

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.

Of the four priorities mentioned, there is one area that is missing which we would see as a significant priority. This is the need to continue to improve *children and young people's mental health*.

Though great strides have taken place over the last few years, especially in improving CAMHS services and capacity in CAMHS, more still needs to be done. In addition to continually improving NHS CAMHS services there is a wider contribution that can be harnessed and focused involving the third sector, schools, parents and the wider community. This needs to be given priority over the next few years in terms of promotion, prevention and in delivery of mental health services.

This priority then needs to be reflected in the high level outcomes and across the other priorities (except the national dementia strategy). For example in improving access to psychological therapies. This is a key priority for children and young people experiencing significant and persistent mental health problems. In addition the need for wider low intensity services to help with prevention and early intervention are also required.

The recently published mental health indicators for Children and Young People in Scotland provide a helpful platform for future work in this area.

We feel insufficient attention has also been given in the document to inequality in general and how this significantly adds to both the burden of poor mental health and the rise in risk of mental illness. Significant international evidence exists that has not been drawn on to this effect. There needs to be an explicit priority to address inequality in both mental health and mental illness, and local councils and health boards should we feel, be asked to address inequality in their planning and delivery of services.

At a time of retracting financial public resources, we feel that it is vital that the strategy includes a wider definition of services. For example with regard to children and young people's mental health, schools and wider education services need to be supported and integrated into a national strategic approach with the support of service providers in the voluntary, non-statutory sector and the private sector.

During the lifetime of the strategy, budgets will be under greater pressure than at any time in the last fifty years. That means we need to get maximum value from

every penny, so the strategy must incentivise joint work between the NHS, local authorities, justice services and the voluntary sector, and clearly relate to other frameworks such as GIRFEC and the ASL system.

There is, we suggest, a lack of attention to the need to address the social determinants of both good mental health and mental illness. Any change process will need to outline how these wider social determinants are to be addressed and make the necessary links to other key Scottish Government work (not just work in the NHS and Health arena).

We feel there also needs to be more attention given to public health and wider health improvement. Integrated work is required to address key public health challenges, many of which have underlying mental health issues – obesity, teenage pregnancy, alcohol and drug misuse.

Lastly, the strategy should support implementation of the Framework for Children and Young People's Mental Health¹ by 2015.

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.

Increased sharing of the responsibility for achieving change across all sectors. This will require ways of working across a wider range of sectors and agencies (not just health services) and for spelling out clearly what is expected.

For example in Schools increased emphasis needs to be seen on

- promotion of good mental health,
- improved literacy about both mental health and mental illness,
- developing the skill set of school staff to identify and support children with mental health problems and be able to refer when necessary
- providing easily accessible support to children experiencing significant problems; at the same time ensuring their inclusion and continuing education.

This will require support, direction, joined up working and leadership nationally, along with a requirement for local areas to focus commissioning investments into demonstrable prevention programmes alongside treatment.

¹ Scottish Government, *Children and Young People's mental health: A framework for Promotion, Prevention and Care*, 2005

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.

We see this as a question about innovation and encouraging new and different ways of working to overcome challenges. Support needs to be given to find and test new ways of working, for supporting innovation and for helping to research and evaluate what looks promising. There is a need to support a culture of innovation and development in mental health across sectors. For example through a mental health in education innovation fund.

More specifically in terms of what needs to happen next, of the four priorities mentioned, there is one area that we feel is missing; this is the need to continue to improve *children and young people's mental health*. Though great strides have taken place over the last few years, especially in improving CAMHS services and overall capacity in CAMHS, more still needs to be done. In addition to continually improving NHS CAMHS services there is a wider contribution that should be harnessed and focused and which should involve schools, parents and the third sector. This also needs to be given priority over the next few years – in promotion, prevention and in mental health services. This priority then needs to be reflected in the high level outcomes and across the other priorities (except the national dementia strategy). For example in improving access to psychological therapies. This is a key priority for children and young people experiencing significant and persistent mental health problems. In addition the need for wider low intensity services to help with prevention and early intervention, preventing onward referral to CAMHS are also required.

The recently published mental health indicators for Children and Young People in Scotland we feel provide a helpful platform for future work for this priority area to be built on.

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?

Developing the role and expectations on school with regard to protecting, promoting and improving emotional, mental health. There is a good evidence base – both in terms of what works and the economic case (Ref LSE Work - <http://eprints.lse.ac.uk/32311/>)

We recommend this should include :

- Universal service inside schools focussed on building emotional resilience.

and promoting a culture of emotional literacy with a particular focus on resourcing primary schools;

- Teacher and wider school staff training and support to enhance skills and confidence of school staff in supporting children with emotional issues and knowledge of the range of other services available to them and appropriate referral mechanisms
- Quick response and easily accessible services where children are (ie schools) to prevent problems escalating and children becoming more resistant to interventions later in life
- Note : University of Stirling research highlighted growing incidents of self harm and consideration of self harm amongst Scottish teenagers illustrating again the lack of emotional resilience amongst our teenagers and recommending emotional literacy programmes in schools.
<http://bjp.rcpsych.org/content/194/1/68.full>

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

There is significant evidence around the reticence and stigma experience by people in engaging with statutory services, this means that the third sector, operating within local community settings, have a clear role to play in effectively engaging children and wider family members in accessing support.

Providing universal service in schools can effectively reduce stigma around "mental illness" and furthermore encourage a "mentally healthy" culture which children can take with them into later life. Within this setting influencing and developing constructive partnerships with parents should also be seen as a priority (Parent partnership approach) and supporting parents in engaging with their child's mental health/emotional support.

Prioritising and focussing strategic approaches on children can effectively normalise issues around mental health in the way that physical health issues are mainstreamed and shame-free.

The location of services is of high importance in effectively reducing stigma – the local school is generally seen as a "trusted place" within the community by parents and pupils, not "hospitalising" or "medicalising" which can often deter engagement and increase stigma thus leading to a reduced chance of a successful intervention.

A more general point is that discrimination on grounds of mental illness is unacceptable and should be dealt with through equalities legislation and the law. It is now time in Scotland to stamp out discrimination against people with a mental illness. This strategy should therefore align more closely with equalities and justice legislation.

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?

The work of *see me* now needs to be part of wider local anti-discrimination activity and moved beyond campaigning about a 'health' issue to become an equality issue. As such there is a need for mental illness to be addressed more visibly in the world of employment and the workplace and in education.

We feel the time may now be right to go explicitly beyond "stigma" to rights and equality agendas. Work in schools has a vital role to play here in engaging with children and young people, alongside educationalists.

This approach should include improving literacy around mental health and mental illness and also about the social determinants as well as bio psycho SOCIAL elements in the nature of mental illness.

There is not enough understanding of the issues facing people with mental health problems, especially among young people. The strategy should continue to fund work to raise awareness and fight stigma through the 'see me' campaign, but as explained above go beyond addressing "stigma".

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

We need to effectively build on wider work around by specifically focussing on the role of schools and applying the existing strong evidence base to work in schools and also in pre-school settings.

Where the whole school culture is supportive of emotional wellbeing and demonstrates a good level of awareness of what promotes mental health, children and young people are far less likely to become susceptible to mental health difficulties and more likely to flourish mentally.

There is a strong link between mental health/psychological wellbeing and improved academic progress, emphasising the need in this strategy to link mental health with other domains of wellbeing and positive outcomes. Organisations like The Place2Be are building a strong body of evidence in Scotland to prove a causal link between psychological wellbeing (using psychometrics like the SDQ) and academic progress.

A national programme promoting mental wellbeing delivered inside schools as part of the every day work of schools is vital. The evidence is already strong in terms of what to do and its impact – socially and economically. It is a good business case and needs to be part of the priority given to children's mental health in Scotland.

This would need to be supported by the development of national standards and inspection for progress, within the HMIE inspection regime.

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?

Expand the focus on easily accessible evidence-based support programmes, including but not just restricted to Incredible Years, Triple P. This is a well evidenced route to a more mentally healthy beginning and would be an important link to the Scottish Government priority on supporting early years as championed by both Susan Deacon (Joining the Dots) and Harry Burns. This is stated as a national priority area and needs to be clearly linked to this mental health strategy.

To maximise effectiveness statutory/nhs professionals need to endorse referral routes into established local community support groups, this would include raising awareness in CAMHS teams of existing and emerging community initiatives and support the preventative, early intervention services which precede CAMHS referrals, often provided by the third sector.

The provision of CAMHS across Scotland is evidenced as being patchy and inconsistent. The Scottish Government has set a target that "By March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CAMH services", but even if this target is achieved this will still leave children and young people waiting too long, emphasising the need for the voluntary sector to play their role in delivering easily accessible early intervention services. To ensure this capacity is effectively utilised budgets at a local level will need to be structured in a way that enables and encourages commissioning of services from wider, non-statutory providers with a demonstrable evidence base.

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

NHS Boards need to be aware and take note that there is already a strong body of evidence in Wales and England that mental health services delivered by Third Sector providers work particularly well in schools; improving children's emotional well being, increasing access and in terms of a whole school effect, thus preventing later referral and need for CAMHS services and thereby effectively reducing the demand on stretched NHS services.

Whilst the culture has shifted and mental health and mental illness are now more visible, there is still much to do to meet targets and growing mental health need within communities. The strategy fails to capture the sense of 'urgency' that is required to make further deeper changes. We would hope therefore that the strategy that follows this consultation doesn't give the impression that all the hard work has been done and that mental health is somehow better or merits less attention than it has been given over the last 10 years. The hard work has only just started. This next period to take us up to 2015, is equally if not more challenging due to both the economic and social pressures of recent years and because of these challenges demands a wider and more collective response that evidences the need for a strong collaborative response between NHS, other statutory service providers and the third sector.

More specifically, CAMHS services should work effectively with, and have a comprehensive understanding of, other organisations (particularly third sector) based in local communities; this understanding should support appropriate referral

routes and effective joined up working and the commissioning of third sector services.

One in ten 5 to 15 year olds experiences a mental health problem.² The lifetime costs of a single case of untreated childhood conduct disorder are approximately £150,000³. Investment in the mental health of children and young people must go beyond Child and Adolescent Mental Health Services (CAMHS), incorporating mental health in early year's education, early intervention programmes for parents and children.

All areas to have early intervention services for psychosis and in reach of schools, targeting those schools in particular in high areas of social deprivation.

² *The Mental Health of Children and Young People in Great Britain*, Office for National Statistics, 2004

³ Friedli, L. and Parsonage, M.: *Mental health promotion: building an economic case*. Northern Ireland Association for Mental Health, 2007

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?

Integrated mental health literacy programmes in schools covering mental wellbeing as well as mental health problems (which go beyond mental illness first aid) will develop an awareness and understanding amongst Scottish children of their own and peers' mental health.

Easily accessible and non stigmatised parent support programmes - accessible through schools, are more likely to engage traditionally "hard to reach" parents and be part of their self-help approach to improving their own mental health and actively supporting their children's mental health.

Encouraging people to seek help

- Accessibility of services
- Universal part of service – breaks down resistance, increases understanding, enables earlier intervention
- Consistency of service provision (long term funding – less stop/start funding)

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

Public profile and awareness of both mental health and mental illness on an equal par to physical health and also to some other care groups and conditions such as heart disease and cancer – that is the level of awareness we need to reach.

The local availability of non-stigmatising accessible support - in schools, community centres etc we know encourages people to take up support at an earlier stage.

Additionally we feel that Insufficient attention has been given in the document to inequality in general and how this adds to both the burden of poor mental health and the rise in risk for mental illness and the ability of people disadvantaged through issues such as poverty to seek help when they need to. Significant international evidence exists that has not been drawn on in this area.

We feel there needs to be an explicit priority to address inequality in both mental health and mental illness and local councils and health boards should be asked to address inequality in their planning and delivery of services.

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?

A focus on easily accessible early intervention services - early intervention in

psychosis should be the norm for services for young people right across Scotland, with local wrap-around services for children, young people and their families.

Providing universal and targeted services in schools can effectively enable the early identification of mental illness amongst both children and parents/carers.

Easily accessible and non stigmatised parent support programmes - accessible through schools, are more likely to engage traditionally "hard to reach" parents and be part of their approach to accessing services at an early stage both for themselves and their children.

The location of services is of significant importance in regard to quick identification of mental illness and quick access to treatment- we would again emphasise the role of the local school as a "trusted place" within the community by parents and pupils, not "hospitalising" or "medicalising" support which can often deter engagement and reduce take-up of service.

Much closer liaison with schools and parents as an integral part of this approach is required, alongside effective joint working between all agencies.

Teachers need support to deliver the new health and wellbeing outcomes in the Curriculum for Excellence, which include mental health. Ongoing CPD and initial teacher training should include elements which will support teachers in the identification of mental ill health and distress amongst children, enable effective early referral and build up confidence in classroom techniques which will support universal whole school emotional resilience and literacy.

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?

We need to see the response to mental health problems and illness in a more integrated way embracing a wider bio, psycho, social model. At the moment there is a lack of appreciation of an integrated model and insufficient time spent training and supporting staff across a range of disciplines and backgrounds together. We need to acknowledge that the future lies in a broader approach and understanding.

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

Much closer relationships with other agencies and services outside health / nhs. For example closer relationships with schools and parent groups as already outlined.

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?

Building on mental health literacy and resilience in schools is effective in engaging a wider group of children and parents in supporting children to feel sufficiently empowered and conscious of mental health issues to then promote and support them in participating and contributing towards service design and delivery.

Development of peer support services in schools – peer education, parent to parent support work etc is particularly effective at empowering individuals to recognise the contribution they can make in these areas.

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

Understanding, compassion and mutual respect are key elements in achieving mutually beneficial partnerships, this is as much a cultural change in how we engage and relate to people engaging with services as a 'tool' for involvement.

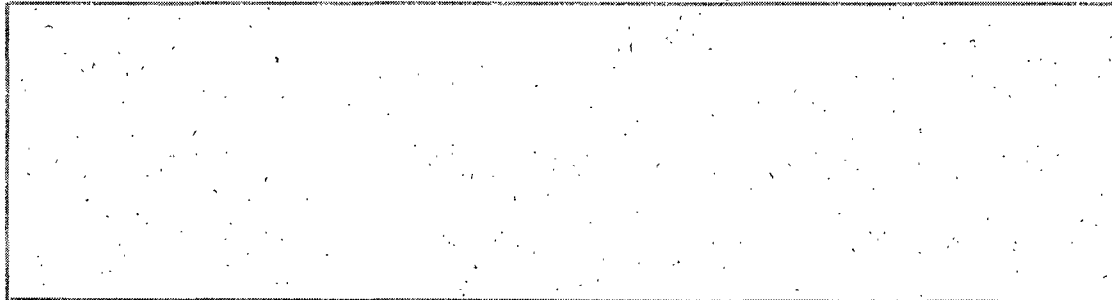
Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

By evaluating and monitoring services for how they deliver a person centred approach. This would apply to services in schools also in engaging with parents/carers with a family centred approach.

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

Much more support to the notion of recovery needs to be delivered as part of mental health literacy in schools and to parents.

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



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?

Providing universal and targeted services in schools can effectively enable the early identification of mental illness amongst both children and parents/carers as well as being an effective mechanism to support and encourage parents to take a meaningful and positive role in supporting their children's mental health.

Working with a "parent partnership" approach whereby engagement with parents at each stage of the intervention with their child is crucial to build up confidence within the family, an understanding of the needs of the child and support for the approach.

Easily accessible and non stigmatised parent support programmes - accessible through schools, are more likely to engage traditionally "hard to reach" parents and be part of their approach to accessing services at an early stage both for themselves and their children.

The location of services is of significant importance in regard to engaging with families and carers effectively – we would again emphasise the role of the local school as a "trusted place" within the community by parents and pupils, not "hospitalising" or "medicalising" support which can often deter participant and reduce take-up of service.

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?

We would emphasise that staff require strong local knowledge of the broad range of mental health services provided outwith the NHS – in order that they can provide that information to families and carers when appropriate.

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?

It is clear through services such as The Place2Be which children and young people can engage with within their local community, close to home and in settings such as the local school, have higher rates of take-up. Children require effective wraparound community services which involve not just CAMHS but other service providers such as the Third Sector. The efficiency and effectiveness of these services will mean that there won't then be as high a demand for high level inpatient services.

An invitation to organisations who have a proven track record of working effectively in universal settings to present and share experience of what, and how, they have achieved results. This could take the form of a roundtable event with CEOs of Local Authorities, which would provide an opportunity for a wide range of voluntary sector agencies to participate; particularly identifying those that have built effective partnerships with statutory partners to evidence how they have developed effective models and reflect on the challenges and implications of developing elsewhere.

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?

Monitoring information must be routinely collected in all settings and used to identify both groups benefiting from mental health services and those missing out. This information must be used to effectively target those children and young people at most risk of developing mental health problems. There needs to be an independent repository for this type of demographic information to assist local and national systems of strategic planning.

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

Support needs to be given to find and test new ways of working, for supporting innovation and for helping to research and evaluate what looks promising. There is a need to support a culture of innovation and development in mental health across sectors. For example through a mental health in education innovation fund which would act as another component of action and implementation support to achieve improved visibility, commitment and outcomes.

We think there is a value in utilising the expertise and data from a number of sources to benchmark local services for children and young people. One potential source is the CAMHS Outcome Research Consortium CORC (<http://www.corc.uk.net/index.php>)

This is a membership consortium made up of services across the UK. The value is that it includes a range of service providers and aims to measure in a consistent way the outcomes that services achieve for children.

If the Government was to make children and young people's mental health a national priority, it will be important that a set of reliable, consistent and valid measures are used to assess outcomes across services and benchmark progress. This could be a very powerful driver for improvements.

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

Of the four priorities mentioned, there is one area that is missing which we would see as a significant gap in the priorities outlined in the document. This is the need to continue to improve *children and young people's mental health*.

Though great strides have taken place over the last few years, especially in improving CAMHS services and capacity in CAMHS, more still needs to be done. In addition to continually improving NHS CAMHS services there is a wider contribution that can be harnessed and focused involving the third sector, schools, parents and the wider community. This needs to be given priority over the next few years in terms of promotion, prevention and in mental health services.

This priority then needs to be reflected in the high level outcomes and across the other priorities (except the national dementia strategy). For example in improving access to psychological therapies. This is a key priority for children and young people experiencing significant and persistent mental health problems. In addition the need for wider low intensity services to help with prevention and early intervention are also required.

The recently published mental health indicators for Children and Young People in Scotland provide a helpful platform for future work in this area.

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?

More of a focus on the Third Sector partners of NHS Boards, who are delivering good examples of person centred care delivered on site within local communities.

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?

The mental health of children and young people and families we feel needs to be a recognised national priority. It is after all the foundation for our future. Easily accessible, community based support for children and parents/carers delivered through schools has been evidenced as effective and should be a priority area.

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?

The implementation needs to go beyond health and social care settings. Teachers continue to struggle with the mental health needs and emotional difficulties which children are experiencing. Mental health should be a key component of initial teacher training and an integral part of continuous professional development. The Place2Be has developed an extensive range of workshops and training courses for Newly Qualified Teachers, teachers, teaching assistants and wider school staff.

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?

National surveys of 16-25 year olds on mental health and mental illness.

National mental health survey repeated every two years to assess progress with the key outcomes of the national strategy – more on quality of the lives of people living with mental illness. A Scottish version of the psychiatric morbidity survey, but updated to look at mental health and wellbeing as well.

National surveys that help ensure that the indicators identified in both the adult mental health and children and young people's mental health indicators are collected and reported on as a national 'score card' of strategic progress.

Mental health in schools survey every 3 – 4 years through education departments or HMIE.

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

Create a comprehensive mental health and mental illness training programme for all school based staff – this would be world leading.

Support to NHS staff in helping them to understand, map and create effective links to the full range of services provided across private and third sectors.

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

Funding to support training of practitioners

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?

We feel there is a need to improve national data capture on mental health and mental illness – enhance the Scottish Public Health Observatory role. National benchmarking resources used by the NHS which can be replicated in schools to support and promote positive mental health would be highly beneficial.

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

Nationally recognised recovery and quality of life measures.

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?

Increased sharing of the responsibility for achieving change and improvement in the area of mental health across all sectors. This will require ways of working across a wider range of sectors and agencies (not just health and social care services) and for spelling out clearly what is expected.

A particular focus on the responsibility in the education sector in focusing on early intervention, and the development universal and targeted resources which support the role of schools in improving mental health outcomes of children.

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

Increased sharing of the responsibility for achieving change and improvement in the area of mental health across all sectors, with a particular focus on education and their early intervention role.

An understanding and recognition of the role that the third sector plays in delivering services alongside statutory and health service providers – joined up and collaborative working between voluntary and statutory sectors.

This document as it stands remains predominantly focused on the NHS and on adults. The challenge will be to create a strategy which runs across all Government departments and becomes a priority for those working in other areas such as education and criminal justice. Strong links to key policy frameworks such as the Early Years Framework, Additional Support for Learning and Equally Well and policies such as GIRFEC and the Curriculum for Excellence we feel will need to be referenced and linked to in this strategy.

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?

