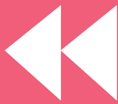
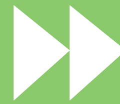


Regress?

React?



Resolve?

# An evaluation of **mental health service provision** in Northern Ireland – a summary

Report prepared for Action Mental Health
by Queen's University Belfast

**5 October 2015**

**Action Mental Health**
27 Jubilee Road
Newtownards
Co Down BT23 4YH
www.amh.org.uk

# An Evaluation of Mental Health Service Provision in Northern Ireland

## Summary of report prepared for Action Mental Health by Queen's University, Belfast

**"Current mental health services in Northern Ireland are stretched far too thinly for them to be able to provide the level of care that is required" (service user).**

**"They need to see us as human beings first ... not a label" (service user).**

**"If mental health is forced to make more stringent savings then I cannot see how that could be done without significant reduction to existing service provision" (mental health commissioner).**

**THREE QUESTIONS:**

1. Have mental health services in Northern Ireland improved over the last decade?

2. How do service users perceive the professional care which they receive from staff within mental health services?

3. How will funding cuts impact mental health services which are already stretched?

As part of its ongoing work across Northern Ireland (in the field of mental health), AMH works with thousands of service users and came to the conclusion that the above questions were not being answered. As a result, AMH found this lack of clarity to be detrimental in relation to providing and planning for mental health services.

AMH commissioned a Queen's University Evaluation Team led by Dr George Wilson to conduct this study, which was designed to fill gaps in our knowledge and illuminate the challenges and opportunities for developing services. This document aims to provide a quick and easy to read summary of the overall report.

This report was designed principally to give service users a voice in expressing their views on aspects of care which are working well, alongside identifying areas which require improvement.

In terms of research, it was also deemed important to include mental health commissioners from the statutory sector, to ensure we gained a holistic picture of views on the effectiveness of service provision.

Although the report identifies deficiencies, it also highlights important aspects of service provision which have improved post Bamford Review (2007).

In recent years there has been an increasing recognition of mental ill health as a major public health issue in Northern Ireland. Mental health is now regarded as one of the four most significant causes of ill health and disability in Northern Ireland, along with cardiovascular disease, respiratory disease, and cancer.[1]

It is estimated that one in five people in Northern Ireland has a mental health problem at any one time.[2.] In addition, Northern Ireland has been noted to have higher levels of poor mental health than anywhere else in the UK or Ireland; for example, the prevalence of mental health problems is 25% higher in Northern Ireland compared with England.[3.]

**Methodology**

In order to obtain holistic and accurate answers to the three questions above, methodology focused on three key actions.

1. DHSSPSNI liaison- this enabled us to gain sight of recent government expenditure within mental health
2. Literature review- An analysis of the Bamford Report and Transforming Your Care provided us with a clear insight into the aims of both strategies and how much of both have been implemented in the time since publication
3. Interviews with individuals and focus groups comprising of service users and mental health statutory sector professionals-

Key statutory sector commissioners and senior managers were selected to represent the 5 HSC Trusts, a HSC Board and the DHSSPS. Recruitment to focus groups and interviews (for the purposes of the study) reflected a gender balance, a range of age groups, and included people from different social and religious backgrounds.

Focus group meetings were conducted with a range of key stakeholder organisations including: AMH frontline staff; staff in other community and voluntary sector service providers; frontline mental health professionals; AMH service users; a non-AMH service user group and a Carer's group.

The focus group study was used to gather detailed views and opinions of key stakeholders and establish their perspectives in relation to involvement in services for people with mental health problems.

Full details of the methodology including numbers of participants are available in the full report.

**Conclusions**

Between 2008 and 2014, actual spend on mental health services by Trusts has been around 25% less than previously proposed.

In comparison with other types of healthcare (like primary care which has had funding increased by 136.2% over the same period), mental health services have experienced year on year decreases in funding since 2009.

Under financing of mental health services in NI is a systemic and long-term issue that is set to exacerbate in coming years, particularly in rural areas.

Whilst improvements have been made in service provision since Bamford and Transforming Your Care, funding cutbacks have curtailed progress and will continue to do so in the coming years.

In essence, the report highlights two aspects of findings where fresh thinking and planning are required. These generally fall under two labels:

- Human
- Systemic

**Human**

1. **Treat us as people**: Given the intensely personal and often devastating nature of mental illness, both on the service user and their carers, it became absolutely apparent that people feel the system fails to treat them as ‘people’, rather than as problems to be managed or solved. Again and again the research highlights serious deficiencies in how people feel they are perceived by the system and how the system responds to them and their needs.
2. **Listen**: Service users identified ‘listening’ (by healthcare professionals) as among the most important strengths of the care and support they received. The following comment was typical - “*Being listened too, if you get the right person to listen, rather than just giving tablets”* (service user).
3. **Carers**: Recognition of the role and contribution of carers was emphasised through the responses: “… *an understanding that the carer knows the person. That’s the person who is spending time with their loved one…to me, that is the difference between things breaking down and stuff being prevented” (carer*).

**Systemic**

1. **Funding:** Mental health commissioners unanimously agreed that the most serious limitation and greatest challenge facing mental health services stemmed from the impact of continuing financial restraint. A number of commissioners reported their organisation was already under serious financial pressure as a result of having to make year on year efficiency savings and expressed pessimism about this situation changing for the better in the next few years. Indeed, not only were commissioners worried about securing the continuing financial investment necessary to deliver the *Bamford Vision,* but several also expressed serious concern about the danger of existing provision being cut-back:

   *"This year in particular was very difficult for us and we went through a lot of pain curtailing spend. Indications are that we will have to continue to make savings. I have some very real operational pressures"* (mental health commissioner).

2. **Fragmentation and communication breakdown:** Respondents from all groups expressed serious concerns about the fragmentation of mental health services in Northern Ireland and the detrimental impact of poor communication between the different parts of the system on both service users and carers. Feedback suggested increased fragmentation was connected with developments in the specialisation of community-based mental health provision and reductions in hospital beds (which had taken place since the Bamford Review). Increased fragmentation of the mental health system and the resulting impact on service delivery was commented on by a large majority of mental health professionals. The following comments were typical:

   *"About five years ago, we used to have the CMHT that did all the referrals, they split up into different services, now you have the primary care liaison team, recovery team…Pathways/employment officers…DEL programmes…it's all been diluted"* (mental health professional, voluntary sector).

   *"Across the Board, everywhere…people are saying that person doesn't fit our criteria…Balkanisation of services…doesn't feel part of whole"* (mental health professional, statutory sector).

   *"Services then become very separate from each other and very much in their silos … there are real challenges bringing those together within bigger Trusts and even harder in the rural Trusts" (mental health commissioner).*

   Carer respondents frequently mentioned that problems between interfaces and poor communication between different professionals, specialisms and facilities had dominated their long term experience of the mental health system. The interface between the hospital and community was a central concern in this regard and rather than holistic, the system was viewed as compartmentalised. Carers felt they continually had to fight to receive the appropriate level of services and support for themselves and their loved ones. Carer concerns and frustrations with the system and poor communication are illustrated by the following comments:

*"Well they keep them in hospital for far too long because there's nowhere for anyone…especially a young person…to go to … that's another thing, there's no communication between all the agencies…I threw everything up in the air and said, you know what to do? Just let him home and we will look after him"* (carer)

*"There is no communication. The carer is completely left out. You are in the lurch… You know, you get these sort of template letters and that's it"* (carer).

3. **Young people**: many stakeholders also highlighted a range of other specific gaps in provision for different groups of services users. Considerable concern was expressed about deficiencies in services for children and young adults:

   *"When a 14 year old won't open up, or talk, there is nothing for them. They are completely abandoned and left to their own devices, even when parents are begging for help and concerned for their teenagers health and well-being"* (service user).

   *"There are gaps in services to support young peoples' transition to adult services – needs to be tailored community support"* (mental health professional, voluntary sector).

4. **Leadership:**

   A number of respondents expressed the view that post-Bamford, the same drive for service improvement did not exist and that lack of leadership in mental health extended beyond those responsible for managing and commissioning services:

   *"There is a lack of leadership from politicians and funders, and therefore there appears to be no definitive healthcare provision for people experiencing mental ill health. There are too many short term programmes for an illness that requires lifetime management"* (mental health professional, voluntary sector).

   In expressing concerns about future funding, different stakeholders suggested that one of the most significant strategic challenges facing mental health was lack of parity with physical (acute hospital) health care. Indeed, the comparison between mental and physical ill-health was a recurring theme in the feedback obtained from different stakeholder groups.

   A perception that mental health services were more vulnerable to cuts than the physical health sector was also expressed by mental health professional staff and commissioners. Given that services had historically experienced under-investment in comparison to other sectors such as acute hospital care, it was felt further cuts would have a disproportionate impact on the mental health sector.

   The need to improve leadership of mental health services in Northern Ireland was highlighted as a key priority by a range of stakeholders. Respondents felt it was essential to fill the perceived gap that had emerged post-Bamford in

order to provide direction and create renewed momentum for mental health service improvement.

*"I feel strongly that there is a clear lack of good leadership and decision making at Stormont level, within the Trust I work in the lack of guidance and sense of uncertainty is demoralizing"* (mental health professional, statutory sector).

The lack of someone who would Champion mental health in Northern Ireland and provide the direction, commitment and drive essential for the ongoing development of services was also highlighted.

**Recommendations**

1. The Northern Ireland Executive should ensure that sufficient funding is made available for mental health in Northern Ireland to achieve the service improvements envisaged by the Bamford Review. It is also recommended that mental health should be ring-fenced from any budget cuts as a key means of delivering on the goals of the Review in the current financial climate.

2. The Department of Health, Social Services and Public Safety in conjunction with the Health Care Board and Trusts should establish a regional working group to examine the extent and impact of mental health service fragmentation including variations in access to mental health provision between urban and rural areas of Northern Ireland. The group should aim to identify how greater integration and continuity between different services and specialisms can be developed and better inclusion and communication with service users and carers achieved.

3. The results from this study support the establishment of a Champion for Mental Health in Northern Ireland whose role would be to promote the rights and interests of people with mental health problems. The Champion would be authoritative and independent rand play a key role in ensuring that mental health services continue to be developed in a way that effectively meets the needs of service users and carers.

4. It is vital that mental health professionals recognise the central role that carers play in supporting the (cared for) family member and, in lieu of this significant contribution, make continuing efforts to include them as partners in assessment, planning, decision-making and reviewing processes.

5. Commissioners of mental health services and providers in statutory and voluntary sector organisations should continue to work towards promoting a recovery ethos and further developing service user and carer involvement in the planning and delivery of provision. Funding for the IMROC process should be provided on a more permanent basis in order to sustain developments in this area.

6. Commissioners of mental health services and professional staff in all sectors should continue to strive to promote a person-centred and relationship-based approach to service delivery.

7. All agencies involved in commissioning and provision of mental health services should continue to prioritise reducing the stigma associated with mental ill-health as a key objective. There should also be a renewed emphasis on promoting positive mental health as a key component of the public health agenda. Commissioners of services should invest additional resources in developing mental health education in schools and encouraging positive attitudes towards mental health in children and young people.

8. Commissioners of mental health services should review services available to meet the needs of people in Northern Ireland who have experienced transgenerational trauma as a result of the Troubles.

9. Mental health commissioning agencies in the statutory sector should continue to work with voluntary sector organisations to improve collaborative working in the planning and delivery of mental health provision. The DHSSPS should convene a working group with CEOs in the voluntary sector to identify the scope for further developing partnership working and collaboration between voluntary organisations in providing services in Northern Ireland.

10. The DHSSPS in conjunction with the Health and Social Care Board and Trusts should establish a working group with service users and carers to examine how quality assurance systems in mental health can be further improved.

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Co Down BT23 4YH

T 028 9182 8494
**www.amh.org.uk**