

Questions (most recent first)

Mental Health

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive, in light of the appointment of senior psychologists to the role of approved clinician under mental health legislation for England and Wales, whether it will consider extending the role of chartered psychologists, who under Part 8 of the Mental Health (Care and Treatment) (Scotland) Act 2003 can be responsible for the treatment of mental disorder for patients on probation orders, to a wider Resident Medical Officer-type role in appropriate cases. (S3W-35024)

Shona Robison: In determining the requirements for the role of Approved Medical Practitioner*(AMP), prior to the enactment of the Mental Health (Care and Treatment) (Scotland) Act 2003, the role of chartered psychologists as AMPs was considered and rejected. Having chartered psychologists as AMPs would result in a duplication of work as patients who are detained under the 2003 act are usually on medication and would already have medical input from doctors (AMPs) responsible for prescribing medication and for their detention.

Note: *An Approved Medical Practitioner (AMP) is a medical practitioner who has been approved under section 22 of the 2003 Act by an NHS board or the State Hospitals Board for Scotland as having special experience in the diagnosis and treatment of mental disorder.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive whether it will publish the waiting times for mental health services as recommended in the Audit Scotland report, Overview of Mental Health Services. (S3W-35029)

Shona Robison: The recommendation to ensure data on waiting times are collected and reported routinely is directed at local service provider partners.

I refer the member to the answer to question S3W-35030 on 23 July 2010 which set out action on establishing national mental health service waiting time targets. National data on these aspects will be published as it becomes available. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at:

www.scottish.parliament.uk/Apps2/Business/PQA/Default.aspx

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive what action is being taken to address mental health services with long waiting times, as recommended in the Audit Scotland report, Overview of Mental Health Services. (S3W-35030)

Shona Robison: Those adults accessing mental health services for the first time or within unplanned or crisis care usually do so quickly, and we are already addressing those areas affected by the longest waits in planned access to care.

We have established the first ever mental health waiting time target for access to specialist child and adolescent mental health services (CAMHS) which means by March 2013 no one will wait longer than 26 weeks. We are also investing £6.5 million over three years to increase the number of psychologists working in specialist CAMHS. A further £2 million per year is available to NHS boards on a recurring basis to accelerate the development of specialist CAMHS.

We are also investing and working with NHS boards and NHS Education for Scotland to expand and improve access to evidence based psychological therapies. This includes a commitment to develop an access target for psychological therapies for inclusion in HEAT in 2011-12.

The Patient Rights (Scotland) Bill will also include mental health services in its aims to establish a 12 week treatment time guarantee for patients receiving elective or planned treatment on an inpatient or day case basis. Where mental health services are delivered on this basis then the treatment time guarantee will apply.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive how many vacancies exist for (a) psychiatrists and (b) psychologists. (S3W-35033)

Shona Robison: Information showing consultant vacancies by specialty, including psychiatric specialties, is published by Information Services Division Scotland and can be found at:

http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Consultant_Vacancies_2009.xls&pContentDispositionType=attachment .

Information about vacancies for psychologists is not centrally available.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive how much each local authority spent on mental health services in each of the last five years. (S3W-35036)

Shona Robison: I refer the member to the answer to question S3W-24327 on 11 June 2009 which set out net revenue expenditure on social work services for adults with mental health needs for the period 1998-99 to 2007-08. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at:

www.scottish.parliament.uk/Apps2/Business/PQA/Default.aspx

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive whether NHS boards provide Children and Adolescent Mental Health Services. (S3W-35040)

Shona Robison: All NHS boards in Scotland provide access to a range of child and adolescent mental health services (CAMHS) with specialist inpatient services provided on a regional basis.

Considerable progress has been made in recent years both in mapping out what needs to be done and in delivering the changes that will be required now and in the future to improve these vital services. This has involved work in many different areas including training and workforce planning; increasing hospital bed numbers; reducing inappropriate hospital admissions; early intervention; supported transitions; improved primary care, and better planning and delivery of specialist care.

We have established a 26 week HEAT target for access to specialist CAMHS to be achieved by March 2013; further supported the development of CAMHS specialist services by investing an additional £2 million per year on a recurring basis, and we have made available £6.5 million new money over three years from 2009-10 to develop the CAMHS psychology workforce and support additional training places and posts.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive whether NHS patients can choose from a range of evidence-based psychological therapies including counselling and psychotherapy. (S3W-35042)

Shona Robison: Access to a range of evidence based psychological therapies is available across all NHS boards in Scotland.

In line with the principle of participation in the Mental Health (Care and Treatment) Scotland Act 2003, service users should be fully involved so far as they are able to be in all aspects of their assessment, care, treatment and support. Decisions about the best treatment will take into account the clinical evidence, patient choice and the appropriateness of the patient for a particular treatment.

We are committed to working with NHS boards and NHS Education for Scotland to improve access to psychological therapies across Scotland. We are also developing an access target for psychological therapies for inclusion in HEAT in 2011-12.

Mental Health

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive how each NHS board performed in managing mental health services by using benchmarking to understand and compare services and their outcomes in order to promote best practice, as recommended in Mental Health Project Final Report: National Benchmarking Project. (S3W-35037)

Shona Robison: As a result of the work of the Mental Health Benchmarking Project, in August National Services Scotland will publish a toolkit to enable NHS Boards and others to interpret benchmarking data in informing the design, planning and management of local services; and to enable the comparison of service designs and outcomes.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive what progress has been made in providing counselling support for children and young people as set out in its 2005 report, *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*. (S3W-35039)

Shona Robison: Significant progress in implementing this part of the Framework by 2015 is being supported by the Scottish Government's investment of £6.5 million over the next 3 years to increase the number of psychologists working in specialist CAMHS; and is complemented by an additional £2 million per year – matched by NHS Boards – to enhance intensive community mental health services for this age group.

In addition, statutory and voluntary partners are working to provide resources, support and advice to enable all of those working with children and young people - in all settings - to promote good mental health and wellbeing and provide counselling support. Examples of partnership activity which is helping to build the capacity of the whole children's workforce include the Playfield Institute, set up by NHS Fife; and the HandsOnScotland toolkit, developed by Barnardo's, HeadsUpScotland and others.

Monitoring progress in this area is a key part of the Scottish Government's performance management of NHS Boards.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive whether NHS boards provide psychology services for older people, including a crisis service. (S3W-35041)

Shona Robison: NHS Boards are responsible for providing psychology and crisis services for all age groups, and for having the right number and mix of qualified staff and configuration of services to meet local need in these areas.

A draft report on Applied Psychology and Psychology in the NHS in Scotland was circulated to Boards in December and discussed with NHS Chief Executives in April. The report identified key challenges and opportunities in the provision of psychology services for older people. The report's working group will reconvene shortly to produce a final version of the report.

National Standards and the Crisis Toolkit have been published in recent years, and implementation of the Standards is monitored as part of the Scottish Government's performance management of Boards. In addition, the Mental Health Benchmarking Project includes action on developing the collection of data on the availability of crisis services, which will enable Boards and others to compare and measure service provision.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive whether all recommendations in the publication, Remember I'm Still Me, published jointly by the Mental Welfare Commission and the Care Commission have now been implemented. (S3W-35043)

Shona Robison: Remember I'm Still Me's findings and recommendations – the latter aimed at the Scottish Government and other key partners - helped inform development of Scotland's first National Dementia Strategy, published in June.

As part of implementing the Strategy over the next 3 years, we are working with partners to address the recommendations in Remember I'm Still Me.

Mental Health

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive what assessment there has been of NHS boards in meeting quality standards in terms of the integrated care pathway for mental health services due for implementation and assessment from 2009, as recommended in the Audit Scotland report, Overview of Mental Health Services. (S3W-35034)

Shona Robison: There are no specific recommendations in the Audit Scotland report, Overview of Mental Health Services, on the national standards for integrated care pathways (ICPs) for mental health.

NHS boards are responsible for developing and implementing local ICPs based on these national standards, with support from and assessment and accreditation by NHS Quality Improvement Scotland (NHS QIS).

All boards achieved the first stage (the "foundation stage") of accreditation by the September 2009 deadline; and they continue to work with NHS QIS to meet further accreditation levels.

Prescription Charges

George Foulkes (Lothians) (Lab): To ask the Scottish Executive what the estimated additional cost is of the reduction in prescription charges in 2010-11. (S3W-34731)

Shona Robison: The latest reduction in prescription charges from 1st April 2010 means patients now pay £3 per item when they pay for individual prescribed items or £28 and £10 for a 12 month and 4 month Prescription Pre-payment Certificate, respectively. The cost of the latest reductions, when compared to the cost of the policy for 2009-10, is estimated to be £8m. The Scottish Government believes this is a price worth paying to ensure more patients collect all of their prescribed medication.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): To ask the Scottish Executive, further to the answer to question S3W-33213 by Shona Robison on 28 April 2010, what plans it has to implement electronic prescribing for (a) information prescriptions, (b) minor ailment prescriptions, (c) long-term condition prescribing by pharmacists and (d) non-medical prescriptions. (S3W-34751)

Shona Robison: The ePharmacy Programme has introduced electronic prescribing for GPs, who generate 90% of all prescriptions. In relation to other types of prescriptions:

(a) information prescriptions do not currently exist in Scotland.

(b) prescriptions for minor ailments are electronically generated by community pharmacists as part of the Minor Ailment Service (MAS).

(c) and (d) currently the ePharmacy Programme does not support non medical prescribers which includes pharmacist prescribers. We are considering the future scope of the programme and non medical prescribers are part of that review.

People with Disabilities

Murdo Fraser (Mid Scotland and Fife) (Con): To ask the Scottish Executive how many non-verbal adults there are, broken down by age. (S3W-34696)

Alex Neil MSP: The Scottish Government does not hold data on "non-verbal" adults by age, as this is not a recognised term used in current data collection. The Office for Disability Issues and the Office of National Statistics are currently considering whether a "communication difficulty" category might be included in future data collections, however this would be a wider category than non-verbal.

Deaf and Hard of Hearing People

Cathy Peattie (Falkirk East) (Lab): To ask the Scottish Executive whether it has given consideration to the use of online interpreting services for deaf people for (a) consultations, (b) information services, (c) health services and (d) other public services. (S3W-34719)

Alex Neil: The development of online BSL/English interpreting services is a matter for the service providing agencies (such as health boards and local authorities) and for the deaf sector. The service providers are responsible for funding interpreting services in order to communicate with their customers, and there is evidence of an increasing number of service providers establishing contracts with deaf organisations to provide online services. The deaf sector which wishes to provide the service has agreed that it is a highly competitive market and is best left to market forces to develop.

Cathy Peattie (Falkirk East) (Lab): To ask the Scottish Executive whether it has made assessments of the available online interpreting services for deaf people. (S3W-34720)

Alex Neil MSP: The Scottish Government funded a small pilot of online interpreting services in 2007-08 to see if an online interpreting service could be delivered successfully. From the pilot and our knowledge of other services which are being developed, we believe that online services will undoubtedly continue to develop and this will be led by market forces.

Carers

Johann Lamont (Glasgow Pollok) (Lab): To ask the Scottish Executive what steps it is taking to ensure that the needs of all carers are assessed. (S3W-34940)

Nicola Sturgeon: The legislation does not require the needs of all carers to be assessed. The Social Work (Scotland) Act 1968, as amended by the Community Care and Health (Scotland) Act 2002 ("the 2002 Act"), gives substantial and regular carers the right to request an assessment of their ability to provide care. The Children (Scotland) Act 1995, as amended by the 2002 Act, gives substantial and regular carers of a child with disabilities the right to request an assessment of their ability to care. The legislation also requires local authorities to inform carers of their potential right to a carer's assessment. We are working with partners so that they better understand the importance of the carer's assessment and that they take forward proposals to increase uptake of good quality outcome-focused assessments. Some ideas being taken forward by local authorities include the introduction of carers' self-assessment and the development of e-learning carer awareness modules for staff. The Carers Strategy for Scotland, to be published shortly, will include action points to encourage the uptake of good quality assessments and will highlight good practice in the carrying out of carers' assessments.