

No Broken Promises

**Inspire response to the Department of Health's
consultation on its Mental Health Strategy
2021-2031**



Introduction and methodology

*“Be alert to what we need. Keep listening to us.
We need more people involved in mental health”*



Inspire welcomes this consultation. We are delighted to see the publication of the new Mental Health Strategy – it is something for which we have long worked and campaigned. We want to give particular recognition to those in the Department of Health, who developed the draft strategy in such a collaborative and creative manner. Even without the additional constraints of COVID-19, the open, evidence-informed approach adopted by the Department’s staff was impressive. While no process is ever perfect, and some will certainly feel left out, these proposals were delivered within a tight timescale by a small team, which worked incredibly hard to get us all to this stage.

It is vitally important that co-design, co-production and the voices of people with lived experience continue to be part of how we plan and implement mental health services across Northern Ireland. New approaches should be based on the knowledge, thoughts and opinions of the people whose lives will be affected by those policies. They will live with the impact and outcomes of the decisions made as part of this strategy.

In order to prepare this response, we have hosted a full range of engagement processes across Inspire. An example of our engagement toolkit is included as an appendix. So, too, is the easy-read questionnaire developed for use with staff and the people using our services.

Managers held conversations at team meetings and support workers encouraged service users to respond. We received poems, letters and case studies. We hosted virtual sessions on Microsoft Teams and created an internal online survey. All of this afforded us a rich and deep source of data, stories and ideas. Responses came in from across our services: floating support; specialist, condition-based services; in-patient advocates and patients; supported living staff and residents; community-based services, counsellors and psychiatrists; the addiction services team; and our colleagues in human resources and professional development, who support Inspire’s social care staff.

Our engagement was based on bringing the voice of lived experience to high-level decision makers. This response is very much part of that promise. The themes and quotes throughout come directly from adults with lived experience of mental ill health and the staff who support them.

General Overview

“Mental health needs to be taken seriously, no broken promises. Invest in services now. We need the support. A price should not be put on a person’s mental wellbeing”

1. Mental Health in the time of COVID-19

“We are lucky to have fantastic staff who adapted and continued to deliver quality service in the most difficult, and ongoing, circumstances”

Even as health professionals assure the public that the direct health risks of COVID-19 will eventually pass, the effects of the pandemic will be with us for years to come.

The virus’s economic and social fall-out is already presenting significant challenges. It is crucial that the new strategy addresses these problems directly, while also working alongside other Northern Ireland Executive departments to tackle the overarching challenges posed by the pandemic.

The toll taken on the public’s mental health can be tracked already. In seeking to learn lessons from COVID-19, we surveyed the people we support to gauge how it is impacting their wellbeing and how we can shape our services to meet any new or changing needs. This analysis ran in September 2020, with a follow-up scheduled for later this year. When asked about their thoughts on the immediate future, 60% of those using our community wellbeing services expressed concern; 57% considered their mental health to be worse than it was before the implementation of the COVID-19 restrictions.

Of those living in our learning disability schemes, where life has been much changed by the arrival of strict measures, 41% are worried about the virus and what it means for their lives.

Meanwhile, 43% of people working with Addiction NI have reported a significant decrease in their emotional and mental health during the course of the pandemic; 37% reported an increase in substance use.

This new strategy must pay particular attention to the specific mental health implications of COVID-19. It should commit to investing in treatments and interventions that address the emotional trauma caused by the virus itself, while also engaging in an integrated, cross-departmental response to the other crises – both social and economic – that 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.



2. The commitment of appropriate, long-term resources for mental health

“A strategy without resources will fail”

We appreciate that this is a high-level strategy, with the operational issues to follow in various action plans. However, it is vitally important that appropriate resources are committed to making the strategy a reality. The obvious commitment shown to mental health by the Northern Ireland Executive in the ‘New Decade, New Approach’ agreement has not yet materialised into any significant and sustained resource commitment; nor is there fresh thinking on how best to increase and maximise expenditure on mental health.

Meanwhile, the need has grown. During the discussions for this response, we once again talked about a lack of parity, how mental health remains a ‘Cinderella service’, the requirement to do more with less resources, stretched and disillusioned staff, and the general sense that mental health services are undervalued and fighting for relevance in a system dominated by physical health issues. Until the Northern Ireland Executive, as a whole, genuinely makes mental health a priority, and provides mental health services with the resources they need to effectively tackle the ever growing needs in our communities, these issues will always remain the negative focus of conversations around mental health support.

3. Shared leadership and shared outcomes

“Services need to fit around people, not expect people to fit around services”

Socio-economic issues, equality and human rights permeate all discussions with those we support. This means that, while the Department of Health will lead and own it, delivery of this strategy must occur in a joined-up way, alongside other Executive departments, each of which is responsible for policies that impact upon our collective mental health and wellbeing.

Those using our services told us that a home, an income and a connection with family, friends or community are vital components of public wellbeing. The Department for Communities, therefore, occupies a clear and critical role. The Department of Education has its part to play in focusing attention on early intervention and prevention.

Access to services, transport and public spaces are key contributors to wellbeing and recovery. Therefore, the Department for Infrastructure and the Department of Agriculture, Environment and Rural Affairs are also crucial to the process. Supported employment and skills require the involvement of the Department for the Economy. The commissioning of services and overall budget share for mental health involves the Department of Finance. Matters relating to addiction, public safety and criminality fall within the purview of the Department of Justice.

Almost all Northern Ireland Executive departments are developing strategies and policies that impact on mental wellbeing and mental health. It will be a significant missed opportunity if the outcomes, actions and priorities of these new developments do not align with the Mental Health Strategy. The new Strategy on Supporting People and recommendations from the expert equality panel in the Department for Communities, work on welfare reform in the same department and moves to reform employment and employability programmes in the Department for the Economy immediately come to mind. There are important new initiatives being developed within the Department of Health, which we were surprised not to see referenced in the Mental Health Strategy, including those relating to suicide prevention, a review of crisis services and the very relevant Strategic Framework on Substance Misuse.

4. A wider preventive approach to addictions

“I have bi-polar and I am a recovering alcoholic and I struggled to abstain years ago as I didn’t have much support and didn’t get much help. I went to Carrick 1 for 4 weeks and after that I was just left and went back on the drink. I am sober now but it is something I did mostly on my own”

Inspire staff providing supported living accommodation for people with serious mental illness (SMI) have, in fact, been dealing with issues around addiction and mental health for decades. The reality of supporting people with SMI as they live independently in the community often means dealing with the impact of alcohol and other drugs. Unfortunately, treatment and care pathways produce barriers that mean people struggle to obtain the support they need. We were really pleased, therefore, to see the action point around dual diagnosis.

We need to take the conversations on addiction beyond the area of services and care pathways, however. We must include prevention and early intervention in these exchanges. Statistics published by NISRA show a 39% increase in drug-related deaths, with residents of the most deprived areas being five times more likely to die than their counterparts in the least deprived areas. This figure illustrates the widening health inequalities across the region. It also confirms the changing patterns and methods of use, highlighting the increased prevalence of poly-substance usage, opioid drugs (such as heroin) and prescribed medication.

Every year, thousands of people in communities across Northern Ireland receive successful support for alcohol and other drug use. Nevertheless, we cannot ignore the fact that services, including our own Addiction NI services, are struggling to match demand. It is time for a fresh look at how we, as a society, view and treat individuals using drugs. This will require brave discussions about stigma, services, poverty, trauma, public health, current approaches, the impact of COVID-19 and health policy.



5. Impact of trauma in a post-conflict society

“Where has the Regional Trauma Network gone?”

There is a considerable body of evidence that documents the lasting psychological impact of the conflict, as well as the ongoing harm caused by our deeply divided society. These persist across a range of issues. While it could be argued that the entire Mental Health Strategy, and the data on which it is based, responds to the psychological harm caused by conflict and division, we were surprised not to see specific references to trauma and the impact of division in the strategy’s policy areas or actions.

6. Capacity and human rights

“Capacity legislation needs to be enforced. This requires more Independent Mental Capacity Advocates. People are not having their rights upheld currently”

A strong commitment to human rights must underpin this new strategy. Hard-earned international human rights standards should guide our decision making and planning at all stages. Naturally, this raises questions around capacity and best interest and we are keen to see improvements to the ways in which the current system operates. Some of our experiences have indicated that the excessive amount of time it takes to complete this assessment under the current deprivation of liberty laws can mean a vulnerable individual is at risk throughout. One practical example is a resident with limited capacity in managing their money, who is making expenditures to such an extent that they risk being unable to pay future bills. Another example is where a hospital in Northern Ireland was unable to provide a British Sign Language interpreter to a deaf individual with severe and immediate mental health needs, in spite of the availability of interpreters for European languages. This is a necessary service for a deaf person going into a hospital for mental health treatment. Without it, issues of consent and human rights certainly arise.

7. Partnership

We were pleased to note the firm commitment to the involvement of the voluntary and community sector in all aspects of mental health delivery and the action established to develop a protocol with the sector. The voluntary and community sector is, at every level, delivering services, advocating, campaigning and raising awareness of mental health in communities across the region. Its unified power has been particularly visible during the pandemic, when communities responded to challenges in countless ways. New alliances were forged, quickly and proficiently, between statutory bodies, voluntary and community groups and private industry. Everyone was striving to meet a shared goal.

The results of this joint effort were tangible, practical and transformative. It would be a great disservice to the people we support, and an incredible waste of an opportunity, if this sense of shared ownership, focused collaboration and mutual respect were to erode as we return to a normalised, post-COVID society.

Given the current prominent focus on mental health in society, the clear public commitment to mental health made by the Northern Ireland Executive and a new climate of partnership, it feels like we now have the ideal chance to work together. We can create a world-class service that nurtures mental health and wellbeing for all citizens.

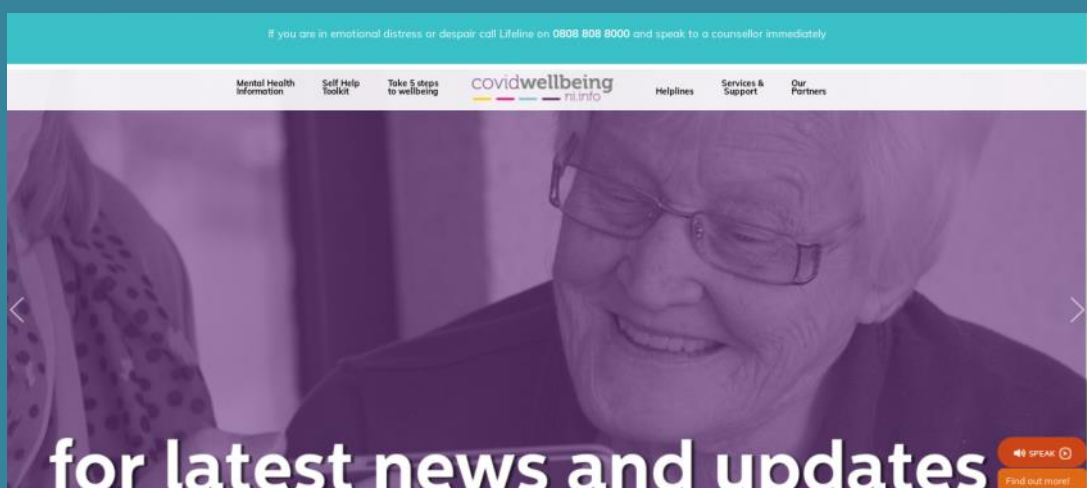
CASE STUDY OF PARTNERSHIP WORKING:

In June 2020, as Northern Ireland continued to face up to the scale of the COVID-19 pandemic, COVID Wellbeing NI was launched. An online hub and campaign, COVID Wellbeing NI is the result of an ongoing working partnership between a number of key organisations: 15 leading mental health and wellbeing charities, including Inspire; the Healthy Living Centre Alliance, which represents 28 Healthy Living Centres; the Public Health Agency; the Department of Health; and the Department for Communities.

The hub, which is updated on a weekly basis, has seen high levels of engagement. Between last June and the end of March 2021, it tallied over 54,000 visits. During that period, #COVIDWellbeingNI has also had a 10.2m reach across social media channels and a 1.7m reach via print media, television and radio. The work of the partnerships is further underpinned by a supportive Community of Practice comprising 197 community groups, workplaces and organisations, who, together, reach over 95,000 people. The Community of Practice receives a weekly e-zine containing key messages and support, which they in turn share with their networks.

Our collective focus is on promoting positive mental health and wellbeing during and after COVID-19 pandemic. The COVID Wellbeing NI partnership calls on people to acknowledge how they are feeling and coping at this time, take positive action to look after their mental health and reach out for help. The website features news, information resources, self-help guides and details about support services relating to a range of mental health and wellbeing issues.

Since going live it has been described by Minister of Health Robin Swann as “a key part of the COVID Mental Health Response Plan” and a “unique and impressive resource created as a direct response to the emotional impact COVID-19 is having on our society.”



Comments on the draft strategy

Vision and founding principle

“This vision will take time and patience to implement but I feel hopeful that what it sets out to achieve will create a more individualistic approach to the care of those suffering with their mental health. I feel it aspires to work towards creating a society where every individual can receive the help and encouragement they need to lead a fulfilling and satisfying life.”

There was broad support for this heading. Almost every person we heard from thought that the vision and founding principles can improve outcomes and quality of life for those with mental health needs.

“I agree to an extent. However, there are far too many overriding socioeconomic and political issues going on in Northern Ireland to enable this kind of plan to be completely effective. In general, mostly all services already adopt a person-centred approach and service-user involvement to service delivery, so this is nothing new.”

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

We appreciate the commitment to create an action plan for early intervention and prevention. Our consultation highlighted a number of areas that could be included in the action plan and they are discussed below. We also warmly welcome the commitment to expand talking therapies and this is discussed in more detail in Theme 2.

Social Connection and Healthy Relationships

“Positive relationships with people you can trust”

Connections, healthy relationships and isolation featured prominently in our conversations on recovery, prevention and early intervention. For people who can quickly become isolated, the links they forge with others – especially those they trust and who, crucially, understand them – are key to their wellbeing. The reduction in social interactions and increase in loneliness have been keenly felt throughout the ongoing COVID-19 pandemic.

This sense of the positive impact of social connections goes wider than family and friends. For those living with mental ill health, belonging to, and involvement in, wider society was important to keeping people well. Socialising, volunteering, working and participating in faith groups were all repeatedly mentioned as important ways of fostering wellbeing.

Face-to-face and social interactions – whether those interactions are with Inspire’s team, peers in services or the wider world – were heavily identified in survey responses.

Many people living with mental ill health can find it difficult to build healthy relationship and get involved in their communities. The importance of appropriate, skilled support in these areas cannot be underestimated. One service user summed up the comments of many by noting that a significant aspect of positive mental health was **“having someone who sees my potential and can help me to achieve it, despite the many challenges that I may have.”**

This highlights the extent to which Inspire plays a role in the lives of service users, providing them with one-to-one support, assistance and advice as they focus on their recovery journeys and realise their potential.



A structured, purposeful life with meaningful activities

“And to get through day by day was hard in there, there was no getting out. It drove you even more crazy.... There was nothing in there that had remotely interested me and there was hardly anything on the TV that I liked watching, except for one occasion. A documentary. It's also hard to adjust to a routine that's entirely different from your own at home. At least there, ok, after taking the meds you can stay up for a while, go to bed when you're ready but the TV room gets locked at a certain time. And then when it's lights out, it's lights out”

The need for structure, activities, passion and hobbies was highlighted by almost everyone involved in this consultation. Staff and service users alike talked about the vital role played by day centres, volunteering opportunities, workplaces and placements. This applied throughout Inspire. From in-patient services to community-based support, the power of meaningful activities and the chance to contribute to society were raised again and again. As one service user in Fermanagh said **“Doing things and having a life is always going to be more beneficial to your mental health, no matter what you do, what occupation you hold. Getting outside, going elsewhere and not being stuck at home is always going to be better for one's mental health. Being allowed to pursue an activity is always going to be better for your mental health. Feeling engaged and feeling like you can make a difference? It's going to give you confidence if one didn't have an abundance of it already.”**

Write your answer here

More activities for people over 25 specifically with mental health + learning difficulty because a lot of people are stuck inbetween. More centre like the MUB in Bangor. The wait times can feel a bit long when waiting on appointments (6 months+)

Stigma-free society

“Treated like I am ‘abnormal’ when I present to A&E for my mental ill health. I felt judged and didn’t feel safe. It took 16 hours to see someone. Mental health and physical health should be treated equally”

It is incredible that we are still saying this in 2021 but stigma around mental ill health persists. It has a significant negative impact on the individuals we support. Increased awareness of mental health does not seem to have translated into increased empathy and understanding, particularly for those living with serious mental illness. People shared stories of stigma and discrimination emanating from myriad sources: family, friends, society, the media and, perhaps most shockingly, healthcare professionals to whom they turned for support. In spite of the numerous, sustained efforts from within the public and community and voluntary sectors, aimed at countering stigma and discrimination, there is work still to be done to educate all aspects of society on mental ill health.

Poverty, income and social security

“Benefit reviews for those with mental ill health needs to be re-examined. I am made to feel like I am lying about my condition. I always feel sick around this time and my mental health deteriorates”

Mental health and personal finances interact in two main ways: changing circumstances when a person becomes unwell and the impact a mental health condition can have on a person’s ability to make sound financial decisions. Service users have spoken to us about losing their jobs, moving to statutory sick pay, attending occupational health assessments, finding their roles downgraded and having to enter an unfamiliar and complex benefits system. More attention should be paid to understanding the relationship between mental health and personal finances, as well as helping those who are unwell deal with the effect it has on their economic security.

Poverty, deprivation and austerity are having a significant impact on the mental health of our service users. Inspire staff have been connecting people with foodbanks, so that they can eat. They have been finding help to pay for essential utilities, like a warm home. They regularly source data and mobile phones, so that people might stay connected to the services they need. This should never be the case in a wealthy country and it is a sad indictment of the value placed by society and government on supporting mental health.

Changes to the social security system have created genuine fear and anxiety. Almost without exception, people moving from disability living allowances to personal independence payments referred to feeling worried about the transfer. Staff articulated how the uncertainty around welfare reform was having a **“negative impact on peoples mental health”** and a service user referred to the fact that **“it’s got to the stage where you are dreading to hear the postman.”**

The payment of housing benefits directly to claimants without the necessary support to help them manage their finances, and the adverse mental health effects of the assessments procedures, are straining people’s ability to cope with the demands presented by their emotional and psychological needs.

CASE STUDY:

Mental illness can make managing money more difficult and money worries can exacerbate mental illness. In 2018, Inspire collaborated with Advice NI on research informing future policy and practice. Entitled 'Managing Chang£ ... What Works?', the project investigated how welfare reform and money management training could positively affect the wellbeing of the people Inspire supports.

The research examined the extent to which designated, accessible Money Champions could build good mental health in the community by offering financial advice and guidance. Participants in the survey were drawn from across Inspire's services.

We found that 'Managing Chang£' delivered reduced money-related stresses and anxieties amongst service users. Their knowledge about where to access information increased, as did their confidence in speaking about and managing financial decisions.

This initiative helped improve the skills and knowledge of the Money Champions, who were more assured speaking with service users about money issues. They felt that they could more easily access information and signpost to resources addressing service users' money concerns. At a wider, strategic level, the experience that Inspire and Advice NI developed through this project could be used to inform future policy and practice aimed at supporting other vulnerable and hard-to-reach groups.

These problems were clearly presented to the Executive at the beginning of the welfare reform process, during the course of Professor Eileen Evason's review and many times in the years since. Disappointingly, no action has yet been taken to address inequalities in accessing the social security to which people are entitled. The widespread use of advocates to represent and articulate the complex needs of claimants during assessment interviews; clear, uncluttered and action-focused information; training for assessors and staff; all are simple, easily implemented solutions to these problems.



Choice and control and information

“There needs to be more priority given to supporting people’s self-understanding of their own condition.”

A strong focus on individual choice, agency and control ran through our conversations. Time and again, we heard from people who had not been given appropriate information about their illness and its symptoms. No one had discussed the side effects of the medication they were offered and the full range of treatment options were often not explained. When this occurs, individuals can be left feeling voiceless and powerless, unaware of the resources that can help them better understand their diagnoses and incapable of shaping how their conditions are managed. That leads to difficulties in locating applicable services. **“There is confusion about what I can access,”** said one respondent. **“I can’t access SHIP [self-harm intervention programme] while I have a key worker in the CMHT [community mental health team], even though this will benefit me.”**

This issue is critical because a lack of insight and understanding of one’s diagnosis ultimately translates into low coping strategies, which can lead to demotivation, hamper recovery and feed low self-worth. We need to pay greater attention to the training and information provided to staff across the health and social care family, making them aware of mental health conditions and the full range of support available – regardless of the provider.

“I went to Dr, sent home not taken seriously about condition, went to different Dr the following day, and was sent straight to Holywell.”

CASE STUDY:

Joe (not his real name) moved into a 24-hour supported living tenancy, having previously spent all of his adult life with his mother. He had very little engagement with the community mental health team, was not taking his medication as prescribed and had been refusing to attend medical appointments.

Joe lives with a personality disorder. His support team at Inspire realised that he had minimal insight into his mental health diagnosis. He lacked knowledge or understanding of how his condition might affect him and this led to behaviours that were having a detrimental effect on his physical and mental health.

Over the past three years, staff encouraged Joe to understand his diagnosis, increase his self-awareness and identify symptoms. They helped him manage his own behaviours, without trying to erase them completely.

Joe has now developed his communication, emotional regulation and crisis skills. He self-administers his daily medication and engages with his community psychiatric nurse on a monthly basis. All of the support has had a really positive impact on his quality of life.

Action 4 highlights the need to provide enhanced services to cater for disabilities, including learning disabilities. This is such a pressing need that movement in this area is to be welcomed. This action, however, falls under the banner of children and families. We would strongly urge the Department to expand this much needed support, so as to include adults with learning disabilities. At Inspire, we have considerable first-hand experience of dealing with challenges presented by people living with co-occurring mental ill health, learning disabilities and addiction issues. Unfortunately, through our forensic work and problem-solving justice support, we often see learning disabilities combined with mental illness and addiction.

We would like to stress, once again, that the mental health of people with learning disabilities and mental health in the criminal justice system are both significant omissions from this draft strategy. We would be extremely keen to see them feature in the final version's action points.

Theme 2: Providing the right support at the right time

Child and adolescent mental health

“Many of the service users we work with have had adverse childhood experiences or experienced trauma at some stage in their early life. As such, some of them resorted to crime or have spent most of their childhood known to mental health services or in care. A proactive approach during childhood may have some utility in preventing individuals from experiencing mental illness on an unnecessarily long-term basis”

Across our services, many of the people we support are living with the impact and trauma of adverse childhood experiences or the failure to spot and effectively treat mental health conditions at an early age. Owing to the fact that we see the manifestation of this trauma across our adult mental health and addiction services every day, our staff, and the people they support, are passionate about the need to invest more in **“proper services that deal with trauma and ACEs.”**

The importance of looking after the mental health of young people was also highlighted by the adults who use our services. Many saw advantages in talking to young people about mental health in a way that simply didn't happen for them in their own formative years: **“Teach school children about mental health. Talk about it more. Actually look after mental health as much as physical health.”**

This reflected a suggestion from an Inspire staff member, who summed up many Inspire conversations on this topic: **“I believe it is important to build into the education system, as suggested in action 3. An all-round approach, including physical and mental health, should be taught from a young age, with time being dedicated to this on a daily basis.”**

Mental health and older adults

*I am now over 60 and i fear for my future - where will i go & who will support me in my old age?
I would like to have a clear idea of where i go if & when i leave my supported flat.*

There was universal agreement in the need to invest in, and focus on, services for older people. The people involved in our discussions ranked this as the third most important of the Mental Health Strategy's 29 actions points. There was universal agreement that the cut-off age of 65 was dated and not based on any evidence. There was a perception that this was designed to suit services, rather than those who use them. If people are to be expected to transition into better services, then time and attention must be given to how this will happen. The persons affected should be fully involved. If capacity is an issue, then comprehensive, human rights-based assessments and independent advocates have a vital role to play.

Appropriate housing for older people with mental ill health is a pressing issue. Suitable accommodation and staff with the correct skills to support older people facing physical challenges and mental ill health are incredibly scarce across the region. The new focus on mental health and older people should include a review of available housing and the future needs of people currently living with mental illness. They will need to avail of recovery-focused support to stay well, and as independent as possible, into their old age.

CASE STUDY:

Tom (not his real name) has been resident in an Inspire non-24-hour supported housing scheme since 2007. Now 76, he lives with serious, enduring mental illness and age-related infirmities.

Tom shares his home with another tenant, who voluntarily helps him with his day-to-day care. Unfortunately, given his physical challenges, Tom's home environment is no longer appropriate. Yet, it is proving difficult to find him alternative accommodation.

He was recently hospitalised but is likely to be forced to return to his current residence, in spite of its unsuitability. When Tom comes back to his home, Inspire will carry on supporting him as best we can. It is the opinion of staff, however, that his continuing to live in inappropriate housing could lead him to potential and unnecessary risk, rather than maximising the independence he still has. Ultimately, this will prove detrimental to Tom's health.

Community mental health

“Community services are saving people’s lives”

Across our conversations, we returned time and again to the importance of community-based mental health services. Almost every person who uses Inspires services is also supported by other mental health professionals. Community psychiatric nurses, psychologists, social workers, occupational therapists and general practitioners all play a vital role in assisting people and aiding recovery. Any move to increase the joined-up working and co-creation and delivery of support services is to be welcomed. The proper delivery of a community-based model is not feasible without the full integration of the community and voluntary sector and we look forward to continuing to shape this new approach.

Whilst there is undoubtedly a role for Recovery Colleges – and we strongly support the focus on recovery in the actions plans – we would respectfully point to the experiences and expertise of recovery-focused services delivered by organisations like Inspire and our sectoral colleagues. The people who use our community wellbeing day services place a great deal of trust in our work, our staff and our groups, where peer and one-to-one support, companionship, structure and activities are on offer.

“The Inspire centre has been a big help. The dedication from all Inspire staff has been, and continues to be, amazing. In the centre there are art groups, reading groups, walking groups and lots of other activities and therapies. If you ever need a chat about something that is upsetting or worrying you, there is always a member of staff to talk to. Even during COVID-19, the centre had to close but one of the staff members would ring you weekly and have a catch up and see how you are doing.”



The importance of the social care model used by organisations like Inspire was also highlighted in relation to supported independent living services. Skilled and personalised mental health support, which enables people to live with dignity in the community, is a lifeline for thousands of people across the region.

“We need more schemes ... where people having their own homes and space. They are managing themselves but with support available.”

Regrettably, constant budget cuts, a lack of even the most basic financial uplifts and the general instability of the Supporting People housing fund means that providing these services is becoming increasingly difficult. As things stand, the possibility of expanding and modernising supported housing services, in line with the exciting vision of this strategy, seems very remote. It is imperative that the Northern Ireland Housing Executive and Department for Communities are part of new conversations around care pathways and community-based mental health.

Psychological therapies

“It should be easier to access services. The waiting lists are too long”

Talking therapies are a vital part of our work in Inspire and the lives of the people we support. Almost everyone in our conversations advocated for more widespread, consistent access to psychological support and this action point was rated fifth out of the strategy’s 29 actions. However, access to psychological support and long waiting times are a persistent problem, with 16-week waits (and higher) being a common occurrence. This often results in disengaged clients, who have either given up or become too unwell for the intervention to be effective.

We also know from recent work carried out by the PPR project that, if we are to use general practitioners as a point of access for counselling, more work needs to be done to guarantee equality of access in surgeries across the region. We will also need to carry out an information programme to ensure that the public understands the nature of counselling and how it can help. There is a danger that it will be seen as a quick “Six sessions and I’m fixed” solution to a variety of mental or emotional health issues.

Embedding psychological therapies into mainstream mental health service is a welcome development. In order to do this successfully, we need to think carefully about referral processes, streamlined bureaucracy, workforce capacity and support for the ongoing training and development of the staff delivering these therapies.

Question 3: If you need help with your mental health, what kind of support works to help you feel well?

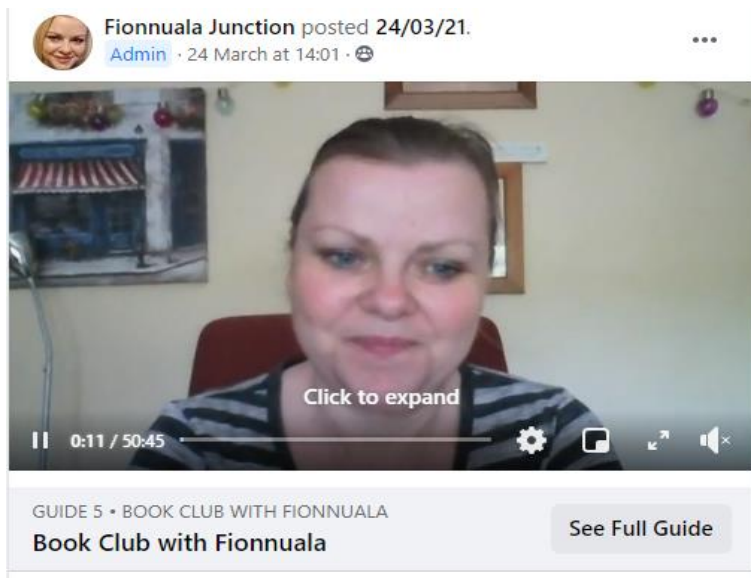


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TALKING ABOUT IT.

Digital services

Since the onset of the pandemic, Inspire has, like many other organisations, established new ways of working. Services have gone digital. While these changes emerged from urgent necessity, they have since been endorsed by both service users and staff. They demonstrate how impactful and wide-ranging online support can tackle longstanding issues like waiting lists, social exclusion and isolation, and regional inequalities. While Inspire and the people it supports are longing to return to face-to-face contact, we will also maintain a certain proportion of online work, even as society returns to ‘normal’.



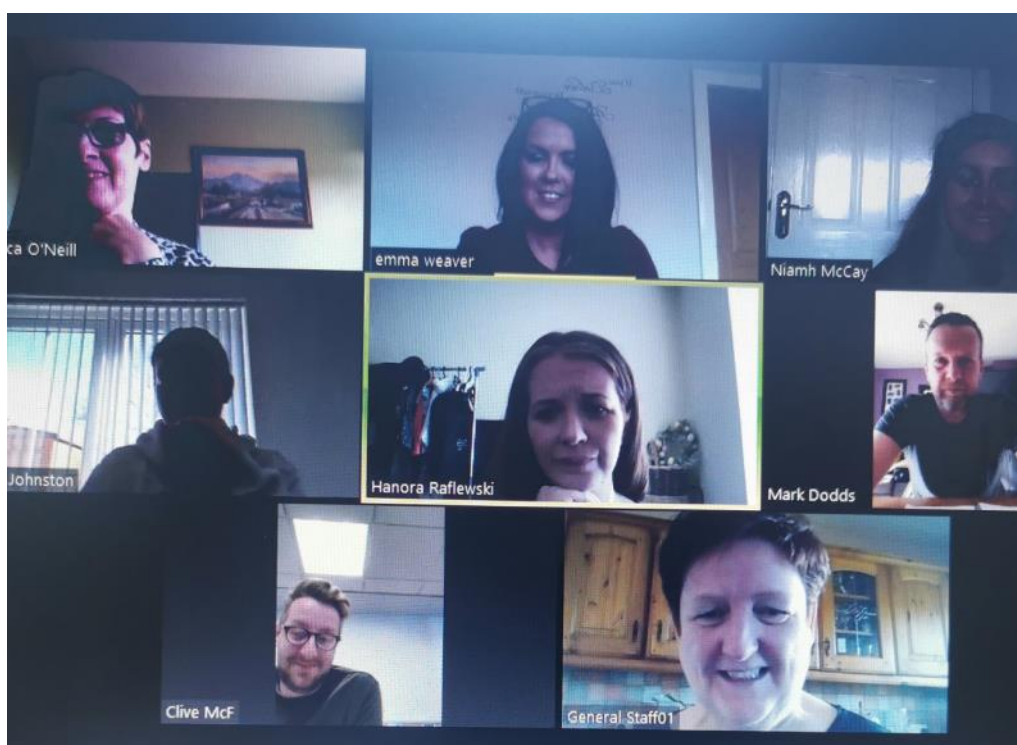
These platforms have allowed us to be much more fluid in terms of geographical boundaries, timings and durations of interventions. Our addiction mutual aid community is operating nine times a week via Microsoft Teams. Members can choose the group that suits them best, unhindered by distance and, as a result, we have full attendance across all sessions.

CASE STUDY:

Inspire is creating a new website, which will provide our members with an online wellbeing hub featuring instant access to a range of guidance, screening and intervention tools.

It will be an interactive platform providing people with bespoke information and connecting them to support available in their local communities.

As an organisation, the lockdown period has consolidated for us the need for remote support and help to be available to our members. This is an area that Inspire has been looking to develop for a while, listening to the needs of members, not least those most marginalised individuals, who find it difficult to leave home and interact in more traditional settings, such as building-based services.



Physical healthcare and mental illness

Question 1: When you think about your mental health, what are the things that keep you feeling well?



Keeping healthy by eating a varied diet, getting plenty of exercise outdoors if possible. Meeting up with friends.

We were really pleased to see this focus on the physical health of people living with mental ill health. There is an abundance of literature and scientific evidence suggesting that regular exercise and a healthy diet can improve mental health. For example, exercise can increase serotonin levels in the brain. This is potentially beneficial for individuals with various mental illnesses, whose serotonin levels, in some cases (e.g. depression), can be lower. In addition, exercise is one of the five steps to wellbeing, according to the NHS and various health experts. Our staff can see how service users who do not exercise, and in some cases do not leave home, oftentimes have poorer mental health than those who take daily walks and maintain relatively more nutritious diets.

When the people who use our services talk about the things that keep them well, exercise and good health are almost always listed. Over the past year, the pandemic has come to dominate lives and curb activities. Service users – with the regular encouragement of Inspire staff – have increasingly concentrated on caring for their physical selves. They have exercised, explored nature, slept well and eaten healthily, as far as possible within the constraints of the last year.

Inspire support staff assist our service users in accessing services that support their physical health. They can confirm that they often have to “fight for every appointment”, due to stigma and the discriminatory practice of dismissing health concerns as symptoms of a person’s mental health condition. People, including healthcare workers, often see a diagnosis before they see a person. If we are to truly improve the physical health of people living with mental ill health, we need to invest in training and awareness-raising among professionals, such as general practitioners, dentists, opticians and medical-screening and public health staff, including those working in sexual and reproductive health.



In-patient mental health services

“Services need to fit around the people, not expect people to fit around the services”

Improved in-patient services featured highly in our conversations. The action designed to create new regional low-secure units was particularly welcomed. Currently, the level of care afforded to people living with serious mental illness falls below that which we should expect. We heard that **“the country is in a poor, poor state when it comes to caring for people with serious mental ill health. I have never had to fight so hard to basic mental health in-patient services and assessments.”** It was clear that raising the capacity of in-patient care is a real concern. Improved facilities are positive developments, as people who need in-patient treatment must be assured that it is there when needed.

At appendix 2, we have included a letter to the Minister of Health from an Inspire service user, who spends considerable periods of time in hospital. We have removed some private information that would have identified the author. Those edits aside, the letter is an authentic account of time spent on a mental health ward in Northern Ireland. We should stress that this is one person’s experience – we cannot claim that it is representative. It does highlight, however, a deep sense of frustration, inactivity and boredom, as well as the lack of personal agency and choice faced by many mental health in-patients.

Therefore, we gladly welcome the commitment to explore innovative alternatives to in-patient care or treatment pathways for people who require hospital care.

“When I lived in Germany, we had access to ‘recovery rehab centres’. I would spend up to eight weeks there when I felt I couldn’t cope with my illness but was not severely unwell. This was very different from an in-patient stay in hospital. I received support with all areas of my life. A holistic approach was used. We did mindfulness, art therapy, horse therapy, one-to-one and group counselling, emotional testing. I developed some great relationships there. It is badly needed in Northern Ireland, away from acute hospital.”

Crisis services

“Put the necessary funding to improving mental health services in Derry. There are three bridges in this town and they have all taken lives”

The action committing to supporting a regional crisis support service, fully embedded in wider mental health services, was universally welcomed. This action was rated first in terms of priority by the people involved in our consultation. It is widely recognised that A&E is not the best place for a person in a mental health crisis.

“I know some people who have attended A&E after attempted suicides and found a complete lack of understanding and empathy from some of the medical staff who dealt with them. I feel that it is critical to educate those who are working in the field and who still don’t understand the needs and vulnerabilities of those suffering from mental health issues. I am wondering if action 19 would provide these people with a more supportive environment for their needs than A&E.”

It is clearly important that the development of this new service takes into account the priorities of Protect Life 2 and other relevant strategies and reviews.

Co-current mental health issues and substance use (dual diagnosis)

“No one should be refused from accessing mental health services because of their addiction”

The focus on dual diagnosis was welcomed across our discussions and this action point was rated fourth, out of the 29 actions, by the people involved in our consultation. As underlined in point 4 of this response’s general overview, a close relationship exists between addiction and mental health. Over the last three months, 200 Inspire staff have received specialist training in how to effectively support people living with mental ill health and addictions. This is one area to which a ‘no wrong door’ principle must now be effectively applied. People needing support should not be faced with having to decide for themselves which services they want avail of first – support for their mental health or their addictions. Staff voiced frustration at the obstacles and stresses faced by people accessing support for these issues. They indicated a need for services that respond to blended drug, alcohol and mental health complications and called for the development of extensive dual-diagnosis training, which would assist all those working in the areas of mental health and addiction.

Addiction service staff referred to stepped-care models that focus on prevention, treatment and recovery, acknowledging the co-occurrence of mental ill health and substance misuse. They spoke about diverting people from interactions with the criminal justice system, saying that the Department’s substance use and mental health strategies should prioritise this objective. Problem-solving justice offers a unique opportunity to do things differently, delivering positive outcomes that reduce the impact of alcohol and drugs in society.

Specialist interventions

“People fall through the net and that needs to stop happening. The services are good but there aren’t enough of them”

All of the actions relating to specialist services are to be welcomed, particularly the emphasis on exploring effective support for people with personality disorders and psychosis. We are strongly behind the call for specialist perinatal mental health support and were pleased to see the recent announcement of new services in this area.

It is true to say that across our services new referrals involve people with increasingly complex needs. They require appropriate supports that will assist them in managing their conditions, working on recovery and living fulfilling lives in the community. This is very true of the young people who are accessing our Self Harm Prevention Programme (SHIP). An increasing number of those with whom we engage at SHIP are presenting with levels of self-harm that outstrip the level of support the service was designed to offer; though, in many cases, there is simply nowhere else for these young people to go. The creation of a regional eating disorder service is both welcome and urgent.

That new service should offer services to both children/adolescents and adults. Previously, Northern Ireland had an adult unit on Kings Road in Belfast, which was closed over 10 years ago. Since then, there has been a sharp rise in all types of eating disorders and very little investment in community-based/specialist support. A specialist service should be twinned with better training opportunities for healthcare professionals and the wider community.

However, we need to ensure that a focus on specialist services does not inadvertently create even more barriers to accessing other kinds of support.

“COVID-19 has increased cases with nationally seeing a rise of 400%. A very frightening statistic – psychiatric units are not well equipped to deal with eating disorders (I have first-hand experience of this).”

“That shouldn’t make it exclusive and it should still be led by the wishes of the people who use it. Accessing ‘specialist services’ shouldn’t create a barrier to accessing other services. For example, once you’ve been labeled as requiring a specialist personality disorder service, you can’t access other support in the community.”

The Road

I've been on the road many a day
Since I got into trouble and lost my way
I walk sometimes til' my feet do blister
My mind envisions my brother and sister

It was my decision to leave I know
For I had nowhere else to go
I couldn't go home, it wouldn't be fair
The police searched for me everywhere

I didn't want my mother troubled
So I left on my own, on the double
They'll all get by, I had no doubt
They'd no need for me, a common lout

I walked the length of each road I met
Stopping only to seek a room to let
With money earned along the way
Helping farmers bailing hay

The days were long and arduous
I kept my head down and made no fuss
Painting fences, feeding hens
Before moving on, yet again

Years later, I lost my way
Once again, I was led astray
I was in trouble with the law
Just the same as I was before

I lost my mind
I was twenty-nine
I continued with a life of crime
And was sent to prison to serve my time

Fifteen years later I was free
And twice the man, a whole new me
I'd spent my time in prison well
Learnt many crafts from that dark, cold cell

The road still long but I was tough
I kept on going through the rough
I met a man who gave me a chance
Not like others who didn't give a second glance

I worked hard in the knacker's yard
Glad to have had a brand new start
Every day new treasures delivered
Another man's scrap but to me gold and silver

I crafted, created and made the metal shine
Fashioned figurines, then redesigned
All my pieces, works of art
Made with love from my heart

Then came those who appreciated
The intricate pieces I created
They offered me money for my creations
I was left with feelings of pure elation

Success was swift after that
Demand was high, I earned a lot
Soon, I was a wealthy man
Helping others because I can

I may have had a rocky start
But I could teach others my precious art
Many young men came to my gate
I taught them well...
THE ROAD WON'T BE THEIR FATE

By MG, Beechvalley Community Wellbeing Service, Dungannon

Theme 3: New ways of working

A regional mental health service

“Those regularly in need of support are not a nuisance. [We need to ask] What’s not working for them?”

The action point dedicated to creating a regional mental health service was rated as the top priority out of the 29 action points in the strategy. The case for a regional, unified, simplified and person-centred service was deeply compelling to everyone involved in our conversations. A clear and agreed commissioning framework, shared data and information, streamlined processes and strong quality standards can open the door to creating an entirely new approach to mental health provision.

“My concern is that nothing has been detailed about resources. Where are they coming from? What will suffer? Services should be located within the communities where they are most needed, as far as possible. Centres of excellence might sound great but in practice that often means people travelling to less than accessible locations. Regionalism is repeatedly mentioned but I would like to hear more mention of local- and community-based partnerships.”

Our staff and service users were wary, however, that ‘regional’ will take place at the expense of ‘local’, with services moving to locations far away from communities and families. This does not have to be the case at all, of course. There are many services located in central areas, which operate effective outreach in communities and bring expertise to where people are.

Workforce for the future

“Appropriately value the health and social care workforce”

We would be keen to ensure that the skills development and peer-support elements of these action points also include mental health staff in the voluntary and community sector.

Social care services must not be commissioned based on the minimum wage. If the voluntary and community sector is to be fully integrated into the provision of services, as this strategy suggests, the staff who work in our sector must be fully respected and fairly paid for the work they do. It is becoming increasingly difficult to attract people who choose careers in social care. Pay and conditions are huge barriers to that.

“I feel that the new way of working should address the salaries of support and project workers. We are more than support workers to our clients. We are counsellors, coaches, mental health workers and much more to these people. We deserve salaries representative of this. I am leaving Inspire next week and I have thoroughly enjoyed my time at the company, it is a fantastic place to work – one of the best in my 30 years of employment – but I feel that you are losing good staff because of the salary and as much as I would have loved to have stayed with Inspire I am forced to move for higher remuneration elsewhere.”

“I have had five key workers in a year and a half.”

This issue is not only a problem for providers. It also has a negative impact on service users. Frequent changes in teams across all sectors result in a recurring requirement to rebuild trusting and informed relationships over the course of a person's mental health journey. This causes frustration and has a negative impact on recovery.

The unpaid mental health workforce

Question 1: When you think about your mental health, what are the things that keep you feeling well?



Write your answer here

- Good support from family
- Going for walks to clear my head
- Exercising
- Talking to my key worker

Mental health provision in Northern Ireland relies on thousands of unpaid and often unseen family carers and volunteers. The support of families in helping people manage their conditions and aid their recoveries was mentioned by large numbers of the people who use our services. Research from Cause and Carers NI tells us that high proportions of carers themselves report poor mental health, often driven by a lack of practical and financial support. We believe in rights for individuals with caring responsibilities, including those who look after loved ones living with mental ill health and intellectual disabilities. It is important that this strategy recognises the support from family carers and values their contributions. It should provide carer assessments, respite support and adequate financial compensation.

At Inspire, we place a high value of the involvement of volunteers. Often, volunteers with lived experience of mental ill health are at the heart of what we do in our services, our advocacy and our campaigning. By giving of their time and sharing their knowledge, our volunteers add a special and unique value to the support we offer. We are sure that this is replicated across the voluntary and community sector. As such, this strategy should acknowledge and support the irreplaceable role of volunteers in Northern Ireland's overall mental health system.

CASE STUDY: The QAVS for Inspire Advocacy Services

In 2019, Inspire volunteer advocates won the prestigious Queen's Award for Voluntary Service. This award created by the Queen in 2002, to mark the anniversary of her coronation. It is the MBE for volunteers.

The award recognises excellence in voluntary activities that are carried out within communities. Our volunteer advocates offer an independent service, which is designed to listen carefully to the options, concerns, problems or issues of people using mental health services. They give those people a voice.

"The Queen's Award for Voluntary Service is a recognition of all the Inspire volunteers' efforts to manage their own diagnoses and advocate for patients in hospital and the community. Inspire helps us to use our own lived experience in a positive way, to help service users who are now in the circumstances that we used to be. As Inspire volunteer advocates, we are all delighted to be so honoured." –

Advocacy volunteer

Data and outcomes

“One universal outcome tool”

A regional outcomes framework would be welcomed by services as an efficient step forward. Underpinning this, we need to see an honest and comprehensive review of how we collect and record data relating to mental health. As users of data that helps us plan services and advocate for change, we know that there is a wealth of information already available. However, it is almost impossible to uncover, unless you know exactly what you are looking for and where it is. It is farcical to think that it is often quicker to submit a Freedom of Information request for something you know to exist but which hasn't been made available.

Nevertheless, lots of data is either not collected at all or captured in so many ways, across trust areas, as to render it incomparable and unreliable. Reliable information on simple things, like the number of people presenting with mental ill health concerns at A&E across Northern Ireland, cannot be found, due to each trust counting figures differently. During the COVID-19 crisis, data and modelling was rapid, accurate and impressive. Surely that can-do approach is applicable to mental health statistics, thus ensuring that this strategy – along with the action plans stemming from it – is based on robust evidence and a clear direction of travel.

Mental health strategy actions

The Department's strategy proposes 29 actions, split unevenly over the three overarching themes detailed above. These actions represent the steps that the Department aims to take in order to meet its desired outcomes.

We asked staff and service users to rank all of 29 actions in terms of their own personal or professional priorities, entirely from their own perspectives. Each of the 29 action points was chosen at least once as a priority. However, there were some that clearly rose to the top as the five most important actions:

- **Action 19:** Create a regional crisis service to provide help and support for persons in mental health or suicidal crisis. The crisis service must be fully integrated in mental health services and be regional in nature.
- **Action 25:** Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership, responsible for consistency in service delivery and development.
- **Action 8:** Ensure adult mental health services cater for older adults with mental ill health, provide adequate support and structures and are mindful of the particular challenges older people face. The artificial cut off in adult services at the age of 65 will stop and people will be supported by the right service based on their individual needs.
- **Action 20:** Create a managed care network, with experts in dual diagnosis supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full needs of those with co-occurring issues.
- **Action 12:** Embed psychological services into mainstream mental health services. Psychological therapies will be available across all steps of care.

Some respondents offered their opinions on the 29 actions, stating:

“The strategy and proposed actions make for a clear pathway in providing more accessible support for all ages.”

“There should be one universally utilised outcomes tool. There were originally 38 points and they have now been reduced to 29. Where has the regional trauma network gone?”

“There should be a focus on an increase in communication between statutory, community and voluntary sectors in relation to patient care.”

Conclusion

This response is built on the views of those who make up Inspire: our service users and our staff. Their attitudes, experiences and ideas tell a story, one shaped by people who are completely engaged with the issues at hand. They stand ready and willing to make the system work and believe in our potential to craft a world-class service that nurtures mental health and wellbeing for all citizens. The Department should be guided by these factors when finalising and effecting a strategy in which a high degree hope is now invested.

As part of our consultation process, we asked the people who used our services to speak directly to the Minister of Health. We wanted to give them the opportunity to share their thoughts with the person responsible for making the decisions that affect their lives. Many of their comments are used throughout this document but, for completeness and to fulfill our promise to send their voices to the highest possible levels, we have listed those answers at appendix 3.

It is entirely appropriate that the last word goes to them.

Question 5: If you could tell the Minister of Health one key thing about keeping us well, what would it be?



Write your answer here

Breakdown the
Stamiga towards Mental
Health, teach school children
about Mental Health.

Appendix

1. About Inspire
2. Letter from service user to Minister of Health
3. Quotes from service users and staff to Minister of Health
4. Engagement tools for service users and staff

1. About Inspire

Inspire is an all-island charity and social enterprise, working alongside people living with mental ill health, intellectual disability, autism and addictions across Ireland, and ensuring that they live with dignity and realise their full potential. Our person-centred, whole-society approach means that we believe in a culture of compassion, creating a society free from stigma, which focuses on people and their abilities.

Our vision is wellbeing for all.

Our mission is to work together with people living with mental ill health, intellectual disability, autism and addictions, ensuring that they live with dignity and realise their full potential. We want to develop a culture of compassion and create a society free from stigma, which focuses on people and their abilities.

Our values

We are Inclusive: we put the people who use our services first

We are Passionate: we believe in what we do

We are Determined: we find a way

We are Kind: we care about each other

We are Honest: we act with integrity

We are Innovative: we nurture new ideas

Inspire delivers a full range of support and therapeutic services. Through our supported housing, community wellbeing support and addiction services, Inspire has supported over 5000 people in communities across Ireland. Our Professional Services team provides all-island employee and student support to over 350 organisations, resulting in over 66,500 counselling sessions delivered.

For more information visit www.inspirewellbeing.org

2. Letter to Minister of Health

To,

Mr Robin Swann (Health Minister),

I am writing to you, to inform you that our Mental Health system is due for a transformation. I have already been in Psych hospitals more than once, one in Scotland, the other two was right here in Northern Ireland. I did contemplate to write to NIPSA at one point about it.

All my hospital admissions, have been due to Mental Health Orders, and whilst I may have needed it at the time, the process could have been handled a bit differently and how one is treated can be handled differently and I am speaking from experience.

I remember the first time. I remembered just speaking with nurses. I don't remember seeing a Doctor at all. As soon as I went in? I just got put into this room, like an interview room, but was also the visitor room and yeah, we did go through some stuff with regards to just general information about myself. Name, DOB, my history possibly, but then the next minute they go out and they went for the medication straight away!

There was no explaining what this medication was, or what it can do, they just said I had to take it. I wouldn't have taken anything without a consult from a Doctor first, face to face. I have been through a similar situation before like that, where my power or my sense of being as an individual got stripped away, even though I may have been a bit cuckoo, I still at least I had a sense of who I am. They don't give you a choice at all, there was no reasoning with them, it was, either I take it, or else. I did slap the medication away in protest but all that resulted in? Was me going into the P.I.C ward. Psychiatric Intensive Care, the only positive thing about that was, you got your own room, but I already know the feeling of what it's like to be on lockdown on the ward for about 3 months!

It didn't feel like care! To be truthful, it felt like a punishment. My phone and everything got put into the Ward and so on the next day, if I needed to get word out to somebody that I was there, my numbers had been locked away, although they said they could look a number up for me in the Office, I asked them to contact the 16+ Pathway team as I had been dealing with a PA since I was 16. And that was the only visitor I had in P.I.C. I couldn't have called out to my family until I was back on the Ward and had access to my contacts again.

And to get through day by day was hard in there, there was no getting out. It drove you even more crazy, the feeling of being trapped, when all you want to do is to be free and I did try to escape, assessing the alarm system. What else could I have done? There was nothing in there that had remotely interested me and there was hardly anything on the TV that I liked watching, except for one occasion. A documentary. It's also hard to adjust to a

routine that's entirely different from your own at home. At least there, ok, after taking the meds you can stay up for a while, go to bed when you're ready but the TV room gets locked at a certain time. And then when its lights out, its lights out. It takes me a while to get to sleep anyway, with the meds they were throwing my way. That's why I am not a fan of psych meds. Takes away feeling! And who you are, that sense of who you are, it gets robbed from you. I am the opposite of a depressed person, all I was, was Manic. Parts of it did help me get into a better mental state in the sense you don't care what others think. If people don't like me? That's their issue. To some degree I still feel like that. It was just the wild ideas that I needed to slow down and also the lack of self-restraint, always wanting to act on impulse.

They always talk about privileges in there as well, if you complied and behaved you get them back. And the complying is especially implied towards taking the medication! I would have liked to go to Occupational Therapy too, but I had to be on the main ward first and to do that you had to take the medication! If you do, you're automatically awarded brownie points, despite how it makes you feel. It was incredibly frustrating!

They didn't get a sense of who I was to begin with, but I ended up talking to the nurses on the floor anyway, had general chit chat, because that was the only worthwhile thing to do, to pass the time.

Recently last year, I was in &%£\$!, in &%\$£@&)(!, you're still talking about a similar system, and whilst I did talk to a Doctor beforehand? There was no chat about a potential treatment plan, not that I could recall anyway. And definitely you did not know when you were going to be seeing the Doctor again.*

And when I landed there, I made myself lots of cups of tea, had biscuits. I had more than one cup. The TV room and the lights go out there waaay to early! Who goes to bed at 10 o'clock anyway? As soon as the lights went out you were expected to sleep, but I couldn't, even though I said I would, I go to sleep much later anyway, again, it's a routine thing! And when the lights go out, they just expect you to sleep. I wanted to write rhymes; I couldn't switch off so easily and eventually they brought this liquid stuff out to me. I didn't know what it was, kind of looked like poison to me, they made me drink this stuff, stuff that I didn't want to drink.

And this whole talk of "consent" before coming in, was running through my mind. I don't agree with this, I shouldn't have to consent to it if I don't want to. I didn't drink all of it, the taste was horrible, I spat some of it out, but the parts of it that I did swallow started to give me belly pains after a while. And with that pain I stayed stationary on the bed, eventually I did...well it must have knocked me out. And then, when I woke up around 8am, and they were serving out breakfast, I wasn't joining the others, instead I got strong armed straight

away, they didn't ask me to follow them, they just strong-armed me up to the Intensive Psychiatric wing and I had to wait a while for my breakfast. The only positive thing though about that Intensive Psychiatric ward, I eventually was able to have access to my phone and to have access to my contacts and to get word out and as well access to the Hospital WiFi.

Currently I don't take the meds, now that I'm out, only an odd time, when I feel like I need to, but I honestly don't want to live my life relying on them. I found out recently with Olanzapine, that it has the potential to suppress the immune system and during Corona times? Why the hell would I take something that can potentially kill me as I'm already immunocompromised due to my Rheumatoid Arthritis?!

When you're involved with the Community Mental Health Team, things get a little bit better. You have someone to talk to. Luckily, I have a CPN that listens to me. And the potential courses you can do with the Recovery College. I have been interested in the WRAP course. The Wellness Recovery Action Plan! It basically talks about more than one way to get better. It's not just medication!

It got me thinking, if it isn't just about medication, then why the hell was I not given a choice in the hospital? If Occupational Therapy was more beneficial for me, why could I have not gone into Occupational Therapy straight away, where the people in Occupational Therapy were a lot nicer than the rest of the nursing staff? I got more out of Occupational Therapy than being on the ward itself.

I have given it a lot of thought and what should happen is if you're going to be sectioned and if the patient is willing to work with the Doctors to discuss "needs". That could be a lot better. Or give the patients a choice, "you can stay on the ward for 72 hours, you can stick around and see what it's like, but after that and if you don't feel like it's helping much, we could discuss other alternatives like getting treatment at home". Everyone is different. It's important to assess "needs" from the get-go. It would feel more humane, than just "ah it's just another crazy" that just come in.

If I had the choice, I would prefer to get treatment at home than actually be on the ward. That first lockdown at home actually helped me to unplug, I wasn't actually right when I left and finding it a weird experience when I came back when everything else was going haywire, other people panicking themselves, mad rush on the roads and finding shelves empty. But I thought the only good thing about the lockdown and the current restrictions is now that people will know what it can be like in a psych ward to a certain degree.

Doing things and having a life is always going to be more beneficial to your mental health, no matter what you do, what occupation you hold. Getting outside, going elsewhere and not being stuck at home is always going to be better for one's mental health. Being allowed to pursue an activity is always going to be better for your mental health. Feeling engaged and

feeling like you can make a difference? Is going to give you confidence if one didn't have an abundance of it already.

I also think more needs to be done for domestic abuse situations and how police can investigate it, currently. As I have a friend who is currently in a bad situation at home with her Mother and her Mother being at her throat. And it has only escalated throughout the Lockdown.

Also, I do think, that we need to look at what outside activities we could potentially do in a safe way:

Like socially-distanced Yoga on a nice Summer's Day (Location: A PARK or Football pitch).

What about powerboating? Or Deep-sea Fishing?

Anything that can be done safe outside in a fun and safe way can benefit one's mental health. What about socially distanced theatre outside on Promenade?

Or a socially distanced concert with only a Tuck shop and food trucks allowed and no alcohol being sold?

Things that can help to raise people's spirits in a safe way will help.

Kind Regards,

3. Messages from Inspire service users and staff to Minister of Health

We asked staff and service users to detail what they would say would say to the Minister of Health if they had the chance. This is what they said:

“Knowing that my children are well helps my mental wellbeing.”

“I want to be able to live a happy life.”

“Develop a mental health qualification accessible to otherwise unqualified people to allow easier access to the sector.”

“More funding for local mental health services.”

“Keep our centre open as it’s a lifeline for us.”

“Make sure to always be there to support us.”

“Put more money into mental health sector for more beds for those who need immediate help.”

“Don’t stop the lockdown until it is safe to do so. I think about COVID a lot and I want people to be safe.”

“Not enough is being done for people’s mental health.”

“Advise young people to monitor their consumption of substances that are harmful to their health as these are too easily accessible.”

“Northern Ireland needs more mental health services like Inspire Wellbeing and good staff to help with mental health support.”

“Put the necessary funding to improving mental health services in Derry. There are three bridges in this town and they have all taken lives.”

“More activities for people over 25, specifically for mental health and learning difficulties because a lot of people are stuck in between... The wait times can feel a bit long...”

“What are the chances of this country getting back to something like normal?”

“Break down the stigma around mental health. Teach school children about mental health. Talk about it more. Actually look after mental health as much as physical health.”

“People fall through the net and that needs to stop happening. The services are good but there aren’t enough of them.”

“It should be easier to access services. The waiting lists are too long.”

“I would say that rural areas need more investment for mental health services to be made available locally.”

“I would say to focus on the 16-to-21 age group and identify early intervention services. More practical support with life challenges they may face and access to talking therapies.”

“Benefit reviews for those with mental ill health needs to be re-examined. I am made to feel like I am lying about my condition. I always feel sick around this time and my mental health deteriorates.”

“Mental health needs to be taken seriously, no broken promises. Invest in services now. We need the support and we need it now. A price should not be put on a person’s mental wellbeing.”

“Make better use of the services we have. Have a better organised and effective system for supporting people in need.”

“Be alert to what we need. Keep listening to us when we ask for help. We need more people involved in mental health, more professionals and more jobs so that there is less pressure on people and services.”

“We need more employment and more services that offer mental health support in the local community.”

“Peer workers are not the same as advocacy workers. These are two very valuable but distinct roles – to confuse them is to the detriment of both.”

“Services need to be more inclusive – contracts are still service-led rather than person led and create barriers to access of support.”

“Community services are saving people’s lives.”

“Community services reduce hospital admissions so more funding should be available.”

“More training for staff who are not mental health specialists, especially GPs.”

“One universal outcome tool.”

“Value the voluntary and charity sector equally alongside statutory sector.”

“The services already on the ground working with mental health are chronically undervalued and underfunded. Yet, in spite of this, the services they deliver are saving lives. Involve us in your discussions and more importantly in your decisions going forward. This must not be a desktop exercise, nor should it be totally about cost. Human lives and suffering needs to become a top priority for all decision-makers going forward.”

“A strategy without resources will fail.”

“Parity of esteem is required. Mental health is still the Cinderella service – they [government] need to act on their rhetoric.”

“Services need to fit around the people, not expect people to fit around the services.”

“Appropriately value the health and social care workforce.”

“Governing bodies should be fit for purpose and should be providing necessary support for social care staff.”

“Recognising and valuing the tough nature of the work that is done.”

“Carefully consider training needs and what is essential, recognising the complexities of the decisions that people have to make – provide the resources to give the training that is really needed.”

“Provide the service that everyone is entitled to.”

“We need to join services, share resources and share responsibility for more positive outcomes.”

“More education, vocational education. More action, fewer leaflets.”

“I am pleased to know that mental health is being taken seriously and that there are plans to improve the current system, so that the people who need help will have more access to it, whenever they need it. I hope that, in time, everyone will realise that mental health is everyone's responsibility and none of us know whenever we may need help during our lifespan. I feel that the strategy should also think about those providing the service so that they don't burn out and can provide the best quality service. Proper supervision, peer support and working in a caring supportive environment, especially when dealing with trauma.”

4. Engagement tools for service users and staff

We used a number of methods to engage service users and staff. Included in this appendix an easy read guide and a toolkit we created as a service user engagement tool, this was then replicated for staff.

Mental Health Strategy toolkit



Summary

The Department of Health are holding a public consultation on the recently published [draft strategy](#) detailing how they intend to improve mental health services across Northern Ireland over the next 10 years.

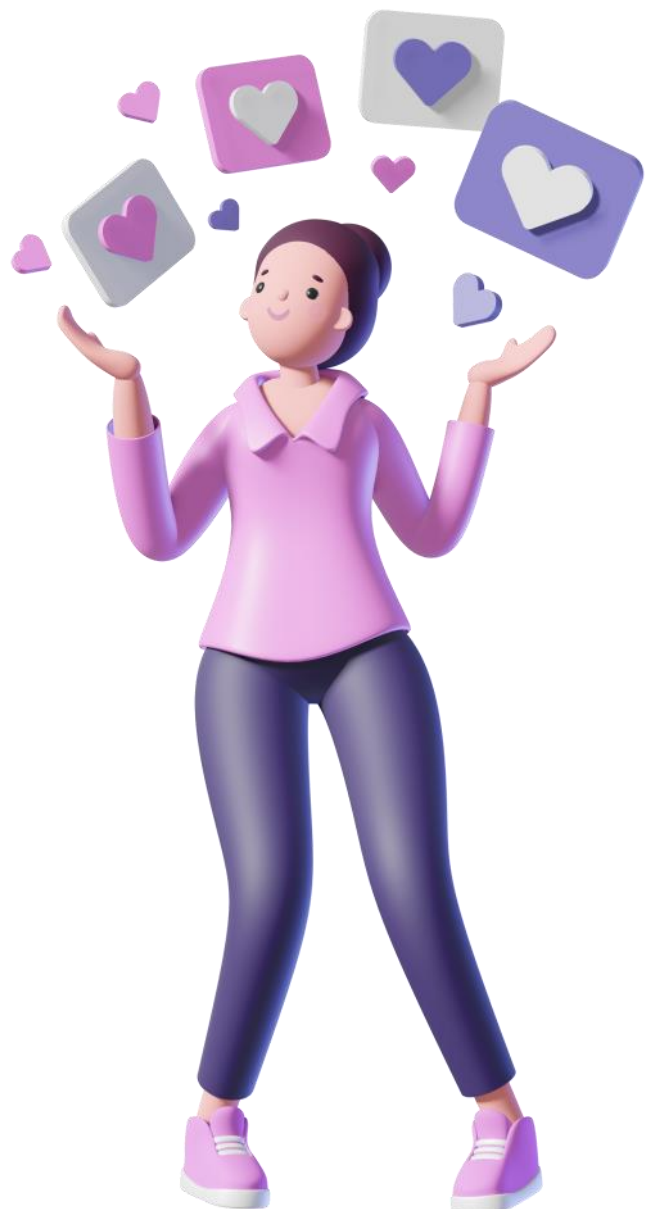
Inspire want to respond in a way that represent the wishes and needs of the people we support. To do that we need to capture the views of people who use our services, staff and volunteers. We want to send a clear message from people who are on the frontline about what matters most, what works best, and what most needs improved.

This process will not only be used to inform the new government strategy. The information captured in these conversations will shape how Inspire develop their own services and be the message that we represent in a wider community context, continuing to put the people who use our services first in everything that we do.

Given that we are unable to physically meet up at present, we wanted to provide a **consultation toolkit that can be used remotely or face to face to gather feedback from service users and staff.**

We have also created a summary of the Strategy that highlights the key points and intended actions. It includes a section on how the draft strategy lines up with Inspires' policy position which itself was based on the views of our service users and staff.

[Inspire Summary of Mental Health Strategy 2021 - 2031](#)

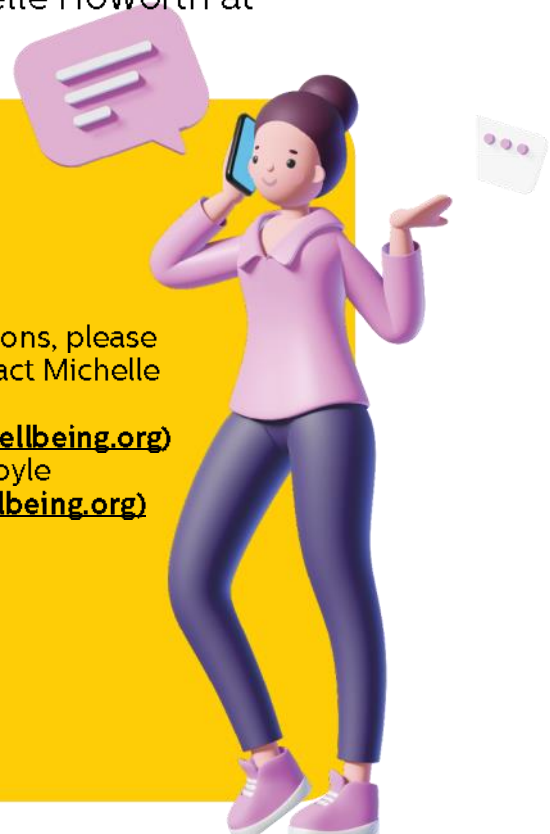


How to Use this Toolkit

This toolkit has two sections. Section A is intended for use with people who use our services; Section B is to support facilitating sessions with staff.

- Get creative - we want to hear people's responses in whichever way they choose to tell us. Whether that is direct answers to the questions, giving examples of their own experiences, using creative writing or poetry, we want to capture it all. It might be as simple as thinking of words that they associate with good mental health support, please go with whatever suits for the group you are talking to.
- Get inspired – this toolkit is a guide. You can return responses in whichever way suits best for you. Given printing documents is tricky for people working from home, please feel free to type it on a Word document and email it over, or take a picture and send that in.
- Get it back to us in time – we need to have responses back by **8th March 2021**. This gives us time to collate everything and put together an organisational response to return to the Department of Health. Please send your responses back to Matthew Coyle at m.coyle@inspirewellbeing.org or Michelle Howorth at

If you have any questions, please don't hesitate to contact Michelle Howorth
[\(m.howorth@inspirewellbeing.org\)](mailto:m.howorth@inspirewellbeing.org)
or Matthew Coyle
[\(m.coyle@inspirewellbeing.org\)](mailto:m.coyle@inspirewellbeing.org)



Section A : For Service Users

In this consultation we want to find out more about the things in your life that impact on your mental health and then focus on the services you receive or have received to help support your mental health. We also want to hear your thoughts in what we need to do as a community to improve the mental health of everyone who lives here.

These are your opinions and experiences and there are no right or wrong answers. Your name or personal details won't be used but the things you tell us will feed in directly to Inspires comments to the Minister of Health.

Part 1 : What works for you?

If you think about your life and the things that impact on your mental health, what makes you feel well?

Part 1 : What works for you?

If you think about your life and the things that impact on your mental health, what tends to have a negative impact?

Part 1 : What works for you?

If you think about the services you receive or have received to support your mental health, what services are most important to help support your mental health?

Part 1 : What works for you?

If you think about the services you receive or have received to support your mental health, what was missing or what support needs improved?

Part 2 : What do we need to improve mental health support for everyone in Northern Ireland?

The draft strategy has created a list of actions that are aimed at providing the best possible mental health services across Northern Ireland.

The actions are grouped into policy areas, please tick the actions that are felt to be most important.

You will find more detail on each action in the draft strategy document or the Inspire summary.

THEME 1: Promote wellbeing and resilience through prevention and early intervention

Promotion, early intervention and prevention

ACTION 1: Make a detailed plan based on acting early and preventing mental ill health

ACTION 2: Provide regionally consistent talking therapy hubs and psychological services.

Promoting children and their families' positive mental health

ACTION 3: Promote positive social and emotional development throughout childhood

ACTION 4: Provide enhanced, accessible services for those who need specialist support.

THEME 2: Providing the right support at the right

Child and adolescent mental health services (CAMHS)

ACTION 5: Increase the funding for CAMHS to 10% of adult mental health funding

ACTION 6: Meet the diverse needs of vulnerable young people within a single team.

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

THEME 2: continued...

Mental health and older adults

ACTION 8: Ensure adult mental health services cater to older adults with mental ill health.

Community mental health

ACTION 9: Create local pathways based around statutory and community partners.

ACTION 10: Further develop recovery services, including Recovery Colleges.

ACTION 11: Integrate the community and voluntary sector in mental health service delivery.

Psychological therapies

ACTION 12: Embed psychological services make them available across all stages of care.

ACTION 13: Provides digital mental health services at all stages of care.

Physical healthcare and mental illness

ACTION 14: Ensure the monitoring of the physical health of mental health patients.

ACTION 15: Ensure that all mental health in-patients are screened for physical health issues.

In-patient mental health services

ACTION 16: Upgrade in-patient infrastructure including alternative options to hospital.

ACTION 17: Create a regional structure for a rehabilitation service.

THEME 2: continued...

Mental health issues and substance use (dual diagnosis)

ACTION 20: Create a dual diagnosis managed care network.

Specialist interventions

ACTION 21: Create specialist perinatal mental health services.

ACTION 22: Ensure access to evidence based treatment for first-episode psychosis

ACTION 23: Create a regional personality disorder service.

ACTION 24: Create a regional eating disorders service.

THEME 3: New ways of working time

A regional mental health service

ACTION 25: Develop a NI wide mental health service, that is consistent in delivery.

Workforce for the future

ACTION 26: Undertake a review of the workforce and increase training.

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

ACTION 28: Develop a regional outcomes framework.

Innovation and research



The Department of Health are creating a new plan for how to look after people's mental health.



They want to know what you think is important for people to have good mental health.



Inspire want to hear what you think.
Everyone's views will be put into a response and sent back to the Department of Health.



Answer the questions below. You can do this on your own or as a group.

When you think about your mental health, what are the things that keep you feeling well?



Write your answer here

What sorts of things have a bad effect on your mental health?



Write your answer here

If you need help with your mental health, what is most important for this help to work well?



Write your answer here

If you have needed help for your mental health, was there anything missing, or could the help have been better in any way?



Write your answer here

If you could tell the Minister of Health one key thing about keeping us well, what would it be?



Write your answer here



Thank you for answering the questions



inspire

wellbeing, ability, recovery

further information

For further information you can contact the team at any time:

Inspire
Lombard House
10 - 20 Lombard Street
Belfast
BT1 1RD

Contact Matthew Coyle
Email m.coyle@inspirewellbeing.org
inspirewellbeing.org
inspirewellbeing.ie

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