

## **Information Further to Ministerial Answers**

### **Information further to EAQ40659 issued by Andrew Davies, the Minister for Economic Development and Transport, on 21 December 2004**

#### **To William Graham:**

During exchanges in Plenary on 7 December you referred to the height of the bridge over the docks in Newport in connection with the new M4 from Magor to Castleton.

A multispan viaduct is planned over Newport docks and Rivers Ebbw and Usk. It would cross between the north and south dock. Its height has previously been considered through extensive consultation with docks and navigation interests in the early 1990's. When the then Secretary of State for Wales announced the preferred route in July 1995, the accompanying statement of reasons explained that

'a height between 20 metres and 30 metres would appear to enable a balance to be struck between the competing factors of navigation clearance and limiting the effect on land based activities on the one hand and visual intrusion on the other.'

This is somewhat lower than the second Severn crossing which offers a navigation clearance of 37 metres. As there has been no suggestion of a microclimate change in connection with the second Severn crossing it would seem that fears about such an effect are unfounded.

Subsequently, circumstances have changed including shipping patterns, docks trade, and usage of River Usk wharves. Furthermore, Newport southern distributor road bridge crossing over the rivers at Spittles Point effectively denies commercial shipping upstream. However, the new M4 crossing is further downstream so the Assembly Government will need to refresh previous surveys and update data to ascertain the most appropriate bridge height.

### **Information further to OAQ40267 issued by Jane Hutt, the Minister for Health and Social Services, on 29 December 2004**

#### **To Helen Mary Jones:**

#### **National Institute of Clinical Excellence guidance regarding treatment of young people with depression**

Following your question to the First Minister in Plenary on December 7, I am writing to clarify Government policy on this issue. I believe that the advice to which you referred was that which was recently issued by NICE as a response to the Medicines and Healthcare products Regulatory Agency's review.

The Committee on Safety of Medicines reviewed the evidence on the correlation between selective serotonin re-uptake inhibitors and suicidal feelings in young people and concluded that there was no evidence to suggest an increase in actual suicides, only evidence of increased suicidal thoughts. Doctors have followed advice issued by the Committee on Safety of Medicines; this is in contrast to NICE guidelines, which are developmental and are being introduced across Wales incrementally.

The guideline on depression recommends that for mild and moderate depression, psychological treatments specifically focused on depression (such as problem-solving

therapy, cognitive behaviour therapy and counselling) can be as effective as drug treatments and should be offered as treatment options.

In addition, the group advised that, given that individuals mature at different rates and that young adults are at a higher background risk of suicidal behaviour than older adults, as a precautionary measure, young adults treated with SSRIs, of which Seroxat (paroxetine) and Prozac (fluoxetine) are two, should be closely monitored. The arrangements for close monitoring are set out in the NICE guidelines. This advice applies across England and Wales, as the matter is not devolved.

In Wales, the national service framework states that 'A comprehensive evidence based range of psychological therapies must be accessible across Wales, with access to more specialist services'. (Key Action 26 of NSF)

The development of the NSF is ongoing and is seeking to provide a range of psychological therapies and treatments. It is looking at the increased use of counsellors linked to GP practices and referrals to voluntary sector counselling services. There are some new initiatives taking place in mental health primary care services giving people/patients a wider range of treatment options. These initiatives involve alternatives to automatically prescribing medication.

Child and adolescent mental health services and the adult mental health strategies address the needs of young people with mental health problems, and all such interventions should be evidence based and conform with guidance issued by the Committee on Safety of Medicines.

The Wales mental health in primary care network is expected to be used to raise awareness of mental health issues among primary care services.