Inspire is a charity and social enterprise and our aim is wellbeing for all. We deliver mental health, learning/intellectual disability, autism, addiction and workplace wellbeing services across the island of Ireland.

**our mission**
We want to build a flourishing society in which all people have access to services and support appropriate to their mental health and wellbeing needs. To achieve this we will promote, support and explore flourishing mental wellbeing throughout society. We will be an exceptional organisation marked by excellence, efficiency and innovation.

**our values**
- We provide high quality, professional and innovative services.
- We enable positive outcomes for the people who use our services.
- We act with integrity and compassion.
- We engage with and inspire each other.
- We influence policy and public opinion.

**our ethos**
At Inspire our service delivery is governed by a robust regulatory framework, based in law, with which all service delivery organisations must comply. As a charity, we also have a strong and principled ethos underpinning our work. Closely related to the overarching values of our organisation, the Inspire Ethos helps us decide what work we do and how we do it.

- Stigma Free
- Person First
- Recovery Focused
- Community based
- User Led
- Rights based
- Skilled support
- Prejudice free

**our whole society approach**
Our whole society approach means that we believe achieving wellbeing for all is not only a health sector issue - everyone has a role to play in achieving better outcomes.
Mental Health in NI – some key facts.

Mental illness is the largest cause of ill health and disability in NI and there are higher levels of mental ill health than any other region in the UK. In the 2015-16 NI Health Survey, 21% of women, 16% of men scored highly on the GHQ12 (General Health Questionnaire), suggestive of a mental health problem.

It is estimated that around 45,000 children and young people in NI have a mental health problem at any one time and that more than 20% of young people are suffering ‘significant mental health problems’ by the time they reach 18.

318 suicides were registered in NI during 2015 – the highest since records began in 1970. Of these, 245 (77%) were male and 132 were aged between 15 and 34-years-old. Suicide rates in the most deprived areas are three times higher than in the least deprived. The graph below from The Samaritans 2017 Suicide Statistics Report illustrates the extent of the suicide problem facing society here.

Graph 1 shows:
- The highest suicide rate per 100,000 for all groups (males, females and for all persons) was in Northern Ireland.
- The lowest rates for all groups was in England.
- Across the UK, male suicide rates are consistently higher than female rates;
  - In Scotland, 2.6 times higher
  - In UK as a whole, and in England, 3.1 times higher
  - In Northern Ireland, 3.5 times higher
  - In Wales, 3.8 times higher

A 2017 report from Deloitte commissioned as part of Prime Minister Theresa May’s commission on workplace wellbeing found a large annual cost to employers of between “£33 billion and £42 billion (with over half of the cost coming from presenteeism – when individuals are less productive due to poor mental health in work) with additional costs from sickness absence and staff turnover”.

The role of the media and how they deal with stories around mental health, addiction and learning disabilities was also explored.

Whilst participants placed special emphasis on rising awareness of mental health, learning disability and addiction on the people who deliver public services there is a clear role for wider society to play in ending stigma.

Conclusion.

Shaping a recovery focused mental health eco-system for Northern Ireland is not as hard as it sounds. Many of the elements already exist, there is wide spread support for the need for more joined up services and across the mental health family we have the skills and expertise to develop the necessary innovations to plug any gaps.

If we agree that we have the skill and the will then it follows that it’s the system that needs to change. Taking a systems based, problem solving approach to reshaping our mental health services will allow us to plot service user journeys, spot blockages or problems, discover the sources of the blockage and use existing skills and will to improve services to develop new solutions.

Rather than trying to fit the needs of people with mental ill health into a health and social care system primarily designed for treating physical health this new approach should be co-designed with service users to reflect the realities of their lives.

Sometimes these solutions will require legislative or policy change, budgetary adjustments or more research but almost always they will require new thinking, leadership and the willingness to change how things are done.

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It is clear that people delivering public services need to have much more information on the nature of mental ill health and a better understanding of the practical realities of what it means to live with mental ill health or a learning disability.

**Appropriate social security and benefits.**

The issue of mental health and social security featured heavily in our conversations and particularly amongst members of our community wellbeing services and the staff who work with them. Almost without exception people moving from DLA to PIP referred to feeling worried and anxious about the transfer. Staff articulated how the uncertainty around welfare reform was having a ‘negative impact on peoples mental health’ and a member referred to the fact that “it’s got to the stage where you are dreading to hear the post man.”

The systems for providing information about social security, the information requested in applications, how assessments are carried out and who the accessors are all need to be adjusted.

**Greater understanding of and support for impact of mental ill health or addiction on personal finances**

Mental health and personal finances interact in two main ways – changing circumstances when a person becomes unwell and the impact a mental health condition has on a person’s ability to manage their money and make good financial decisions. Participants in the Big Conversation shared their stories of the immediate impact becoming unwell had on their personal finances. They spoke about losing their jobs, moving to statutory sick pay, facing multiple requests to attend occupational health assessments, returning to work to find their roles downgraded and having to enter an unfamiliar and complex social security system. At the heart of the conversation on these issues lay two things; stigma & discrimination and the impact of a sudden, unplanned reduction in income.

Workplace stigma around mental health and addictions needs to be addressed through information, training and support. And much more attention should be paid to understanding the relationship between mental health and personal finances and helping people who are unwell deal with the effect it has on their income and their financial security.

**Eliminate stigma and prejudice.**

Lack of information, misinformation, stigma and prejudice go to the heart of many of the problems and barriers identified during our conversations. The importance of role models and leadership were raised numerous times with many calls for politicians and decision makers to meet with and talk to people who were directly affected by the decisions they were making.

**A new, strategic approach to mental health service delivery and design.**

It is clear that NI needs to take a new, strategic and joined up approach to mental health and addiction services. This begs two important questions

- What should a new approach should look like?
- What are the important elements of a new strategy or approach?

In order to answer these questions in 2017 over 270 people across Inspire took part in an internal data collection consultation called The Big Conversation.

Through the Big Conversation we asked people lived experience of mental health and/or addictions and the staff who support them what mental health services in Northern Ireland should look like and how they should operate. The 350 ideas and suggestions generated from 25 conversation session have been honed into the key themes and recommendations below.

**A Recovery Focused Mental Health Eco-system.**

What should a new, strategic approach to mental health and addiction services in NI look like?

A supportive, recovery based mental health eco-system.

This means taking a whole society, flexible and recovery based approach to creating supportive, recovery based mental health eco-system.

An eco-system approach works for mental health because eco-systems are made up of separate but “interacting and interdependent relationships”, they are designed to provide nourishment and a base to grow thrive. Each element of an eco-system is equally important and the success or availability of each individual element has an overall impact on the success of the system.
This is a move beyond a call for “joined up services” and involves a genuine recognition that each part of the system is dependent on each other to achieve a shared goal.

For our service users living with mental ill health the lack of co-ordination in service provision manifested itself in lots of ways but the most striking was the fact that they were required to constantly repeat their story, symptoms and diagnosis to a myriad of different providers. Each time this happened it involves reliving the trauma of their experiences and caused considerable anxiety.

**What are the important elements of a recovery based eco-system?**

**Early Intervention and a focus on prevention.**

The importance of teaching children and parents about good mental health was often deemed a priority with service users commenting we should “teach children about mental health and focus on prevention” and “it’s a terrible thing for a child to go through school with a problem that’s not recognised”.

People living with mental ill health and the support staff who worked with them spoke about early invention being essential to prevent crisis and that “early intervention leads to early discharge.”

Similarly our addiction services staff noted that “early intervention is essential to reduce the impact of addictions coming worse.”

**Responsive and informed Primary Care.**

GPs play a vital role in the mental health and addiction eco-systems. A supportive GP who understands the needs of their patients with mental health, learning disabilities or addictions can make a world of difference. The systems surrounding GPs, including booking appointments, waiting times and reception areas & staff have a big part to play in ensuring a positive, useful and effective experience of Primary Care.

**Widely available, high quality community based services.**

For people living with mental health problems recovery is about a careful balance of medical, psychological and community based services. For some people a mixture of these services is needed all the time, for others they move from one to the other. The key to staying well is to know the services are there when you need them. For participants the key elements of effective and positive services are dignity, control over decisions, space, support, a place to be myself, creating a community with people like me, interesting activities, calmness, no judgment and a chance to be part of the wider community, staff that care.

**Alternatives to A & E in times of crisis**

“A & E is the worst place to be when you are having a mental health crisis” this quote from a member of a community wellbeing service sums up the comments from participants. And yet presenting at A & E was often the only way people felt they could get help when they were in crisis or able to spot the warning signs that their illness was getting worse. It is clear that alternative models of non-hospital based ways to access emergency help and support should be put in place.

**A skilled and respected workforce delivering high quality, consistent support**

The value of social care work was a major issue for staff and service users alike. For staff poor pay and lack of recognition of the skills needed to do their jobs contributed to low morale and discouraged them from seeking a career in social care work. Services users remarked how “staff and key workers are leaving and that’s very disruptive because we have a good relationship with them” One member of our community wellbeing service noted that “social care workers are at the front line of mental health but the job is not valued.”

Workforce planning and development and reform of how social care is commissioned and procured will play a key roles in the solution to this issue. NISCC have carried out important work in this area and at Inspire we are looking forward to working with them to as they take the recommendations of the Social Care Matter report forward.

The support and care provided by Inspire is currently governed, regulated and funded by legislation designed to cover domiciliary care. This current model is not the most appropriate one to reflect the significant differences between Independent Living Support and domiciliary care. We recommend the creation of a new category of Independent Living Support within the social care family and the development of an appropriate and effective regulation and commissioning framework for Independent Living Support.

**Remove barriers to accessing services.**

Participants felt that many of the barriers they faced to accessing services or the negative impacts of their interactions with service providers could be greatly reduced if these service providers understood the impact of mental ill health, broke through barriers of stigma and misunderstanding around mental health and learning disability and simply saw a person first and then illness or disability next. Staff in a supported housing scheme commented on how difficult it was for their residents to access even the most basic services and said they “really fight for everything for them”.