

Mental Health Strategy 2021-2031 Consultation Response Document

Personal details	
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Are you responding on behalf of an organisation?	Yes <i>(delete as applicable)</i>
Organisation <i>(if applicable)</i>	NIACRO
Vision and Founding Principles	
Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?	
Mostly Agree	
Please add any further comments you may have	
<p>NIACRO welcome the development of a longer term Mental Health Strategy for Northern Ireland, whilst recognising the complexities which exist in ensuring systems and services are joined up and appropriately resourced in a cross-departmental approach.</p> <p>NIACRO is a voluntary organisation and we have been working for 50 years in Northern Ireland, taking a leading role in reducing crime and its impact on people and communities. Our own vision is of a society in which the needs and rights of all citizens, including victims of crime, adults and children who offend and those who are at risk of offending, are equally respected.</p> <p>Mental health, mental illness and wellbeing issues are very prevalent among the people who use our services i.e. Children and Young People at risk of coming into contact with the Criminal Justice system; people in or who have been in custody and their families; victims of crime e.g. hate crime.</p> <p>We particularly welcome specific aspects of this vision statement as follows:</p> <ul style="list-style-type: none"> Reducing Stigma: the stigma of having mental health issues and also having to address them while tackling other barriers to health and wellbeing e.g. being a 	

young person living in care or being homeless. In NIACRO we see many people with lived experience of mental health who have faced face multiple issues which has caused stigma, including adverse childhood experiences or trauma.

- Irrespective of where people live: We would hope that the focus on regional implementation and service delivery as currently set out in the draft strategy will be achieved and will address the postcode lottery which can exist in both the availability of services and also access to appropriate mental health services e.g. suitable talking therapies. We would ask that the Departments considering the realisation of this vision be mindful of the locations of many people at risk or already experiencing mental health crisis e.g. transient people following prison release or young people navigating their way within the care setting. For NIACRO this also includes the current prison population.
- Human rights: NIACRO base all of its practices on human rights, and we welcome this aspect of the vision. We would point to the ongoing work being carried out by the NI Assembly Ad Hoc Committee on a Bill of Rights for Northern Ireland, and look forward to see how the rights of people with mental health will be included in this.
- Access....the right time and the right place: We identify that is one of the most common issues for people in our own services. The realisation of this vision will be predicated on robust regional co-created pathways, with joined up delivery across all local trusts, and Departments.

Do you agree the founding principles set out provide a solid foundation upon which to progress change?

Mostly Agree

Please add any further comments you may have

1. Meaningful and effective co-production and co-design at every stage

We understand that this strategy has already taken on board the lived experience of many people with mental health issues e.g. we note the recent decision on peri-natal care following effective discourse with parents and support organisations. Our key point here is that co-production should happen with the person with lived experience, and also ensuring they get a say in HOW they are engaged and what models of co-production and co-design are to be used. The planning of the implementation of the strategy is also vital and the voices of people affected, particularly the very at risk groups we In NIACRO are working with must be included.

NIACRO would also note that we deliver services to people at risk or have been involved in criminal justice, and we would welcome further engagement to support their aspirations of co-production.

2. Person centred care and a whole life approach – a system that meets the needs of the person, rather than expecting the person to fit into a rigid system.

NIACRO recognise that current mental health services can be limited by resources with demand outstripping supply which often leads to waiting lists for patients because services were not designed around them. NIACRO would request that specific pathways are developed which allow for both health and personal circumstances to be taken into consideration when engaging in services. e.g. client's in our Aspire Mentoring Service often lose their right to services as they can fail to present as they are often living chaotic

lives and have issues keeping appointments. Our view is that these particularly vulnerable and isolated clients require a more flexible and understanding service to ensure they receive the treatment they need.

Similarly, many of our clients live transient lifestyles because they are homeless. While they may be offered addiction services our client's circumstances often change quickly which forces them to relocate to another town – often this can be to the other side of the country. This usually results in the client missing their appointments and being removed from the service. We believe these types of circumstances skew data which in turn prevents services effectively targeting this vulnerable but underrepresented group.

Our Project staff can support this effectively, and therefore person centred also means looking at what other services can be wrapped around the individuals and utilised to ensure full attendance and therefore achieve intended clinical outcomes for patients.

3. Care that considers and acknowledges the impact of trauma – where staff have the appropriate knowledge and skills and are aware of the impact of trauma, particularly in the context of Northern Ireland.

We note that the Strategy mentions Adverse Childhood Experience and all of NIACRO services and staff are trained in ACEs and are supportive of this approach. We also note the focus on trauma informed practice in the strategy. We support the move toward more trauma informed responses as well, and believe that this principle should underpin the actions in relation to stepped models of care, involving workforce learning and development, including the community and voluntary sector.

In terms of the NI context NIACRO deliver a number of programmes which continue to deal with the ongoing impact of the conflict on people and communities. We welcome specific learning and development across all sectors around this matter, but also trauma experienced by minority communities who are living in Northern Ireland.

4. Choice – meaning choice in treatment to fit the needs and preferences of the person.

NIACRO supports this principle. We note that this will require support from all clinicians, and the establishment of a wider range of evidence-based services e.g. talking therapies instead of medication. On the other hand, we have a number of service users who have been in receipt of prescribed medication in prison, who are then “refused” a similar prescription in the community. Our overall aim is to support our clients to better health and wellbeing outcomes, but often find their own views are not taken into consideration.

5. Early intervention, prevention and recovery as a key focus – all decisions should be made with this in mind.

As an organisation NIACRO support and deliver early intervention services to children and young people, as well as advocating for the delivery of diversionary services to adults at risk of coming into contact with the criminal justice system/or repeating contact. This principle also relates to the need for a comprehensive and fully understood stepped model of care across all sectors, with treatment pathways to include all three of these aspects. If every organisation, staff member and patient understand at the outset the purpose of treatment e.g. including any necessary delays in that treatment, expectations can be better managed.

6. Evidence informed decisions - services and interventions built upon sound evidence of what works.

We support this principle. We encourage the DOH to consider the excellence and innovation which exists in the community and voluntary sector, as well as in existing and traditional mental health services. NIACRO recognise that newer models of therapy may be required e.g. around supported self-management programmes, and are committed to supporting the Research and Development arm of this strategy to achieve this. We note that there should be more detail on how this strategy will continuously improve and develop over time and look forward to understanding and supporting the ongoing Evaluation and Outcomes framework that will accompany the annual action plans.

7. The specific needs of particularly at risk groups of people, and the barriers they face in accessing mental health services, should be recognised and addressed.

In NIACRO we see every day the struggle of vulnerable children and young people (some of them in care) coping with wellness and mental health issues, and at risk of developing mental health illness into the future. We would encourage a specific Task & Finish Group to consider the needs of these specific young people in terms of accessing services, including their transition into adult services. There is a vast array of information and expertise in the voluntary sector in Northern Ireland looking at the rights and protections of this particular at risk group of younger people.

We would also request that the barriers being faced by our adult service users are also considered. The National Audit Office in 2019 reported that 42% of clients assessed by PBNI (using ACEs Tool) had a mental health issue and 72% had emotional wellbeing issues. In the same report 9% of prisoners on committal were not registered with a GP. We would take this opportunity to request that the specific needs of young people and adults commencing through the criminal justice systems be addressed, given the prevalence and extent of risk within this group.

We note that any successful change and delivery of these principles will be predicated on

- People with lived experience including at risk children and young people, at the heart and centre of every decision
- Adequate and fair resources available
- Collaboration across all departments and sectors
- Learning and development across all departments and sectors
- Integrated stepped models of care
- Resourcing to ensure sustainable services across sectors including community and voluntary groups
- Evaluation Framework
- Outcomes Framework

Theme 1: Promoting wellbeing and resilience through prevention and early intervention

Do you agree with the ethos and direction of travel set out under this theme?

Mostly Agree

Please add any further comments you may have

Good prevention services will avoid more serious mental health illness diagnosis, leading to less intensive and expensive therapies in the future and a more empowered population. It will be important that this ethos is embraced by all NI Executive departments, given the need for a cross departmental approach. NIACRO recognise the tension between the existing and future demand on acute and community mental health services, waiting lists for diagnosis and the impact of COVID 19 versus increasing and diverting the overall Mental Health budget in NI to prevention and working in a different way.

NIACRO also see the potential of the role of the Northern Ireland Mental Health champion to promote mental health, especially within the public at this time.

Do you agree with the actions and outcomes set out under this theme?

Mostly Agree

Please add any further comments you may have

Action 1:

NIACRO welcomes the “whole life approach”. We support the specific consideration of groups who are disproportionately affected by mental health, like children and young people in and around the care system, as well as men and women in contact with the criminal justice system.

We would also like to see the needs of people living as homeless, as well as people directly affected by the NI troubles specifically addressed as part of this action.

Action 2:

We broadly welcome the intent to expand talking therapies as alternatives to prevent more serious disorders. We look forward to seeing further development of these plans and to further detail on how this hub model will be implemented. Again, the role of existing community and voluntary services should not be underestimated, including support activities within a stepped model of care.

Action 3:

NIACRO work with many schools in the delivery of our PHA funded Early Intervention Services and understands the key role education staff will play in the delivery of this strategy. We would like to see a definitive long-term commitment as part of the action plan to expand early intervention services across Northern Ireland, and a long term commitment to funding and collaboration.

Action 4:

NIACRO support this action.

Theme 2: Providing the right support at the right time

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree

Do you agree with the actions and outcomes set out under this theme?

Mostly Agree

Please add any further comments you may have

Action 5:

NIACRO understand the overall Mental Health budget for Northern Ireland is currently inadequate to meet the exiting demands on services, let alone to deliver the innovation and strategic direction as set out in this draft strategy. We would call on all political parties and health service leadership to consider the fact that NI continues to deal with legacy issues from the troubles, has already 25% more mental health issues than other parts of the UK, and these action plans will have to be cognisant of the post COVID impact as well. Funding for mental health in Northern Ireland should be at least levelled up to the population spend in the rest of the UK, and then exceeded over time to fully ensure the demands of our unique society can be met by future mental health services

Action 6:

Existing practice in relation to referrals to CAMHS should be reviewed immediately e.g. to ensure all existing referrals are appropriate and places available. We have found from our work with vulnerable families that it can be more difficult to access CAMHS than it should be; we know that resourcing is an issue, but we believe if referrals are appropriately made the child or young person should come into receipt of this service.

We applaud the “no wrong door” concept and reiterate our points about the need for clear and wholly understood pathways across all sectors. Services should be joined up and seamless for children and families often face multiple crisis and social issues, while also navigating their way around accessing health services.

Action 7:

NIACRO support this action. We would stress however, that crisis services involving in patient stays/treatment, must be carried out and housed in accommodation appropriate to the age and circumstance of the young patient.

Action 8:

NIACRO welcome the removal of the arbitrary nature of ceasing services based on age at 65, across all adult mental health services.

Action 9

NIACRO can see that locally available services will matter to many people requiring mental health support and the developing GP federations will give a vehicle for local service delivery. We would comment that much work across primary and secondary care and the voluntary and community sector has already happened via the Integrated Care Partnerships, and it will be important to harness existing relationships and networks already established e.g. Social prescribing models.

NIACRO would also request that the needs of people leaving prison be factored into the delivery of these primary care services especially in relation to mental health. 9% of people going into prison will not be registered with a GP; on release many people will not

have a fixed address or will be unable to return to their own communities because of ongoing threats or breakdown in family relationships. Many of our clients leave prison without any form of identification and registering with a GP is very problematic and takes many months. Because of these delays they are unable to access medication and therapies required to support their mental health treatment; putting them at risk of re-entering the criminal justice system and compromising their mental health outcomes. Men and women affected by the criminal justice system are disproportionately affected by mental health, and we would request these specific issues are addressed under this action.

Action 10:

NIACRO look forward to more detail on Recovery Colleges, and how they will be established and sustained during the life time of the strategy.

Action 11:

NIACRO are pleased that the role of the voluntary and community sector is being properly recognised within this strategy. We work closely with many Mental Health charities and groups, as well as delivering trauma informed services ourselves. We would ask that this recognition is extended to the allocation of funding from the mental health budget, which will ensure that the vital services delivered by the third sector are available and sustainable to meet the demands of integrated pathways, more extensive social prescribing as well as supporting our role in assisting with co-production and co-design, which we are uniquely placed to do.

Action 12:

NIACRO welcome this action, seeing us already as part of a stepped model of care in relation to the mentoring, emotional support and psycho-social support we provide to our service users. Our project staff can often be the only people available to our clients to listen and support navigation around mental health services as they currently stand, acting often as the only support available while clients wait on more formal therapeutic services.

Action 13:

NIACRO support this action, recognising the need to deliver more effective and data driven services. The ability of service users to access patient platforms, including access to hardware, will need to be considered, as well as the above Action 11- considering the assets pre-existing in the community. We would request that the needs of the prison population be considered in relation to this. The Northern Ireland Prison Service has already made quite significant in roads and investment to prisoner access to IT and communication tools and we would support discussion with them in assisting with action in relation to this affected group. We are working with NIPS currently in the development of Virtual Reality Training and believe there is scope for the digital aspect of this strategy to be implemented in the prison setting.

Action 14:

NIACRO welcome this action.

Action 15:

NIACRO welcome this action.

Action 16:

NIACRO welcome this action.

Action 17:

NIACRO welcome this action.

Action 18:

NIACRO welcome this action.

Action 19:

NIACRO welcome this action. We witness a high level of people presenting to our services with suicidal ideation and at very high risk of harming themselves. There is a limit to existing services to appropriately address these personal crises, and support organisations identifying these risks. This action could be considered alongside Action 26, with any specialist knowledge in dealing with at risk people cascaded across the stepped model of care delivery organisations, including those in the community and voluntary sector.

Action 20:

NIACRO welcomes this action, particularly as so many of our adult clients experience significant barriers to support because of the existing pathways and criteria. We would point to the recent DOH Consultation on Substance use and now include a case study from our response to illustrate the problems:

Case Study:

25-year-old male poly drug user, referred to Aspire Mentoring Service for drug & alcohol support.

Client misusing cannabis, cocaine and alcohol on a daily basis. Client desperately wanting to give up substances and struggling to abstain from drug use, whilst in the community.

Encouraged by Aspire Mentor to see GP and request referral to CAT. Referral received by CAT and client had first appointment, where assessment was carried out, at appointment he expressed that he needs detox inpatient treatment immediately and was advised of process prior to a referral to inpatient treatment being made and that there would then be a 6-8 week waiting list. Client was disillusioned by this.

Following this, client took an excessive amount of substances and self-harmed and then presented to A&E. He was admitted to Bluestone where he was an inpatient for 5 days. A mental health assessment was carried out and it was determined that main issue was substance misuse and client was deemed mentally stable and was discharged to the community with follow up appointment with CAT 9 days later.

Aspire Mentor then met with client had tried to make a referral to Cuan Mhuire, but due to COVID restrictions they were not in a position to offer immediate admission and client was placed on a waiting list. This further agitated the client.

This case highlights the need for a dual diagnosis response to support both the addiction and mental health issues concurrently which we would recognise as requiring support, while aware of the complexities of our service users who typically live chaotic lives.

Action 21:

NIACRO welcome this action and development. Also note that at times women can be pregnant and give birth while in custody, and any specialist services in this regard should be available to them (bearing in mind the vision for the strategy) as well as the wider community.

Action 22:

NIACRO welcome this action.

Action 23:

NIACRO welcome this action. This action is should take into consideration the number of people in the prison population or involved with the criminal justice system who have suffered trauma, adverse childhood experiences or are living with a personality disorder, and ensure access to specialist interventions for them.

We would recommend consideration of the findings of the Northern Ireland National Audit report which details the level of mental illness and prevalence of personality disorder within the

Action 24:

NIACRO welcome this action.

Theme 3: New Ways of Working

Do you agree with the ethos and direction of travel set out under this theme?

Mostly Agree

Please add any further comments you may have

Do you agree with the actions and outcomes set out under this theme?

Mostly Agree

Please add any further comments you may have

Action 25:

A regional approach involving central co-ordination will be required to ensure consistency, and equity of service delivery. We would suggest that this regional mental health service is established in collaboration with all of the criminal justice agencies, especially in relation to workforce training and developing trauma informed responses.

Action 26:

We would suggest that the training in ACEs and Trauma informed Practice should extend across all sectors, and that training can be co-located and shared. It will be of benefit for people with mental health issues to be assessed using common tools and that all sectors having a shared language and understanding of regional and local pathways will go a long way in making serves seamless and person centred.

Action 27:

In line with the principle of co-production and design, NIACRO recognise that a fully developed peer support and advocacy model will be very beneficial for people and families affected by mental health. The needs of children whose parents have mental health issues should be considered within this, as well as children experiencing emotional wellbeing problems, mental health issues and mental illness.

It would appear Action 13 and this action should be considered together.

Action 28:

We broadly welcome this action but have our question is, will the outcomes framework be linked to the OBA model?

In order to support this and Action 13, data collection to capture outcomes and improvements will be key, especially if action plans are due to be on an annual basis. We would like to see more information about how Continuous Improvement and evaluation will

be delivered when the strategy is implemented.

Action 29:

It will be important for the research function to be integral to all of the actions, and not a standalone action or objective. The research centre will ensure that innovation and new ways of working can be established, alongside existing good practice and service delivery models. This action also will need to see a strong engagement with service users as it is co-designed and its programme of work developed.

Prioritisation

If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?

1 **Action 5**

2 **Action 9**

3 **Action 20**

4 **Action 11**

5 **Action 26**

Finally, is there any one key action which you feel is missing from the draft Strategy?

NIACRO recognise this is a consultation in Draft format, and although the document addresses the shortfall in existing funding, it is imperative an agreed budget is available as soon as implementation commences.

Impact Assessments/Screenings

Do you agree with the outcome of the Impact Assessment screenings?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree
(delete as applicable)

Please add any further comments you may have

Do you agree with the Equality Impact Assessment (EQIA)?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree
(delete as applicable)

Please add any further comments you may have

NIACRO wishes to thank the Department of Health for this opportunity to comment on this strategy, which has the potential to make a real difference to mental health services as well as the overall health and wellbeing in Northern Ireland.

The implementation of this strategy will particularly benefit the children and young people, and adults who need NIACRO services (who are disproportionately affected by ACEs and trauma) and are therefore more in need of mental health and addiction services.

There are higher levels of mental health and emotional wellbeing issues within those who encounter criminal justice. NIACRO are fully committed to working the DOH and all criminal justice agencies on the planning and implementation of this strategy to tackle the

issues we see.

We note the commitment to additional funding (subject other demands) for Mental Health in general, and to the ring-fencing of budgets for CAMHS; we trust that 10% of the overall budget is right sized to reflect potential demand as society adjusts post COVID.

Thank you for taking the time to respond to the consultation.

Please submit your completed response by **5pm on 26 March 2021** using the details below:

E-mail:

mentalhealthstrategy@health-ni.gov.uk

Hard copy to:

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Adult Mental Health Unit
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Please note: To allow for the full 12 week consultation period required, responses relating to the **EQIA** will be accepted after the close of the main consultation, but must be received by 5pm on Monday 12 April 2021.