

Mental Health in Northern Ireland

Tuesday 20th February 2018

Northern Ireland has catastrophic levels of mental ill health. More people have died by suicide in the past 17 years than were killed during 30 years of conflictⁱ. During the Northern Ireland conflict, it is estimated that around 3,600 people were killed. Suicides in the years since have now surpassed this death toll with more than 4,400 deaths recorded due to suicide from the beginning of 1998 to the end of 2016.

We have failed for two decades to address the mental health legacy of the conflict and now our society is blighted by transgenerational trauma. As we mark the twentieth anniversary of the Belfast Agreement in April 2018, the message from mental health organisations is clear: there can never be real peace in Northern Ireland until we have peaceful minds.

The collapse of the Northern Ireland Assembly has worsened Northern Ireland's mental health crisis. The momentum following the May 2016 election of cross-party consensus to appoint a Mental Health Champion has been lost. Promised action on a regional trauma service, increased access to psychological therapies, recovery-focused provision, maternal mental health, and eating disorders has failed to materialise. Without a functioning Executive none of the recommendations of the Historical Institutional Abuse (HIA) Inquiry can be implemented, including mental health support for people who were abused in children's homes and other residential institutions (1922-1995) and their families.ⁱⁱ

In the face of 13 months of delay, lost opportunity and the substantial human and societal cost of mental distress, mental health advocates have had to come to Westminster to call on politicians to act immediately. Regardless of the system of Government that is in place, we need to end the mental health crisis now. All commitments secured need to be robustly monitored so that we never again lose momentum on mental health.

Recommended actions:

1. Appoint a Mental Health Champion.
2. Invest in mental health support for people of all ages, with a commitment that public spending will deliver a dividend for mental health, particularly in health (including public health), social care, education, employment, housing and criminal justice.
3. Deliver a 10 Year Mental Health Strategy
4. Fund a prevalence study on children and young people's mental health.

Appointing a Mental Health Champion

The Mental Health Champion would be a time-limited role for a publicly recruited leader who would drive action on mental health and build the case for the sustained prioritisation of mental health by being:

- a **public advocate** for mental health, communicating the collective voices of people with lived experience, their families and carers, and communities impacted by mental health inequalities;
- a **governmental advocate** to help and support the day to day functions of government and act as a positive conduit between government and service and care delivery;
- a **consensus builder**, working across Government to integrate mental health into all policies;
- an **adviser** to senior stakeholders in Government, Government Departments, public bodies and wider society;
- a **connector**, ensuring that all people with a role in progressing mental health in Northern Ireland, including leaders across the UK and internationally, are networked into a movement for mental health.

Key statistics:

- We have 25% higher overall prevalence of mental health problems than England.
- We have the highest rates of incidences and annual presentation for self-harm in the UK.
- We have the highest suicide rate in the UK: 16.4 per 100,000 population compared to 10.3 in England, 9.2 in Wales and 14.5 in Scotland in 2014. Just over three quarters were males; and more suicides occurred in the most deprived areas.
- 60% of respondents to the Northern Ireland Study of Health and Stress reported at least one traumatic event during their lifetime: 19.5% of these were conflict-related, and 16.9% related to witnessing death or serious injury.
- Mental health is the leading cause of absence accounting for 31.9% of all working days lost. Mental health reasons account for 39.1% of long-term sickness leave.
- 26% of 16-year-olds responding to the Young Life and Times Survey had serious personal emotional or mental health problems; the figure was 43% for those from 'not well-off backgrounds'.
- 80% of women have no access to specialist maternal mental health services compared to 40% in Scotland and England, and 70% in Wales.
- There was a 20% increase in prescription rates for mood and anxiety disorders between 2009 and 2013.
- Prescription costs per head of population for depression are £1.71 compared to £0.41 in Scotland, £0.26 in Wales.
- Prescription rates for mood and anxiety disorders were 66% higher for women than for men; and twice as high in the most deprived areas than the least deprived areas in 2013.

(Mental Health Foundation's *Fundamental Facts for Northern Ireland*, October 2016)

How do these numbers compare with the rest of the UK?

Public Spending: Northern Ireland spends less than half of England's per capita spend on supporting people with mental health problems and learning disabilities.ⁱⁱⁱ The percentage of public spending invested in health services in Northern Ireland has consistently been the lowest in the UK, at 19.7% (compared to 22% in England, 20.4% in Scotland, and 20.3% in Wales) in 2011-12. However, Northern Ireland has been estimated as having the highest average health need per person in the UK.^{iv}

Social Need: When Northern Ireland's higher levels of deprivation and social need are taken into account, its health and social care system proportionately spends 7-16% less than England on health and social care – equivalent to between £250 million and £600 million in 2009/10. In particular Northern Ireland spends less than half of England's per capita spend on supporting people with mental health problems and learning disabilities.^v

Poverty: 22% of people in NI live in poverty; 25% earn below the living wage and cuts have meant that the lowest earners have lost 38% of their income.^{vi} Individuals in the most deprived areas of Northern Ireland are twice as likely to show signs of a mental health problem (30%) than those in the least deprived areas (15%).^{vii}

Austerity: Public cuts are believed to have hit Northern Ireland the hardest, as the region depends on public spending for 62.2% of its services, compared to a figure of 39.8% in the UK.^{viii}

For further information, please contact [Lucy Thorpe](#), Policy Manager.

ⁱ <http://www.irishnews.com/news/2016/01/11/news/more-have-died-by-suicide-that-were-killed-during-troubles-378739/>

ⁱⁱ <https://www.hiainquiry.org/>

ⁱⁱⁱ DHSSPS (2010). Reshaping the System: Implications for Northern Ireland's Health and Social Care Services of the 2010 Spending Review <http://www.dhsspsni.gov.uk/index/mckinseyreport.htm>

^{iv} National Audit Office (NAO) (2012) Healthcare across the UK: a comparison of the NHS in England, Scotland, Wales and Northern Ireland (HC 192, session 2012-2013). <http://www.nao.org.uk/wp-content/uploads/2012/06/1213192.pdf>

^v DHSSPS (2010). Reshaping the System: Implications for Northern Ireland's Health and Social Care Services of the 2010 Spending Review (McKinsey Report'). <http://www.dhsspsni.gov.uk/index/mckinseyreport.htm>

^{vi} Slack, U. (2014). The True Cost of Austerity and Inequality: Northern Ireland Case Study. Oxfam Ireland: Belfast.

^{vii} Bell, C., & Scarlett, M. (2015). Health Survey Northern Ireland: First Results 2014/15. Department of Health, Social Services and Public Safety: Belfast. Retrieved from <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-first-results-14-15.pdf>

^{viii} Slack, U. (2014). The True Cost of Austerity and Inequality: Northern Ireland Case Study. Oxfam Ireland: Belfast.