

## **Department of Health Consultation on the Draft Mental Health Strategy**

**2021 – 2031**

### **Mid Ulster District Council Response**

Mid Ulster District Council welcomes the opportunity to respond to the Minister's draft Mental Health Strategy 2021 – 2031 and is particularly pleased that mental health has been recognised as one of the Department of Health's top priorities.

#### **Summary**

The Council is broadly supportive of the vision, founding principles and three key themes contained in the draft Strategy and in summary, welcomes a regionally consistent approach to the delivery of mental health services. There must be a clear pathway model to help people navigate through the mental health care system regardless of where they live, the level of care they require and the level of service they need. Funding to deliver the actions contained in the draft Strategy must be long term rather than on a year-on-year basis and there must be proper levels of funding to support the community and voluntary sector to provide early intervention therapies before people reach crisis point. In particular, there must be central Government funding for schools, including pre-schools, to take forward an agenda of promotion, early intervention and prevention. The Council particularly notes the connection between poor mental health and vulnerability including poverty, deprivation and addiction and the correlation between physical and mental health, both influenced and dependent on the other. We will follow with interest GPs greater role in the delivery of mental health services and welcome training and support for mental health professionals. The Council greatly values partnership working, and hopes that this will continue through the co-production and co-design process, particularly in the promotion of good mental health and wellbeing. This draft Strategy provides the opportunity to deliver the right services in the right way for the next 10 years. Further detail on the issues we have highlighted are set out below.

#### **Year on Year Action Plan**

This draft Strategy is most welcome as a means to drive forward the health and wellbeing agenda for the next 10 years. To date the provision of mental health

services in Northern Ireland has been vastly underfunded. Whilst Mid Ulster District Council welcomes the Year on Year Action Plan approach, funding for action delivery must not be on a short term year-by-year basis. This would simply not provide for the effective delivery of good quality services over the long term.

### **No Wrong Door and Regionally Consistent Approach**

The number of people experiencing mental health problems in Northern Ireland has increased exponentially over the years to an estimated one in five. The current Covid19 pandemic has resulted in a sharp rise in the need for mental health support, with GPs estimating that the numbers of people presenting with mental health issues has doubled since March 2020. Waiting times to access support services have increased in line with this. In Mid Ulster, local community consultations have indicated that individuals and families have faced barriers to accessing the right mental health support services at the right time and therefore, a regionally consistent response for people suffering from mental health problems is essential.

Mid Ulster District Council welcomes the Minister's 'No Wrong Door' assurances but all too often, people have knocked on many, many doors seeking help and support before they reach the right one. For many people, by the time they reach the right door they are at a crisis point in their mental health.

### **Pathways Model**

The Health and Social Care Board published a Regional Mental Health Care Pathway in 2017 and Acute Mental Health Care Pathway in 2018, both lengthy documents filled with information about the delivery of Mental Health services and yet people are still voicing their confusion about who they should talk to about mental health, the services that are available at every level, and how to access those services and support. A clear pathway model that is easy to navigate and provides clarity from early intervention, to targeted support, to treatment and recovery is essential.

### **Access to Counselling**

Suicide increased every year in Mid Ulster from 2015 – 2018, with 179 deaths over the 10 years from 2008 to 2018. There is a deeply unequal level of provision in

counselling services for those in need of support, particularly before they reach crisis point. This disparity is evident across the two Health and Social Care Trusts serving Mid Ulster, with 51% of GP practices in the Southern Trust having an in-house counsellor compared with 89% in the Northern Trust (figures provided by HSCB to PPR). This also applies to access to other talking therapies, which are low cost and can help address distress before it becomes acute, ensuring that fewer people end up needing crisis care, statutory mental health services and anti-depressants.

Suicide is a very sensitive subject matter. Responses to the Council's community consultation on the draft Mental Health Strategy have called for good quality research on causation factors, including listening to families who have lost loved ones through suicide in a therapeutic environment, a place of safety and respite for individuals and families who are in crisis with thoughts of suicide and support for parents whose children are in crisis and at risk of suicide, including young people who are over 18 but still receive care and support from their parents.

### **Primary Care Mental Health Services**

Mid Ulster District Council notes the draft Strategy's commitment to making significant improvements in primary care mental health services, with greater responsibility for GPs. While medication prescribed in primary care settings can be helpful and many patients find it beneficial, ongoing use of medications and the associated side effects should be reviewed at secondary care level rather than being left to GPs to monitor. Additionally, the difficulties of getting face to face appointments with GPs has been widely reported during the Covid19 pandemic, with most consultations taking place over a short telephone or video call. Some GP practices have indicated that this 'new way of working' will continue post-pandemic. It can be exceptionally difficult for a person experiencing mental health issues to articulate how they feel over the telephone and equally difficult for a GP to recognise and diagnose mental health issues without seeing a patient in person.

The draft Mental Health Strategy states that monitoring the physical health of mental health patients must become every day practice during routine primary care interactions and recommends parity of esteem in terms of priority and resourcing of care services. If the focus of the draft Strategy is care that meets the needs of the

individual, then there must be a recognition that both physical and mental health are of equal importance. Just as physical poor health and pain are often the outward manifestations of mental health problems, physical illness and chronic pain, particularly experienced as people age, can lead to heightened levels of anxiety and depression. There is a direct correlation between short and long term mental health problems caused by biological, psychological and environmental factors including traumatic incidents, abuse, fertility problems, organ failure and transplant, menopause and many more illnesses and conditions that must all be taken into consideration when seeking to treat and improve people's overall wellbeing and health. Taking a whole body and mind approach to health and wellbeing is essential if the objective is truly to provide services that are tailored to meet the needs of the individual, highly personalised and recovery orientated.

### **Integrated Approach to Service Delivery**

The draft Strategy refers to the need for an integrated approach between formal health care structures and community and voluntary organisations working collaboratively. As previously stated, it is essential that there is a clear pathway for referrals to all sectors so that patients do not have to navigate through confusing layers of bureaucracy to access the services they need. A regional approach to the delivery of counselling and support services is welcome. Some community and voluntary mental health and counselling support groups in Mid Ulster, who provide valuable services to those in need as most recently evidenced by their impressive response to the Covid19 pandemic, receive no funding from the Department of Health.

More and more people are being referred by the mainstream healthcare system to these groups for help, particularly in rural areas. In many cases, groups are reliant on donations and fund raising. One community/voluntary counselling group in Mid Ulster accepts referrals from a catchment area covering 38 towns across the district. Groups have reported that while they do not turn away anyone who cannot afford to pay, this causes an added financial burden. Community and voluntary mental health and counselling groups provide an excellent service but should not be overburdened by Health Trusts, particularly through knee jerk referrals to traumatic events in the community.

Concern has also been expressed regarding the amount of counselling provided in the sector. Cognitive Behavioural Therapy has been very beneficial for many patients however sessions over a short term, usually six, are often not sufficient to address the causation factors and main issues that have contributed to someone's poor mental health and are often expensive to continue. Long term counselling can cost £45 per hour in some cases. Therapies and treatments that have been quality assured and shown to work well should be the focus of long term investment by the Department.

Mid Ulster District Council has directed funding received from the Department for Communities to community counselling services in an effort to address the chronic waiting times faced by individuals needing counselling. Had the system been fit for purpose, this money could have been used elsewhere to address other pandemic issues. Successful outcomes for treatable conditions that are recovery orientated depends on access to a wide range of early interventions that have received adequate investment.

### **Mental Health, Children and Young People**

International research has highlighted the first Critical 1001 Days in a child's life as a window of opportunity in which the brain achieves optimum development and nurturing. These first days have a lifelong impact on a baby's mental and emotional health in the future. Babies and children that are exposed to toxic stress can have distorted stress responses in later life. Building children's resilience in these first days though Government funded pre-natal, early years and pre-school interventions is essential.

Mid Ulster District Council welcomes the additional funding for the CAMHS service. The demand on CAMHS, a service which was oversubscribed before the pandemic, will grow even more given the impact Covid19 lockdowns have had on the emotional and mental health of children and young people, particularly the most vulnerable. Our schools have reported young people presenting with mental health problems from as young as 8 years old, with teachers indicating they can identify at age 11 the young people that will need CAMHS support by the time they are 15. The National Centre for Children and Families has indicated that one in six children in Northern Ireland has a mental health problem, compared with one in 10 in England and the Ulster University

has conducted research in relation to the negative impact that trauma and Adverse Childhood Experiences have on people's mental health in later life.

Schools are a crucially important environment in which to promote emotional wellbeing, resilience and help-seeking behaviours in children and their parents/guardians. Studies have shown that emotional wellbeing is a clear indicator of academic achievement and success in later life, yet so often schools are expected to focus on academia rather than the overall wellbeing of the child and have no funding to provide counselling, often having to pay for these services out of existing budgets.

Mid Ulster District Council is currently delivering a Peace IV funded Schools for Hope programme to engage all post primary schools across the district in a focused programme to improve children and young people's resilience and mental health. Emotional wellbeing in schools must not be adhoc and should not have to be funded year on year via community grants programmes. Linkages must be made between the Government Departments of Health, Communities and Education to ensure a co-ordinated approach to children and young people's physical and psychological safety and wellbeing. All schools should be required to deliver health and wellbeing as part of the curriculum and funded appropriately to do so. Voluntary and community led programmes must deliver Government approved programmes that are adequately supported with a focus on a model that directly links health to schools. Mid Ulster District Council would like to see legislation that enshrines wellbeing in schools, with associated teacher training and dedicated funding put in place.

### **Mental Health and Vulnerability**

Mid Ulster District Council welcomes the draft Strategy's acknowledgement of the correlation between vulnerable groups and mental health problems and is pleased to see the development of a perinatal unit and eating disorder service. Many people suffer from poor mental health related to addiction with some having to pay to access treatment and counselling programmes and some addiction centres having to restrict the numbers of people they can accept onto their programmes due to financial and resourcing pressures. The Council would also highlight the prevalence of not only the misuse of prescription and illegal drugs, but also over-the-counter medication which is

widely available, and the misuse of alcohol by a growing number of people aged over 65.

Findings from the Council's 'Towards Alleviating Poverty Strategy 2021' show that there are greater instances of mental health issues, including depression, in areas of deprivation and amongst those living in poverty. Two areas in Mid Ulster are within the 20% most deprived Super Output Areas in Northern Ireland. One in 10 young people are at risk of presenting with mental health issues at the age of 15 years, this increases to 29% for young people from a deprived background and there is a higher possibility of people in deprived areas turning to drugs and alcohol and suffering from mental health problems associated with misuse.

### **Co-Production and Co-Design**

When the Strategy refers to co-design, co-production and co-ordinated service development and delivery with key stakeholders, this equally applies to all Governmental Departments in the NI Assembly, which have a social responsibility to ensure that policy decisions do not impact negatively on mental health by contributing to poverty, unemployment, housing difficulties and homelessness, debt, lack of educational chances and family breakdown. In relation to the benefit system, it has been noted that there are often no qualified mental health assessors on PIP appeals panels, resulting in panels to whom people's mental health struggles and crises are invisible.

Additionally, local mental health community and voluntary groups, which have a first-hand understanding of the issues faced by communities and can make highly useful contributions to service design and delivery, have had difficulty or been unable to access the co-design and co-production process as there is no clear process by which to do so. Improved communication within the care pathway and shared information between the community/voluntary and statutory services is essential.

The opportunity to develop and provide digital delivery of mental health services is welcome but not to the extent that this is utilised as a quicker and cheaper way of engaging people in mental health therapies, particularly when people have suffered so much this past year from reduced human face-to-face social contact and the

associated feelings of isolation and loneliness this brings. Northern Ireland is the only part of the UK without a cross departmental loneliness strategy and a recent report by the UK's Red Cross has identified the lack of social contact as negatively impacting on the mental health of those who are newly vulnerable and those who have existing mental health challenges made worse by the pandemic. In equality terms, poor broadband speeds in Mid Ulster result in disadvantage to those trying to access digital services. Older people who are not familiar with technology and those who cannot afford digital equipment should equally not be placed at a disadvantage. Quicker access to services is not necessarily equated with quality when it comes to positive outcomes for people struggling with their mental health.

### **Training and Support for Staff Working in Mental Health**

The Strategy references the need for additional training and support for those working in the mental health field. This is to be welcomed and essential for those who are dealing with other people's trauma and distress on a daily basis.

### **Promotion of Good Mental Health and Wellbeing**

Mid Ulster District Council is pleased to note that mental health problems in the workplace has been recognised as of particular importance in the draft Strategy. Mental health is incorporated into all Mid Ulster Community Planning themes, namely Health and Wellbeing, Education and Skills, Economic Growth and Vibrant and Safe Communities. In February 2020, the Council developed a Protect Life 2 Action Plan, co-ordinated through Community Planning, to embed suicide prevention through all community plans by building and strengthening communication pathways for the Protect Life 2 message, suicide prevention awareness training, signposting and promotion of services and help-seeking behaviours, representation on Protect Life Implementation Groups, investment in suicide prevention initiatives, media and communications training and exploration of a Council charter on suicide prevention for employers.

Mid Ulster District Council has been involved in a great deal of work to promote positive wellbeing. The Covid19 pandemic has caused a great deal of stress for people with its constant focus on death, serious illness and impact on poor mental health. This is

particularly challenging for those with existing mental health conditions, learning disabilities and those who are at higher risk of getting seriously ill or dying from Covid19. The pandemic has also afforded us the opportunity to do things differently, to slow down and re-evaluate the pace of our lives. The Council, through the Community Planning process, has worked with our partners in the statutory and community/voluntary sector to focus on promoting positive wellbeing, whether it be through sport, school, community and voluntary groups for young and old, church groups, etc. The Council promotes the Take 5 model which is best promoted as a method to prevent mental health becoming an issue rather than a solution to treat mental health problems after they arise.

We have invested in the natural environment through walkways and waterways, in active travel, exercise, sports and community facilities and health and wellbeing programmes. Council had a very useful meeting with the Chief Medical Officer in February 2020, and is ready and willing to work with all our community planning partners to drive forward the health and wellbeing agenda.

### **Quality of Services**

One of the main requirements of any Strategy is the mechanism by which to measure and monitor not only the amount of services delivered but their quality. This Strategy must not pay basic lip service to the importance of absolutely ensuring the delivery of high quality services by every partner in the healthcare system including the Department, Health Trusts, Board, primary and secondary care and community and voluntary partners and must state clearly the method by which quality monitoring, measurement, review and remedy will take place.

### **Conclusion**

In conclusion, Mid Ulster District Council has previously responded to a number of consultations on mental health related strategies, such as the aforementioned Protect Life 2 and Regional Trauma Unit, however key recommendations emphasising the need for a co-ordinated, strategic approach to addressing mental health across all Government Departments, Trusts and community and voluntary sectors both regionally and locally has failed to materialise. Opportunities to address mental health

issues and long waiting lists for both routine and urgent mental health assessment have been missed time and time again. This comes at considerable cost to individuals, families, communities and society as a whole. It is imperative that, for once and for all, the commitments made in this draft 10 year Strategy are acted upon, funded appropriately, delivered in a timely manner and have measurable outcomes that can be monitored robustly.