

## **An introduction to the Department of Health's Mental Health Strategy 2021-2031**

### **What is it?**

- The Department of Health has published a new 10-year mental health strategy. It is available [here](#).
- The strategy is a proposed set of actions that are designed to improve mental health services and interventions in Northern Ireland. Once these actions have been agreed, the Northern Ireland Executive will authorise its relevant departments and agencies to make them happen. The Executive should also agree and authorise an appropriate level of funding to be allocated to make these actions possible.
- The strategy is published under the terms of January 2020's [New Decade, New Approach](#) agreement. This all-party accord re-established the Northern Ireland Executive after a three-year absence and one of its stated objectives was the publication of a mental health strategy in December 2020.
- This document is a summarised version of the strategy highlighting the main themes, intended outcomes and proposed actions. This core information may help you to think about your response to the strategy. **We would encourage you to read it.**

### **Why is it important?**

- Inspire has long campaigned on the issue of a new 10-year mental health strategy (please note details of Inspire's activities outlined in appendix B). It is, in our view, vital that mental health services in Northern Ireland are updated and made more dynamic, thus supporting and improving the lives of those who use our services. A new strategy overseen by the Executive is a key step on that journey.
- Health Minister Robin Swann, in his foreword to the strategy, states that '*The draft Strategy intends to provide a clear direction of travel to support and promote good mental health, provide early intervention to prevent serious mental illness, and to provide the right response when a person needs specialist help and support... [this strategy] will fundamentally reform our approach to mental health in Northern Ireland and will create the foundation for a population with better mental health.*' (p.3)

### **What's been happening so far?**

- According to the Minister, since being appointed to the role following in January 2020, he has '*taken action by publishing a Mental Health Action Plan, including a Covid-19 Mental Health Response Plan, on 19 May 2020, by appointing Northern*

*Ireland's first ever Mental Health Champion with cross-Departmental support, and by making new financial resources available...'* (p.2)

- In addition, during the first part of the pandemic, the Inspire-led [COVID Wellbeing NI](#) campaign was launched as part of the Department of Health's emergency response. This is a partnership between the Department of Health, the Department for Communities, 15 leading mental health and wellbeing charities, and the Healthy Living Centre Alliance, which represents 28 local Healthy Living Centres. The aim of the campaign is to promote mental health and wellbeing during, and after, COVID-19. This online hub features advice, self-help guides and information on support services relating to various mental health and wellbeing issues.

### What happens next?

- Following publication, **the Department is now seeking the views of the public and other stakeholders as to whether or not its goals are effective and achievable.** Inspire intends to answer that call but we want to hear from the people who use our services and those who support them.
- Not only is it important to engage with this consultation, it's easy. Inspire's Insight & Engagement team will speak to colleagues and service users, canvassing their crucial views on the Department's direction of travel. **Inspire will then gather the contributions of staff and service users,** before sending a consultation response to the Department, on behalf of the organisation. This consultation period closes at **5pm on 26<sup>th</sup> March 2021.**
- An appendix is included later in this summary document. It lists the consultation questions that the Department has asked respondents to address. Readers can view them in detail by going to appendix A. However, the **main points you should bear in mind** are:
  - **Rate the vision and principles set out by the strategy**
  - **What do you think about the each of the three themes? What do you think about the steps planned to achieve these themes?**
  - **Of the 29 actions that the department plans to use to reach its goal, what are your top five?**
  - **Is there anything missing that you think should be added to this list of 29?**
- In order for us to gauge your opinions, **we have set up an online survey based around these questions and the strategy's content.** The Insight & Engagement team will be in touch about how you can involve colleagues and service users; however, we would ask that you ultimately submit your responses via [this link](#). You can also register your own individual views in this way.

## What's in the strategy?

- The strategy sets out a vision for mental health in Northern Ireland (p.13):

*Our vision for Northern Ireland is a society which promotes emotional wellbeing and positive mental health for everyone across the lifespan, which supports recovery, and seeks to reduce stigma. We want a system that ensures consistency and equity of access to services, regardless of where a person lives, and that offers real choice.*

*We want a mental health system that breaks down barriers to put the individual and their needs right at the centre, respecting diversity, equality and human rights, to ensure people have access to the right help and treatment at the right time, and in the right place.*

*And we aspire to have mental health services that are compassionate and able to recognise and address the effect of trauma, that are built on real evidence of what works, and which focus on improving quality of life and enabling people to achieve their potential.*

- The strategy is based on **seven core principles** (p.14):

- I. *Meaningful and effective **co-production and co-design** – involving people who use services at every stage.*
- II. ***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.*
- III. ***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.*
- IV. *Choice – meaning **choice in treatment to fit the needs and preferences of the person.***
- V. ***Early intervention, prevention and recovery** as a key focus – all decisions should be made with this in mind.*
- VI. ***Evidence informed decisions** – services and interventions built upon sound evidence of what works.*
- VII. ***Recognising and addressing 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.*

- The strategy presents **29 actions**. Split, unevenly, over **three overarching themes**, the actions represent the steps that the Department of Health aims to take in order to meet its desired outcomes. (pp. 4-7)
- For ease of reference, these actions and themes are detailed below, along with the outcomes and general policy areas to which they relate.

**THEME 1: Promote wellbeing and resilience through prevention and early intervention**  
(p.15)

Policy area: *Promotion, early intervention and prevention*

What will successful outcomes look like?

- Better mental health among wider population, demonstrated by fewer people showing signs of mental ill health;
- Better cooperation between public bodies to promote good mental health;
- Wider awareness of mental health within health and social care sector;
- Wider awareness of how mental health can be impacted by decisions taken outside the health and social care sector.

How will this be achieved?

**ACTION 1:** Create an action plan for promoting mental health through early intervention and prevention, with year-on-year actions covering a whole-life approach. The plan must consider groups disproportionately affected by mental ill health, who often struggle to access early intervention services.

**ACTION 2:** Expand talking therapy hubs, ensuring Northern Ireland-wide coverage. The hubs should be managed by primary care and mental health should be an integral part of the primary care multi-disciplinary team. Expand delivery of psychological therapies to improve mental wellbeing and prevent the establishment of mental ill health.

Policy area: *Promoting children and their families' positive mental health*

What will successful outcomes look like?

- Improved mental health among children and young people.

How will this be achieved?

**ACTION 3:** Promote positive social and emotional development throughout childhood, including in pre-school and school settings. Make new interventions based on evidence. Support families to ensure that children and young people receive the best start in life.

**ACTION 4:** Provide enhanced, accessible services for those who need specialist support, including children and young people with disabilities. The services must cater for all abilities. Services must help and support parents and families.

**THEME 2: Providing the right support at the right time** (p.26)

Policy area: *Child and adolescent mental health services (CAMHS)*

### What will successful outcomes look like?

- Young people receive the care and treatment they need, when they need it, without barriers or limitations – evident through shorter waiting lists;
- There is a cut down on difficult transitions for young people;
- Regional, rather than local, approach to providing young people with the services they need.

### How will this be achieved?

**ACTION 5:** Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery model to ensure it meets the needs of young people.

**ACTION 6:** Meet the needs of vulnerable young people when developing and improving CAMHS. Put in place a 'no wrong door' approach, which ensures that the needs of young people, no matter how diverse, are addressed within a single team of trusted and skilled workers.

**ACTION 7:** Create clear and regionally consistent urgent, emergency and crisis services for young people.

### Policy area: *Mental health and older adults*

### What will successful outcomes look like?

- All older adults who need mental health services receive the care and treatment needed;
- Old-age psychiatry services are no longer based on age thresholds but on individual need.

### How will this be achieved?

**ACTION 8:** Ensure adult mental health services cater to older adults with mental ill health, provide adequate support and be mindful of the challenges older people face. The artificial cut-off in adult services at the age of 65 will stop and people will be supported according to individual needs.

### Policy area: *Community mental health*

### What will successful outcomes look like?

- Person-centred system, responsive to needs of individuals;
- Reduced waiting lists;
- Increased service-user satisfaction surveys.

### How will this be achieved?

**ACTION 9:** Refocus and reorganise primary and secondary care mental health services around GP Federations, ensuring an approach based on the individual. Work with statutory and community and voluntary partners to create local pathways.

**ACTION 10:** Further develop recovery services, including Recovery Colleges, to ensure that a recovery focus is embedded in the whole system.

**ACTION 11:** Integrate the community and voluntary sector in mental health service delivery to make maximum use of the sector's expertise.

Policy area: *Psychological therapies*

What will successful outcomes look like?

- Psychological services available when people need them;
- Reduction in waiting times for psychological services;
- Integrated psychological therapies in mainstream mental health services;
- Use of all available methods and technology to match needs.

How will this be achieved?

**ACTION 12:** Embed psychological services into mainstream services and make them available across all stages of care.

**ACTION 13:** Develop and implement a comprehensive digital mental health model that provides digital services at all stages of care.

Policy area: *Physical healthcare and mental illness*

What will successful outcomes look like?

- People with mental health difficulties enjoy the same quality of life, and have the same life expectancy, as everyone else;
- People with serious mental illness are offered, and encouraged to participate in, annual health checks;
- Reduction in percentage of patients smoking.

How will this be achieved?

**ACTION 14:** Ensure that monitoring of the physical health of mental health patients becomes everyday practice in primary care.

**ACTION 15:** Ensure that all mental health in-patients are screened for physical health issues. Across all services, help and support should encourage positive physical health.

Policy area: *In-patient mental health services*

### What will successful outcomes look like?

- Acute in-patient occupancy levels match Royal College of Psychiatrists recommendations [85%];
- Regional consistency in length of stay;
- Better life outcomes for long-term intensive mental health patients.

### How will this be achieved?

**ACTION 16:** Continue the upgrading of in-patient infrastructure. Consider alternative options to hospital detentions, ensuring the best outcomes for patients and improving in-patient care.

**ACTION 17:** Create a regional structure for a rehabilitation service, including specialist community teams and appropriate facilities for long-term care.

**ACTION 18:** Develop regional low-secure in-patient care for those who need it.

### Policy area: *Crisis services*

### What will successful outcomes look like?

- A regional mental health crisis service;
- Help and support for people in crisis, through a regional crisis service, with a consequent reduction in mental health patients attending A&E.

### How will this be achieved?

**ACTION 19:** Create a specialised regional service to provide help and support for persons in crisis. The service must be integrated in mental health services.

### Policy area: *Co-current mental health issues and substance use (dual diagnosis)*

### What will successful outcomes look like?

- Reduction in patients experiencing co-current mental health and substance use issues that don't with comply with mental health treatment;
- Person-centred approach that focuses on the person, not the system's strictures;
- Better outcomes for those with these dual issues.

### How will this be achieved?

**ACTION 20:** Create a managed care network, with experts in dual diagnosis supporting and building capacity in services. Ensure that these services meet the needs of those with a dual diagnosis.

### Policy area: *Specialist interventions*

What will successful outcomes look like?

- Effective specialist interventions that meet the needs of the people, when they need them;
- Person-centred services that work across agencies and specialties;
- Correct specialist interventions when needed, with quicker outcomes.

How will this be achieved?

**ACTION 21:** Continue the roll-out of specialist perinatal mental health services.

**ACTION 22:** Ensure access to evidence-based treatments and interventions for those presenting with first-episode psychosis. Develop a psychosis network.

**ACTION 23:** Create a personality disorder service and enhance the specialist interventions for the treatment of personality disorders.

**ACTION 24:** Create a regional eating disorders service.

**THEME 3: New ways of working** (p.47)

Policy area: *A regional mental health service*

What will successful outcomes look like?

- A regional, consistent approach to mental health services;
- Less confusion for patients using services across health and social care trusts measured through service-user satisfaction surveys;
- Improved experience for patients transitioning between trusts.

How will this be achieved?

**ACTION 25:** Develop a regional mental health service, operating across all five health and social care trusts, with professional leadership responsible for consistency in delivery and development.

Policy area: *Workforce for the future*

What will successful outcomes look like?

- A well supported workforce that is fit for the future and meets the needs of those it supports;
- An increase in the number of training places for mental health professionals;
- An increase in the number of staff employed in mental health services;
- A workforce trained in suicide prevention, trauma-informed practice and meeting the needs of high-risk groups.

How will this be achieved?

**ACTION 26:** Undertake a review of the workforce, including consideration of increased training places and training of the existing workforce.

**ACTION 27:** Create a peer-support and advocacy model across services.

**ACTION 28:** Develop a regional outcomes framework alongside service users and professionals, for use in underpinning service development and delivery.

Policy area: *Innovation and research*

What will successful outcomes look like?

- A regional approach to research, which produces quality outcomes.

How will this be achieved?

**ACTION 29:** Create a centre of excellence for mental health research with dedicated funding.

## Appendix A

### **Consultation questions for respondents**

<b>Vision and Founding Principles</b>
The vision set out will improve outcomes and quality of life for those with mental health needs? Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree (delete as applicable)
Please add any further comments you may have
The principles set out are a solid foundation for change? Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree (delete as applicable)
Please add any further comments you may have
<b>Theme 1: Promoting wellbeing and resilience through prevention and early intervention</b>
Do you agree with the ethos and direction of travel of this theme? 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 actions and outcomes of this theme? Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree (delete as applicable)
Please add any further comments you may have
<b>Theme 2: Providing the right support at the right time</b>
Do you agree with the ethos and direction of travel of this theme? 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 actions and outcomes of this theme? Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree (delete as applicable)
Please add any further comments you may have
<b>Theme 3: New Ways of Working</b>
Do you agree with the ethos and direction of travel of this theme? 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 actions and outcomes of this theme? Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree (delete as applicable)
Please add any further comments you may have
<b>Prioritisation</b>
If you had to prioritise the <b>29 actions</b> set out in the strategy, which top 5 actions would you choose (with 1 being the most important to you, and 5 being the 5th most important to you)? 1

2
3
4
5
Is there any action which you feel is missing from the draft strategy?
<b>Impact Assessments/Screenings</b>
Do you agree with the outcome of the Impact Assessment screening [page 9 of <a href="#">this document</a> ]?
Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree (delete as applicable)
Please add any further comments you may have

## Appendix B

### ***Inspire activities around mental health strategy***

- Following the re-establishment of the Northern Ireland Executive in January 2020, Inspire published *The Path Towards Wellbeing For All*, its manifesto for the Northern Ireland Executive and Assembly.
- This document drew heavily on the [Big Conversation](#), Inspire’s 2017 consultation exercise. This process asked our service users and staff about what mental health care and support should look like in Northern Ireland. Our manifesto outlined the elements we believe to be necessary in transforming local mental health services.
- In December 2020 – prior to the publication of the mental health strategy – Inspire furnished the Department of Health with a further list of suggested policies. We highlighted the need for specific COVID-related, post-pandemic mental health interventions and called on all of the Northern Ireland Executive’s departments to work with one another in delivering a successful mental health strategy.
- We have broken down Inspire’s manifesto requests below and highlighted the extent to which the draft strategy has addressed our priorities.

What did Inspire ask for?	What’s in the strategy?
Improving mental health through a whole-society response.	<ul style="list-style-type: none"> <li>- There is reference to health being linked to the conditions in which people are born, grow, live, work and age, and inequities in power, money and resources – the social determinants of health.</li> </ul>

<p>The Northern Ireland Assembly and Executive should aim to realise a long-term funding level of 13%.</p>	<ul style="list-style-type: none"> <li>- There is no specific detail on levels of funding for mental health services. However, it would be unusual for a strategy of this nature to include funding-related specifics.</li> </ul>
<p>A recovery-focused mental health eco-system for Northern Ireland, including:</p> <ul style="list-style-type: none"> <li>• Early intervention and a focus on prevention.</li> <li>• Responsive primary care.</li> <li>• Extensive and high-quality community-based services – continued investment in community-based mental health provision, including supported housing, social hubs and recovery networks.</li> <li>• Remove barriers to accessing services.</li> <li>• Alternatives to A&amp;E in times of crisis – devolved government must invest in and promote alternative models of accessing help during emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>- The strategy includes multiple references to prevention. It also cites promotion, person-centred and timely recovery-focused support, public awareness, the development of talking therapies and childhood interventions.</li> <li>- It aims to use co-design and co-production to create regionally consistent care models for all patients, across all five HSC trusts, with specialist services across the age groups. Services anchored by GP surgeries are a matter of focus, as is the integration of the community and voluntary sector expertise. Development of a regional crisis service is specified with the intended outcome of reducing A&amp;E attendance.</li> </ul>
<p>Eliminate stigma and prejudice by:</p> <ul style="list-style-type: none"> <li>• Supporting the Public Health Agency’s anti-stigma efforts, including the Change Your Mind campaign.</li> <li>• Supporting and promoting inclusive policies that do not stigmatise vulnerable individuals or groups.</li> <li>• Championing the benefits of good mental health.</li> </ul>	<ul style="list-style-type: none"> <li>- The strategy aims to reduce stigma through investment, make wellbeing part of the everyday health conversation and invest in public campaigns on mental health literacy.</li> </ul>
<p>Social care workforce – workforce planning and development, along with reform of the way in which mental ill health, addiction and learning disability is commissioned and procured.</p> <p>How can devolved government address these issues?</p> <ul style="list-style-type: none"> <li>• Stop commissioning services based on paying the minimum wage for social care staff. Department of Health contracts should offer remuneration and support reflecting the skilled</li> </ul>	<ul style="list-style-type: none"> <li>- Theme 3 of the strategy focused on new ways of working; a skilled, compassionate and trauma-informed workforce is key to the change required.</li> <li>- The strategy references a well-supported and specialised workforce fit for the future and the needs of those who are mentally ill, facilitated by increased training places and increased staff numbers.</li> </ul>

<p>and challenging nature of the work done by our staff team.</p> <ul style="list-style-type: none"> <li>• Create a new category of Independent Living Support within the social care family; develop an appropriate regulation and commissioning framework.</li> </ul>	
<p>A compassionate approach to reduce harm and promote recovery for people impacted by alcohol and other drugs:</p> <ul style="list-style-type: none"> <li>• Ensure that the misuse of alcohol and other drugs is viewed primarily as a health issue.</li> <li>• Explore public health-based approaches to prevention, intervention and recovery.</li> <li>• Any response requires a cross-departmental approach to addressing social and health inequalities, which are significant risk factors for substance misuse.</li> </ul>	<ul style="list-style-type: none"> <li>- Theme 2 outcomes include a reduction of patients with dual diagnosis issues and a person-centred approach.</li> <li>- Action 20 revolves around a managed care network, created alongside dual diagnosis experts, to ensure that services meet needs.</li> </ul>
<p>Joined-up working across all Northern Ireland Executive Departments.</p>	<ul style="list-style-type: none"> <li>- The strategy references the Mental Health Champion, a cross-departmental initiative supported by all departments. It also mentions the importance of the built environment (Dept. for Infrastructure) and how it affects mental health.</li> <li>- It acknowledges how social factors contribute to mental health. Poverty (Dept. for Communities) and mental health are closely linked; inclusion strategies involve interventions across government.</li> </ul>
<p>Empower and work with community and voluntary sector.</p>	<ul style="list-style-type: none"> <li>- Action 9 of the strategy focuses on organising primary and secondary care around GP Federations and utilising the expertise of the community and voluntary sectors.</li> <li>- It envisions effective delivery of a community-based model, which can utilise the expertise of the community and voluntary sector.</li> </ul>
<p>New strategy must pay particular attention to the specific mental health implications of COVID-19. Invest in treatments and intervention that address the</p>	<ul style="list-style-type: none"> <li>- There is no specific reference to COVID-related interventions that focus on the mental health impact of the pandemic.</li> </ul>

emotional trauma caused by the virus itself, while also engaging in an integrated, cross-departmental response to other crises, social and economic, which have been created by the pandemic. These issues themselves are now significant drivers of mental ill health and no policies addressing that subject can ignore them.