Founded in 1980, Cornerstone has grown rapidly to become one of Scotland's largest charities and voluntary sector social care organisations, employing over 1200 staff.

Cornerstone provides a wide range of care and support services to over 1000 adults and children across 18 local authority areas in Scotland.

Cornerstone's aim is "to enable the people we support to enjoy a valued life".

We recognise and welcome the Scottish Government's commitment to mental health and the intention to take forward mental health policy in a more joined up and systematic way.

In response to questions 1 and 2 we agree that promoting good mental health is a matter for us all – services need to be more person centred and we welcome the intention to ensure that services will put the person, their families and carers at the centre of care and treatment.

The 14 broad outcomes appear to be comprehensive and we would support the 4 identified priorities in particular the commitment, through the National Dementia Strategy, to change and improve the whole system of dementia care.

Where required changes involve service redesign across organisational boundaries, the strategy must support, encourage and drive joint work across the sectors and recognise the importance of the third sector as an equal partner in this process. This will be particularly important in view of the significant pressure upon budgets and resources.

In relation to self harm and suicide (question 3) the strategy should continue suicide prevention work beyond 2013 and in particular seek to improve suicide prevention training outwith the NHS.

Questions 4, 5 and 6 invite comments on stigma and mental health promotion – it is our view that inter-agency training which supports agencies and organisations to deliver confident and consistent messages is important. There is not enough understanding of the issues facing people (especially young people) with mental health problems and additional funding is required to raise awareness and fight stigma.

We are aware that the provision of CAMHS is patchy and inconsistent across Scotland and timescales from referral to treatment are too long. In response to questions 7 and 8 we would reiterate the views of professional colleagues that the strategy should support implementation of the Framework for Children and Young People's Mental Health by 2015.

Our earlier comments in relation to stigma address questions 9 and 10 regarding people's understanding of their own mental health and the importance of being able to take appropriate action themselves or by seeking help.

Early identification of mental illness and disorder requires greater investment in early years education, early intervention programmes for parents and trained early years health visitors. Service redesign and quicker access to treatment is cost effective when the lifetime costs of untreated childhood conduct disorder is considered (question 11).

There would appear to be a complex collection of initiatives, targets and guidance relating to operational and organisational efficiencies. Questions 12 and 13 could be answered by reducing complexity and integrating recommendations which focus on outcomes and effectiveness.

Questions 14 to 18 invite comment on service user involvement. Principles are already adequately included in legislation and guidance and the concept of person centred care is strongly aligned to recovery based approaches. In our experiences these questions address cultural and organisational matters as much as procedural – further support and resource to the Scottish Recovery Network to influence values, attitudes and beliefs should be provided.

The role of families and carers in addressed adequately in publications such as the National Dementia Strategy and the Carers Strategy – meaningful participation and partnership (questions 19 and 20) requires information, openness and trust if families and carers are genuinely considered to be part of a system of care.

Evaluating the success towards shifting the balance of care into the community (question 21) and ensuring that services are accessible (questions 22 and 23) requires accurate information and a co-ordinated response supported where necessary with transitional funding. As noted earlier in response to question 11 an additional 'gap' (question 24) relates to early intervention for children and young people. There is also a need to improve mental healthcare in prisons and young offenders' institutions (questions 25 and 26).

The consultation paper notes that mental health services work most effectively when they are well integrated with other services and able to tailor themselves to individual needs and circumstances. However, whilst there is a wide range of national improvement programmes in place, we are not confident that an integrated approach to improvement is currently recognised across the health and social care sector itself. From a service user's perspective therefore (question 34) we would encourage a reduction in complexity, a focus on prevention and a consistent measurement of individual and service related outcomes.

Thank you for this opportunity to comment.

John Grant