clear lines of accountability and a commitment to resources. Given the current crisis in mental health, I expect that the minister is making strong representations to the finance secretary ahead of the forthcoming budget. A reduction in the suicide rate can be achieved with a properly funded action plan and a focused effort on working collaboratively across services. I appeal to the Scottish Government to ensure that the forthcoming action plan reflects those shared ambitions.

I move amendment S5M-09000.3, to insert after "complex area":

“; notes the link between suicide and socioeconomic disadvantage, with the suicide rate being three times higher in the most deprived communities; believes that suicide prevention should be rooted in efforts to reduce overall poverty and inequality; recognises that adequate funding of front-line services is vital to the success of local suicide prevention and that continuing austerity is harmful to this work; acknowledges calls for the new suicide prevention strategy to have robust evaluation and reporting mechanisms”.

15:27

Clare Haughey (Rutherglen) (SNP): I refer to my entry in the register of members' interests, as I am a registered mental health nurse. I hold a current registration with the Nursing and Midwifery

Council and an honorary contract with NHS Greater Glasgow and Clyde. I particularly welcome the debate.

Almost a year ago to the day, on 19 November 2016, we observed international men's day, the theme of which was "Stop Male Suicide". Usually, when we debate gender inequality, women are the subject of most inequalities; however, when it comes to completed suicide, that is not the case. It is a multifaceted issue that cannot be blamed on one particular factor, but it cannot be denied that part of the problem may stem from society's patriarchal attitudes. Some people still expect men and boys to play particular roles and to have typical traits and behaviours. So-called "real men" are strong and they never air their emotions, other than perhaps anger.

We live in a society in which it is still common for males to be told to "be a man about it" or to "man up", rather than talk about their feelings. As a mum of three boys, I have encouraged them to challenge those stereotypes and to express their emotions. During my recent visits to schools in my constituency of Rutherglen, I have been heartened to observe how emotional literacy is being encouraged and taught. However, there can be no doubt that such gender-based attitudes can be damaging to men's mental health. In every country bar one, the male suicide rate is higher than that of females, and there are three times as many male suicides as there are female suicides in Scotland and in the UK as a whole. Although women are more likely to attempt suicide, men use much more lethal means to self-harm, which results in a much higher rate of completed suicide. It is a sad reality that everyone who is present will probably know of a friend or family member who has been affected by male suicide. That is evidenced by the fact that suicide is the single biggest killer of men under the age of 45.

Over the past decade, the suicide rate in Scotland has fallen by 17 per cent. I am pleased to hear that the Scottish Government is determined to reduce the incidence further, but any Government would attest to the fact that there is no simple fix for the problem. It remains a fact that, if we are to tackle the high male suicide rate, men need to open up about how they feel, and we must help and encourage them through that journey. Changing attitudes and challenging the stigma that still exists around mental illness will not alone solve the issue; Governments have a major role to play.

As a mental health nurse, I have seen our mental health services grow from being hospital-centric, on the periphery of our NHS and often hidden away on the edges of towns and cities, to being seen as a priority. With the introduction of mental health crisis teams, out-of-hours mental

health services and liaison psychiatry based in our acute hospitals, the Scottish Government is taking positive steps to tackle the issue. All those services provide support and treatment to people who are experiencing thoughts of self-harm or suicide.

Other programmes, such as the mental health first aid programme, have equipped non-mental health staff with the skills and confidence to ask questions about thoughts of self-harm and suicidality and have given them the knowledge of how to respond to people who are experiencing thoughts of self-harm and suicide.

We have made great strides in mental health care in recent years, and the Scottish Government is continuing to take positive steps to tackle the issue. This year, mental health investment will reach £1 billion for the first time. Since 2006, its funding has been increased by almost 40 per cent, and a further £150 million is being invested by the Scottish Government over the next five years to improve mental health services and find better ways of working.

As our Minister for Mental Health said, a draft suicide prevention strategy will be released next year. That is a major step forward, but that does not mean that our health and social care professionals are waiting for a strategy to act. Day in, day out, they use their professional skills to assess and manage risk and to help and care for those in mental distress.

Any suicide is a tragedy, and the effect on the person's loved ones, friends and work colleagues remains long after the person has died. We owe it to them to work together to find a way to reduce the number of suicides. The Government and wider society must work together so that our sons, fathers, brothers and friends are no longer taken from us in such devastating circumstances.

15:32

Brian Whittle (South Scotland) (Con): I welcome the opportunity to contribute to this debate on a subject that is not the easiest to discuss. It is apt that the Mental Health Foundation Scotland gave its publication the title "It's time to talk about it". We, in the Parliament, have the responsibility to lead the conversation.

It has already been mentioned that most of us here have some connection with or knowledge of people who have attempted suicide or even, sadly, taken their own lives. A few years ago, I coached a troubled young man who was talented enough to win a medal at Scotland level and managed to take his own life. Apparently, that was related to relationship issues. A national coach who, to the outside world, was highly successful and well liked

shocked us all when he managed to take his own life. Apparently, that was relationship related, too.

Closer to home, I helped a close relative over a period of time to get past attempting suicide and back to living a more normal life. That was done through attendance at psychiatry sessions, work sessions and assessments, liaising with the police, getting the person sectioned and subsequently reintroducing them to normal home life. That was a positive outcome and a relief for all of us who cared for and loved them.

In all our deliberations, we need to be aware of the toll of this terrible condition on family and friends. We need to be aware of the constant worry and anguish, the impact on personal, family and working lives, and the impact that supporting a person in this situation can have on our own mental health. The condition has a huge impact beyond the sufferers themselves. That is why one of the Mental Health Foundation's recommendations is most welcome and resonates strongly with me. It has recommended

"Support for individuals directly impacted by suicide",

particularly family and friends.

We are addressing the topic of prevention, and I have read that one of the key elements is talking about our feelings, keeping in touch and asking for help. We men—the strong and silent types—do not do that, of course, because speaking about our issues somehow lessens us as men. We keep our mouths shut and deal with it in silence. The result is that the suicide rate for men is 2.5 times that for females. It may be about time to park our egos, chaps.

Seriously, though, tackling the stigma associated with poor mental health—as this debate is doing—and creating an environment in which people are comfortable to open up and ask for help must be the focus of all our efforts. Those communication channels and options are most challenging in our most deprived areas, where the numbers are stark. People living in the most deprived areas are more than three times as likely to die by suicide as people living in the least deprived areas. Furthermore, it has been shown that the vast majority—about 70 per cent—of those who have died by suicide had contact with healthcare services in the year prior to their death.

A topic that I get into my speeches at every opportunity is the importance of being active and eating well. According to the Mental Health Foundation, regular exercise can boost self-esteem and helps people to concentrate, sleep and feel better. The foundation goes on to say that one of the most obvious yet unrecognised factors for good mental health is good nutrition. If properly addressed and implemented, tackling diet and obesity is intrinsically linked to tackling poor

mental health, as is drinking sensibly—a topic that was recently discussed at length in the chamber.

To further highlight that point, according to SAMH—and as I often mention—a factor in tackling poor mental health is inclusivity and physical activity. I have a poster in my office that says:

“Food is the most abused anxiety drug. Exercise is the most underused antidepressant.”

That was borne out for me in my jog with jogscotland and in the fact that SAMH co-funds jogscotland’s work on mental health.

It is also recommended that people should do something that they are good at. I love that. Part of the solution is to ensure that opportunities to participate in whatever engenders enthusiasm and self-esteem—whether that be music, art, drama or physical activity—are widely available, because those feelings are entirely the opposite to those that are displayed by people with poor mental health.

We know all the statistics. A man living in an area of deprivation who has had recent contact with healthcare services is most at risk of dying by suicide. We know who we should target to have the highest prevention success rate. We also know what steps can be taken to help the situation. As has been stated by SAMH and the Mental Health Foundation, inclusivity and activity as well as eating well are essential elements for good mental health. Therefore, it stands to reason that affording those opportunities to all—especially to those who are in the most vulnerable situations—is surely the most logical step that can be taken.

Suicide is a devastating condition that affects many more people than just the suffering individual. We know who is most at risk, we know where they are and we know that they are likely to have had some contact with healthcare professionals in the past 12 months—it is a classic Venn diagram. We also know the types of service that can be offered to prevent poor mental health from escalating. It will just take some joined-up thinking and a little bit of courage from the Government to create an environment in which that can happen.

15:37

Fulton MacGregor (Coatbridge and Chryston) (SNP): I remind members in the chamber that I am the parliamentary liaison officer to the health secretary.

Given the new 10-year mental health strategy, it is clear that suicide prevention is a high priority for the Scottish Government. It is good to see that the overall suicide rate has fallen by 17 per cent over

the past decade, but we can always do more. It is vital that we continue to break down the stigma associated with mental health and work across political parties, services and public and third sector organisations to ensure that support and help are offered to those who need them.

We need to assess the multitude of reasons that lead to someone feeling so helpless. Those range from struggles with anxiety and depression to poverty, traumatic life events, bullying, domestic violence and addiction issues. The list is intricate and infinite. Indeed, there is a vast variety of reasons why someone would feel that they had no solution other than to take their own life, but the good news is that the majority of suicides are preventable. The minister mentioned the Network Rail initiative, which is a very good scheme.

There is a lot to be said for Monica Lennon’s amendment. There is no doubt that poverty and deprivation can impact on mental health or that policies impact on poverty.

I will not be the only MSP in the chamber today who has come across several situations in which constituents have expressed how helpless they feel and how they have no options left. Those situations are often to do with recent welfare changes and their perceived treatment by the Department for Work and Pensions. People should not be made to feel as though they are nothing more than a burden because of cuts to welfare. That is heartbreaking. We must bring an end to that situation by working together across the chamber and across parliaments around the UK and the world.

Bullying is another reason why a person might feel suicidal. Last week was anti-bullying week, and my first members’ business debate in the Parliament was on the stand up to bullying campaign. We have seen the statistics about the higher suicide rate in the lesbian, gay, bisexual and transgender community, and many members have signed up to the time for inclusive education campaign.

I was recently approached by a constituent who raised the heartbreaking case of her son, whom she alleges experienced extreme bullying in his workplace—a football-based modern apprenticeship scheme—to the extent that he has left the scheme, with no other employment lined up, and has experienced a severe drop in his mental health, which has led to suicidal thoughts. The situation is causing a lot of distress to him and his family. I cannot go into the details of the case, but I will take up the matter with the stakeholders involved.

That example highlights the effects of bullying in a particular context. It also highlights, in particular, how vulnerable young men are, which is

something that other members, including Clare Haughey and Brian Whittle, spoke about. We really need to get the message out to young men, to encourage them to open up and talk about their feelings.

An organisation that does just that is the Centre for Help Response & Intervention Surrounding Suicide, or Chris's House. The charity used to be based in my constituency but is now on the south side of the M8 boundary, in Clare Adamson's constituency of Motherwell and Wishaw. It is the first organisation of its kind in Scotland and provides a safe environment in which people in crisis can get respite from their unwellness. Its 24-hour non-medical centre provides intervention and assistance around suicide. The charity's aims include reducing the number of people dying by suicide; supporting people who are affected by suicide; and reducing the stigma and taboo around suicide. Its motto is "Let's talk" and, on referral to Chris's House, a guest is assigned a volunteer who works to develop a strong rapport with the guest, helping them through their crisis and supporting them to counter depression and negative thoughts and to exchange reasons for dying with reasons for living.

We need to tackle the issue each and every day, and at an early stage. That means that we should start in our schools. SAMH research shows—alarmingly—that an average of three children in any one classroom will have experienced a mental health problem by the time they are 16. Although we cannot always prevent an individual from developing a mental illness, we must ensure that support is available as early as possible and can be easily accessed when it is needed.

We need to do more in the classroom to make young people aware of their mental health needs. I particularly like the nurturing approach that is being adopted more readily in schools, and I mention Wholistic Life—Coaching for Kids, which met me to discuss doing some work in my constituency.

I see that I am running out of time, Presiding Officer. I will quickly mention the Coatbridge youth forum's recently established sound minds project, which will encourage young people in the town to talk about their mental health. I also pay tribute to the great work of the two local members of the Scottish Youth Parliament, Ryan Kelly and Jack Campbell, who have done a lot of work in the area and recently proposed to the North Lanarkshire youth council that everyone who works with a young person should have some form of mental health training. I completely agree with that.

I support the motion and the amendments.

15:43

Johann Lamont (Glasgow) (Lab): It is a privilege to participate in this debate about a difficult and challenging issue. At the outset, I thank all the organisations who provided briefings for the debate and who continue to do so much work across our communities to support not just vulnerable people who are at risk of suicide but the families who are trying to support them.

I am sure that not many members are untouched by the terrible sadness of suicide. We probably all know of someone in our family, among our friends or in our communities, who has had to deal with the shock and tragedy of suicide.

No one in this Parliament is indifferent to the causes and consequences of suicide. We are united in a desire to do all that we can to tackle the suffering that might lead to suicide. Collectively, we want to do what we can. We want to understand what drives people to suicide and how we might better support people who are in crisis. We recognise that every person who is at risk of suicide will have made their own journey and will have their unique story, so we must understand the challenge of creating support that matches people's unique experiences.

As we struggle to recognise the scale of the problem and understand its implications, we are driven by the profound sense of sadness that we feel when it is clear that a suicide could have been prevented—when someone reached out for help and either did not get it or got the wrong kind of help.

In my short period convening the Public Petitions Committee, we have seen a number of petitions specifically driven by the experience of those who have lost a loved one. They have a profound sense of loss, compounded by the feeling that it did not need to be that way. The importance of understanding those direct experiences in shaping policy cannot be overstated.

We have had progress on attitudes. In my generation, the silence, shame and stigma of suicide was all too evident. People are now beginning to understand how someone might be at risk and that suicide is not the shame of the family who are living with its consequences—rather, those people deserve support.

There is evidence that we are opening up about the issue, but we know that a great deal more needs to be done. The Network Rail Samaritans advert sets out the idea that we can do something as individuals, which is a very powerful message. Last night, I watched a Channel 4 documentary called "999: What's Your Emergency?". It highlighted the experience of our police forces in having to deal with people with mental health

issues who inappropriately ended up in the justice system because there was nowhere else for them to go. That gave me two messages: first, that issues of mental health and suicide are not unique to Scotland but go far beyond here, and, secondly, that the challenge of delivering support is experienced here in Scotland and beyond.

We know the risk to young men. That is a challenge. We see an increase in young women who are self-harming and may take their own lives. We know the impact of postnatal depression and the challenge of making sure that the right support is there. My colleague Monica Lennon rightly highlighted the impact of poverty and disadvantage on the prevalence of suicide and the experience of addiction. I note for the minister the high prevalence of suicide among those whose addiction is to gambling. That experience is often not properly recognised in terms of support.

To be clear, I do not lay at the door of the Scottish Government direct responsibility for these tragic deaths, their causes or their consequences. However, the Government has a responsibility to do all that it can to put in place the strategies, systems and actions that will result in individuals being helped, not abandoned.

At the community level, there are concerns. Is it right that a young person who seeks help from a general practitioner for a physical condition can be referred to a consultant but a young person who seeks help with depression must refer themselves, when they may be distressed and not able to take that step? Can it be right that GPs have the capacity to prescribe drugs but do not have the time to talk to somebody at greater length about how they are feeling? That is a particular issue in our poorest communities, as highlighted by GPs themselves.

The truth is that any strategy must be backed up by an allocation of sufficient resources; what we say must be matched with an honest assessment of need. We know the importance of early intervention, and yet support is being stripped out of our schools. On the support that the voluntary sector might be able to deliver, we know the pressure that the sector is under and we know the pressure from local authority spending cuts. We need to think about the consequences of those choices and look again.

I say to the Government that if we are spending money in one place, we cannot spend it elsewhere. We need to test spending against how it supports the most vulnerable and most at risk in our communities. Any equality budgeting strategy worth its salt must ensure that resources truly follow need. What representations has the minister made directly to the finance secretary to ensure that sufficient resources are being put in place? We cannot separate the cold numbers in a budget

line from the lived realities of people at risk who are seeking help and those who are supporting them.

There is a clear consensus in the chamber on the issues. I would like to see a commitment to tough budgeting choices to match that concern. It is important for the minister to outline her expectation of the budget, to make sure that it can match our united commitment to those who are most at risk and to make sure that we can support them when they look for that help.

15:49

Kenneth Gibson (Cunninghame North) (SNP): I am pleased to speak on an issue that is so important in contemporary Scotland. I first brought this subject to the chamber in August 1999, in a question about the steps being taken to reduce the number of suicides in Scotland. Upon receiving an answer, I was shocked to discover that more deaths of males under 35 in the preceding year were due to suicide—268—than were caused by motor vehicle accidents and drugs combined. In 2016, according to the Scottish public health observatory's "Suicide: Scotland overview 2017", 148 males under 35 committed suicide. Although there has been a huge reduction in the number of such deaths over 18 years, the figure is still far too high.

A great deal of progress has been made since 1999, but suicide prevention remains an on-going struggle with a long-term impact. The Scottish Government's "Suicide Prevention Strategy 2013-16" identified key areas for action, such as responding to people in distress and talking about suicide. I never feel comfortable discussing human lives in terms of statistics, but they help in demonstrating the extent of the problem and identifying groups or individuals who might be at higher risk than others.

As we have heard, based on five-year rolling averages, the suicide rate in Scotland fell by 17 per cent over the decade to 2016, but the latest figures confirm that 728 suicides were registered in Scotland last year compared with 672 the previous year, 21 of which occurred in North Ayrshire.

Between 2012 and 2016, the suicide rate was more than two and a half times higher in the most deprived decile of the population than it was in the least deprived decile. Many colleagues have commented on that in some depth. It is true that money cannot buy happiness, but a distinct lack thereof can put immense strain on everyday life and, as such, it is important to understand which population groups, in addition to specific groups such as self-harmers, are at risk of suicidal thoughts and behaviours.

The suicide rate for males is more than two and a half times that for females, and that has been the case for years. We will all have heard the phrase “Boys don’t cry”. As Clare Haughey indicated, societal norms suggest that boys should not be seen crying or appear vulnerable in general. That an entire gender should be raised with an in-built instinct to unhealthily bottle up and suppress their emotions is regressive, and I am glad to see the beginning of a move away from that attitude.

Although society is gradually warming to the idea of bringing the discussion of so-called “toxic masculinity” into the public domain, there are still many men who are reluctant to discuss their innermost emotions and fears with even those they are closest to; I must confess that I fall into that category. Research has shown that cultural pressure for men to appear stoic and self-reliant might result in them being less likely to seek the advice of a healthcare professional. That is further proof that the stifling of emotional expression can be extremely detrimental to the mental health of some individuals.

In the same way—regardless of the aforementioned influencing factors—simply saying “I’m fine” as we push negative thoughts to the back of our minds rather than facing and processing them might feel like the easiest thing to do. When we feel that we cannot cope, it is in many cases almost ingrained in us to keep going in order to avoid what might be perceived as failure—failure to cope or be strong. However, through increased public discussion of the importance of mental wellbeing and suicide prevention, it is hoped that any negative connotations that come with asking for help can be eradicated, for most people at least.

Fortunately, negative thoughts do not spiral into depression and contemplation of suicide in the vast majority of people. Nevertheless, every suicide is one too many. It is therefore paramount that the Government and society in general continue to strive towards preventing as many people as possible from ending their own lives. Altering how vulnerable people think about suicide is complex and it necessitates the taking of a range of actions and approaches. Crucial to that is the co-ordination and delivery of efforts at national and local levels, not least to diminish people’s access to methods for killing themselves, on which much work was done in the decade before last.

I am pleased that, as many similar organisations have done nationwide, North Ayrshire health and social care partnership has promoted the national suicide prevention strategy over the past year through its choose life partnership, which works closely with charities, the NHS and Police

Scotland to better promote prevention strategies and available support.

It is also important to recognise the incomparable and vital work that is carried out by many helplines and support networks across the country, such as choose life, Samaritans, breathing space, copeline and Touched by Suicide, to name just a few. Such organisations work tirelessly to provide unwavering support to those who are affected by suicide, whether directly or indirectly.

In addition, NHS Scotland’s 2016 read between the lines campaign brought suicide awareness further into the public domain by illustrating the merits of the simple art of conversation and highlighting the need to take all signs of distress seriously, because people tend to know when a friend, family member or colleague is not quite themselves. Sometimes, all that it takes to turn on a light in the dark is a question, which can provide the massive relief that comes with the ability to open up to someone.

The reality is that behind each and every suicide is a person with a story that ended too soon, whose death will have a long-term devastating impact on those who are left behind. My great-grandmother drowning herself in Ireland was the reason why my grandmother was moved to Scotland and adopted while still a baby, but that is another story.

Suicide is not inevitable; it is preventable. Nobody wakes up deciding to commit suicide out of the blue. The road is often long and painful, and their reasons are often complex. The Scottish Government will continue to recognise suicide awareness and prevention as a public health priority. Although I find it difficult myself, I encourage those who can do so to speak openly about mental health and to support one another in our communities. If we listen closely to each other and take action at an early stage, many lives will undoubtedly be saved.

15:55

Alison Johnstone (Lothian) (Green): We are all very conscious this afternoon that we have recently seen the first increase in deaths by suicide in the past six years, which goes to show that we must never be complacent. We cannot accept any suggestion that suicide is not preventable.

Like other members, I am concerned that the previous suicide prevention strategy ended in 2016 and that the minister’s intentions to develop public engagement around the action plan indicates that we are still in the early stages.

I am also concerned that the minister's motion does not mention self-harm at all. We have seen a worrying increase in the levels of self-harm among young people, particularly young girls. The growing up in Scotland survey shows that almost a quarter of young women have self-harmed. I raised the issue when the minister delivered a statement on the mental health strategy and was told that self-harm would be addressed in the forthcoming suicide reduction strategy. I ask the minister to expand in her closing speech on how that work will reduce the level of self-harm that we see among young people.

Providing appropriate support at an early stage is crucial. I am proud of the Scottish Young Greens, who have just launched a national campaign called healthy minds, healthy students, which calls for every pupil to receive quality mental health education in school. The Government has agreed to review personal and social education and mental health support, so the time is right to ensure that we provide robust support for good mental health for all our students and young people.

We cannot overlook or shy away from the fundamental impact that inequalities of wealth, power and opportunity have on our mental health. We have seen a real increase in the incidence of mental health problems, particularly among children and young people, and it is no coincidence that mental distress has risen alongside the programme of austerity, welfare reform, wage stagnation and insecure employment. I agree with the points raised in Monica Lennon's amendment. There is a clear link between mental health problems, suicide and socioeconomic disadvantage. It shames us all that the suicide rate in Scotland is three times higher in the most deprived communities. Poverty, shame, stress and anxiety related to material deprivation play no small part in that.

There is a generation in Scotland who have experienced compounded hardships from deindustrialisation to a lack of investment in good quality housing to austerity and the social security cuts that are being made today. Those people should not be let down even further today by threadbare services.

The adult psychiatric morbidity survey in England found that more than 40 per cent of people who receive employment and support allowance have attempted suicide. Many people receive ESA because they have significant mental health problems and require on-going support, but the statistics indicate how vulnerable that group of people can be. They are entitled to social security support, and every cut to that support jeopardises their wellbeing.

Benjamin Barr of the University of Liverpool led research on the impact that disability assessments had on people's mental health in England. He found that the work capability assessment was linked to almost 600 additional suicides, and he called on the Department for Work and Pensions to release that data. That emphasises the need to develop a system in Scotland that truly treats people with dignity and respect. I would be glad if the minister could tell me how work to reduce suicide and self-harm will be integrated with the new social security agency, and how it will support vulnerable groups.

Research by LGBT Youth Scotland sampled more than 600 people and found that half of lesbian, gay, bisexual or transgender young people reported suicidal thoughts or actions. That figure increases to 63 per cent among trans young people. LGBT Youth Scotland's front-line workers deal with severe mental health issues and suicidal ideation regularly. Its previous research showed that poor mental health among LGBT young people is closely related to bullying, stigma and fear of rejection by family and friends. It is unacceptable that any young person in Scotland should feel such a level of distress, and horrifying that suicidal ideation is so high among LGBT young people in particular.

The strategy must have a thorough equalities impact assessment that accounts for the need to reach particular groups in different ways and to provide bespoke support. The equalities impact assessment for the mental health strategy did not mention race or ethnicity at all. Those aspects cannot be missing from this one.

The British Red Cross highlights that asylum seekers are at very great risk of suicidal ideation. After the trauma that they have fled and painful separation from family members, many asylum seekers and refugees are left with nothing by a system that fails to support them. It is in fact designed—in the Prime Minister's own words—to create a "hostile environment". It is little wonder that people experience mental distress. I would ask the minister how her strategy and other work led by the mental health directorate will support the mental health of asylum seekers, refugees and people with no recourse to public funds. Our mental health support must reach everyone, especially the most vulnerable.

As SAMH reminds us in its new pass the badge campaign,

"We all have mental health, so it's okay to start talking about it."

16:00

Alex Cole-Hamilton (Edinburgh Western) (LD): Suicide is not a crime; it is a choice. For

more than 700 people in any given year in Scotland, it represents the only choice—that last vestige of control that they have left to them. As a Liberal, I will always defend the right of someone to make such a decision, but I wish with all that I have that we could provide support enough that there was always a better choice for them to make.

Suicide is an option that, for some, no intervention will prevent, but we have to recognise that many of those lost to us might have chosen a different path had they only received help when they first needed it.

Therefore, I welcome the debate today. In particular, I thank the Minister for Mental Health, Maureen Watt, for making an effort last week to foster a spirit of consensus around the motion in her name. Suicide is absolutely one of the issues around which we should coalesce, stripping out any kind of partisan alignment and always—always—seeking agreement.

Although we support the Government motion and the amendments thereto, we cannot allow our efforts to be undermined by complacency. That is what I would have asked Maureen Watt to say, had she taken my intervention, because the motion fails to recognise that we are falling behind on this issue. I use the term “complacency” because although the motion speaks to suicide as a national trend that has, thankfully, dropped since the introduction of the choose life campaign, it makes no mention of the 8 per cent rise in the suicide rate last year, which James Jopling, director of Samaritans in Scotland, has described as a troubling “early warning sign”.

I associate myself with Alison Johnston’s remarks and with her dismay that there is no mention of self-harm in the motion. Suicide and self-harm are inexorably linked.

The Government’s efforts to tackle our mental health crisis, through the national mental health strategy, were delayed by over a year. When that strategy was published, it was met with tepid enthusiasm from stakeholders. I do not think that it is unfair to ask for something better from the equally delayed national suicide strategy.

As we have heard, the human cost of suicide is staggering. It tears a rent through families and communities. Although it is classless, it is far more likely in areas of deprivation. Although it is ageless, it seems to take the young more than the old. Although it is indiscriminate as to gender, it is far more common in men. Indeed, it is, as we have heard, the principal cause of death in men under the age of 50, outstripping cancer and cardiac arrest. That is heartbreaking. It is widely known that suicide can be a result of a cultural reality whereby men tend to bottle things up or are not

always taught to share, but that is not the whole picture. Many seek help but what is available to them—if anything is available to them—is just not enough.

Although there is no doubt that many men and women choose to take their lives without any prior suggestion that they are in difficulty, many more come forward for help. Seventy per cent of those who have taken their own lives sought medical assistance at some point in the preceding year. A quarter had been through A and E in the three months leading up to their death, and 60 per cent had a mental health medication prescribed to them in the preceding year. Put simply, many of those people are known to us. They are coming forward but are not getting the help that they need.

What needs to change? We need to get it right earlier—and I was gratified to hear the minister’s remarks in that regard. We need to answer SAMH’s call to radically invest in support for child and adolescent mental health services. We need to train teachers to recognise mental health issues in their classrooms and to equip their schools with properly trained school counsellors, and we need to replicate that approach across colleges and universities. We need to better respond to the reality in surgeries that a quarter of general practitioner appointments are made as a result of an underlying mental health condition.

Suicides are tragedies that stalk the homes and streets of every community in our nation. I have seen at first hand the cost of our failure, and that will haunt me until the end of my days. I therefore wish to use all of the days that I have left to me in the Parliament to see us answer that failure.

The English novelist Sally Brampton wrote:

“We don’t kill ourselves. We are simply defeated by the long, hard struggle to stay alive.”

In the Parliament, we make many decisions to help people with ailments of the body to stay alive, but we do not seem to be as good at helping people to endure through hidden mental ill-health. I thank the Government for seeking to build consensus on this unbelievably tragic and desperate issue, as we need unanimity around a solution, and we will agree to support the Government’s motion tonight. However, we will continue to challenge the Government when we find it wanting in relation to finding an answer to this fundamental issue in our society.

16:05

James Dornan (Glasgow Cathcart) (SNP): As someone who has gone through the trauma of acute poor mental health and who at one stage, a long time ago, made a cry-for-help attempt, I have some idea of what goes through the mind of a human being who feels so broken that the only

way out that they can see is to become a victim of suicide. Depression, stress and anxiety can become so crippling that everyday tasks become an uphill battle. For many, even climbing out of bed every day is a struggle, and those suffering are robbed of hope and joy. It is like a black cloud that envelops people's very existence.

Earlier this year, I wrote an article about my battles with depression and I was inundated with offers of support and stories from others who have faced horrendous battles—some, even, who have been fortunate enough to survive suicide attempts and get the support that they so desperately need. I was touched by the number of people who said that my story was their story and that I had been of some assistance to them. For that, I am eternally grateful.

Sadly, too many do not survive the horrors of poor mental health, and that is why the debate is so vital. I am sure that I am not alone in the chamber when I say that people who are extremely close to me have seen for themselves the results of what can happen when someone gets to that awful point—Alex Cole-Hamilton just talked about that. Heartening though it is to see a drop of 17 per cent in suicide rates over the past decade, we still have to examine every avenue at our disposal so that the number drops further. That is why I am pleased that the Scottish Government places such a high priority on mental ill health and suicide prevention.

I am glad that suicide rates have dropped in the past decade, but I am deeply troubled, if not surprised, to see that the suicide rate among men is still two and a half times that among women. Every death that happens at the hands of suicide is a travesty, but it is clear that we have a specific job to do with men. It took me years to open up about my illness. I had a misconception that, as a man, it was my job to be better than that or to save face in front of friends or colleagues, so I said nothing. I imagine that many men across Scotland do the same thing.

There are organisations that are trying to tackle that. The breathing space Scotland service has worked with several football clubs and organisations, and high-profile players have reached out to men across football, and indeed across Scotland, to try to remove the stigma attached to mental ill health and to show men that it is important to talk. A simple conversation with the right person can be all that is needed to save a life or at least to start someone on a recovery journey. That is why I am pleased that talking about suicide is one of the Government's key themes.

Language around mental health is another barrier that prevents people from reaching out to those who could be suffering, especially males.

Like my colleague Clare Haughey, I absolutely despise the use of the phrase “man up” when someone expresses the emotions of anxiety or depression. There is a well-used phrase that goes, “If someone had a broken leg, you wouldn't make them walk on it.” If a man has a physical scar that the human eye can see, it seems acceptable for him to take time out, get physiotherapy and recover at his own pace. However, a mental scar can be a different ball game. Many are told to pull themselves together or can be self-critical, dismissing their emotions and thinking that they need to give themselves a shake. I am not a psychologist, but I know enough to say that if we ignore mental illness, the results will manifest themselves just as with any other physical disease—in other words, it is unlikely to self-heal. Of course, that can mean that the illness gets progressively worse, which, tragically, can result in suicide.

I know a young woman who is being seen by an expert CAMHS team. She had several physical and emotional health issues, and had cut her arms and legs with knives and attempted to kill herself. She was referred to CAMHS and I am delighted to report that, after several months in care and therapy, that young lady is almost unrecognisable.

The Deputy Presiding Officer (Linda Fabiani): Excuse me, Mr Dornan. I am terribly sorry to interrupt you, but the broadcasting system is not picking you up properly, so could you shift your microphone?

James Dornan: Do you want me to start again?

The Deputy Presiding Officer: No.

James Dornan: It was worth a try, Presiding Officer. I apologise.

Not only does that young lady have better mental health, but she has been given many strategies to cope with all that life throws at her. The world moves at a much faster pace than when I was young, and I am pleased and thankful that we have such brilliant teams supporting our young people as they navigate such difficult times.

I cannot discuss the prevention of suicide without considering the direct link with poverty. Alex Cole-Hamilton talked about the 8 per cent rise in suicide, as did other members. There is no doubt in my mind that the rise is partly due to austerity measures and the pressure that has been put on people. I have been there. A long time ago, I lived a life where my heart was in my mouth every time there was a knock at the door, as I was robbing Peter to pay Paul and was worried that it was Peter at the door, wanting his pound of flesh. In my constituency, there are a number of people who are, I am sad to say, struggling even more than that due to the vicious and life-crippling cuts in the benefits system.

The number of people who lose their lives to suicide is falling, and I am delighted about that. I welcome the Scottish Government's suicide prevention strategy and action plan, key aspects of which involve responding to people in distress and talking about suicide and, indeed, mental health. As an elected member and a member of the community, I urge any of my constituents who feel completely alone to come to my door, which is always open. Although we are not experts, we are able to direct most people who are in need of care to those who are most able to provide it. Maybe—just maybe—such an open-door policy from me and others could help to save a life.

16:11

Finlay Carson (Galloway and West Dumfries) (Con): The headlines on Tuesday 21 February 2017 read:

“A RISING young rugby star has been found dead just days after being named ‘man of the match’ in a game that saw his team crowned league champions ... The Stewartry Rugby Club player had been celebrating winning the BT West Division 2 championship with his team only 72 hours earlier. The 22-year-old, who has come up through the ranks at the club, scored two tries in his club's win against Cumbernauld.”

The story continued:

“Scott Carson was found dead”

by his mum and dad

“on the family farm near Gatehouse of Fleet ... It is understood he took his own life.”

Scott was not a statistic. He was not a target to be met. He was John and Helen's son and Ross's brother. He was my cousin's son. He was a good friend of my son and daughter and many lads and lassies in the Stewartry. Everybody was shocked. It came as a huge surprise. Nobody could believe it because he never talked about his problems. The story might be very personal to me, my family and Scott's friends, but it is replicated throughout the country far too often, and far too often involves young men in rural areas.

I will talk about rural suicide. Many factors put individuals at risk of suicide but four key groups of risk and pressures have been identified: risks and pressures within society, including poverty and inequality, together with access to methods of suicide; risks and pressures within communities, including neighbourhood deprivation, social exclusion, isolation and inadequate access to local services; risks and pressures for individuals, including sociodemographic characteristics and lack of care and treatment for and support towards recovery from serious mental illness; and quality of response from services, including insufficient identification of the people who are at risk. Not just

one or two of those risk factors but all of them are present in rural areas.

In the days and hours after Scott's death, his teammates met often and talked about their feelings. That is not something that tough farmers and rugby players do, but they did it. In their relatively small group, a surprising and significant number admitted to having suffered from different levels of mental health issues. Some had sought support and received medication or other professional intervention, but the majority had never spoken about the issue before or even considered that they should seek help. That is of great concern. It is important that we create a culture in which talking about mental health issues is no different from talking about a sprained ankle or a stomach bug.

Many young people who work in agriculture fall into the categories that I have mentioned. Agriculture suffers more than most industries from the stigma that is attached to mental health problems. To make matters worse, there are the additional challenges of diagnosis and treatment.

Life in the countryside creates diverse worries for young people, which are often missed by other campaigns. Farming is a 24/7 job that it is hard to switch off from. Many rural areas are isolated, lacking public transport to sports and recreational facilities, which are not accessible. Self-employed farmers are not eligible for statutory sick pay, which puts those on lower incomes under more pressure to continue working when they should seek help.

Access to treatment, and particularly to specialist health professionals, can involve long journeys, thus increasing anxiety and worry. With the GP recruitment crisis, even getting a doctor's appointment can be difficult. That is why the Scottish Association of Young Farmers Clubs, a leading youth organisation with more than 3,500 members, has chosen to encourage the conversation and break the stigma surrounding mental ill health and wellbeing by launching the are ewe okay? campaign. The association recognises that it is about people looking out for one another and that early intervention can be as easy as asking, “Are ewe okay?” and being there to listen.

The aim of the campaign is specifically to target an audience of young people living in Scotland's rural communities by raising awareness of the triggers and causes of poor mental health and, most important, how to recognise the signs and seek help if others are suffering. It has teamed up with SAMH, which now offers sessions for young farmers clubs that want to gain a basic understanding of mental ill health and wellbeing. Members share stories and experiences of mental health conditions online, and the association

invests in training so that office bearers can recognise and understand mental health conditions and can signpost those who may have a mental health condition to help.

The rugby team is ideally placed to help young men whose only off-farm activity is often rugby. It is in a positive position to provide support and advice through buddies, or simply by signposting services. That intervention could be life saving, because stress and anxiety can lead to suicide without any visible signs.

The Stewartry rugby team coach, NFU Scotland and the local health and wellbeing project coordinator are working together to deliver a mental health and wellbeing project that will assist in making it more commonplace for men and women, from the club's youngest members to its veterans, to recognise that mental wellbeing is a huge part of the overall wellbeing, performance and fitness of the individual.

Taking advice and examples from its auspicious professional colleagues at Glasgow Warriors, the club hopes to incorporate mental health as it does physical health in its day-to-day training, as a result ridding rugby of the stigma that sadly played a part in the death of a teammate. I hope that that is a model that can be rolled out to organisations across Scotland.

It is of great concern that a new action plan will not be published until spring 2018, but that should not be an excuse for failure to progress collaborative working with groups that are in a positive position to take action now to avoid more suicides.

16:17

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): We must be grateful for that personal contribution from Finlay Carson.

I appreciate the opportunity to contribute to this important debate. Colleagues across the chamber have rightly focused on the good work that has been done in the past and that is being done, and on what could and should be done to help further reduce suicide numbers in Scotland. They have all made good and heartfelt contributions.

We have good strategies in place that are supported by dedicated staff in a number of disciplines and there is good investment to call on, which helps us to support people at risk. Is that enough, however? Do we need more money or more resources, or is something else needed that might still be missing from everything that we are doing?

I have permission from a local family to tell Jenna's story. When members hear it they might agree that something is still missing that might

allow us to intervene and help to save lives, especially young lives. Only four years ago, Jenna was 13. She was a very bright, beautiful, intelligent and compassionate young girl. She had been having problems both at school and out of it—probably bullying. I have to say “probably”, because it was never established, accepted or verified that that was the cause. She had told her mother what was happening to her to make her feel so sad but, by that time, it was too late. Less than 48 hours later, Jenna sadly took her own life.

The signs that her mother saw and the discussion that she had with Jenna did not immediately make her think that her daughter's life was at risk. Jenna had been self-harming, but the advice that her mother got was that that rarely led to suicide and that it would be months before she would be able to see anybody professionally who could try to help. Oh, how her mother now wishes that she had acted.

With Jenna's young life cut so short, her family has to deal with lifelong devastation and a pain that endures with every day that passes. The questions have all been asked time and again. What could have been done to help pull Jenna back from the brink? There were plans in place then—anti-bullying strategies, mental health support and counselling services—but all failed Jenna and her family.

I spoke to Jenna's mother last night and asked her what key things have to happen to give people, especially youngsters such as Jenna, a chance to hold on. Jenna's mother said that it is vital that there is quick action when any signs are spotted, and sustained support and counselling. She said that it needs to be recognised that bullying is a major cause of anxiety and depression in young people—more so now as a result of social media. She emphasised the importance of accountability and being seen to act to protect the victims, especially in a school setting. Youngsters who have been bullied have often moved school to get away from the bullying. Surely that cannot be right. Some of Jenna's mother's suggestions chime with the Mental Health Foundation's 12-point plan, which I am sure that we are all grateful to have received in time for the debate.

My message to the ministerial team, which is working hard on the issue, is to ask it listen to Jenna's family, back up the plan and strategies with such actions and interventions and make them available as quickly as possible.

I close with a quote from Jenna's mother, Pauline, who said:

“This Saturday should have been the day that I celebrate my beautiful, intelligent, compassionate daughter's 18th birthday, but I can't because on 11th June, 2013, Jenna

Moriarty, my little girl, aged 13, waved and smiled as she walked home from school, to end her own precious life.”

Jenna’s story is possibly not unique but her legacy is that her family has honoured her memory and set up a charity in her name—Beautiful Inside & Out—to work tirelessly to intervene quickly when called upon to help, and to find counselling support for other youngsters and their families who are struggling. It is working and it is saving lives. Let us all hope that our work in this area saves even more lives from the tragedy of suicide.

16:22

Colin Smyth (South Scotland) (Lab): It is a privilege to speak in a debate on such an important issue. The debate has stimulated many thoughtful contributions. Speaker after speaker has rightly highlighted that behind each of the more than 6,000 deaths from suicide in Scotland since 2009 are individuals and their families and friends who have suffered a devastating, unimaginable loss. Although the motion highlights the positive fact that there has been a 17 per cent reduction in suicides in the past decade, Annie Wells and Alex Cole-Hamilton rightly referred to the fact that, last year, there was a rise of 8 per cent in the number of people taking their own life—the first increase for six years.

Annie Wells also rightly highlighted that, because the Scottish Government’s current suicide prevention strategy expires in 2016, it is crucial that the Government consults and brings forward plans for a new strategy. As Johann Lamont highlighted so powerfully, a critical part of that new strategy needs to be the availability of and accessibility to the right mental health treatment. It is just not acceptable that a quarter of adults who require mental health treatment have to wait more than 18 weeks for that treatment. In many areas, the treatment options are limited. Staff are under increasing pressure, and many areas are struggling to recruit for key posts. There are vacancies in 9 per cent of psychiatric consultant posts, 8 per cent of clinical psychology posts and 4.4 per cent of mental health nursing posts.

Johann Lamont was right to stress that the forthcoming budget must ensure that our mental health services have the resources and staff that they require in order to meet demand and deliver the treatment that people need. Several members highlighted the broader issue that those working in health and social care services must be provided with the necessary training on suicide and mental health. I echo the Scottish Association for Mental Health’s calls for allied health professionals to receive suicide prevention training.

There is also a need for improvements in communication and co-operation between

healthcare sectors and I support calls by SAMH to introduce a national Scottish crisis care agreement between statutory, emergency and non-statutory sectors to develop clear pathways.

However, we must look beyond healthcare services and expand other organisations’ ability to intervene effectively to help those people who are at risk of suicide. I welcome the work that has been done by the Scottish Government to promote applied suicide intervention skills training, known as ASIST. The Government’s review found ASIST to be

“effective on a number of levels”.

Training of that kind should be made more widely available, and it should be provided, in particular, for those people who work across our education system. Indeed, the role of education in suicide prevention is fundamental, as Fulton MacGregor highlighted in his contribution. Research has shown that half of all adults with mental health conditions say that their condition started before the age of 14. Early intervention and the promotion of lifelong mental health must, therefore, be at the heart of any truly preventative approach. People who work in all levels of education should have a strong understanding of mental health and suicide, and we must guarantee access to a qualified counsellor in every high school in Scotland.

Although suicide hits all of Scotland’s communities—Maureen Watt was correct when she said that there is rarely any single cause—we know that it impacts on certain groups disproportionately. Clare Haughey, Brian Whittle and others have highlighted that the suicide rate among men is more than two and a half times that for females. Between 2009 and 2015, 73 per cent of people who took their own lives were men, and they were found to be less likely to have had prior contact with healthcare services than women by a 21 percentage point gap. Serious barriers prevent men from accessing the mental healthcare that they urgently need. Bringing forward the cultural and structural changes that are needed to address that inequality must be part of any new strategy. James Dornan’s very personal contribution highlighted the fact that efforts to destigmatise mental ill-health must recognise the key role that is played by gender and must tackle the harmful gender stereotypes that prevent men from seeking help. Likewise, healthcare services must do more to ensure that men who are at risk of suicide receive the treatment and support that they need. I support SAMH’s calls for integration joint boards to commission evidence-based, gender-sensitive services to tackle the inequalities that are faced by men and people in areas of deprivation.

We cannot discuss suicide prevention without discussing the need to tackle poverty and inequality. As Monica Lennon said, the recent

Scottish suicide information database report highlighted that suicide deaths are three times more likely among people who live in the most deprived areas compared with those people who live in the least deprived areas. Those figures reflect—in the clearest and most devastating terms—the human cost of inequality. The recent Samaritans report “Dying from Inequality” stated that there is

“overwhelming evidence of a strong link between socioeconomic disadvantage and suicidal behaviour”.

It highlighted that low incomes, job insecurity, zero-hours contracts, unmanageable debt and poor housing increase the risk of suicide. The forthcoming suicide prevention strategy must put it at its heart that, if we are to tackle this health inequality, we need to tackle wealth inequality.

Finlay Carson highlighted another inequality. He spoke about the personal case of the Stewartry rugby player Scott Carson and rightly talked about a lack of connectivity and isolation as factors in suicide. The recent Scottish suicide information database report highlighted that, although rural areas have a higher than average rate of suicide, “very remote small towns” had the highest rate of any area, and accessible small towns and rural areas both had lower rates than their remote or very remote counterparts.

On an individual level, isolation appears to play a role, with 71 per cent of people who have died from suicide reported as being single, widowed or divorced at the time of their death. I hope that we will soon see the publication of the Government’s promised strategy on loneliness, which I hope will include such options as social prescribing. Today’s debate has highlighted how complex suicide is. Self-harm has been highlighted in the very personal cases that Willie Coffey and Alison Johnstone set out, and the impact of deprivation was highlighted by Monica Lennon and others. The chamber has united behind the need for the Government’s new strategy to have clear priorities and clear objectives. I am sure that everyone will get behind that strategy.

16:29

Jeremy Balfour (Lothian) (Con): I add my voice to the united message that this whole Parliament must send out today: every suicide—which is a tragedy for the individual involved, their family, friends and society more widely—is preventable. All of us, across all parties, are committed to working towards a situation in which deaths from suicide are reduced, minimised and, ultimately, never happen. We all want Scotland to have the best possible health and support services, and for those who are suicidal, and their families, to be able to access those services as easily and early as possible.

My colleague Annie Wells highlighted recent Scottish statistics that show that the number of suicides has risen for the first time in six years. We must make sure that that is a one-off, not a trend. Alison Johnstone also told us how the suicide rate is rising.

With the previous strategy having expired in 2016, a new suicide prevention strategy for Scotland is long overdue. It is for ministers to respond to the criticisms that have been made that the current suicide prevention strategy ran out at the end of last year and the new one is not yet in place. We need it sooner, rather than later.

Throughout the debate, the importance of suicide prevention work at a local level has been mentioned by my colleagues. Suicide is the single biggest killer of men under the age of 50 in the UK, and people including Clare Haughey, Brian Whittle and Kenneth Gibson are right to say that we need to tackle the stigma, particularly among men, that makes them unable to talk about it. It is not right that we say, “man up” or, “men should never cry”; that is unacceptable in 21st century Scotland.

There are excellent examples of voluntary services working with men across Scotland, including the Men’s Shed association in Musselburgh in my region, which responds to men’s need to come together to talk about what goes on in their lives and provides an opportunity for them to work through those issues. It is not only men—women also need opportunities to talk. I know that the minister visited the Juno project in Edinburgh, which works with ladies with postnatal depression. That, again, is an issue that is too often hidden and about which society is not willing to talk.

I urge the Scottish Government to act on the calls from Samaritans to increase support for local suicide prevention work by providing resource and leadership. I agree with Fulton MacGregor and Alex Cole-Hamilton that we need to see far more done to tackle mild and moderate mental health problems that can develop into more serious conditions and suicidal tendencies if the people presenting with the initial problem fail to access the right treatment and support, or fail to get that support because of long delays. They are then more likely to go on and try to commit suicide.

Suicide is now the leading cause of death in teenage girls worldwide and the rate of suicide in 15 to 24-year-olds in Scotland has risen over the past three years. I am sure that we were all moved by the contribution from Willie Coffey and wish the best to his constituent’s family as they go on raising money and telling the story.

Education on mental and emotional wellbeing can act as prevention and early intervention. The

Scottish Youth Parliament has provided helpful research in that area. The Scottish Conservatives would expand mental health education in schools so that young people know what support is available at the earliest possible time and know that there are people within their area to whom they can talk.

Finlay Carson spoke about the particular issues in rural Scotland. I will be interested to hear what the minister has to say with regard to that.

We have heard heartbreaking stories of suicide and the families and communities affected by it. We must look to see how we can give the right support to prevent that.

While we can expect some year-on-year fluctuations, we cannot ignore any rise in deaths in 2016 that would suggest a direct correlation between the lack of a robust suicide prevention strategy and the number of deaths from suicide. I urge the Government to push ahead with the new strategy, working in partnership with key partners, including those in the third sector, to develop a plan that enables people who are suicidal, and their families, to access those services as easily and early as possible. I am sure that the minister and her Government will get the full support of all parties if she brings such a strategy to the chamber, and I look forward to seeing it in due course.

16:35

Maureen Watt: As I said in my opening speech, the Scottish Government is committed to continuing the strong downward trend in suicides. I am pleased that the desire to work collaboratively on the issue has been evident today among members on all sides of the chamber. I thank them all for sharing their experiences and knowledge in this area, and we will take on board their contributions in developing the new plan.

Partnership is central to suicide prevention. A new action plan on suicide prevention will create the conditions to strengthen our current relationships with partners, and reveal opportunities to develop new partnerships where appropriate in working towards our shared aim of ensuring that the long-term downward trend in the Scottish suicide rate continues.

I thank all the partners at both national and local level who provide support to vulnerable individuals and who have contributed to action on suicide prevention in Scotland over recent years. As has been said, in the past decade we have seen a 17 per cent reduction in the suicide rate, and the gap in suicide rates between the most deprived and least deprived areas of Scotland has narrowed by 42 per cent.

Many members mentioned the increase in suicide in the past year. We cannot extrapolate a trend from one year's figures, as we need to see the five-year rolling averages, but we are determined to ensure that the long-term downward trend in suicides continues.

Our future suicide prevention action plan will be based on a range of resources, including the experience of those who have been bereaved by suicide, and the latest research evidence on what works in this very complex area. I urge all members who told the harrowing stories of constituents today to urge those constituents to feed their experiences into the new action plan. Some have already done so, and I urge the others—including the lady from Willie Coffey's constituency—to feed in their thoughts on what should be in the next action plan. The plan will involve suicide prevention for everyone across the population and will take account of determining factors as well as characteristics and factors that can help to protect against suicide. I assure members, including Alison Johnstone, that the next action plan will be for everyone, regardless of background: rural or urban, refugee or asylum seeker or lesbian, gay, bisexual, transgender or intersex.

Johann Lamont and Jeremy Balfour mentioned postnatal depression. I had a great morning at the Juno project, which Mr Balfour knows well. We have already set up a new managed clinical network for antenatal and postnatal care, which covers postnatal depression, and there are many groups like the Juno group in Edinburgh that offer peer support for women who are experiencing postnatal depression.

The programme for government sets out our ambitions for building strong and safe communities, tackling poverty, improving housing and eradicating rough sleeping, all of which will necessarily touch on suicide prevention in one way or another. As we have said before in relation to the mental health strategy as a whole, the suicide prevention action plan will not be delivered by the health portfolio alone but will require work across portfolios.

The issue of what people can do when they need help has been brought up by a number of members. A range of factors can help to reduce the risk of suicide. As many members said, suicide is preventable. Supporting factors include social connectedness, close and supportive relationships, family resources and individual resources such as problem solving skills and personal resilience, and, of course, looking after one's physical health as well as one's mental health, as Brian Whittle reminded us.

It is important that we encourage and promote suicide prevention training and related work to

raise awareness of suicide and its prevention, as well as taking wider action to address stigma. It is also important to encourage and support the work of local groups, which is what choose life plans and local co-ordinators do. I have witnessed the help that peer support can give to families affected by suicide and to those who have attempted suicide.

When people feel that they need additional support, they should consult their GP, but there is a range of out-of-hours supports such as NHS 24, NHS inform, breathing space and Samaritans. I recognise that men may feel stigmatised by going for support locally, so it is important that everybody knows of those sources of help when they experience low mood, depression or anxiety. Last week, I visited the Edinburgh crisis centre run by Penumbra, which provides short-term support to people experiencing emotional or mental health crises, including those who feel suicidal. I was struck by the emphasis that the centre places on listening and on treating people with compassion.

Many members, including Finlay Carson, who made a powerful speech, mentioned the incidence of suicide in rural areas. I helped launch the Scottish Association of Young Farmers Clubs are ewe okay? campaign at Thainstone mart in the north-east. I am pleased that the campaign won an award recently. The rural mental health forum has gone from strength to strength. Suicide is an issue that is very much on its agenda and the forum will take the issue forward.

The use of social media is now commonplace among children and young people. It can be a positive way of helping people to access information about supporting their health and wellbeing. I have mentioned the suicide prevention app, which has been well used in Aberdeen and Aberdeenshire. However, we need to be vigilant about the challenges that social media can present, for example around bullying, social isolation and encouraging risky behaviours. There are positive and negative aspects to social media, and we should harness the positive aspects in our next plan.

As NHS Health Scotland reminds us in its awareness-raising work,

“If you can read between the lines, you can save lives.”

Members have stressed that suicide is preventable. In addition to directing people to see their GP or to phone breathing space or Samaritans, if we are worried about someone, we should ask directly about their feelings, because that can help to save lives.

The signs of suicide can be ambiguous, but we should be alert to the warning signs and take all signs of distress seriously, even if the person seems to be living a normal life. We will know that

we are making improvements when people feel comfortable about asking for help if they are in distress, and when people are also comfortable offering help if they see someone in distress.

We know that more men than women are successful in committing suicide, and we need to find out the underlying causes. Men really need to open up.

Suicide is preventable, and it is everyone's business. I assure members, including Johann Lamont, that the health team is ensuring that we can extract every single penny from the finance secretary for the health budget, including the budget for our next action plan.

Our focus in working with partner organisations is on learning from the best examples around the country and sharing them. We should note the research evidence from the confidential inquiry into suicide and homicide by people with mental illness, for example. That shows that there is a heightened risk of death by suicide for mental health patients who have been discharged from in-patient care. We will certainly give our full attention to that in the new strategy. I fully appreciate that the issue is extremely challenging and that there need to be risk assessments of people who are experiencing mental illness.

Some members have mentioned that the strategy has expired. I assure members that the actions in it continue to be implemented across Scotland. Indeed, we have seen lots of new and innovative practices in local areas to continue to reduce the suicide rate.

I strongly associate myself with the sentiments in Monica Lennon's amendment that inequality is compounded by the welfare cuts and that people who are left with no money feel particularly helpless.

I appreciate all the information and thoughts that members have shared in the debate. I assure members that they will be taken on board in developing the new action plan and that a group will be set up to monitor the actions in the new strategy, just as one was set up with the mental health plan.

Edinburgh Bakers' Widows' Fund Bill: Final Stage

The Deputy Presiding Officer (Linda Fabiani): The next item of business is a debate on motion S5M-08596, in the name of Tom Arthur, on the final stage of the Edinburgh Bakers' Widows' Fund Bill.

Before the debate begins, the Presiding Officer is required under the standing orders to decide whether, in his view, any provision of the bill relates to a protected subject matter—briefly, whether any provision will modify the electoral system and franchise for Scottish parliamentary elections. If so, the motion to pass the bill requires support from a supermajority of members: that is, a two-thirds majority, or 86 members. In this case, the Presiding Officer's view is that no provision of the Edinburgh Bakers' Widows' Fund Bill relates to a protected subject matter. Therefore, the bill does not require a supermajority to be passed at the final stage.

16:48

Tom Arthur (Renfrewshire South) (SNP): I am pleased to open the final stage proceedings on the Edinburgh Bakers' Widows' Fund Bill, and I again thank my fellow committee members—Mary Fee and Alison Harris—for their contributions in progressing the bill to this stage. I also record the committee's gratitude to the clerks for all their support.

As there are currently three private bill committees on the go, all of which have the same membership, Mary Fee, Alison Harris and I have seen quite a bit of each other. Members will be delighted to learn that they can expect to see more of us in that capacity as the other two private bills progress. In fact, the preliminary stage debate on the Pow of Inchaffray Drainage Commission (Scotland) Bill took place last week and the debate on the Writers to the Signet Dependants' Annuity Fund Amendment (Scotland) Bill took place the week before that.

Members will no doubt recall the preliminary stage debate on the Edinburgh Bakers' Widows' Fund Bill, which took place in September. To recap briefly, this private bill was introduced on 20 March 2017 and is being promoted by the trustees of the widows' scheme. The bill's overall objective is to transfer the property and the assets of the widows' fund to a new charitable trust.

The Incorporation of Bakers of the City of Edinburgh was set up in medieval times to regulate trade. The fund was established in the 19th century to provide financial support to the widows of contributing members. However, the

Edinburgh Bakers' Widows' Fund Act 1813 limited membership of the scheme to men under the age of 45.

As I explained in my speech at preliminary stage, in recent times, members of the incorporation have tended to be women or older men, but neither category is eligible to contribute to the scheme under the terms of the 1813 act. The last contribution to the fund was made in 1981 and the last annuity paid under the scheme was in 1997. Since then, there have been no qualifying beneficiaries.

In 2013, the trustees decided that the scheme should not continue to operate in its current form and formally closed the scheme to new members. It was considered that there was a need for change, given the restrictions on the ability of the trustees to apply the assets of the fund as imposed by the provisions of the 1813 act.

The fund is not a modern financial vehicle, and with a finite number of potential beneficiaries the trustees found themselves unable to apply the fund assets in accordance with the spirit of the fund. In place of the fund, the trustees intend to set up a new charitable trust, which will have the purposes of the advancement of education, by supporting education and training opportunities in baking; and the advancement of the arts, heritage, culture or science, by providing public information and promoting an appreciation of local baking and the history of the baking trade, particularly in Edinburgh.

The new trust—the Incorporation of Bakers of Edinburgh Charitable Trust—has been approved by the Office of the Scottish Charity Regulator.

At preliminary stage, the committee was pleased to recommend to the Parliament that the general principles of the bill be agreed to and that the bill should proceed as a private bill.

At consideration stage, private bill committees are required to consider any objections and amendments to the bill. In this case, there were no objections, as was expected, and no amendments were lodged. Consideration stage consisted of a very short meeting of the committee.

At this, the final stage of the bill's parliamentary passage, I reiterate that the committee supports the aim of the promoters to establish the new charitable trust, to enable the trustees to make capital payments to the potential beneficiaries, to dissolve the fund and to repeal the 1813 act.

I move,

That the Parliament agrees that the Edinburgh Bakers' Widows' Fund Bill be passed.

16:53

Alison Harris (Central Scotland) (Con): As Tom Arthur has outlined, the money that was raised by the Edinburgh bakers' widows' scheme was used to pay annuities to widows of contributors to the fund. In certain circumstances, provision could also be made for elderly members or orphans of members who were considered to be in need.

As we have heard, the promoters considered that there was a need for change, given the restrictions of the 1813 act. With a finite number of potential beneficiaries, the trustees found themselves unable to apply the fund assets in accordance with the spirit of the fund. If nothing were done, the fund assets could become frozen and the trustees would be powerless to make any changes.

The last annuity that was paid under the scheme was in 1997. Since then there have been no qualifying beneficiaries under the fund. However, there are two wives of contributing members who could qualify in future for annuities if they were widowed and, as such, they had a contingent interest in the fund.

As well as the best means of creating the charitable trust, the trustees of the fund also considered how the interests of those individuals were dealt with, and the committee was keen to ensure that they were treated fairly. It was explained, in the promoters' memorandum:

"Prior to transferring the Fund assets into the Charitable Trust, the Trustees will make a single capital payment to each of the two wives of contributing members. The agreed capital payments have been ring-fenced from the Fund assets. The Bill will give authority to the Trustees to make a single payment to each of the wives who are not—"

and might never become—

"widows ... It is intended that the payments will be made to the wives prior to the dissolution of the Fund."

The committee was satisfied with the promoters' account of the steps that had been taken to ensure that the wives in question received equitable payments. We were told that an actuary had calculated capital payments. The wives had been consulted on the capital payments and had agreed to accept them in lieu of potential future annuities to which they might have been entitled as widows, under the terms of the 1813 act.

In conclusion, the committee was content, first, that the interests of the only two individuals who might in future have been affected by the dissolution of the fund have been addressed, and secondly, that the establishment of the charitable trust will provide an appropriate means by which the proceeds that are currently contained in the fund can be used to further the purposes of the incorporation, to the benefit of the public.

16:56

Mary Fee (West Scotland) (Lab): I thank the convener, Tom Arthur, for moving the motion, and I thank Alison Harris for her speech. I also thank the clerks to the committee for their help and support during the preliminary and consideration stages.

Thanks must also go to the witnesses who presented evidence. Their helpful and co-operative approach made committee members' jobs much easier. [*Interruption.*]

The Deputy Presiding Officer: Excuse me. I ask for a bit of quiet in the chamber, please. I am finding it difficult to hear Ms Fee, which is unusual.

Members: Oh!

Mary Fee: Thank you, Presiding Officer—I think.

Given the current interest in the art of baking—I cite the very popular "The Great British Bake Off", which I have to say I have never watched, as evidence of the trend—it seems of particular relevance that the purposes of the new trust are to encourage and support training and education in baking-trade-related careers, to provide training opportunities in baking, and to promote the appreciation of local baking and the history of baking.

In that context, I was interested to explore in a bit more detail the history of the fund. The Incorporation of Bakers—or Baxters—of the City of Edinburgh is one of the ancient trade incorporations or guilds that were set up in medieval times to regulate trade in many of the cities of northern Europe. The incorporation was granted a seal of cause in March 1522, under the terms of which members controlled admission to the craft of baking and the supply of bread in Edinburgh, subject to penalties for poor quality.

The incorporation prospered over subsequent years and acquired flour mills by the Water of Leith. However, with the advent of steam power the water-powered mills became obsolete and had to be sold off at a loss.

The Burgh Trading Act of 1846 abolished the exclusive trading privileges of the incorporations, which generally declined thereafter. As the promoters said in evidence to the committee:

"the trading act came along in 1846 and the trades could no longer be the closed shop that they had been and they had to change their business."—[*Official Report, Edinburgh Bakers' Widows' Fund Bill Committee*, 14 June 2017; c7.]

The committee was interested to learn that there is now a renewal of the trades and a revival of interest in Edinburgh, with people joining not only the bakers but

“the bonnetmakers, the goldsmiths, the candlemakers and so on.”—[*Official Report, Edinburgh Bakers’ Widows’ Fund Bill Committee*, 14 June 2017; c3.]

We were also encouraged to learn that, if the bill is passed and the new trust is created, the incorporation will be in a position to increase its membership and increase grant applications. That should benefit the wider community. For example, the trust might be able to offer a baking course in a primary school or prison. Under the new scheme, the benefits to the community will be much wider than they are under the scheme as set out in the 1813 act.

I am pleased to endorse the motion that the bill be passed, and I hope that all members can support it at 5 o’clock.

Business Motion

17:00

The Presiding Officer (Ken Macintosh): The next item of business is consideration of business motion S5M-09046, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a revised business programme for tomorrow.

Motion moved,

That the Parliament agrees to the following revision to the programme of business for Wednesday 22 November 2017—

after

followed by Portfolio Questions
Education and Skills

insert

followed by Ministerial Statement: BiFab—[*Joe FitzPatrick.*]

Motion agreed to.

Decision Time

17:00

The Presiding Officer (Ken Macintosh): We move to decision time. The first question is, that amendment S5M-09000.2, in the name of Annie Wells, which seeks to amend motion S5M-09000, in the name of Maureen Watt, on suicide prevention in Scotland, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S5M-09000.3, in the name of Monica Lennon, which seeks to amend motion S5M-09000, in the name of Maureen Watt, on suicide prevention in Scotland, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 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)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 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)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)

Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Smith, Elaine (Central Scotland) (Lab)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wightman, Andy (Lothian) (Green)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Bowman, Bill (North East Scotland) (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)
 Chapman, Peter (North East Scotland) (Con)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harris, Alison (Central Scotland) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Mason, Tom (North East Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

The Presiding Officer: The result of the division is: For 77, Against 27, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S5M-09000, in the name of Maureen

Watt, on suicide prevention in Scotland, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 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)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 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)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)

Smith, Elaine (Central Scotland) (Lab)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wightman, Andy (Lothian) (Green)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Bowman, Bill (North East Scotland) (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)
 Chapman, Peter (North East Scotland) (Con)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harris, Alison (Central Scotland) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Mason, Tom (North East Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

The Presiding Officer: The result of the division is: For 77, Against 0, Abstentions 27.

Motion, as amended, agreed to,

That the Parliament believes that every suicide is a tragedy, and extends its sympathy to all those bereaved in this devastating manner; supports the partnership and co-operation across the NHS, health and social care sector, Police Scotland, Scottish Ambulance Service, Scottish Fire and Rescue Service and the third sector, which have contributed to a 17% reduction in the suicide rate in the last decade; considers that Scotland can go further and learn more about this complex area; notes with concern that Scotland's previous suicide prevention strategy ended in 2016 and that the new action plan will not be published until 2018; notes the link between suicide and socioeconomic disadvantage, with the suicide rate being three times higher in the most deprived communities; believes that suicide prevention should be rooted in efforts to reduce overall poverty and inequality; recognises that adequate funding of frontline services is vital to the success of local suicide prevention and that continuing austerity is harmful to this work; acknowledges calls for the new suicide prevention strategy to have robust evaluation and reporting mechanisms; calls for individuals and local communities to be heard in the Scottish Government's public engagement process to develop a new suicide prevention action plan,

based on evidence, to continue the downward trend in suicides, and commends and reiterates key messages learned from practice and research that suicide is preventable, that it is everyone's business and that collaborative working is key to successful suicide prevention.

The Presiding Officer: The final question is, that motion S5M-08596, in the name of Tom Arthur, on the final stage of the Edinburgh Bakers' Widows' Fund Bill, be agreed to. We need to hold a division on this motion. Members should cast their votes now.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Campbell, Aileen (Clydesdale) (SNP)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Golden, Maurice (West Scotland) (Con)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Harris, Alison (Central Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)

Kerr, Liam (North East Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Mason, Tom (North East Scotland) (Con)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wells, Annie (Glasgow) (Con)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division is: For 102, Against 0, Abstentions 0.

Motion agreed to,

That the Parliament agrees that the Edinburgh Bakers' Widows' Fund Bill be passed.

[*Applause.*]

The Presiding Officer: That concludes decision time.

Road Safety Week

The Presiding Officer (Ken Macintosh): The final item of business is a members' business debate on motion S5M-08077, in the name of Clare Adamson, on road safety week 2017. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises that the week commencing 20 November 2017 is Road Safety Week; notes that this is an annual event to raise awareness about road safety and was started in 1997 by Brake, a road safety charity that works to prevent road death or injury, campaigns to make streets and communities safer and supports the victims of road crashes; acknowledges that the theme for 2017 is Speed Down Save Lives focussing on the dangers of driving over the speed limit; understands that breaking the speed limit or travelling too fast for conditions is recorded by police as a contributory factor in 23% of crash scenes in the UK; notes that the 2017 campaign will also highlight intelligent speed adaptation devices, which it believes are likely to become more prevalent in the future; commends Road Safety Week for promoting steps that everyone can take to stop needless road deaths and injuries year-round; supports the thousands of schools, organisations and communities that are involved in the event each year; welcomes this year's week, and notes hopes that the event will inspire communities to take action on road safety through promoting lifesaving messages during the week and beyond.

17:05

Clare Adamson (Motherwell and Wishaw) (SNP): I thank the members from across the chamber who supported my motion and those members who will speak in this evening's debate. In addition, I thank the charity Brake for its efforts in promoting road safety week and for all its efforts to reduce injuries and deaths on our roads throughout the year.

As I am the convener of the cross-party group in the Scottish Parliament on accident prevention and safety awareness, it has been my pleasure to work with the many charitable organisations—including the Royal Society for the Prevention of Accidents—local authorities, insurance companies and Government agencies that seek to improve safety on our roads.

This year's campaign is about reducing speed. The speed down save lives campaign focuses on tackling people who drive over the speed limit and asks drivers to consider how fast they are driving in certain situations.

Many of us will remember the harrowing road safety advice advert that featured a little girl explaining the different levels of injury that are sustained at different speeds and the graphic images that formed part of it. That was in 2009—I cannot believe that it was so long ago. The girl

explained that the survival rate is 80 per cent for someone who is hit by a vehicle travelling at 30mph and that the rate decreases rapidly the faster the vehicle is driven.

We have moved on from there. The twenty's plenty campaign has paid dividends in many local authority areas, including my area of North Lanarkshire, in reducing the number of injuries and deaths that are suffered as a result of people being involved in a road traffic accident. The adoption of that approach near schools and in residential streets, in particular, has been beneficial.

Through the road safety framework, the Scottish Government is committed to reducing risk on Scotland's roads. The mid-term review of the framework, which concluded last year, identified speed, pedestrians and cyclists as priority areas for the activity through to 2020. The Government's road safety partners have committed to encouraging local authorities to introduce 20mph zones or limits in residential areas and places with a high volume of pedestrians and cyclists, as is set out in the 2015 good practice guide for local authorities. I fully support the Government's position, but I know that my colleague Mark Ruskell will want to talk about his proposed member's bill, which would put that into statute.

At this point, I will talk about two of the things that I am most interested in: safety awareness and digital technology. I want to mention some of the modern road safety applications that are now available. This year's campaign also focuses on intelligent speed adaptations. An ISA is an on-board system that helps a driver to comply with speed limits. Using the global positioning system to connect the vehicle to a digital road map, an advisory ISA advises the driver of the speed limit, while a mandatory ISA can intervene in the operation of the vehicle to reduce its speed and alert the driver to the fact that they are in danger of breaking the limit.

Of course, such systems depend on the availability of a digital road map that accurately reflects the local authority speed limits that have been imposed across Scotland, and I invite the minister to give us an update—if he can—on how Scotland's development of such a digital map is going.

Intelligent speed adaptations help the driver or rider to maintain road speeds and alert them to their driving behaviour. Like black box technology, ISAs have been proven to improve the driving capabilities of people over time by alerting them to behaviour that might be risky, such as breaking the speed limit, excessive acceleration and excessive braking.

The insurance companies are encouraging support of the technology, especially for new drivers. It can reduce insurance premiums if people are willing to have a black box fitted to their car. It is exciting to note that black box technologies and ISAs can also be rolled out to fleet vehicles, so that the driving of local authority fleets and those of the other major companies that are using our roads is as safe as it can be.

The technology has been trialled across Europe, particularly in Denmark, where it caused a decrease in the average speeds of the people whose vehicles were fitted with the devices. Awareness of the devices being used in particular areas also seemed to have an effect on other drivers. Such devices would improve our road safety and reduce the number of injuries and deaths.

Almost 10,000 people were injured on Scotland's roads in the 12 months to June 2017. Provisional statistics from the Department for Transport show that 9,864 people were injured and 159 were killed in crashes on Scotland's roads. We can do a lot to alleviate the problems and prevent such accidents. Anything that can be done should be considered to be a priority, because nothing is more important than the safety of our young vehicle drivers, young people, pedestrians and cyclists on our roads.

I pay tribute not only to the charities that have campaigned for road safety but to those charities that support people who have been bereaved. RoadPeace, for example, is an international charity that supports the families of victims of road traffic accidents. It also campaigns to improve legislation around the world and to highlight the new technologies and information that are out there.

I thank the members who are in the chamber for coming together this evening to discuss this important matter and I look forward to the rest of the debate.

17:12

David Torrance (Kirkcaldy) (SNP): I thank Clare Adamson for bringing the motion to the chamber in recognition of road safety week, which is the country's biggest road safety event. I also thank Brake, the road safety charity that is co-ordinating the week's events.

Speeding is one of the most common causes of road accidents, and the driver's speed choices are influenced by many factors. They could be running late, they might be overtaking other drivers or trying to keep up with traffic or they might be driving on an empty road at night. They might even be speeding to stay awake.

Although we know that it is difficult to change driver behaviour, it is clear that the best intervention, and the one that is the Scottish Government's priority, is speed reduction. The theme of this year's road safety week is speed down save lives, and it focuses on the dangers of driving at more than the speed limit.

A number of effective interventions have been identified in the management or control of vehicle speeds. Setting and enforcing the speed limits are two of the most effective measures. However, recent studies have shown that, in many countries, the introduction of speed limits will have only a short-lived effect on reducing speed unless speed reduction legislation is accompanied by sustained and visible enforcement of the limits. The biggest challenge that we face is how to change driver perceptions of speeding. Inappropriate speed contributes to around 6 per cent of all injury collisions that are reported to the police.

Speeding affects not just road safety but the environment as a result of the high levels of exhaust emissions, traffic noise and fuel consumption, all of which have an enormous impact on the quality of life of people living and working near busy roads. High speeds and large speed variations have a negative effect on each of those factors, so our road safety policy and environmental policy should have much in common. It is imperative that road safety organisations and charities co-operate with environmental groups.

Smart traffic lights are currently being developed in order to reduce vehicle emissions. They combine existing technology with artificial intelligence so that traffic lights communicate with each other and adapt to changing traffic conditions to reduce the amount of time that cars spend idling. Results of a pilot study showed that the amount of time that motorists spent idling at lights was reduced by 40 per cent and that travel times were reduced by 25 per cent. A similar system across Scotland would have a massive benefit not only for the road safety of passengers and drivers, through encouraging motorists to stay within speed limits, but also for the environment.

Scotland's roads are among the safest in the world; however, there continue to be far too many deaths and serious injuries on them. The safe drive, stay alive campaign recently celebrated 15 years of promoting road safety in Fife with an interactive event hosted at the Rothes Halls in Glenrothes. The roadshow highlighted the dangers that new and young drivers face on Fife roads and demonstrated to visitors what happens when a person is not in control of their surroundings. Practitioners from all the emergency services were on hand to explain their role in the aftermath of a traffic accident. The importance of such events

cannot be overstated, and I welcome the continued work of the campaign.

The effect of speeding traffic on road safety is a major concern and a regular topic of discussion at many community council and tenants and residents association meetings that are held across my constituency. The majority of residents are strongly in favour of extending the 20mph speed limits. However, the limited funding that is available for the introduction of 20mph zone schemes and associated traffic calming features means that the council, like councils across Scotland, must use traffic surveys and accident data to identify sites that would benefit most from the introduction of traffic calming measures.

The majority of pedestrian casualties occur in built-up areas. Cyclists are most vulnerable in built-up areas, with almost half of cyclist deaths and most cyclist casualties occurring on roads in such areas. Reducing speed limits to 20mph goes some way towards balancing the needs of all users. When vehicle speeds are reduced, people are more confident about walking and cycling in their streets, and the number of accidents is drastically reduced.

It is our responsibility as policy makers to produce legislation that promotes economic growth by improving and maintaining infrastructure; to promote social inclusion by connecting remote as well as disadvantaged communities; to invest in public transport and environmentally friendly forms of transportation; and, ultimately, to promote safety measures by reducing the frequency and severity of accidents on our roads.

17:17

Tom Mason (North East Scotland) (Con): I thank Clare Adamson for bringing the debate to the chamber, particularly as it takes place during road safety week.

Arguably, the motorcar has defined the modern era. We have had a deep relationship with the internal combustion engine since its introduction over 100 years ago. We all remember our first car, our first new car, our first sports car or even our first luxury car. In my case, I fell in love with three sports cars: Samantha, Clancy and Tiffany. For the petrol heads among you, they were MGs: a TC, a TD2 and a TF.

The car is a wonderful piece of kit. It takes us almost anywhere we want to go, whenever we want. It can store no end of personal possessions—anything from overnight cases to items that partners do not want in the house, including, in my case, croquet clubs, personal music and even disgusting dog blankets. It becomes part of us and reflects our character and

pastimes. It keeps us warm, and we hope that it keeps us safe.

As with all relationships, there are responsibilities, and that is where problems can arise. When I was researching material for the debate, I read some harrowing figures. For example, since August, on the A90 alone, there have been 19 collisions, 15 of which involved multiple vehicles. That works out at more than a crash a week, on average, just on one road.

Sadly, such tragedies are not limited to the north, and I am sure that most members have similar stories to tell. Therefore, I am pleased to support road safety week and the work that is being done by Brake to raise awareness of the dangers of speeding. There is a particular problem with young motorists, who are less aware of their own mortality and thus fail to appreciate the risks that are involved with driving.

The root causes of many accidents relate to both the driver's ability and the road conditions. Far too many roads are extremely narrow and have unexpected bends, many of which are poorly signposted. Such factors can be a recipe for disaster, especially around this time of year.

That is without mentioning the relatively new problems that are caused by people operating and looking at mobile phones or satellite navigation screens while driving. Technology may have advanced significantly over the past few years, but our ability to multitask has not. I am encouraged by the improvements that there have been, in recent years, in the safety features that are installed in cars, and I hope that the trend continues. I believe that technology can help us through things such as the black box, which has been mentioned.

All of that makes the central message of speed down save lives more important. I believe that our driver training should do more to educate drivers on the very real dangers of speeding and the impact and potential consequences that it can have, not just for them but for their families and many others. We have made provision so that older drivers regularly have to prove their ability to drive safely, so there is scope for examining how we can improve standards among younger drivers. We need to look at examples from overseas to achieve that.

Road safety week should remind us that our cars, although very useful, have the potential to be dangerous when not used properly. It is vital for the safety of all road users that we keep our speed to appropriate levels and do not put ourselves, our passengers or others at risk. Speeding is not big and it is not clever—it can be lethal. With that in mind, I gladly support Brake and road safety week,

and I wish both success in the days and weeks to come.

17:21

David Stewart (Highlands and Islands) (Lab):

I congratulate Clare Adamson on securing the debate and thank her for all the work that she does on accident prevention, particularly through the cross-party group on accident prevention and safety awareness.

Road safety week is arranged annually by the road safety charity Brake, an organisation that does a tremendous amount to educate all road users. Brake is evangelistic about education and road safety and it works diligently with schools, colleges and businesses. As we have heard, the theme of this year's campaign is speed down save lives. It is designed to educate drivers about the dangers of excessive speed by highlighting the braking distances while driving at 30mph and 35mph, which are two car lengths and three car lengths respectively.

We heard interesting statistics from Clare Adamson about speed, but I will throw another one into the mix. An American study reported on by ProPublica showed that, if a car is travelling at 45mph, any person hit will be killed. At 35mph, the chances of being killed plummet, and half of all elderly pedestrians would survive. If we go down to 20mph, 93 per cent of all people hit would survive. I hope that Mark Ruskell's proposed members' bill on that issue is successful, and I hope to support it when it reaches the appropriate stage.

For the past eight years, I have worked closely with Brake on road safety issues along with the road safety group that I set up called the north of Scotland driver awareness team, or NOSDAT. Over an eight-year period, the group has run 24 road safety campaigns, and I am delighted to announce that we have picked up five Brake campaign awards. The primary campaign that I launched was on a proposal to introduce a graduated driving licence scheme for young and new drivers, which I know the Minister for Transport and the Islands has supported. The prompt for me to act was back in early 2010 when, after a double fatal road collision involving two 17-year-olds in the city of Inverness, I was contacted by constituents pleading with me to do whatever I could to raise awareness of driving dangers and threats for young people and to come up with a solution.

As I said, the solution was a graduated driving licence scheme. I did not just pluck that from the air. The campaign was based on the evidence of the well-respected academic Dr Sarah Jones of Cardiff University, who carried out 10 years of

study into Scottish and Welsh road traffic collisions. Dr Jones's evidence is that, if a graduated driving licence scheme was introduced in Scotland, up to £80 million could be saved to the Scottish economy and, more important, up to 22 lives could be saved per year.

Every week on our roads in Scotland, one young person is killed and 17 young people are seriously injured, many of whom will be permanently disabled or scarred. Speed, bravado, inexperience, night driving, drink, drugs and distracting passengers can all be contributing factors to collisions. The models of the graduated driving licence schemes in America, New Zealand and Australia show that such schemes can save young people's lives by planning for young drivers. There is no doubt that there is a strong voice in Scotland in support of that form of graduated driving licence. Do we let the death and injury among young drivers continue or do we do more? We need to prevent unnecessary injury, disfigurement and death among our young people and our next generation of drivers.

Unfortunately, we cannot turn the clock back for families who have lost loved ones. However, we can adopt a new, safer, proven driving regime that is aimed at slashing the loss of young people on our roads and preventing the death and injury of our young drivers. Some form of graduated driving licence scheme is the way ahead. Tom Paine, the American revolutionary author, said:

"We have it in our power to begin the world over again."

That will be the dearest wish of parents who have lost a child.

17:25

Mark Ruskell (Mid Scotland and Fife) (Green): I join other members in thanking Clare Adamson for bringing the topic for debate. I also thank her and Dave Stewart for the considerable leadership that they bring to the Scottish Parliament on road safety.

I also thank Brake, which does some fantastic education and support work, particularly for families that have been affected by the tragedy of a road accident. As we have heard from members, Brake's theme this year is speed down save lives. It is one of a number of organisations that support my member's bill proposal to change the default speed limit in built-up areas from 30mph to 20mph.

I have been running a consultation over the summer, gathering views from individuals throughout Scotland on the bill proposal and how it could be implemented. The figures show that 2,200 people responded and more than 80 per cent are in favour of the proposal. We know

through studies into 20mph areas that, post implementation, public support for that speed limit goes up rather than down. Therefore, we have a good basis for me to proceed and ask the Parliament's permission to introduce a member's bill.

Reading through some of the responses to that consultation, it is clear that people's overriding concern is road safety. Many people reflected on the fact that, if we reduce speed by even a modest amount, we can cut the accident rate. In the case of a 1mph reduction, it would be cut by 7 per cent. When I lodged the final bill proposal on Monday, I got a tweet from a constituent who said:

"I was involved in a car crash on Saturday in a 20mph zone. Both cars within speed limit. 6 passengers between us, no-one injured. Probably wouldn't have said that at 30mph."

It is clear that reducing speed reduces the number and severity of accidents.

Looking at some of the statistics that the Scottish Government has released, Brake has highlighted that excessive speed was a major factor in 510 accidents in the past year. We need to look again at the real experiences of people who find themselves in that position. I will read out another couple of my bill consultation responses:

"A pupil from my school was knocked down and killed last year on a road with a speed limit of 30mph. I wonder if a 20mph speed limit could have given a very different outcome to this tragic accident."

Another one says:

"I'm the parent of 2 children who were struck by a vehicle travelling fast in a residential area while they were walking to school with their mother. I think the views of my children and all other children in traffic decisions are woefully under-represented. These decisions have direct impacts on the way they live yet they have no input into this process. If you asked children, they would say that they want a 20mph limit."

For me, one of the driving purposes of this bill proposal is to support vulnerable road users and the needs of children. I want to ensure that children's voices are heard if I am given the permission to develop the bill. That is why the Royal College of Paediatrics and Child Health, the national health service and many parent councils in Scotland now back the move for a default 20mph limit.

Every fatal accident is an enormous tragedy. I saw the aftermath of a particular tragedy near my community on Friday. A 17-year-old man tragically lost his life between Doune and Callander. It is important that we set an objective of vision zero: that no death is acceptable. That is what we need to work towards. It may require the use of intelligent speed adaptation, a graduated driving licence scheme and many other tools to tackle the issue, but speed limits are an important part of that

mix. The United Nations has set 20mph as the global standard on streets where traffic mixes with pedestrians and cyclists. There is an opportunity for Scotland to be progressive and take a global lead but also to follow in the good footsteps of other countries and their cities in designating 20mph as the default—the proper—speed for built-up areas.

17:30

Ash Denham (Edinburgh Eastern) (SNP): I, too, extend my thanks to Clare Adamson for bringing this road safety week debate to the chamber, particularly because the dangers posed by vehicles going too fast affect communities across the country.

In built-up areas across Scotland, streets are frequented by many road users: children, families, cyclists and walkers. On many of those streets, the speed limit is already rightly set at 20mph for the safety of those individuals. Too often, however, cars come barrelling down those roads at extremely high speeds and compromise the safety that the speed limits are meant to maintain.

Road safety week provides the means for individuals, organisations, businesses and MSPs to tackle speeding in their communities head on. In my constituency of Edinburgh Eastern, there is a road that runs past Craigentenny primary school, and I have had reports of vehicles being driven at speeds of between 40mph and 60mph there. That is especially dangerous because the school is next to a busy junction, which pedestrians, including schoolchildren, cross regularly.

Driving at double the speed limit in that area, which is frequented by children crossing the road, is particularly reckless, especially as we know that one in four fatal crashes in the UK involves speeding as a contributory factor. I have already taken several steps in trying to make that particular road safer, including working with the school's parent-teacher association and a local councillor in order to get a crossing patrol put in. Unfortunately, however, the junction did not meet the criteria for a patrol, so I will now push for either a zebra or pelican crossing instead.

In addition, it is vital to make drivers passing through Craigentenny more aware of the dangers that are posed by speeding. That is why I have reached out to Brake, the road safety charity that started road safety week two decades ago, to organise an anti-speeding campaign in the constituency next Thursday morning. My office and children from Craigentenny primary school will be involved. The idea is for school pupils, teachers and staff to put on a parade. We can have banners instructing drivers with messages such as "No need to speed" and "Speed down save lives",

which, as we have heard, are the official themes for this year's campaigns. Brake can provide an affable mascot, Zak the zebra, to help reinforce the message that drivers ought to slow down and to make the parade more colourful.

Taking action with a community-led campaign will hopefully bring much-needed awareness to drivers who are going too fast. That is a good reminder of how speeding—and not being able to brake in time as a result—can put innocent people's lives in danger. I encourage others across Scotland to take anti-speeding campaigns into their communities, to draw attention to an area where speeding might already be a problem.

Thanks to the free support, guidance and campaign materials provided by Brake, curbing the rates of speeding will hopefully have tangible results in our communities. Let us help the communities that we represent to take advantage of those resources so that, just as road safety week envisions, thousands of people across the country take action on road safety. The fact is that speed causes death and serious injuries on our roads. If thousands of people join in with road safety week and bring awareness to thousands of friends, neighbours or strangers, think how many lives could potentially be saved—just by drivers simply remembering to slow down. That is the kind of local action that motivates change. I look forward to playing my part in my small patch of Edinburgh Eastern. I am sure that we will hear about many other successful actions just like that across the country this week.

17:34

Maurice Corry (West Scotland) (Con): I join others in thanking Clare Adamson for securing today's debate on this very important topic. I fully support her motion.

I understand the problem very well from my time as the lead councillor on road safety at Argyll and Bute Council, which, with its large rural area and hundreds of miles of roads, suffers from road safety issues, particularly as a result of its large number of visitors and several single-track roads, which are often populated with Highland cattle, sheep and deer—let alone sightseers taking the odd snap.

It is important that we can change attitudes as to how people act on the roads. I welcome the fact that Brake has been running road safety week for 20 years. In that time, the work of Brake and others has borne fruit, as our roads are now significantly safer than they were when Brake began road safety week. It is vitally important that we ensure that the message of road safety week reaches every part of our communities. I am

pleased to see that some police forces have recently offered safe driving advice.

According to the list of participants on the website for road safety week, those involved in the week include

“nurseries, schools, youth clubs, army bases, community campaigners, employers, sports clubs, fire officers, police services, local authorities, paramedics, driving instructors”.

It is a brilliant move to involve young people in the week. Improving young people's understanding of how they can be safe on the road is vital by itself, but, in addition, young people tend to be good advocates, because they encourage adults to be safe on the roads, too. Anyone who has passed one of the many primary schools where parent-teacher associations have put up home-made signs outside to implore adults to slow down can attest to that. I am well aware of it, because when I get into a car, my son says, “Dad, belt up.”

The support that Brake offers on its website to those taking part in road safety week is to be commended. Many online and physical resources are available to those who want to take part, including a free action pack, fundraising ideas and much more.

Statistics show that, despite the great work of organisations such as Brake and the advances that we have made on road safety, we still face serious issues. For example, in West Dunbartonshire, in my West Scotland region, the number of people seriously injured in road collisions went up by 120 per cent between quarter 1 of 2016-17 and quarter 1 of 2017-18. In Renfrewshire, also in West Scotland, 363 people required medical treatment after an accident in 2016, which is almost one for every day of the year. It is a massive number and one that we must seek to lower.

Those two statistics highlight the need for on-going work on road safety. However, it is probably a battle without an end. As long as people drive, there will always be a need to educate the public on how to stay safe on the roads and, I imagine, a need for road safety week.

17:37

The Minister for Transport and the Islands (Humza Yousaf): I thank Clare Adamson for bringing the motion for debate and everybody who has contributed to the debate. It is a much-needed debate because, as almost all speakers have said, one death on our roads is one too many.

I think that I have spoken before in the chamber about the first time that, as transport minister, I received notification of a fatal accident on the trunk road network—as transport ministers do whenever, unfortunately, there is such an

accident. Those are powerful and impactful moments. When there is a fatal accident, not just on the trunk road network but on any road in Scotland, no one in the Government—and, I am sure, no member of this Parliament—takes it lightly. That is because behind every statistic is a human life. Everyone who mentioned a fatality in their constituency or region touched on that. It is not only that an individual unfortunately loses their life; the impact of that loss is felt by their family and friends and the wider community. Even when there is no loss of life, life-altering injuries can have a huge impact. We talk about statistics, and that debate is needed and important in its own right, but we must never forget that behind each of those statistics is a human story.

I am really pleased to hear from members about initiatives that are taking place in their constituencies and regions. I will try to touch on some of those but I will first give a quick overview of the Scottish Government's framework.

Members have mentioned our road safety framework for 2020, which aims to achieve safer roads. The framework sets out a vision of no fatalities on Scotland's roads. Although that remains an ambitious target, I want to live in a Scotland where it is achieved, and I imagine that every single member does, too.

That vision is underpinned by challenging casualty reduction targets. I was pleased to see that, at the 2015 milestone, we remained on track to achieve those targets: fatalities had reduced by 42 per cent compared with the 2004 to 2008 baseline figures. However, with 191 people killed on our roads in 2016, there simply cannot be any room for complacency. We must do more.

The Department for Transport recently released statistics that show that we are progressing in the right direction with a reduction in the number of fatalities on our roads in 2017. I should add a caveat: we have not come to the end of the year and unfortunately there is a higher number of casualties on Scottish roads in winter than in other seasons.

The work of the Scottish Government and its partners centres on five framework pillars that are known as the five Es: education, engineering, enforcement, encouragement and evaluation. I will touch on them briefly, and will try to bring in remarks made by members.

Each speaker has mentioned education initiatives in their constituencies that have taken place, or, in Ash Denham's case, which will be taking place. The United Nations states that:

"To be effective, road safety education shall be provided on a systematic and continuous basis in pre-school establishments, primary and secondary schools, within out-of-school activities and places of further education".

The reason for that is very obvious. We know that attitudes and behaviours are learned from an early age, and I was pleased to hear from Maurice Corry that his son is first to tell him to belt up. That is great; I am sure that he has learnt that from his parents. To ingrain that attitude in our children at a young age can only be to the good for the rest of their lives. Such campaigns will have long-term benefits as well as changing present behaviours.

The Government funds a number of initiatives—I will not go into them for reasons of brevity and time. We keep a close eye on local initiatives as well, many of which are impactful and powerful. They are sometimes graphic, but they need to be to get the message home. We are always looking to see where we can work with local authority partners, which is why it is so important for us to support the Brake road safety week theme of speed down save lives. It reminds drivers to adjust their speed, because we know that it is the single biggest factor in road safety. The next road safety campaign will be the festive drink-driving campaign, which aims to keep people safe during the holiday period.

I will touch on a couple of areas with regard to enforcement. Mark Ruskell has the consultation responses to his proposed member's bill and has offered to meet me to go over them. I will take him up on that, as there are quite a number of responses and I would like to see them. I understand that they are overwhelmingly positive about the intention behind the bill. I reiterate what I said to him when we met about the matter for the first time: the Government will keep an open mind. We think that there are some practical issues that we will have to work around; they are not necessarily insurmountable, and we will have a conversation to see how the bill can progress. The Scottish Government has guidelines to encourage local authorities to consider 20 mph speed limits in built-up residential areas and around schools. If we can, we should go further—we will explore those issues with Mark Ruskell in the work that he is doing.

I give a nod to David Stewart and graduated driving licence schemes, which he has raised with transport ministers before me and which he continues to raise. He and I are on the same page; perhaps it is worth our having another conversation about how we might try to exert helpful pressure on the United Kingdom Government about those schemes—I will be happy to have that conversation.

I applaud Clare Adamson's leadership of the cross-party group, not just for lodging the motion but for her other work. She spoke about her other passion—anyone who knows her will know that she has a passion for digital technology, which she mentioned in relation to road safety. The

Scottish Government is always keen to trial technology to see where it can have an impact and whether we can then roll it out. Examples include the intelligent road studs at Sheriffhall roundabout, which have significantly reduced lane transgressions and collisions; the speed-responsive traffic signals at Fairlie and Springholm, which have reverse discrimination so that if a car—or, in Springholm, usually a heavy-goods vehicle—goes too fast, the lights go to red; the solar studs on the A1, which better define junctions in the dark; and the new vehicle-activated signs on the A75, which indicate the appropriate speed limit depending on vehicle type. There is a lot of technology, and it often helps to keep our roads safe. We will continue to roll it out where we can.

The Scottish Government and its partners are committed to road safety. We are never complacent about it and I am absolutely resolute in my determination to save lives and meet the ultimate vision that is set out in the framework: that no one is killed on Scotland's roads. I am very proud of the work that we are doing, but I agree with every member in the chamber that more can and should be done. We will work with our local authority partners to ensure that our roads are safe not just for those who use them now, but for future generations.

Meeting closed at 17:45.

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