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:

The University of Strathclyde Students' Association represents over 21,000 students in the Glasgow area. Our student advice service regularly sees students affected by mental ill health and poor wellbeing.

As such, whilst we welcome the Scottish Government's consultation on a Mental Health strategy, we are disappointed that the health of students has not been identified as a key challenge. We are also disappointed that the work that non-NHS services do to prevent mental ill health, and to improve wellbeing, has not been recognised.

As this consultation document leans heavily towards the medical and procedural, we do not answer the given questions. Rather, we take this opportunity to outline what is essential to see in the Mental Health Strategy for students. Throughout all of these discussions, the needs of carers must be accounted for as well as those with mental ill health.

The clearest action the Scottish Government can take to benefit students is to insist on ring-fenced funds for mental health services at universities. Doing so will ensure these essential services are not cut by university principals. With the Scottish Government currently increasing funding to universities across Scotland, insisting on this proviso now makes sense.

The Scottish Government should also take this opportunity to encourage universities to tackle stigma and discrimination relating to mental ill health. They can do this by encouraging universities to have fully accessible, non-intimidating services; and to take part in awareness raising and anti-stigma campaigns across campuses (which could be done in partnership with student associations). The Government should use the current reassessment of further and higher education to obtain agreement from principals on taking action on these issues.

The Scottish Government should also seek to ensure that suicide prevention and awareness training is given to as many staff as possible at universities and other such institutions, so that people can be helped early. This should be in addition to ensuring that all institutions offer sufficient crisis support and other services.

Finally, we suggest that the strategy should fully acknowledge the work that community services do on mental ill health prevention and support, and that the Scottish Government should seek to help community services, institutional services (such as those at universities), and the NHS to link up more effectively. This could be through the creation of formal links between services, with clear referral pathways from one service to another. Sharing best practice and training may also be an option where appropriate.

We look forward to seeing the Scottish Government's response to the consultation, and hope to see students' needs incorporated fully into the final strategy.

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.

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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

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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.

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

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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

uestion 30. How do we ensure that we have sustainable training capacity to deli- access to psychological therapies? utcome 12: We know how well the mental health system is functioning on asis of national and local data on capacity, activity, outputs and outcomes. uestion 31: In addition to the current work to further develop national benchmark sources, is there anything else we should be doing to enable us to meet in allenge. comments. uestion 32: What would support services locally, in their work to embed clinit tomes reporting as a routine aspect of care delivery?	COLLINE	nts	***************************************	***************************************	(#12.7000700014 (100070707070707070707070707070707070707	de confession de confession de confession de company de confession de co	**************************************	······································	• ************************************	
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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.

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