CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Comments

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Comments

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Comments

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Comments

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Comments

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

Comments

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Comments

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

Comments

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Comments

Question 10: What approaches do we need to encourage people to seek help when they need to?

Comments

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Comments

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Comments

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Comments

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Comments

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Comments

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Comments

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Comments

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

Question 23: How do we disseminate learning about what is important to make services accessible?

Comments

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Comments

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

.Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Comments

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Comments

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Comments

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

Comments

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments

Submission Document

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Submission to the Consultation on the Mental Health Strategy for Scotland: 2011-2015

Background

Our submission represents the outcome of a Level 3 methodology exercise undertaken in the School of Psychology, University of Aberdeen. Principally, we were interested in encouraging students to think positively about qualitative research methods and how they might be useful to obtain information representing the 'voices' or 'views' of a particular group. The consultation document on the mental health strategy for Scotland provided a perfect vehicle around which we could wrap our learning objectives with the outcome being a submission to the Scottish Government on what we consider an extremely important issue.

We understand that mental health issues are relevant across the lifespan. However, we are of the view that a submission from young people is important as often it is this age group or cohort where the onset of mental health problems can emerge. Moreover, it is probable that this age group or cohort would be less likely to engage in a consultation process of this kind through lack of information or initiative or for other reasons.

Aims

The major aim of this activity was to introduce students to qualitative research methods. Additional aims included encouraging awareness of the linkage between policy development and psychological science and to improve students' understanding of global and local mental health issues. Four learning objectives were identified to meet these aims. These included:

1. Exploring mental health themes

2. Developing a semi-structured interview schedule

3. Interview skills

4. Writing up

Participants

One hundred and four students of School of Psychology, University of Aberdeen took part in the practical exercises although not all participants' responses are reported here as not all provided a response. The sample comprised five groups of approximately 20 – 25 students each. All of these students were enrolled in Level 3 of a four-year Bachelors or Masters Degree in Psychology. There were 75 females and 29 males. Ages ranged from 19 to 42. Twenty-eight nations were identified as being the country of origin of participants. Thirty four students claimed Scotland as their country of origin. Another twenty-one students self-identified Britain or the United Kingdom as their country of origin rather than identifying a specific nation within the United Kingdom (see appendix for the list of countries nominated). After discussion with the chairperson of the School of Psychology's ethics committee, it was decided that obtaining ethical approval from the participants wasn't necessary as the tasks involved constituted a learning activity. The students who took part in these activities were informed that ethical approval was unnecessary. However, they were also informed that their responses would be anonymised so that only the instructors would be able to ascertain the identity of individual interviewees. On completion of the practicals, a guided discussion was undertaken that focussed on any potential ethical issues relating to these practicals. Each group met on four separate occasions over the course of two weeks.

Procedure

From the consultation document, ten central questions were selected from the range of themes outlined. These questions were selected by an expert on the basis that the subject matter to which they referred would be more relevant to a Level 3 student sample studying in psychology. As noted above, the sample was split into five groups; therefore, each group was allocated two central questions. It ought to be noted that minor changes to the wording of some of the central questions was undertaken in order to improve the relevance of the question to the participants. Please also note that the number after each key question corresponds to the actual question number outlined in the consultation document. The central questions were as follows:

Question 1:

Are there other actions we should be taking nationally to reduce self-harm and suicide? (Q3)

Question 2:

What further action can we take to continue to reduce stigma of mental illness and ill-health to reduce discrimination? (Q4)

Question 3

What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities? (Q6)

Question 4

What approaches do we need to encourage people to seek help when they need to? (Q9)

Question 5

What do we need to do to identify mental illness and disorder as early as possible and ensure quick access to treatment? (Q11)

Question 6

How can we build up a national picture of what works to deliver better mental health outcomes? (Q21)

Question 7

How could person centred care better meet the needs of young people of individuals with diverse needs? (Q25)

Question 8

What should the national priorities for mental health services targeting young people be? (Q26)

Question 9

How can we ensure that there is adequate provision of psychological therapies targeting young people? (Q30)

Question 10

How do we guarantee that care and treatment targeting young people is delivered in line with legislative requirements? (Q35)

As each group was allocated two of the ten questions, each individual within their respective group was allocated a single question. Online resources were provided to each student and these comprised: a handout detailing the aims of the practicals and task requirements; a peer-reviewed article on global mental health; the consultation document; other Scottish Government publications pertaining to mental health policy, mental health initiatives, and best practice guidelines; mental health promotion and service-provider publications; and, a website link to a transcription method.

Students were instructed on the requirements for each of the four practicals. Specifically, practical one required each student to independently research their specific question by using the online resources provided or any additional resources including search engines of their choice. Practical two required students to develop a semi-structured interview schedule. This schedule had to contain the central question along with three to four additional questions related to their central question. Students were also instructed not to ask questions of a personal nature that might lead an interviewee to self-disclose issues of a private nature including having a mental illness. Practical three involved each student interviewing another student (in the same group, but focusing on a different question) and also being interviewed. The final practical involved students writing up their interview notes and uploading these to a staff-secure file. Finally, students engaged in a guided discussion about the practicals. As aforementioned, each group met on four separate occasions over the course of two weeks.

Only responses to the central questions (as outlined above) are reported. We have not included the additional questions developed by students nor the responses received as this constituted a sizeable volume of material. However, if this information is of interest to the consultation group it can be made available. Because of the diverse nature of the sample and the richness of the information provided we have included a full set of responses for each of the central questions only. Each reported response represents the views of a unique individual. Minor editing has been undertaken on some of the responses solely for the purpose of improving readability. No changes have been made to alter the meaning of the responses. Please note students self-identified their country of origin and we represent this information as they reported it.

Findings

Consultation Document: Question 3

Are there any other actions we should be taking nationally to reduce self-harm and suicide rates?

Programmes that are available to everyone should be made more public, especially throughout schools and colleges as these are the age groups that are most at risk, and the group likely to have the least knowledge on programmes set up to help. Charities possibly going around secondary schools and giving talks or workshops on the topic may be a good idea, or possibly drop in sessions for students to talk about their feelings on the subject would also be useful.

Female, 20, Belgium

Awareness in schools should be raised as it is very important to start raising it from the young age. For example, lectures could be given at schools by witnesses of suicides and people who harmed themselves. Moreover, their families could come and talk about how they were affected by their relatives committing suicide or harming themselves. Also people who recovered from depression as well as people who work with patients with depression could come and talk about how they felt and what signs they were showing to society, so that students could pick up on these signs from an early age and help out others when they are in need.

Male, 19, Scotland

More money put aside for workshops to help the self harmers in a group setting. This is better than putting self harmers into hospitals because this allows victims to share their stories and discuss their problems with people who may be in a similar situation themselves. There is less stigma attached by sharing problems with others who are in a similar situation because people will feel they can relate to what others are going through.

Female, 20, Britain

More should be done in schools – proper guidance (starting from 4th year) so everybody including school leavers get it. Parents should get guidance on the signs of suicide/ self harm and how to deal with it.

<div align="right">Female, 20, Scotland</div>

Both are important and should be treated with equal importance. They are linked and almost follow one another. Sufferers can feel they act as a solution. Both signs of someone needing help and should alarm the government and highlight the government to their broken system of treatment/prevention.

<div align="right">Female, 32, Czech Republic</div>

We should increase self help groups, school counselling (for young people most at risk) have leaflets in GP surgeries. Increase awareness and have more open discussion about self harm and suicide.

<div align="right">Female, 43, United Kingdom</div>

Actions that can be taken to reduce self-harm and suicide is the implementation of government policies, and more education on the subject to help raise awareness and knowledge.

<div align="right">Female, 20, Scotland</div>

More should definitely be done in Schools and Universities to educate people on the subject of reducing self-harm and suicide rates. There should also be charity groups to help get the message out there which will ultimately help in changing people's attitudes. I think in order to change a person's attitude on the matter then much more needs to be done on educating them first. Additionally, it might be useful to introduce new Government Legislation or improve existing Legislation. For example: if an employer found out that one of their employees was self-harming then they might feel the need to fire them instead of offering them help simply because they do not know what to do or how to help that person. I think an action of 'help instead of punish' is needed since people who engage in self-harm and attempted suicide obviously have some major issues which could be sorted out if they received the right help.

<div align="right">Male, 20, Scotland</div>

I think we should increase publicity. The main problem seems to be that people aren't aware of all the help that is available out there. A lot of school have suicide help-lines that students aren't even aware of. That is why increasing awareness of the programs aimed at helping people with suicidal thoughts or who self harm is key. Even just hanging up posters in school would help. I think it would also be good to have guest speakers come to schools. For instance, an adult who had thoughts of suicide in his teens could come and talk to students. This would show that suicidal thoughts or self harm can plague anyone, and that it is important to talk about it. One on one interviews with students of different age groups could be conducted by counsellors to pinpoint the most vulnerable age groups and the main causes of suicide/self harm, though this approach would probably be very costly.

Male, 21, Scotland

The media should be used to create an atmosphere. People should be able to talk openly in the created atmosphere. Maybe there could be online forums in which people can talk. People should feel less ashamed or not ashamed at all if they are facing problems such as self-harming or mental illnesses. People should feel accepted into their community, and feel like they can ask for the proper help without stigmatism from those around them.

Male, 29, Faroe Islands

People's background is often very influential, so from families to peers, everyone should be at least minimally educated about what to do if a friend opens up about these dangerous thoughts. I have never heard about any kind of actions taken in schools to tackle this problem. Teenagers should be taught who to contact or how to avoid harming oneself. A good idea could be to organize meetings of people with self-harming problems, similar to those of Alcoholics Anonymous. Whereas psychiatrists are not liked by some people, especially in adolescent age, persons who have been through the same problems could possibly be a better solution to help a suicidal or a self-harming person to get up on one's feet. You do not often see adverts that are encouraging to seek help regarding this issue. TV and popular web pages are powerful sources of information, so it would be useful of them to provide advertisements that encourage seeking for help if you are having these kind of troubles. Although, it seems that they are sometimes deliberately trying to avoid it because there is a lot of negative emotions involved in these topics.

Female, 22, Italy

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Consultation document: Question 4

What further action can we take to continue to reduce stigma of mental illness and ill-health to reduce discrimination?

I would suggest to educate people on mental illness. The more they are familiar with the topic the less the discrimination.

<div align="right">Male, 21, Lithuania</div>

There should be more media coverage, but of the positive kind. There is too much negative media coverage which is what leads to this stigma and discrimination. Mental illness and ill-health should be labelled as a condition rather than an illness, changing the terminology could lead to a change in the way the illness is viewed, again leading to less discrimination. The government already has discrimination acts in place so these acts should be expanded to include mental illness and ill-health. Also, education. There should be more education given about mental illness and ill-health, namely in schools. Starting to educate at a young age means there will be less discrimination in older life.

<div align="right">Male, 20, Scotland</div>

People's awareness of this issue has to start in a general way, maybe in a local environment because people respond best to what is in immediate proximity like school, family, any sort of community. People should know that mental illness is treatable like any other illness. Target should be young people because it gets harder to change people's mind the older they get.

<div align="right">Female, 20, United Kingdom</div>

Further action should involve education in schools. Educate children early so when faced with mental illness and ill health, fewer stigmas will arise due to the fact the children will have been educated to accept the problem of mental illness. Another action that should be taken is through the media. Use the media to depict a positive image of mental health and highlight that issues like family breakdown are more common than people would think. Also use of statistics to highlight how common mental illness is in society and reduce stereotypical images.

<div align="right">Female, 20, Russia</div>

Education in schools to build awareness of stigma and discrimination in younger generations. More emphasis on parent, guardian, primary caregivers and relations to children to educate and shape positive attitudes and punish discrimination. More community based projects and small talk groups to educate people on illnesses and how to respond to illness. Gauge the influence the media has on peoples attitudes and use it as a tool to educate people while dissuading negative attitudes towards mental illness. These changes should take place on a national level. Using social mediums such as Facebook and Twitter to shape stigma and discrimination.

<div align="right">Female, 20, Scotland</div>

Informing people about mental illnesses. Correct wrong assumption about mental illnesses. Encouraging people with mental illnesses to talk openly about it.

<div align="right">Female, 22, Netherlands</div>

There should be more information on the different illnesses, disease and the differences between them should be explained. If we know more about them we might accept those people. There should be education about illnesses because we do not know many about the different disorders. Media should also give information about that (TV, radio, newspapers). More money for charities should be gathered. There should be more campaigns.

<div align="right">Female, 33, Venezuela</div>

Consultation Document: Question 6

What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

I think a good way to get people to be aware would be by the use of posters, commercials or events to promote the healthy way. Depending on the audience that is supposed to be reached, maybe organising social events to raise awareness of things like dementia. If it is specifically for students, maybe events where they get small rewards for taking part in them in order to learn about being mentally healthy. Another option would be by circulating emails about the topic to raise awareness and make it more accessible.

Female, 20, Austria

Not really satisfied that enough is being done. I haven't heard much on mental health, very limited number of TV adverts. Not enough promotion through the media. Universities throughout the UK should be doing more to raise awareness, especially considering students have higher levels of mental health issues (e.g. posters, leaflets, message boards, email).

Male, 29, United Kingdom

Hanging out with my friends and family, watching tv, relaxing, going out, going to the cinema, going shopping if I have money, or even taking my dogs out for a walk.

Female, 20, New Zealand

Family and friends. Hobbies. Bake a cake? I don't know. Watch TV

Female, 20, Scotland

I think there needs to be more advertising, for example a TV advert or posters in places you go to all time, like a bank or at school. There definitely needs to be equal access to the information on services for children who haven't been diagnosed with a mental health issue. Because right now the only people who are aware of the services are people who have been affected by them. In schools, I think you could put up posters that say like are you feeling sad? Something a bit more child friendly. Maybe you could also have one-on-one meetings with a teacher or someone with

knowledge of mental health issues and talk to them about how you are feeling. They could see if you have any symptoms of depression as well as educating the child on the symptoms.

They would feel like they can talk to someone without being embarrassed, like their feelings and views are respected and it's normal to have these mental health issues.

Female, 20, United Kingdom

Start young – teach kids about how to look after themselves. Schools could also have after school clubs to get kids away from the streets, up to no good.

Female, 21, Scotland

I think mental health campaigns, such as a "mental health day" would help promote mental well being issues. I also think it would raise awareness, if mental well being was more mentioned in public media more often. As I said the word of mouth would be the perfect way to raise awareness about mental health issues. People listen to other people they know and it would create a snowball effect. Of course we would have to overcome the prejudices people have about mental health problems.

Female, 22, Norway

Awareness of mental wellbeing should begin at a younger age, around 14 years, so that the issue of mental health and wellbeing is made clear to younger children so they are aware what these problems are. Why should there be a priority in teaching sexual health but not in mental health as they are both important topics? Maybe advice clinics or programmes that are promoted in places like universities or high schools so these problems become more readily aware and even if free counselling sessions were available even just to find out information about mental wellbeing were conducted this would lead to higher levels of awareness.

25, Female, Poland

I think 'lunch and learn' sessions would be best. Offering a free lunch with a guest speaker such a psychologists and people with experience of mental health.

Male, 21, Scotland

Consultation Document: Question 9

What approaches do we need to encourage people to seek help when they need to?

Well, help groups, things or places people can go to, to get help. Or phonelines. It might be difficult to recognise if they have a problem to seek help in the first place. I suppose awareness is good.

Female, 21, Britain

Doctors can just transfer you to someone who knows how to deal with it properly. Can give you diazepam and anti-depressants etc. It can often be just as hard for family members and carers as the individual. Make a wish foundation can help families with support etc. Difficult if you don't know someone who has suffered from a mental illness. Can phone up places for help and strategies to calm you or individual down, how to cope with difficult times etc. Like if you're husband has been signed off with depression then help with financial aspects. Training the individual to help deal with it themselves. Depends of determination of the person and whether they need or want support. Government only know general things about country and not what is best for specific communities. Lets people who actually live there to make a choice for community.

Female, 19, England

Yes, people have difficulties talking about these things even to a counsellor or psychotherapist. Because any reasons for mental health problems are likely to be very personal, and it is difficult revealing your innermost feelings to strangers like that.

Male, 24, Germany

Ensuring that we enable people to take ownership of their own mental health and take appropriate action themselves when they need help. I've only lived here for three years but I don't think it is very clear, I don't think most people would know where they can go. People can use telephone services or University counselling services to get advice. Also, if you're not feeling too great you will often think to go to your GP to get help from them. I think a lot of it would be trial and error until you found the right place to get help. Perhaps numbers for help lines like this should be

included in 'emergency numbers' so that they are easier to find. If services like these aren't directly available, people might not use them.

Female, 20, Greece

While a hotline may be useful, I feel that the use of an online forum or some other form of online help is perhaps the best way to use anonymity. This is because within today's modern world most people use the internet as a tool for diagnosis. Because of this in terms of numbers reached this form of medium would be the best way to tackle a lack of knowledge.

Female, 20, United Kingdom

It is important to show people the "consequences of what could happen if they do or don't contact mental health services. This could be achieved by email, poster, tv adverts etc of "case studies" of individuals who have either contacted or not contacted mental health services.

Female, 21, Germany

In terms of public awareness, I feel they should advertise themselves in places that they are likely to be seen. For example, more television adverts would be effective because the majority of people watch television and so would be educated whether they wanted to be or not. Posters are also effective however they should look professional not cheap and tacky as this may take away from the main point of them and make people question their truthfulness. They should be displayed in places like the bank, shopping centres and the doctors. Additionally, I feel that adding a symptom checker to the NHS website would indicate what type of problem someone might have, and then they could be given advice on where to seek help from. Adverts and posters should include success stories as well so that people can see the benefits that they have.

Female, 21, United Kingdom

I saw a programme about anorexia where they made her [the anorexia patient] do things that the anorexic didn't really want to do, such as going clothes shopping, etc. While it might be a bit much, a similar gradual process with lots of support from family may be a good type of treatment.

Female, 22, Poland

This may be overcome with advertisements which show that mental problems are nothing to be ashamed of, that other people suffer with them and that it's ok to seek help. Possibly also the consequences of not receiving help.

Male, 21, United Kingdom

More advertisement is needed. Advertisement needs to highlight the early warning signs people can undergo and be encouraged to seek help before the problem gets out of control.

Male, 36, South Africa

Well, except of obvious information provided on the websites, I have seen a different example of what can be done. When I was walking down the Union Street, I noticed a big sign showing some statistics and saying "Don't kill yourself". I am not a big fan of campaigns, but I think that this is a way that can reach people on everyday basis. Another way would also be making sure that some information about mental health is being provided in school or work environments. Sometimes forcing people to know something is the best way to make them aware of the problem.

Male, 21, Norway

Consultation Document: Question 11

What do we need to do to identify mental illness and disorder as early as possible and ensure quick access to treatment?

Television shows such as documentaries on channels like the BBC to show an inside view from patients as well as give intuitive information on how to go about getting treatment. The automatic reaction is to throw leaflets out. Title needs to stand out. Info on how to get the help. Mention something about the stigma associated with mental health care.

Female, 19, Scotland

The most appropriate person to identify the presence of a mental illness is a doctor – a qualified psychologist for example who is able to identify with accuracy the core aspects of the condition and make a diagnosis. In order to achieve this, there are many standardized procedures that are followed by the qualified staff, e.g. the Diagnostic and Statistical Manual (DSM-IV) that provides the core symptoms for all the mental illnesses and disorders. There are, also, specific psychological assessment tests (HADS, BDI-II, etc.).

Female, 21, India

Know what the early signs of mental illnesses might be, from subtle changes in behaviour to motor or possible cognitive symptoms. Identify and educate those at risk (e.g., teenagers) and those responsible (e.g., parents). Self-diagnosis. Further research into early stages. Ideally a doctor or nurse with training in mental health. Teachers should be educated about potential problems- may result in earlier diagnoses e.g., ADHD, Asperger's, Autism. Increase public awareness of depression and other more common mental issues. Parental advice on how to spot depression. Depression education in schools so friends/classmates can spot. Focusing on interventions as well as signs and experiences. Government could interact more with charities such as the Samaritans. Interaction with schools. Retirement homes. Targeted information to those at risk e.g., shopping centres, charity shops, cinema. Targeted TV ads dependent on time e.g., during the day provide information to those likely to be watching such as retired people. Short 1 minute infomercials about various mental illnesses which give the basic facts.

Female, 22, England

The main idea is to create awareness because the more help that is given the more support and the less mental illness will be alien to society. Getting involved in voluntary services that can help with mental illness. Volunteering can consist of talking to schools or universities and telling them what is going on and how they can assist these mental illnesses. Also, to how they get treatments if they even have the illness themselves. People can also, visit homes and help there in assisting people that cannot look after themselves, which could also help understanding of some certain mental illnesses.

Female, 22, Germany

Make sure people know what signs to look out for. Make sure people who spot signs go to see a doctor as quickly as possible. If it's something like depression, then make sure people know about mood enhancing activities such as exercise so that they can try it before they seek help. Younger people are more likely to go online and do something like Google their symptoms and realise that something is wrong, an older person might not so they wouldn't realise what was happening. You expect older people to have a mental illness. It depends what the illness is though – Depression isn't as shocking as some other mental illnesses.

Female, 22, Scotland

Mental health conditions need to be highlighted more to ensure the public are more aware of conditions which surround them in everyday life.

Female, 23, Faroe Islands

Yearly checks from GP's to review peoples mental health in which they are encouraged to talk about how they are feeling. School mental health nurses. T.V. adverts to raise awareness of symptoms. Include mental health promotion in soap operas in order to reach a wide audience. T.V and internet adverts. Doctors to focus more on mental health. From an early age children should be educated on mental health. Schools could encourage parents to talk to their children about mental health promotion, in the form of homework assignments.

Male, 20, Scotland

More clinics for specific mental illnesses should be open at convenient times, e.g. after working hours etc. Also, more community workers should have a list of people whom are susceptible, either through consensus (e.g., when a patient is over a certain age or at a specific time in their life), community workers should contact and visit them. Also, raising more awareness will ensure that people will be more competent to understand what may be happening to them. The idea that mental illness can affect anyone needs to be more known. Again, this could be through advertising campaigns.

Male, 20, Scotland

Consultation Document: Question 21

How can we build up a national picture of what works to deliver better mental health outcomes?

There is not enough communication between hospitals and the general population. People that are not affected by mental issues need to be more aware of how it might be to be affected. Mental health issues are not discussed in schools like other health issues, they are just kept quiet.

It can be introduced in schools, e.g. by using posters. Students can be informed about certain web pages that give information about mental health, because people don't come across stuff like that unless they have a general interest in it. Show documentaries to tell what it is like to have a mental health condition, so that people that don't know what it is like to have a condition can get a feeling of how it might be.

It can be taught in schools, and maybe have professionals to come in to talk to students about various issues, which may make the students more attentive. It would be good to have some information available such as posters and folders, so that it is more accessible for students. Additionally, it might be helpful to have someone in the school, such as a psychologist, that students can go to talk to about stuff that they don't want to share in front of the class.

Female, 19, Scotland

We could look at how many people are ill, whether males or females are more affected, age groups. We could look at hospital records, GP surgery records. I think through the NHS and GP's. A lot of people see mental health as not as serious. People are treated as less human. We should definitely talk more.

Female, 20, Rawanda

Through more informative talks in schools, that touches on the different services that are available for people with mental health problems. By emphasizing the aspect of independence, which could help patients get better as opposed to when they're in the hospital setting 24/7.

Regular check-ups from community nurses to assure the patients that they're not alone. Make sure they get plenty of reassurance that they're not alone in this. I don't know of any support that is currently available.

Female, 20, Scotland

By finding out what works best, this can be done by raising awareness of mental health with things that people can't avoid for example TV adverts. That way everyone will equally know about mental health. Also, by asking a variety of people of different ages and of different backgrounds what they think and know about mental health, this will give an idea of where more concentration needs to be put into educating about mental health.

Female, 20, Scotland

People need to be provided with better knowledge of mental health issues, not just how it affects people, but also what exactly the term means, as it can cover lots of things. Campaigns with advertising could help distribute knowledge to people, and if they are more aware then they are more likely to sympathise with the needs and conditions of individuals with mental health issues.

Language use can underplay the significance of problems in some cases and also come across as derogatory in other circumstances. When diagnoses are made, people may feel labelled, which they may feel does not accurately represent their symptom severity correctly; and use of terminology by the public can often be insensitive and apathetic.

If people feel labelled by their diagnosis that can be a problem, or if people feel they haven't received proper diagnosis they may malinger to an extent. Labelling and diagnosis, again, need to be more specific, for the patients benefit as well. People often use language like that every day, as jokes, but if they were aware of the impact it may have, they could be more sensitive in how they use it, and when.

Female, 21, Scotland

You could do a survey, or questionnaire to individuals who have had experience of mental health facilities, or a focus group of people who have had experience of mental health care to see what they felt was good or not so good, what they would improve. What they say can inform us of deficits of information and of what facilities are not useful or run effectively.

Male, 20, England

One of the main problems of mental health issues is the fact that everyone is different. Cannot standardise due the differences across the board. Not going to cater for everyone – will provide the help and services for some but not for others – leading to problem of under-representation. Very difficult to change this no matter what methods are used/adhered to – will always be the existence of under-representation. British public health is "slow". Need to take a bigger step in engaging people in the issues that surround mental health. Charity "Runs" appear to have great public success in getting their message across to the public – also are reasonably demographic as it involves people a range of social/financial backgrounds – large amount of people come to such events and raise a lot of money. Should be more of these perhaps for mental health issues – NHS should get more involved in such events. Events or just information in general regarding mental health issues in Scotland need to be more accessible to the public. Government need to be going out to the public gaining as much information as they possibly can to make the information and help and services much more representative of the general population.

Male, 23, Portugal

Introduce specialists in schools so children can become aware of the basic information regarding mental illness i.e. services, treatment and diagnosis, at an early age. In this way children become aware of these issues as they grown up understanding what it is and how people can be helped. Also hiring more specialists in clinical settings, as well as in hospitals, to give support to those with mental illness is important. The more staff that is available the more people will be helped.

Male, 23, Greece

Consultation Document: Question 25

How could person centred care better meet the needs of young people or individuals with diverse needs?

I have only a very vague idea of what person centred care is. But, I think that since we are speaking of mental health issues, it is important for mental health professionals to get to know their particular target groups better, learn more about peoples' background, the environment they live in and also consider people as individuals and to try to categorise them.

More people should be enabled to gain personal experience with person centred care. With more awareness, this type of care could become more effective. I don't really know any particular organisations working in this field. But I think that many organisations are trying to categorise people, which can often be incorrect, rather than to take the effort and consider them on individual basis as much as possible.

Female, 20, Scotland

Seeing the patients in their own homes with their families would allow for more specific care for their personal needs and evaluate their needs directly in the setting they will usually be in. The patients may feel more valued, and also taking part in the decision-making would be sociable and so perhaps increase their confidence. More money and responsible usage of it would always help. Also, having more staff and research involved would improve the services. Further, improvement may be to provide facilities and buildings for care services to take place successfully. Better communication, for example websites with blogs to share ideas, organise events, trips etc. Meetings and interaction with peer carers would encourage better communication skills with patients. Scotland appears to have more equality and less labelling than in Hungary, as those with disabilities do not appear to be in public so often there. Stigma is perhaps quite a cultural phenomenon.

Female, 22, Hungary

Such therapies like art/music therapy could stop the children following bad paths into drugs etc. Take them away from things they are bad at and focus them on the good. Children will feel they can rise above any stereotypes than have been placed upon them, such as poor and won't achieve for example.

Enhanced confidence would be helpful in terms of depression. Focus that patient on the positive things, what they enjoying doing and are good at. This would help their anxiety levels as they would feel they may panic less about failure due to their increased confidence in themselves and their abilities.

Female, 20, Scotland

There should be more awareness about the types of care out there for individuals needing support.

There would be a general overall plan for individuals, which would branch out depending on the individuals needs.

Female, 20, Scotland

I think it is very important to provide more support in education, since education is very important for the future. It is important to find ways and support young individuals to get educated. Also, it is important for them to keep in touch and stay close with family and friends, get them involved in the care process.

Female, 20, Scotland

If person centred care was to focus on motivation towards goals that were clearly expressed to each service efforts could be directed. If people are at the centre of their care it will increase their confidence and mental health. Schools tend to lack a direction so improving goal motivation will help education. Schools and parents need to have more communication.

Female, 20, Faroe Islands

May be effective in dealing with young people as equals, and working with them to help them through problems. May have trouble in undertaking in the planning stages since may give up easily. Maybe, activities that support the involvement and social interactions with others may help young people. Also, activities that motivate and/or inspire young people would be good. Football, hill-walking, photography.

For young people, completing a plan may be difficult, since feel young people may give up easily. But it depends on the young person, their motivations, their family and the plan itself.

<div align="right">Female, 20, Scotland</div>

Young people may not have a clear idea of what they want out of life, so perhaps educational goals would be more realistic for them. The care path should be taken one step at a time so that the patient does not feel like they may not be capable of achieving their goal. Also, poorer families who may have someone with mental health issues should receive some financial support so that they do not also have that to worry about.

<div align="right">Female, 21, South Africa</div>

Consultation Document: Question 26

What should the national priorities for mental health services targeting young people be?

I would focus on identifying problems first before providing treatment for affected people to improve prevention. I think prevention is important, especially in early stages of mental health issues. Carers have a vital role in providing services even in early stages since the development patterns are similar in same diseases, for example depression. Depression, which then may lead to other things, such as drug use, alcohol abuse, poor quality of social life, failing education and then health issues.

Most importantly it should be in schools – either by hiring counsellors to address these matters specifically or extending the task to parents to raise awareness at home as well. Peer support could be helpful if friends could be able to identify there is something wrong with a person. It would be important to also change society's outlook on depression by making information about it more accessible to public and thus make it acceptable since depression is a large health risk. It may be viewed as a sign of social stigma.

This could be achieved by including mandatory workshops and talks given by professionals in schools. This would then help recognise the signs of mental health problems and create understanding about depression and in turn also be able to help people suffering from depression.

Raising awareness in school is extremely important by explaining risks and effects in detail to children, not merely dismissing it or painting it in an extremely negative light and thus presenting it as taboo, forbidden fruit, which could in turn encourage children to abuse substances. Explanations should be clear and extensive, since misunderstanding may further create or encourage young people towards substance abuse.

Increased access to help facilities is very good, however the issue is to get people to go such facilities or make them realise substance abuse is harmful for mental health. It is necessary to change people's perception of such substances. This could be achieved by providing extensive education in schools and extending it to a wider community for example local media, campaign programs, and create sympathetic approach to such issues. I would think that for example, informing people in newspaper articles would be particularly useful because of easy accessibility.

Male, 20, Scotland

The biggest national priority for mental health services targeting young people should be prevention. If sufficient prevention is not possible to obtain, then the next priority should be the quality of treatment itself within the mental health services targeting young people.

Male, 20, Slovakia

More information could be given to parents and teachers so they know what to look for therefore helping young people with mental illnesses at an earlier stage in order to try and prevent progression of the mental health issue. Give more information on mental health illnesses to the children/young people themselves so they know what to look for in their own behaviour and become aware of when they may be exhibiting symptoms of a mental health issue.

Female, 19, Scotland

Substance abuse, depression and stress would be the main priorities. Depression and stress are important because of the economic crisis that we are currently living in and the fact that there is a lack of jobs in this area at the moment.

They could go into schools and make children aware from much younger ages of the dangers of drugs and how damaging they can be. They could get ex-drug addicts to go into school and explain how it can progress from just dabbling in lighter drugs to having an addiction to harder drugs and how dangerous, and hard to get out of, this can be. Nurses could also go into schools and describe experiences with drug addicts they have treated or even first time drug users where something serious has gone wrong, showing no drug use is safe.

Female, 19, Scotland

Classes designed for raising awareness of mental health illnesses so that young people know what they are and the symptoms most common with certain illnesses. This would raise awareness so that they could recognise if they were suffering themselves or knew of someone who was suffering from a possible mental health illness. They would then know how to best help them gain advice and the steps needed to be taken in order to get better over time. A mental health professional could provide the talk and distribute leaflets with contact information if anyone would want to enquire about mental health illness.

Female, 20, Scotland

25

There should be more services within the educational system. People with mental health problems should not be taken out of regular education, but kept in it. How can they be expected to integrate later in life if they have been kept separate from people without mental health problems?

Female, 20, Scotland

Concentration should be on the needs of young people in early development to prevent future mental health issues. I think the NHS should invest more time and money into education. In doing so, people will understand mental health more and this will remove the stigma attached to individuals with mental health. Research should concentrate on aspects that are not so noticeable such as; depression, anxiety, Schizophrenia. This is because people are not aware of these and therefore do not understand them; need to know what causes them, what type of people are susceptible to them and why they are more susceptible than others. Promoting family time, social time, in order to get the family spending more time together. Get the children involved in activities to keep their mind off other things. Mothers should receive services such as counselling and support groups in order to prevent post-natal depression. This will then help the mother and stop any future problems imposed on the child.

Female, 20, Scotland

Events should be organised to create opportunity for meeting and personal interaction. Moreover, meeting appointment for teachers and parents might be made compulsory to encourage them to carry out discussion about students/offspring. Websites would also be a good place for discussion.

Female, 20, Scotland

Healthy eating in schools.

Female, 23, Slovakia

To improve the awareness of different mental health issues and to ensure a swift and effective process, that involves collaborative input from all associations involved in treatment.

Male, 20, Scotland

26

Consultation Document: Question 30

How do we ensure that there is adequate provision of psychological therapies targeting young people?

We could ensure that there is adequate provision of psychological therapies by making programmes available. Like healthcare centres with trained staff. Who people can talk to, who will understand with someone to listen to them. It gives them somewhere to go.

<div align="right">Female, 20, England</div>

It should be possible for young people to be able to get psychological help in institutions such as school or local health services also financial is another important issue for provision of psychological therapies targeting young people.

<div align="right">Male, 26, Faroe Islands</div>

It's important to have certain things in place such as adequate human resources so well trained staff can be easily hired and available to all. Funding is also important – must ensure there is enough to keep a high capacity of staff and treatment readily available. Therapies should also be readily accessible for young people and available so they know where and how to get help and advise. Adequate training and funding should be made readily available in schools to educate about mental health issues.

It depends on the particular school (e.g. certain schools are better with this than others – all should have the same framework to fulfil to ensure all students are getting the same quality of information and advice).

<div align="right">Female, 21, Sweden</div>

I think that they are quite widely available, if you knew the routes that you would have to take. But it would probably be difficult to know where to go if you were looking for a psychological therapy for the first time. I do not think that it is really accessible, but as I do not have experience of being in need of psychological therapy, it is hard to say. If I would start to look, I would ask my local GP for some advice where to go. I think it needs to be more accessible, especially for young people with mental disorders, because they have a problem that cannot be seen and has to be treated differently than conventional illnesses.

Female, 21, United Kingdom

Health care professionals need to be more aware and keep track of young people who are suffering from mental health disorders. They need to make people more aware of the therapies available. Also, ensure that the people delivering these therapies have adequate training as the issues surrounding young people and mental health disorders are quite sensitive. There are enough options available, but they are not readily advertised. A young person would need to do research on the internet to find the options available for them or go to health centres for help. The options available need to be advertised more for young people.

Help is more accessible for young people who are more affluent as they can get private health care fast. People with less money and the underprivileged would have to get help from the NHS which means longer waiting lists and not getting help when they need it.

Female, 22, England

Accessing psychological therapy means: admitting you have a problem and admitting a stranger can help you.

Female, 22, France

We should compare what both those with psychological disorders and those without them say they need. People with specific disorders may only be concerned with what they themselves need, so asking both healthy and those with disorders will give a more balanced view.

Male, 21, United Kingdom

Consultation Document: Question 35

How do we guarantee that care and treatment targeting young people is delivered in line with legislative documents?

Difficult to keep a boundary and there is a thin line between providing enough care for the young person and keeping in line with legislative requirements. Types of training and disclosure provided by a category of how much interaction the person would have with young people.

Female, 20, Scotland

Have legislation in hospitals so that all those who are higher up know the rules thoroughly. Make part of the work code. Make common practice throughout all levels. Defence lawyer should ask and push for psych assessment of their client.

Female, 20, England

It is important that parents, teachers, and police know how to handle young people better; educate them as maybe they do not know the type of signs to look out for in order to administer the right type of treatment and care. They need particular ways of identifying these issues and access to the right kinds of information needs.

Female, 20, Scotland

Make sure that people are educated and trained to follow legislative rules. Make sure people follow specific rules given for healthcare professionals.

Female, 20, United Kingdom

I think it is important to emphasise legal and ethical issues because young people might differ from adults in their understanding of the legal requirements of care and treatment. Issues such as consent and confidentiality should be explained and highlighted. Clinicians should ensure that all the information regarding treatment can be made available to young people, and that this information, if requested, is explained in a manner appropriate for their age.

Female, 22, Cyprus

Need a good legislative framework to make it work as well as possible. Important with training staff and make sure they have the right qualifications and can work according to protocol. You should monitor complaints and make sure they are not being ignored and avoid malpractice. Age should not matter. Everyone should be treated the same way and be shown equal respect.

People get monitored through school. But not always enough, there are other institutions also, they can however not always do that much as people are maybe not as likely to seek help through those than through school. You need to seek help yourself. There are of course cultural differences. To overcome these to provide equal help all over you would need to overcome significant economic barriers and education would need to be increased.

Female, 21, United Kingdom

Appendix A

Countries of Origin

1. Austria
2. Belgium
3. Cyprus
4. Czech Republic
5. England
6. Faroe Islands
7. France
8. Germany
9. Greece
10. Hungary
11. India
12. Ireland
13. Italy
14. Lithuania
15. Luxembourg
16. Netherlands
17. New Zealand
18. Northern Ireland
19. Norway
20. Poland
21. Portugal
22. Russia
23. Rwanda
24. Scotland
25. Slovakia
26. South Africa
27. Sweden
28. Venezuela