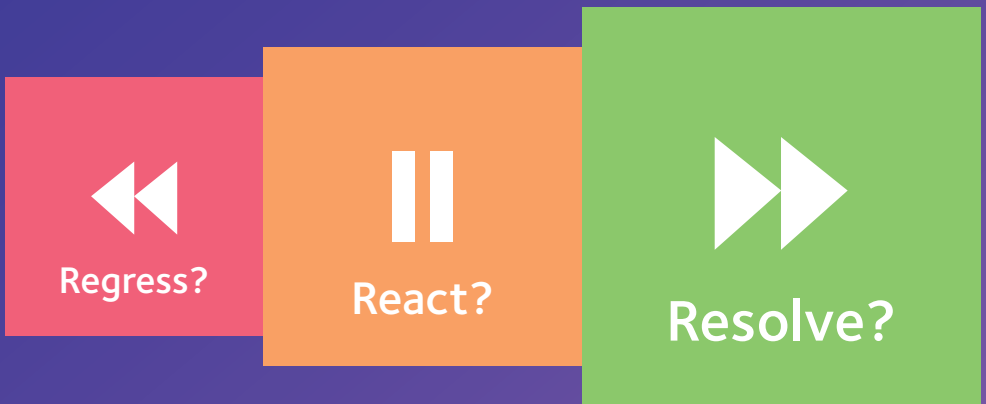




Let's resolve
**Mental Health
Service Provision...**
together.



The Final Report – the Voice
of the Mental Health Sector in
Northern Ireland.

May 2016

On 24th February 2016, 300 people gathered for Northern Ireland's first Mental Health Summit.

The Summit focused on the future of our Mental Health services and provided delegates with the opportunity to influence the future of Departmental Mental Health Strategy in NI.

Service Users, MLAs, Mental Health Professionals, Commissioners and representatives from the Department of Health, the Department of Justice and the Voluntary and Community Sector discussed 9 key themes resulting from the Queen's University/Action Mental Health research report, entitled Regress? React? Resolve? (October 2015).

This final document sets out the views of these key stakeholders on how - together - we can resolve Mental Health service provision in Northern Ireland.

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- 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.**



Who?

"Government needs to ensure that funding for Mental Health service provision should be increased and aligned with (contemporary) context issues, especially with the onset of Welfare Reform and the impact on people in receipt of benefits who are living with Mental Health issues."

What?

"Funding from the block grant which has been allocated specifically for Mental Health must be protected and spent accordingly."

Delegates were concerned that money (intended for Mental Health provision) would not be ring-fenced for the original intended use.

Why?

Delegates were vocally demonstrative and angered that spend on Mental Health was 26% less than what was intended (and committed to by Government) between 2009 and 2013.

“The general consensus is that someone needs to make sure that the allocation of funding for provision in the Mental Health sector remains there.”

Delegates were concerned with the potential impact on service users who were already vulnerable, and highlighted how easily they could be destabilised if funding was to be reduced within the coming years.

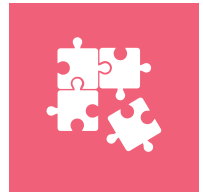
How?

“Money needs to be ring-fenced and increased for Mental Health service provision. Moreover, the money needs to be tracked so that the public are able to identify funding streams from the top down.”

In addition

“Better service provision must be delivered for those in rural areas. This can be achieved through proportionate distribution of funding taking into consideration “legacy” issues that are unique to Northern Ireland.”

2 The DHSSPS, in conjunction with the Health Social Care (HSC) 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.



Who?

“The DHSSPS, in conjunction with the Health Social Care (HSC) Board and Trusts, should establish a regional working group to address fragmentation for Mental Health service provision in NI.”

What?

“The group should 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.”

“There should be a focus on the integration of Health with other Government Departments, and resources for this should come from all Departments.”

“As the Departments are re-organised, it will be important that Mental Health is kept in focus. Statutory funding streams should be designed to promote collaboration rather than competition. The current practice of ‘hiding our homework’ from each other is dangerous. Work has been done in GB on collaborative commissioning and tendering – we should learn from that. Perhaps there is a role for an independent funder to be the honest broker in this.”

Why?

“Rural isolation is a key issue, and whilst it is inevitable that specialist resources can (in some instances) only be provided in Belfast, it is a real challenge for some people to make the journey from isolated rural areas. Resources should be provided to support people’s access to services.”

“There is a real need to work on connectedness, with an information campaign among all providers.”

“The 17 Health and Social Care Integrated Care Partnerships (ICPs) should be asked to include Mental Health in the next phase of their work. It will not be enough to just establish a working group, and the recommendation should describe specific outcomes for the group, within a clear time frame.”

How?

“The DHSSPS in conjunction with key health agencies should create a working group and a ‘Talking Hub’ which would provide information on all services (especially for young people and men) across Northern Ireland. The talking hub would provide a means for the general public to feed ideas on how to combat fragmentation.”

“A single point of access to services could be a useful navigator – like an Air Traffic Controller for Mental Health. This will undoubtedly, require leadership.”

“Service Users should be made aware of the standards Trusts need to meet in relation to Personal and Public Involvement, so that they can put pressure on the Trusts to achieve those standards.

“The working group should provide a platform for critique, praise and debate across all regions in Northern Ireland. The group should enable efficient communication between the public and government.”

3 The QUB/AMH research report October 2015 supported 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 should be authoritative and independent and 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.



Who?

“Northern Ireland needs to appoint a Mental Health Champion who is independent, impartial and not affiliated with any political party.”

“The person must be credible, trustworthy and held in high regard publicly.”

What?

“The Champion should work across all Government Departments and should have a network of advisors with specialisms in psychology, medicine and politics.”

“The person must have excellent knowledge of the Mental Health spectrum and should conduct the role as a means of educating, raising awareness and reducing stigma.”

“The Champion should be able to challenge and influence the media, in order to get positive Mental Health stories into the public sphere, whilst being able to challenge negative stereotypes where they arise.”

Why?

“The Mental Health sector in Northern Ireland requires strong leadership and collaboration. Now is the time to create a platform for the Mental Health sector to have a voice which can engage meaningfully with government, the media and public.”

“We cannot afford to let Mental Health needs suffer any longer through fragmentation and under financing- we believe a Champion can help to deliver outcomes which will improve Northern Ireland as a whole.”

How?

“Political agreement is required in order to create the necessary environment for the appointment of a Mental Health Champion. This should be actioned as a matter of urgency and implemented early within the next Assembly term.”

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.



Who?

“Mental Health Professionals must recognise and acknowledge the essential contribution which carers make to society and to health services in Northern Ireland.”

“This should be reflected in Government policy, particularly throughout the implementation of welfare reform.”

What?

“The welfare of carers must be respected throughout all levels of Government. Better systems must be created in order to create greater recognition for carers’ health and wellbeing.”

“The dual role (carers and users) that carers play, must to be respected and acknowledged, particularly in family matters where important decisions need to be taken.”

“Greater education is required so that carers are more aware of services like respite and financial support.”

Why?

“There are too many carers who are not aware of their rights, benefits and entitlements as things stand. As a result many carers feel isolated and under supported.”

“A cultural change is needed to support the involvement of carers as equal partners.”

“Feelings of isolation are particularly prevalent in rural areas, where carers often feel forgotten about.”

How?

“Government outreach and policy must be shaped to show a marked improvement in how carers are valued in society. Information needs to be made readily available to carers regardless of their access to transport or online facilities.”

“Information is essential, this must be delivered in a timely and accessible fashion with supporting and appropriate signposting.”

“To achieve this, the issue of confidentiality needs to be clarified. Carers have a significant role to play and this needs to be reflected in the issue of confidentiality and involving carers.”

“Good models are currently available at home and abroad e.g. Open Dialogue (Finland model) – involving the family, openness and supporting people wherever they are.”

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.



Who?

“Commissioners should support sustained recovery for service users in Northern Ireland as a means of tackling social isolation.”

What?

“There should be greater education and training for relatives and carers, through training and deployment of resources such as volunteers and peer support educators.”

In addition

“There needs to be more flexibility in the timing and place of intervention to meet the needs of patients.”

Why?

“Recovery is a process, not an event. Patients should not be labelled ‘recovered’ and discharged from services and support. They need to be supported to remain in and sustain recovery.”

“Currently in Northern Ireland, there is a lot of focus on recovery in the community – Mental Health inpatient services are far behind and need to catch up.”

How?

In the constrained financial climate there should be an immediate focus on efficiency within Mental Health services. A wide range of stakeholders felt that we need to innovate in services and spend funds differently but that additional funding is still required.

“We need to have a mechanism for collecting feedback from those in recovery about how they got there, what worked well and what didn’t work so well in helping them get into recovery.”

- 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.**



Who?

“Professional staff within the Mental Health sector need to improve collaborative working and joining up of services so that patients do not fall between cracks where particular organisations cannot meet their particular needs.”

What?

“Services need to be person centred rather than organisation centred.”

“A good current example of collaboration for the benefit of patients is the ‘Together For You’ project. However, there needs to be better collaboration and joined up working between inpatient services, outpatient services, primary care, statutory sector and voluntary sector.”

Why?

“There is currently a tension between what the Commissioner feels they are delivering and what front line staff and patients feel is available.”

“There are many problems the Commissioner feels they have already addressed, but frontline staff and patients do not see significant improvement. The sentiment expressed was ‘the Commissioner’s promises for the future don’t help those suffering today’. This requires immediate action to resolve service provision.”

“There was a feeling (reflected) that despite frontline staff going above and beyond to provide the best service they can, they are still falling short; this puts an enormous personal strain on individual staff. It is important that staff are well looked after in order that they can look after service users.”

How?

“Service provision improvements (for both Commissioners and front line staff) must be implemented across all areas in Northern Ireland.”

“Primary Care Hubs need to be properly resourced to provide direct support or signposting for all patients referred. Referrals should not be bounced back to the GP without signposting appropriate sources of support.”

“Patients should be helped to complete a Personal Wellbeing Plan early in their illness. There needs to be an appropriate resource available to enable this. Possibly within the primary care hub.”

“In addition, more funding is needed for floating Day Centres and there needs to be innovation around how Day Centres are set up and more creativity in the support they provide.”

Finally, Delegates felt, as far as possible, that services should be structured to facilitate continuity of care and the formation of therapeutic relationships.

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.



Who?

“Key decision makers in Northern Ireland should work positively towards reducing the stigma of Mental Health for service users and associated families across the region.”

What?

Delegates felt that a programme focusing on Mental Health in the workplace should be carried out especially around employment.

Many Mental Health service users expressed concern that once they had to make a declaration of any Mental Health illnesses, they were at a disadvantage in the marketplace which only added to pressure of re-engagement in trying to find employment.

“If a programme existed where people were more informed of psychological illnesses, those suffering would not be stigmatised and could be considered valuable members of the work force.”

“In a work environment we need to focus on the person, not their illness.”

“Educating our children about mental health must be a priority in schools across Northern Ireland.”

Why?

Delegates expressed the view that Mental Health is still shrouded in stigma. Thus it was discussed that funding should be made available for innovative programmes which reach out to people and provide the recognition that Mental Health is a growing societal problem which requires sensitivity and empathy.

Delegates highlighted that Mental Health in general (in particular in Child and Adolescent Mental Health), were “Cinderella Services” given this year’s suicide figures (of 57 to date in the Belfast Area ^{February 2016}). It was felt that resilience should be a factor in education as an ongoing process to redress this particular issue as part of the plan to normalise Mental Health issues at an early age.

How?

It was felt that funding should be made available for the de-stigmatisation of Mental Health, and also recognition from decision makers that long term investment needs to be prioritised in order to aid those in the sector who are trying to achieve this. The group consensus was that the goal in an educational capacity should be to “normalise” Mental Health in line with physical health.

“Funding should be made available for proactive rather than reactive work, to educate the general public on service provision available as an early intervention rather than firefighting after the fact.”

A real concern was voiced over the increased rates in suicide in mainland Britain after the implementation of welfare reform.

“Destigmatising suicide would help those in need of support seeking it out, if they knew who to reach out to (especially in rural areas).”

In conclusion the group as a whole were in support of the recommendations being put forward by Action Mental Health.



- 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.



Who?

“Health Commissioners must factor our troubled legacy within budgets and must deliver on the commitment of a trauma centre for victims of conflict in NI.”

“Service provision for trauma services should be open to people of all ages, and all circumstances from across Northern Ireland.”

What?

“Services must be created which are open not only to people who have been affected by troubles, but to people who have been affected by other forms of trauma.”

“There must be a recognition that trauma can have a range of negative outcomes, evident in education, health and employment. Contributors felt that a trauma helpline would be helpful and were keen to highlight how trauma impacts on physical and Mental Health.”

“A Mental Health Trauma Centre would be a positive step in providing support for people across the region.”

Why?

“The imbalance of services (both in terms of funding and attention) means that the issue doesn’t get sufficient attention. In addition, individuals need to be encouraged to express their concerns to medical professionals.”

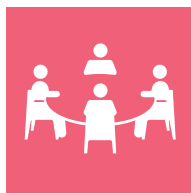
“Moreover, funding for trauma services has been traditionally politicised. Our politicians need to take a mature and inclusive approach to service provision in this area.”

How?

Linked to the above, it is important that there is a framework of resources available for people in NI. This can be achieved through promoting greater integration/promotion and access to services and support.

As noted above, service provision for trauma services must be made available for all sufferers of trauma in Northern Ireland. A bespoke specialist centre would be a positive move.

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 Chief Executive Officers in the Voluntary Sector to identify the scope for further developing partnership working and collaboration between voluntary organisations in providing services in Northern Ireland.



Who?

“Government should work closely with the Voluntary and Community Sector within the planning and delivery of Mental Health services across Northern Ireland.”

What?

“The Public and Voluntary and Community Sector needs to share information, and learn together, while simplifying the landscape, rather than complicating it further. Sectors should collaborate across themes like isolation, rather than just Mental Health. The world of education should use information guided practice.”

“There is a need for resources to be put into community facilities first, before inpatient beds are closed down. There are only 33 beds now for children with Mental Health issues, totally inadequate.”

“Extra funding for Mental Health needs to be accurately tracked through the system, to ensure it gets to the services it’s intended for.”

Why?

“The imbalance of Services (both in terms of funding and attention) means that the issue doesn’t get sufficient attention. In addition, individuals need to be encouraged to express their concerns to medical professionals.”

“Moreover, funding for Trauma Services has been traditionally politicised. Our politicians need to take a mature and inclusive approach to service provision in this area.”

How

“Leadership is needed to change the culture, from fear of failure, and blame, towards a learning culture (like the Black Box flight recorder when a mistake is made) that enables us all to tackle this difficult issue.”

“Individuals should always be asked what will work best for them, we need to be person-centred, plus we need to raise awareness of the recovery facilities that exist.”

“For better collaboration, we need to have agreement to share patient information, with a clear Memorandum of Understanding to ensure the right conversations are happening at the right time. Strong leadership will need to shift the culture towards a ‘Social Prescribing’ model – referring people to trusted organisations from a central Mental Health Hub.”

Thank you to everyone who attended the Mental Health Summit and contributed to this report. Some highlights can be viewed on the AMH website in the corporate information section:
<http://bit.ly/Tifhwn>



This report will be delivered to all the Members of the new Northern Ireland Assembly and the Department of Health, Social Services and Public Safety for consideration during the Programme of Government negotiations.

www.amh.org.uk  

#resolvementalhealth @amhNI



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