Mental Health 2021-2031 Strategy

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Mental Health Strategy 2021-2031

Consultation Analysis Report

May 2021

Table of Contents

Chapter 1: Background and Introduction

The publication of a new, 10 year Mental Health Strategy was identified as an immediate priority for the Northern Ireland Executive in New Decade, New Approach (NDNA). The Department of Health committed to taking this work forward as a key priority, and commenced work in February 2020. While the advent of the COVID-19 pandemic in March 2020 temporarily delayed progress, the Department agreed in September 2020 to publish a draft Strategy for consultation by the end of 2020.

The draft Mental Health Strategy 2021-2031 was published for public consultation on 21 December 2020 following an intensive period of co-production. The consultation period ran until 26 March 2021 (and until 12 April 2021 for the Equality Impact Assessment), during which time significant engagement was carried out with stakeholders from various sectors and backgrounds. This report provides a detailed analysis and summary of the comments made in response to the consultation, both in virtual consultation events, and in formal consultation response submissions to the Department.

All of the views, comments and suggestions made during the consultation period have been considered by the Department, and will play a role in informing the final version of the new Strategy.

Co-production of the Draft Strategy

The Mental Health Action Plan, published on 19 May 2020, laid the foundations for the draft Strategy. The Action Plan was co-produced over a period of 18 months, with extensive input and direction from a wide range of stakeholders. This included those with lived experience, carers, Community and Voluntary organisations, academics, health professionals and their representative bodies, Health and Social Care organisations, politicians and governmental departments. Over 2,000 people were involved in some way in the development of the Action Plan.

The views, comments and input provided during that extensive process informed the development of the draft Strategy, and the Department also sought to engage as broadly as possible during the co-design and development process of the draft Strategy itself. Social distancing constraints associated with the COVID-19 pandemic meant that the more usual methods of co-production, such as face to face meetings, focus groups and engagement events, were not possible. Instead, co-production was taken forward via virtual means.

A Strategic Advisory Panel was established to provide co-produced policy advice on key themes. The Panel's membership included individuals with lived experience, representatives from statutory health and social care, the community and voluntary sector, academia, professional bodies, and the interim Mental Health Champion. The Panel engaged broadly and worked closely with a large number of organisations and individuals via 10 subgroups covering key themes. The papers co-produced by these subgroups formed the basis of the content of the draft Strategy.

In addition, two virtual stakeholder engagement events took place on 5 October and 25 November 2020, each involving over 90 people. The feedback and input received during these events was of very high quality, and directly informed the work of the Strategy Advisory Panel and the Department during the development of the draft Strategy.

The above engagement was supplemented by meetings and discussions with a number of stakeholders on particular themes and issues during the Strategy development process.

A Virtual Reference Group was established to provide a mechanism for all interested parties to be kept informed about the development of the draft Strategy via the issue of regular e-newsletters. These newsletters continued to issue throughout the consultation period, and provided an important communication link with stakeholders. The Reference Group currently has 450 members, and is open to all to join. Communication will continue as the strategy moves towards implementation.

Chapter 2: The Public Consultation Process

The aim of the consultation process was to provide an opportunity for as many people as possible to share their views and feedback on the co-produced draft Strategy and its vision, themes and actions.

The consultation was launched on 21 December 2020 and ran for 14 weeks until 26 March 2021. The Department was specifically consulting on the draft Mental Health Strategy 2021-2031, and four impact assessment screening documents:

- Equality and Human Rights;
- Regulatory;
- Rural; and
- Children's Rights.

The Department published a full Equality Impact Assessment (EQIA) on the draft Strategy on 18 January 2021, which remained open for comments for 12 weeks until 12 April 2021. Supporting documentation was provided in the form of:

- A consultation document providing supporting background information;
- An Easy Read version of the draft Strategy; and
- A Children and Young People friendly version of the draft Strategy.

All documentation was published on the Department's website. The draft Strategy was available in alternative formats on request.

Views were sought on 12 questions covering the key themes set out in the draft Strategy. The questions are set out alongside an analysis of the responses in the next chapter and a composite list of the questions is also provided in Annex A.

Respondents could respond to the consultation via a number of routes:

- By completing the online questionnaire provided on the Northern Ireland Government Citizen Space website;
- By completing the MS Word response questionnaire and either posting or emailing to the Department;

- By submitting views and comments in an alternative format, e.g. an email, letter or free submission.

All responses were fully considered regardless of the format used, and have informed the Department's work to revise the draft Strategy following the consultation.

Public Consultation Events

A number of virtual consultation events were also held to support wider engagement and consultation with stakeholders. All events were advertised on the Department's website and were open to all on a first come, first served basis. As places were limited, partipants were asked to register in advance to confirm their place.

The first of these events, a large webinar, took place on 29 January 2021. This event, attended by over 90 people, included presentations from the Health Minister, the Department's Chief Social Work Officer, individuals with lived experience, the chairs of the Strategic Advisory Panel, as well as the Department's policy lead for the development of the draft Strategy. Everyone who registered to attend was able to secure a place. Attendees had the opportunity to submit questions and comments to a panel for wider discussion, which included the interim Mental Health Champion and the chair of the Royal College of Psychiatrists.

Ten smaller, more focused consultation events were also held during March covering specific themes. 20 spaces were available at each event; the limited numbers were designed to ensure all attendees had an opportunity to engage directly with the Strategy Project Team. Each of these events were fully booked; however, a waiting list was available for each and if places became available, the Department endeavoured to offer those on the waiting list a place. These smaller events covered the following themes:

- Early intervention/prevention;
- Community mental health;
- Psychological therapy/digital model;
- Children's mental health;
- Dual diagnosis;

- Pharmacy/medicine management;
- Specialist interventions;
- Data and Outcomes;
- Single mental health service; and
- Workforce.

The Strategy Project Team also met with individual stakeholders on request to discuss specific points of interest.

All views shared during public events and meetings were noted by the Department but not attributed to any individuals or organisations, to ensure stakeholders felt comfortable sharing their views in a public setting. These views have been invaluable and are reflected in the analysis in the following chapters.

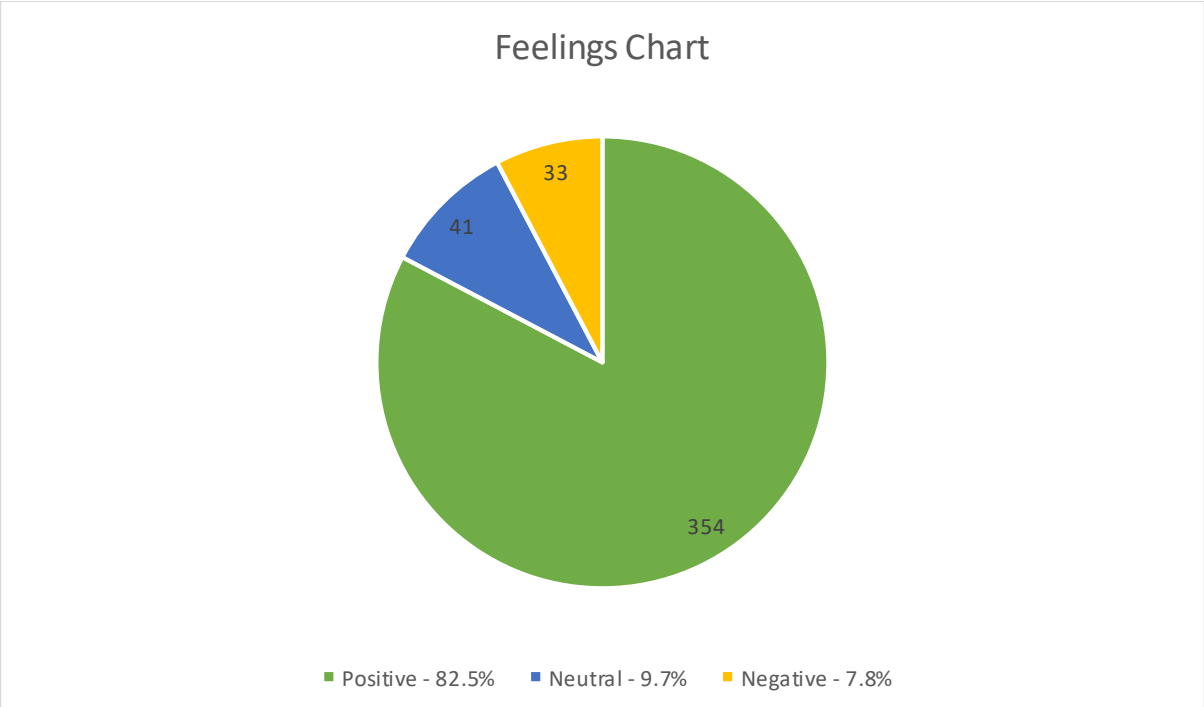
Chapter 3: Analysis

Overview

In addition to the views shared during the public consultation events and meetings with stakeholders during the consultation process, formal written responses to the consultation were provided in a variety of formats, including free submissions, email/hard copy response questionnaires, and via Citizenspace. In total, 428 written responses were received; of those, 306 were responding on behalf of an organisation. A breakdown is provided in the table below:

Format	Organisation	Individual	TOTAL
Citizenspace	33	76	**109**
General *(response forms, free submissions etc.)*	258	61	**319**
TOTAL	**291**	**137**	**428**

All responses were analysed quantitatively where respondents provided answers to the multiple choice questions asked, and qualitatively using a discourse analysis methodology. This analysis indicated a generally positive view of the content of the draft Strategy, with over 82% of responses being assessed as positive.



12 consultation questions were asked, focusing on six key areas. A full list of the questions is provided in Annex A and each question is set out alongside the response analysis below.

The majority of the respondents via Citizenspace provided an answer to each of the 12 questions asked. The majority of the general responses were received via email and many did not use the consultation questions to frame their response, nor did they all provide an answer to each of the questions asked. The quantitative analysis set out in the sections below is therefore based on those responses who did provide a direct answer to the questions asked. However, the qualitative analysis of comments takes cognisance of all responses received, regardless of format.

The following analysis is grouped under six key areas:

(1) Vision and Founding Principles.
(2) Theme 1: Promoting wellbeing and resilience through prevention and early intervention.
(3) Theme 2: Providing the right support at the right time.
(4) Theme 3: New ways of working.
(5) Prioritisation of actions.
(6) Screenings/EQIA.

Vision and Founding Principles

Respondents were asked two questions relating to the vision and founding principles set out in the draft Strategy:

1. *Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?*
2. *Do you agree the founding principles set out provide a solid foundation upon which to progress change?*

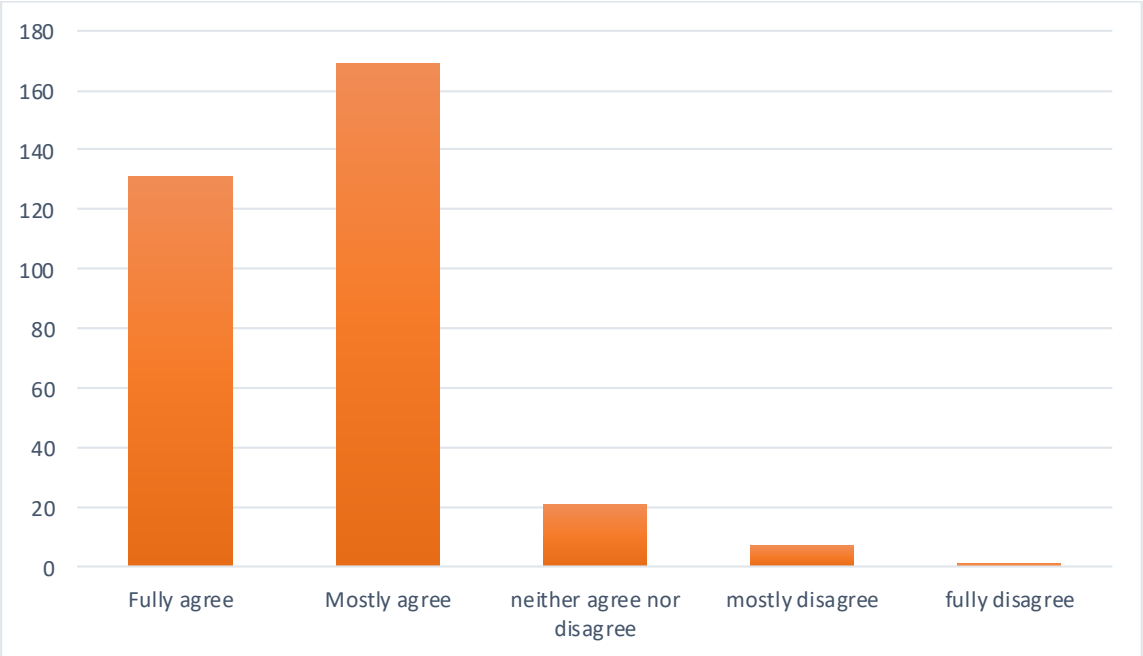
For both questions, respondents were asked to select one of the following options:

- *Fully Agree*
- *Mostly Agree*
- *Neither Agree nor Disagree*
- *Mostly Disagree*
- *Fully Disagree*

Respondents were also asked to provide comments to support their answer as applicable.

The information below represents both qualitative and quantitative analysis of the answers and comments received in response to Questions 1 and 2. The qualitative analysis also reflects comments made during consultation events, as well as comments in those responses that did not respond to the specific questions asked.

1. **Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?**



In general, respondents felt positively about the vision set out in the draft Strategy, with over 91% answering "Fully agree" or "Mostly agree" to question 1. A majority of respondents felt it reflected the key elements required to frame and support real

change. In particular, respondents welcomed the focus on the promotion of positive mental health across the whole lifespan and the person-centred focus, as well as the drive to achieve greater consistency and reduce disparity in service provision across the region.

We support the vision outlined, in particular that it addresses the whole lifespan, equity in accessing services, addressing needs and barriers, and being trauma-informed. We welcome the emphasis on emotional wellbeing and positive mental health for all, considering real choice in services and a focus on services built on real evidence." ***Allied Health Professions Federation Northern Ireland***

"The vision and plan described in the consultation document outlines nothing short of a transformation of the mental health service provided in Northern Ireland. This is very welcome and long overdue, in light of the numerous reviews and reports that have called for reform […] This demonstrates a long term view and honesty as well as transparency with stakeholders, which is essential to ensure a collaborative approach, that in turn is critical in addressing an issue as complex and sensitive as mental health."
Northern Ireland Women's European Platform

There were a number of comments made which sought further emphasis on specific issues, for example, a greater focus on breaking down silos and on providing trauma informed care. There were some calls for the vision to reflect the provision of high quality care and support and the impact of the COVID-19 pandemic on our population's mental health. There were also those who felt that the impact of the Troubles on mental health should receive greater emphasis in the final draft. These elements will be incorporated where appropriate in the final draft of the Strategy.

"Everyone in NI is affected by legacy of Troubles trauma. This knowledge should underpin all treatments and strategies. There

wasn't even mention of legacy trauma in the introduction."
Individual

"We acknowledge that trauma informed practice is referred to in the strategy. We believe that this approach should form the bedrock of the strategy" ***British Psychological Society***

A point that was consistently raised in relation to the vision, and the Strategy in general, was the need to address the many societal factors that create health inequalities which impact upon mental wellbeing and mental health, and the need for greater cross-departmental working to achieve this.

"A holistic approach to mental health is required and a principle recognising the importance of tackling other social issues (outside the remit of the health sector) as part of early 'intervention, prevention and recovery' work is needed" ***Ards and North Down Borough Council***

"Whilst we welcome the involvement of the Interim Mental Health Champion we feel it would be useful to have a specific action to further support a collaborative, co-ordinated, cross-departmental approach to mental health" ***Developing Healthy Communities (The Clear Project)***

While the Department fully recognises the impact of issues such as employment, housing, poverty, education and others on mental health and emotional wellbeing, it is not possible for the Mental Health Strategy to address all societal elements that create health inequalities that have an impact on mental health. Rather, it is the responsibility of a number of different Government Departments to address the issues that fall within their own remit, including those set out above, and indeed there are a number of existing strategies and policies in place to do just that. Furthermore, the cross-departmental strategy *Making Life Better* is aimed specifically at addressing

health inequalities that impact on public health in general. However, it is recognised that there is a need to draw greater linkages between such policies and set this out more clearly in the final draft of the Mental Health Strategy. The Department will therefore consider these issues alongside colleagues in other government Departments.

There were other comments seeking a greater focus on unpaid and family carers and a stronger commitment to reduce stigma associated with mental ill health.

"While we find much to support in the vision, we take this opportunity to highlight our disquiet that the vision does not explicitly recognise best practice principles in relation to the vital role that carers and families play in achieving improvement of outcomes and quality of life for individuals with mental health needs, particularly those with serious mental illness and personality-based issues. Carers are often integral to a service user's support system, and their input and support can substantially improve that person's resilience and chances of achieving and maintaining recovery." ***CAUSE Carers***

"The vision needs a stronger statement around stigma– it needs to do more than seek to reduce stigma – the vision needs to say that it will reduce stigma" ***Youth Action NI***

"Irish Traveller communities and those supporting them require specific resources and tools to reduce stigma and encourage participation on an individual and community level." ***Regional Traveller Health and Wellbeing Forum***

The Department fully supports and recognises the essential role played by unpaid carers and families, as well as the importance of reducing stigma. The Department therefore commits to reviewing this in the final draft with a view to reflecting those points raised.

A number of concerns were raised regarding the lack of focus on individuals with an intellectual/learning disability, and on the specific needs of the Black and Minority Ethnic (BAME) communities. This was raised in relation to other areas in the Strategy, and is addressed later in this paper.

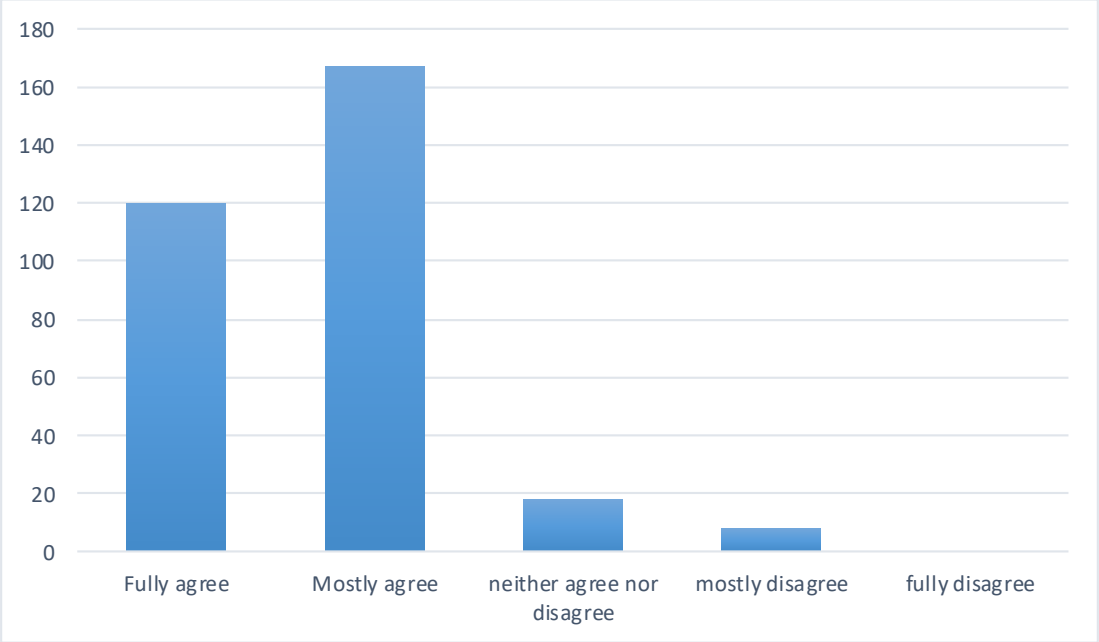
Finally, many respondents were supportive of the vision, but concerned that a lack of funding may make implementation difficult.

"The vision is appropriately informed by a strategic framework which includes previous Health review consultations, publications and the Mental Health Action Plan published in May 2020. Whether the vision improves outcomes and quality of life for individuals is dependent on funding and investment. This is key to achieving the vision of a consistent mental health system and equity of access to mental health services. Under-investment cannot continue or the strategy will flounder." ***Pupil Support Team, Dept of Education***

"All of the above are on the money - however, if the appropriate funds are not invested (as yet no indicative budget) then none of the above will be possible. So yes, I agree with all of these but investment, investment, investment." ***Derry and Strabane Learning City***

The Department fully acknowledges the need for appropriate and adequate resourcing of the Strategy and investment in mental health services, and is committed to working with colleagues across government to secure additional funds to support full implementation of the Strategy. For this reason, a funding plan will be published alongside the final Strategy. This will provide a basis upon which to seek additional funding and to support implementation planning and prioritisation of actions.

2. Do you agree the founding principles set out provide a solid foundation upon which to progress change?



In general, respondents to the consultation felt positively about the founding principles, with over 91% answering "Fully agree" or "Mostly agree" to Question 2.

One of the key issues raised in relation to the founding principles, which was also reflected in comments on other sections in the draft Strategy, was the need for a greater recognition of the role of the Community and Voluntary (C&V) sector, and the need for genuine and effective co-production with that sector.

> *"Specific reference to Community and Voluntary agencies should be included in the founding principles; these sectors are already providing responsive and reflexive services to those individuals and families who 'fall through the gaps' of primary care/ statutory services."* ***Extern***

The Department is committed to working with C&V organisations as genuine partners in the co-design and provision of care and support as this work proceeds. This is explored further in this report under Theme 2.

There were some suggestions for additions to the principles, including references to dignity and respect, a rights based approach, openness and transparency, and inclusion and empowerment. As with comments relating to the vision, there were requests for the principles to specifically reference family and unpaid carers. While the co-production and co-design principle received significant support amongst respondents, a number felt it should be clarified or expanded to ensure it referred to co-production with all those involved in providing and designing care and support, including families, unpaid carers, the C&V sector and health professionals, while ensuring the individual remains at the heart of the process. It is the Department's intention that co-design and co-production should include all relevant players at all stages, and will reflect this more clearly in the principles in the final draft.

Given the strategic context of this draft Strategy and the fact that this document will be the platform for service development for the next 10 years, it is of critical importance that the role of family and carers as partners in care is reflected clearly and without ambiguity within the core principles." ***CAUSE Carers***

As with the vision, some respondents voiced their concern at a lack of funding identified to implement the Strategy. Others suggested consideration needed to be given to ensure the vision and principles are embedded in organisational practice.

The SBNI very much welcome the founding principles on which the strategy is to be based and would ask if consideration has been given to a methodology that will ensure the principles are threaded into all organisational activity, to identify areas of good practice and those which may need enhanced/strengthened, to ensure the overall vision of the strategy is realised. ***Safeguarding Board for Northern Ireland***

"At the outset there is reference to many of the important elements of mental health services such as parity of esteem but no real commitment in how to achieve this." ***Individual***

There were some calls for the founding principles to explicitly reference the impact of the COVID-19 pandemic on mental health and emotional wellbeing. The Department acknowledges the significant impact that the pandemic has had and continues to have on our communities, and agrees this will be an important consideration for strategy implementation and future planning.

"In the light of the ongoing Covid-19 pandemic and emergent evidence on the adverse mental health effects, I feel that the principals should be extended to include at least one which acknowledges the need to address the mental health impact of the pandemic. This could be framed in a similar way to principle 3, which acknowledges mental health within the context of the Troubles." ***Individual***

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

Respondents were asked two questions relating to Theme 1:

3. *Do you agree with the ethos and direction of travel set out under this theme?*
4. *Do you agree with the actions and outcomes set out under this theme?*

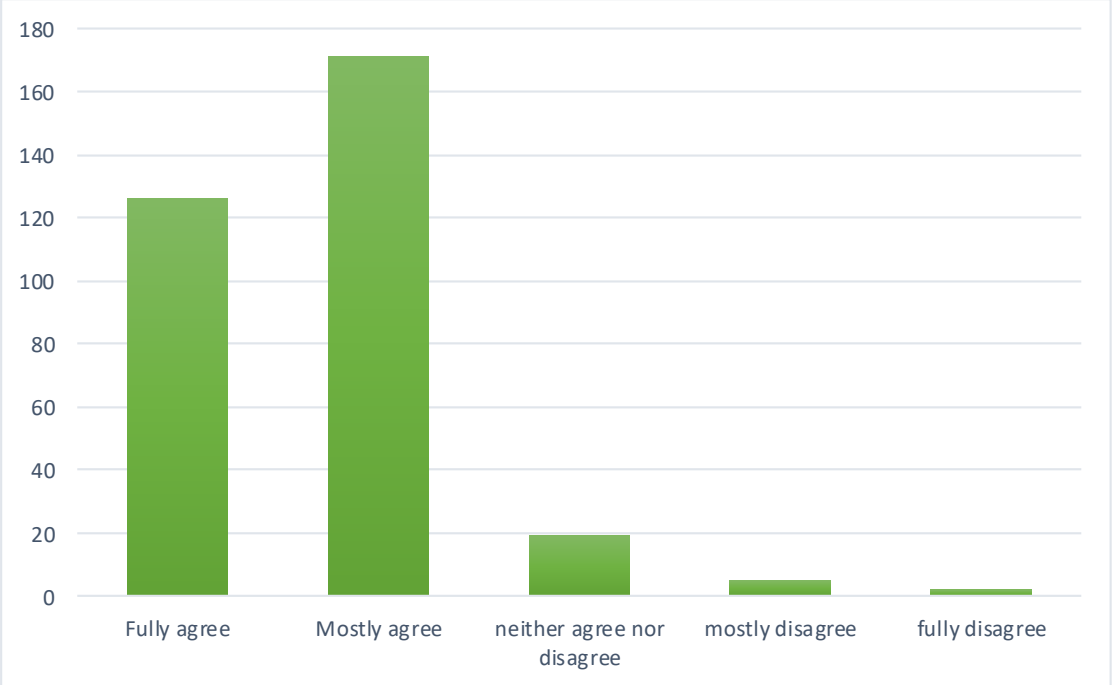
For both questions, respondents were asked to select one of the following options:

- *Fully Agree*
- *Mostly Agree*
- *Neither Agree nor Disagree*
- *Mostly Disagree*
- *Fully Disagree*

Respondents were also asked to provide comments to support their answer as applicable.

The information below represents both qualitative and quantitative analysis of the answers and comments received in response to Questions 3 and 4. The qualitative analysis also reflects comments made during consultation events, as well as comments in those responses that did not respond to the specific questions asked.

3. Do you agree with the ethos and direction of travel set out under this theme?



Respondents were largely positive regarding the ethos and direction of travel under Theme 1, with an average of 91% answering “Fully agree” or “Mostly agree” to Question 3.

There was significant support for the focus on mental health promotion, prevention and early intervention, with a majority of respondents noting how essential it was to invest early to prevent and delay the impact of mental ill health at a later point.

"This is absolutely a baseline requirement, a mentally well community will thrive, a mentally struggling community will not. Time and effort needs to go into unpicking what this means and how to best achieve it." ***Individual***

"Early intervention, resilience training and prevention are important in terms of getting the country's mental health under control. The best way to do this is to put the individual needs of the person as the most important aspect of care." ***Individual***

A number of respondents highlighted a gap in the draft Strategy relating to the mental wellbeing and mental health of students, as well as the impact of loneliness. The Department will consider this in the final draft.

"In keeping with an emphasis on early intervention and prevention, targeting loneliness should be integrated in this section of the Strategy and in theme 2 to support recovery. Social prescribing, and community interventions such as Men's Sheds, could be referred to as methods of early intervention to address risk factors, including loneliness, and also preventing the escalation from mild to moderate mental illness." ***Interim Mental Health Champion***

Some comments were made which reflected the potential misunderstanding between emotional wellbeing, mental health and mental disorder or illness. The Department will therefore reflect the need for clarity in public discourse in the final draft.

"There is a need for an agreed understanding around what is meant by mental wellbeing, common mental disorder, severe mental

illness, learning disability, emotional and conduct disorders etc."

Royal College of Psychiatrists NI

The need for cross departmental working was consistently raised in relation to Theme 1, with a large number of respondents noting the key role of other agencies in reducing health inequalities and promoting positive mental health. Local Councils and Community Planning Partnerships were highlighted as important partners, as was the Voluntary and Community sector and other statutory agencies. Education was highlighted by many as key – a number of respondents noted that mental health promotion and prevention should begin in pre-school and primary schools settings.

"While we are supportive of a theme which promotes wellbeing and resilience through prevention and early intervention. We hold the view that a Population Health approach aimed at improving the health of an entire population is crucial. The approach should aim to improve the physical and mental health outcomes and wellbeing of people, while reducing health inequalities." ***Falls Community Council***

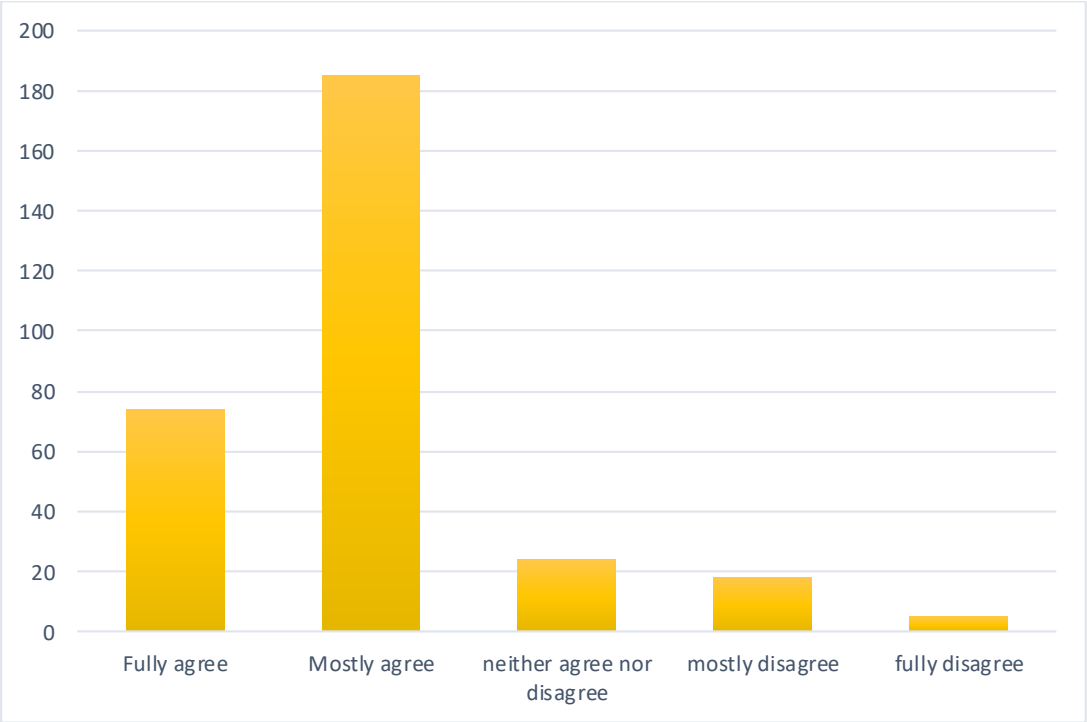
"It is felt that actions associated within this theme need to include wider approaches, utilising all required skills and expertise… i.e. wider health improvement programmes including reference to support and services in local communities that include mental health & wellbeing training programmes, physical activity, smoking cessation, self-help strategies & groups, bereavement support, peer support, mentoring, community development activities, support for implementation of nutritional standards etc. One example of this approach is the Condition Management Programme (CMP), which is a work-focused, rehabilitation programme, to help people realise their ambition to work and achieve mental health improvement and stability." ***Public Health Agency***

"The limited discussion about schools and school-based services is very disappointing. These are a footnote in the 'Promotion, early intervention and prevention', section when they should be absolutely fundamental. In the 'Promoting children and their families' positive mental health' section, schools are not mentioned at all." ***Individual***

"Early intervention/prevention should not be the sole (or even primary) responsibility of the HSC. DoE crucial in providing support and talking therapies in schools. Councils and C&V groups are crucial to providing and encouraging mental health promotion strategies including social issues, housing issues, dealing with addictions and finance issues, as well as exercise, meaningful paid and voluntary work, recreation, and possibly 'life coaching'." ***South Eastern Integrated Care Partnerships***

The Department is keen to recognise the multi-agency aspect of mental health promotion and prevention, and will seek to better reflect the large amount of work already ongoing across government in the final Strategy, and draw clearer linkages. We will also seek to work closely with partners across government and other sectors to build on existing projects and programmes in this area, and explore areas for further collaboration. This will be explored in further detail with the Strategy's Cross Departmental Working Group and other stakeholders and as part of the Strategy's implementation planning.

4. Do you agree with the actions and outcomes set out under this theme?



Responses in relation to the specific Actions 1-4 set out in the draft Strategy were positive, with over 84% of respondents selecting "Fully Agree" or "Mostly Agree" in response to Question 4.

There was significant support for an early intervention action plan (Action 1), with a majority of respondents feeling this would be a positive step to securing investment in early intervention and preventative services. As set out in the analysis to Question 3 above, inter-agency working was consistently highlighted as a key element of this, as was ongoing and genuine co-production with all relevant players.

We agree with the actions and outcomes set out under this theme and welcome the intention to create an action plan with year-on-year actions covering a whole life approach. ***British Association for Music Therapy***

There was a high level of support for Action 2, which committed to the expansion of talking therapy hubs and resourcing them sustainably and expanding the provision of psychological therapy. However, there was some concern that there was no mention of the role of the Community and Voluntary (C&V) sector in relation to this action. The Department fully acknowledges the key role played by the C&V sector in the provision of talking therapy hubs and is keen to recognise this and to work with the sector to integrate it in mental health provision, as set out in the action on integration of the C&V sector (Theme 2).

Points were also raised in relation to the governance of talking therapy hubs, as well as the need to think more broadly and to ensure a more joined up and integrated approach with other services for the overall benefit of the person accessing support. Concerns were raised about the capacity of primary care and general practitioners (GPs) to manage the hubs to ensure increased access and closer multi-disciplinary working. There were also a number of respondents who highlighted that GPs were not always the best route to access support for particular groups, for whom community providers may be more appropriate.

These points are recognised, and the action related to talking therapy hubs will be reworked in the final draft to reflect a greater focus on primary care and integration with multi-disciplinary teams as well as the Community and Voluntary sector. The Department will work with all partners to ensure that this action and any subsequent investment leads to an increase in provision and a smoother, more integrated working relationship that provides the right support at the right time. This will be explored more fully during the implementation planning phase.

"There must be clear demarcation of what the C&V sector will do, what primary care services will do, and what secondary care services will do… We acknowledge the important and essential work that already takes place in the C&V sector, but this alone cannot meet the demand within our communities. We recognise that many C&V organisations abide by the PHA quality standards framework;

this needs to be implemented across the sector, and people delivering therapies need to be accredited and supervised accordingly. There must be robust clinical governance systems in place for any C&V sector providing psychological therapies." ***School of Psychology Postgraduate Applied Psychology Training Team, Ulster University***

"I agree with the development of talking therapies hubs. These must provide a range of therapies with specifically trained staff and be easily accessible without long waiting lists and exclusion. Often when referring for psychological therapies referrals are rejected and closed… Will GPs feel able to manage these hubs and react to the crisis that will occur during these interventions [?] At present primary care are under great pressure and often GPs seem ill equipped to manage basic mental health difficulties." ***Individual***

"Access to primary Care Hubs for GPs is essential. However, this is limiting if it is the only route to services. Many interventions are best managed at a community level and many people who need tier 1 and 2 services do not need to go through GPs. This may over medicalise some mental distress and high levels of somatisation may mask mental health problems. Also if a patient has any barriers to accessing GPs e.g. language (particularly with increasing use of telephone consulting), or understanding services this limits access through GPs." ***Counselling All Nations Services***

A number of respondents suggested that there should be a dedicated action in Theme 1 regarding addiction/dual diagnosis. Services to support those with co-current mental health and substance abuse issues are covered in more detail in the analysis under Theme 2. However, the Department acknowledges the points made regarding the need to intervene early and will therefore seek to draw clearer links with public health preventative actions, including the Department's draft Substance Use Strategy

Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use, in Theme 1 in the final draft.

> *"We should have a specific action re helping those struggling with addiction (and their families) in this first theme. Addiction is the single biggest crisis we are facing as a society and its links to mental health both as a cause of addiction and as a consequence needs to be front and centre. For too long we have treated addiction as a personal failing which has led to inefficient and ineffective strategies, we need to redress this now."* ***Individual***

Actions 3 and 4 were welcomed by the majority of respondents, many of whom noted the particular importance of intervening early to prevent Adverse Childhood Experiences (ACEs), or to address the impact of those at an early stage. Some respondents highlighted the need for this intervention to begin earlier than pre-school or primary school, and called for a greater focus on infant mental health in this Theme.

> *AIMHNI fully support schools based programmes that address ACEs but believe intervention re ACEs must start at a much earlier point – within the First 1001 days.* ***Association for Infant Mental Health in Northern Ireland***

The commitment to providing help and support for parents and families was also recognised as vitally important, and there were some calls for this to be strengthened throughout the Strategy. Some respondents also felt that there should be a greater focus on intervention in schools. As noted previously, while this does not fall within the Department of Health's remit, there are a number of existing policies in place to support cross-departmental working to promote mental wellbeing and health in schools.

"On review of the strategy it is very clear that there is strong outcomes. In order to ensure this happens the link between services including schools, parents/care givers/ professional services needs to be effective. There needs to be a way of sharing data across services which work with children to ensure that the child has the right service at the right time and that this is guided by the data." ***Verbal***

There was also support for Action 4 and the provision of accessible mental health services for those who needed specialist care, including children and young people with disabilities. In particular, the "no wrong door" approach was recognised as essential to ensure the gaps in support are addressed and to ensure those children and young people do not continue to "fall through the cracks". There were some comments questioning the absence of a similar action for adults with disabilities, in particular those with intellectual/learning disabilities. These concerns are considered as part of the analysis of Theme 2.

"NIWEP welcomes the recognition of the specific needs of children and young people with disabilities and special needs. In many cases, such support is critical for families, and can enable the young person to lead a fuller life than otherwise would be possible. The 'no wrong door' approach, and sufficient resourcing, is absolutely critical for this group, who often are turned back multiple times and reach crisis point before support is made available." ***Northern Ireland Women's European Platform***

Theme 2: Providing the Right Support at the Right Time

Respondents were asked two questions relating to Theme 2:

5. *Do you agree with the ethos and direction of travel set out under this theme?*
6. *Do you agree with the actions and outcomes set out under this theme?*

For both questions, respondents were asked to select one of the following options:

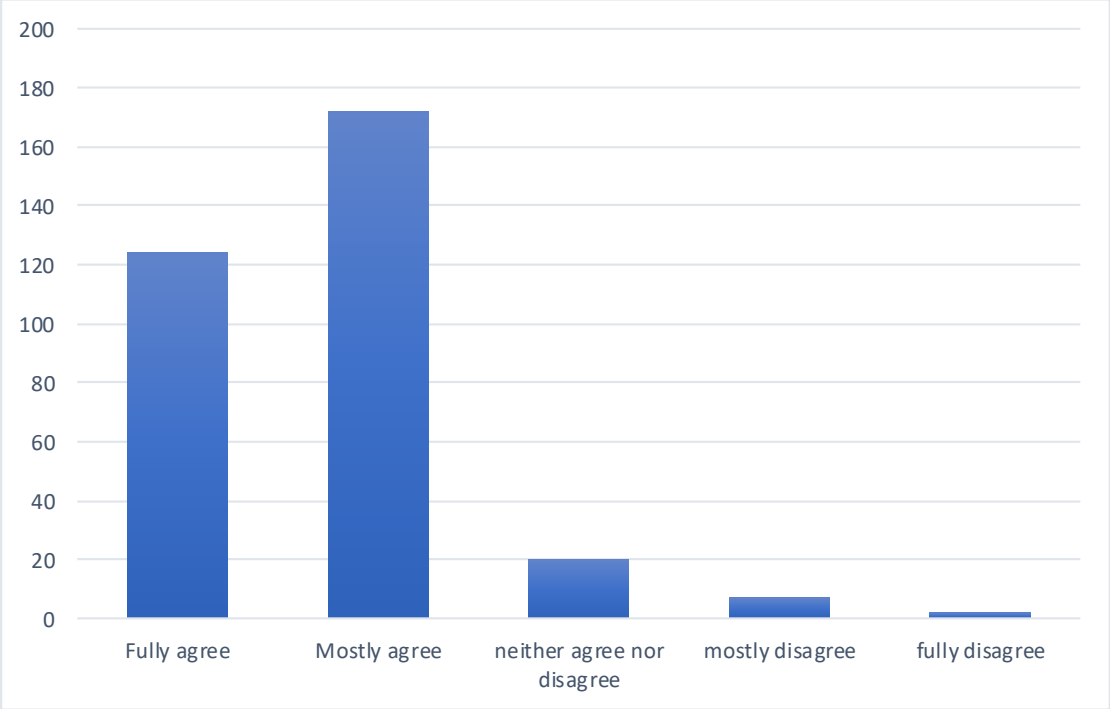
- *Fully Agree*
- *Mostly Agree*
- *Neither Agree nor Disagree*
- *Mostly Disagree*
- *Fully Disagree*

Respondents were also asked to provide comments to support their answer as applicable.

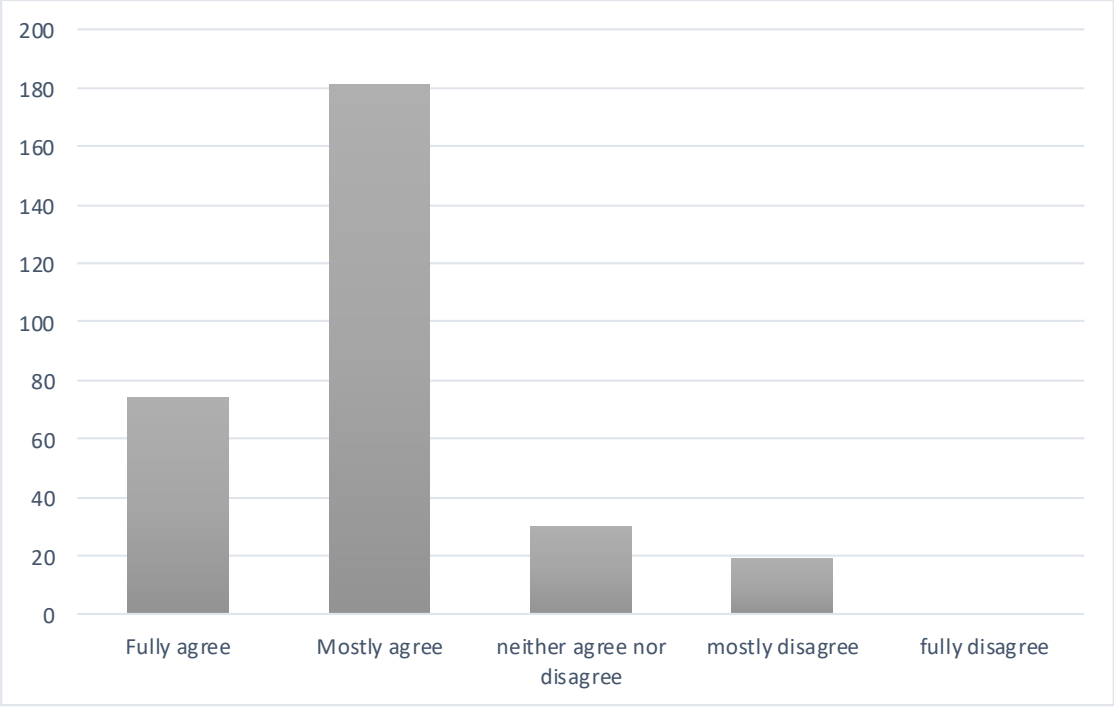
The information below represents both qualitative and quantitative analysis of the answers and comments received in response to Questions 5 and 6. The qualitative analysis also reflects comments made during consultation events, as well as comments in those responses that did not respond to the specific questions asked.

Given the broad range of services and topics covered by Theme 2, and the large number of comments received relating to this Theme, the qualitative analysis is set out thematically below.

5. **Do you agree with the ethos and direction of travel set out under this theme?**



6. **Do you agree with the actions and outcomes set out under this theme?**



There was a high level of support for the ethos and direction of travel set out in Theme 2, with almost 91% of respondents answering "Fully Agree" or "Mostly Agree" in response to Question 5. There was also strong support for the actions and outcomes in Question 6, with over 83% of respondents answering "Fully Agree" or "Mostly Agree".

This represented a positive response to the 23 actions contained within Theme 2 and indicated a high level of support for the content of this Theme. There were also a number of comments and suggestions in relation to particular actions, services or other issues, which are set out within the analysis below.

General

There was some criticism that this Theme covered too many topics and contained too many actions compared to Themes 1 and 3. A number of respondents suggested that it should be split into two to give more equal weighting to the very important issues and actions it describes.

There were high levels of support for actions around perinatal mental health, regional crisis services, older adults, mental health rehabilitation and low secure services, and the further development of recovery colleges. There were some requests for additions, wording changes and further detail. This includes, for example, references to advocacy and a greater involvement of families and unpaid carers, as well as requests to clarify that older adults with mental health needs will continue to have access to specialist old age psychiatry in accordance with their needs, rather than an arbitrary age limit. The Department will consider these comments in the context of the strategic focus required for a ten year Mental Health Strategy.

"NILGA supports the removal of the age threshold in terms of older peoples' care." ***Northern Ireland Local Government Association***

BASW NI would recommend more explicit recognition of the role of those informal supporters, carers and family members of people of

all ages who are experiencing difficulties at any level on the spectrum of mental health needs. ***British Association for Social Workers in NI***

There was also widespread support for the intention to embed psychological services into mainstream mental health services to increase availability, access and provision. While there was a significant level of support for digital provision of mental health services, some stakeholders raised concerns that digital services would take the place of face-to-face services. Others raised issues around accessibility to digital services for those who had limited online access or knowledge, experience and confidence in using online or digital tools. The Department acknowledges these issues and will seek to make clear that digital options will not replace traditional services, but will offer an innovative, new option which will increase access rather than limit it.

"The pandemic has been a big driver in moving forward digital solutions and we are pleased to see this element within the strategy." ***BACP***

"This Action should be expanded to support the integration of digital technologies at every level of mental health provision […] A blend of traditional, blended and wholly digital interventions can help achieve affordable mental health services that address low-take-up and high dropout rates […]Digital interventions may improve accessibility and reduce inequalities" ***Interim Mental Health Champion***

Children and Young People

There was a high level of support for the three actions designed to improve support for Children and Adolescent Mental Health Services (CAMHS), particularly the commitment to increase funding and the "no wrong door" approach. However, there were some concerns that an increase in funding to 10% was not enough to meet demand, and that the mental health needs of parents must also be considered in the

context of support for children and young people. Some respondents noted existing multi-agency/multi-disciplinary structures, and asked that this be reflected in the draft Strategy.

> *"We would advocate for recognition of the existing statutory arrangements for multi-agency working in relation to planning and commissioning of services for children and young people"* ***Children in NI***

There was some support for increasing the CAMHS age limit to 25, and calls to include families more fully and effectively in decision making processes. There was significant support for appropriate crisis services for children and young people, with a number of respondents noting that this was of considerable priority.

> *"The action to create clear and regionally consistent urgent, emergency and crisis services for children and young people should be prioritised."* ***Armagh, Banbridge and Craigavon Borough Council***

> *"The BPS welcomes the establishment of the CAMHS managed care network and the current review of crisis services with a view to ensuring equity of acute care provision across NI. Unfortunately, the mental health of children and young people can deteriorate when they are on waiting lists for CAMHS. Adequate resourcing of CAMHS and Step 2 services will contribute to children and young people being seen in a timely manner and result in less crisis presentations."* ***British Psychological Society***

The transition from children to adult mental health services was also highlighted as one of the top areas of concern. The Department is fully cognisant of the challenges

faced by children and young people at transition point, and as part of the work to implement the Mental Health Action Plan, initiated an expert review to inform future policy direction. This review was concluded in April 2021, and the Department is currently considering the recommendations.

"The difficulties for young people in the transition from CAMHS to Adult services is well recognised in general – but there should be more discussion about alternative service models e.g. 16 to 25 years and youth services." ***Royal College of Psychiatrists NI***

"Transitioning between CAMHS and AMHS needs to be considered to avoid continuation of 'cliff edge' experience at aged 18-years. The interfaces within Mental Health Services could be more fully developed such as considering the need for a youth mental health service approach until the age of 25 rather than 18." ***Mental Health and Disability Directorate, Southern Health and Social Care Trust***

Community Mental Health

There was widespread support for the concept of providing mental health support in local communities closer to the people who need it. There were requests for further information as to how this would be managed and what it will mean for service provision or staff training. The Department acknowledges the points raised in respect of these issues, and will consider them in co-operation with all relevant stakeholders as part of implementation planning.

One of the most consistently raised points regarding community mental health provision was the availability of counselling in GP practices. Many respondents highlighted the inconsistency in provision across NI, the long waiting lists, and the benefits of easier and quicker access to such therapy. There were also some comments that early access to counselling for individuals with rare and life limiting diseases would be of great benefit and should be considered.

"…fully trained and accredited counsellor should be available in each GP surgery making accessibility easier. This type of support should facilitate out of hours options as well in line with out of hours… surgeries." ***Individual***

"Having access to counselling at particular times in the rare disease journey would greatly reduce the development of mental health issues and the need for intervention at a near crisis situation."
Vasculitis Ireland Awareness

While some respondents raised concerns regarding staffing availability to improve mental health support in primary care settings and reduce existing waiting times for interventions, a number of respondents highlighted the potential for alternative therapy to be used and an existing, currently underutilised counselling and therapist workforce that could be called upon.

Role of the Community and Voluntary Sector

The role of the Community and Voluntary (C&V) sector was one of the most consistently raised topics throughout the consultation process. There were some concerns raised that the actions in Theme 2 had too much of a statutory focus, and that the C&V sector was not sufficiently recognised or referenced in the majority of actions. There were also concerns raised about the resourcing of the sector, the level of interaction and trust between C&V organisations and statutory services, and the referral routes into steps three, four and five of the Stepped Care Model. There were also issues raised about the capacity of C&V sector organisations to pick up any further work given existing caseload, workforce and funding pressures.

"The community and voluntary sector organisations need to be better resourced, over longer periods of time, in order to meet the demands this would place on them." ***Individual***

"We wholeheartedly support the commitment to increase working with and inclusion of Community and Voluntary partners. As well as our own organisation there are many others who are delivering innovative services targeting mental health that could support successful delivery of department objectives." ***Groundwork NI***

"Our concern is that the strategy reads as if it is almost exclusively focused on statutory service provision rather than a whole system view." ***ASCERT***

However, there was almost universal support and appreciation for the work of the C&V sector in the responses received from all sectors. Many respondents recognised the experience and expertise of C&V groups, and noted how they were in many cases best placed to provide the support needed. The Department fully appreciates and recognises the immensely important and positive role the C&V sector plays both in providing vital emotional wellbeing support to local communities, and also in providing essential services as part of the Stepped Care Model. The intention behind the action to integrate the C&V sector in mental health service delivery is to ensure the C&V sector is recognised and valued as equal partners in the provision of mental health support and interventions, and to ensure that this applies across all settings and all actions set out in the Strategy.

"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 […] 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." ***Inspire Wellbeing***

"The new protocol and ways of working [with] the V&C sector must be established and agreed early on with accountability built in. There must be some commitment to look at sustainable and fair resourcing of the V&C sector." ***Action Mental Health***

Physical Health and Mental Illness

A number of respondents highlighted concerns regarding the link with physical ill health and mental health. The concerns focused on two specific aspects: the potential for those with physical health issues to develop mental health problems, and the need for pathways of support; and the need to better support the physical healthcare of those with severe and enduring mental illness.

In relation to the first point, a number of stakeholders have suggested that dedicated mental health support services be available in physical health services, for example, cancer services. The Department is committed to supporting all those who require mental health support and interventions on the basis of assessed need rather than conditions, and does not believe that dedicated mental health services should be provided within specific physical healthcare services, which would create inequality in provision. However, we consider that alternatives to ensure emotional and mental health support is embedded in services through additional staff training or bespoke pathways to general mental health services could provide this valuable support. The Department will therefore will seek to amend the final draft to reflect this.

"Those with physical health difficulties should not have to be referred to mental health settings for psychological support. It is essential that such support is embedded in the physical healthcare systems as a MDT approach is required. Specialist knowledge of the particular condition and how it may affect mood etc. is also essential. Access to intervention at an early stage is also vital, in an attempt to minimise and prevent further deterioration in physical/mental health presentation." ***Individual***

"Pathways to emotional and mental health support should be established and available to health professionals working with disabled people and those diagnosed with a long term or life changing condition." ***Northern Ireland Neurological Charities Alliance***

In relation to physical healthcare for people with enduring mental illness or other disorders, the Department will consider the wording of Action 14 to ensure there is clarity on the responsibility of healthcare providers to monitor this and address the issues raised in the consultation.

"Those patients with severe and enduring mental illness are often less motivated to present to their GP with early symptoms of physical ill health and routine health screening and questioning by the GP will help address this imbalance." ***Action Mental Health***

Severe and Enduring Mental Illness

The Department received a number of representations that the specific needs of individuals with severe and enduring mental illness are not fully considered or addressed in the draft Strategy. The Department accepts this and will seek to address this during the redrafting process.

Dual Diagnosis / Addictions

There was significant support for the Strategy's focus on co-current mental health issues and substance abuse. However, a number of responses suggested that the action to create a Managed Care Network did not go far enough, and that a dedicated, specialist dual diagnosis service should be established. There was also a call for the Strategy to reflect to a greater extent the links with the Department's draft Substance Use Strategy *Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use*.

"Mental health system needs to be holistic and integrate addiction and mental health services together." ***Individual***

"Whilst this action is welcome it does not go far enough to address the significant issues people with combined needs have in accessing support through these services currently… There is a pressing need to support and build capacity at Tier 2 level and particularly with C&V sector service providers who are often the services providing help to such clients whilst they try to navigate or are waiting to access statutory services. There is also a need to build relationships and pathways between statutory and C&V providers across both mental health and addiction services." ***Belfast City Council***

"These recommendations fall well short of what is required… Unfortunately there are underlying difficulties in the knowledge, skills and attitudes of some health professionals working within mental health services which make it difficult for them to engage with service users who have substance use disorders in a meaningful way." ***Individual***

The Department acknowledges the challenges the current system presents to individuals with a dual diagnosis, who often find it difficult to access mental health support due to their addiction, and vice versa.

However, the Department's view is that a separate, dedicated service would not offer the best solution to these issues. Rather, our view is that close working, training and a managed care network is the optimum route to embed a "no wrong door" approach. The Department will continue to work internally to ensure that the final *Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use* and the final Mental Health Strategy are aligned, and will consider how we can strengthen the language in both strategic documents to ensure this is clear.

"Every worker in the mental health field should be equipped to deliver alcohol and drug brief intervention." ***South Eastern Drug and Alcohol Coordination Team***

There were also calls for the Strategy to focus on the impact of addictions on mental health more broadly (including alcohol, drugs and gambling), and include actions to address these. The Department recognises addictions are often very closely linked with mental health, and maintains that the Substance Use Strategy is the appropriate vehicle to address substance addictions, and that the issue of problem gambling largely sits outside mental health services.

Eating Disorders

There were some concerns raised about the wording used in relation to eating disorder services within the consultation draft. The Department has worked closely with the Regional Eating Disorder Network Group to ensure the final draft is fully in line with their expert opinion and recommendations.

Comments were also received on the importance of early intervention and ensuring early access to services, including options between hospital admission and outpatient appointments, such as intensive day treatment.

"To help ensure consistent service delivery across the new regional service, a new evidence-based regional care pathway for eating disorders is required." ***BEAT***

Pharmacy / Medication

A number of responses highlighted the lack of reference to medicines management, pharmacy and the important role of medication in the treatment of individuals with mental illness.

In particular, stakeholders highlighted that it was important that availability of services e.g. medicine optimisation, is equitable across all sectors and not limited by the setting of the service; that future models also include community pharmacists, given they are the primary care provider most often seen by patients with mental health problems living in the community; and that the Strategy clearly references Medicines Optimisation and the role that pharmacists in all settings can play in improving care for people with mental health problems.

"Medicines optimisation cuts across all areas of mental health... We believe that the omission of medicines optimisation is a missed opportunity to improve the quality of care for all patients with mental health problems especially those individuals with serious mental illness… The NI mental health strategy offers an ambitious transformation of mental health services. It is clear that robust medicines management/optimisation will be a key component in the success of the Strategy." ***Joint response from Primary/Secondary Care Pharmacy***

The Department acknowledges these views and will seek to ensure the vital role of pharmacists and medication is recognised and included in the final draft.

Intellectual/Learning Disability and Autism

A number of respondents highlighted the lack of specific reference to, and dedicated actions for, individuals with intellectual or learning disabilities.

"Access to appropriate personalised support in the community for people with learning disabilities is very important for preventing individuals reaching crisis and admission to inpatient services." ***The Challenging Behaviour Foundation***

"Learning disability services should be an integral part of mental health services. It important that the Strategy recognises the

specialist skills of professionals in learning disability services in the diagnosis and treatment of mental disorders in patients with a learning disability." ***Royal College of Psychiatrists NI***

The Department recognises mental ill health is common among people with a learning disability. However, the Department's view is that providing a dedicated mental health service for people with mild to moderate learning disabilities would not offer the optimum solution to this issue.

It is absolutely vital that those with a learning disability can have good and equitable access to mental health services, and that those services are fully equipped to recognise and meet the specific needs of those with a learning disability at the first point of contact. This is in keeping with the broader intention of the draft Strategy to: put the individual's needs at the centre, rather than their diagnosis; ensure a "no wrong door approach"; and ensure staff are trained to identify and address the specific needs of particular at risk groups. In that context, the Department's view is that all mental health services should be open and accessible to those with learning disabilities, rather than the provision of a separate service.

For those with a severe learning disability and co-current mental health issues, it is expected that services that already exist will continue to operate. This means that the learning disability specialism within psychiatry will not change and related service provision for these patients will continue.

Work is ongoing to develop a Learning Disability Service Model which will set out the broad range of services and support needed to provide for individuals with a learning disability, which go beyond mental health. The Department's view is that this represents the most appropriate approach to ensure equality and equity of focus and service provision. In that context, this commitment and the ongoing work will be reflected in the final Mental Health Strategy.

Similarly there have been calls for specialist autism mental health services, and to create an additional specialist intervention in the Strategy for autism. For similar reasons as those outlined above, the Department's view is that such an approach would not foster the best outcomes for those with autism or the population as a whole. An interim Autism Strategy has recently been launched and the development of a fully co-produced longer term strategy is about to commence. These would be the most appropriate vehicles to address specific actions for people with autism.

BAME Communities

The Department received a number of responses which highlighted the specific needs of the Black and Minority Ethnic Communities.

> *"There is very little mention of specific groups with specialist needs, no mention of the BAME community and the barriers to accessing services such as cultural and language barriers […] The importance of barriers to access services is not fully understood or tackled within the draft strategy [...] There's a need to consider the needs of people from BAME communities that might not be registered with GP or not willing to go to their GP for all sort of reasons, such as language, culture etc., support / service should be flexible."* ***Individual***

The Department recognises that BAME communities are at increased risk of mental health issues, and also face significant barriers to accessing mental health support and interventions. It is the Department's view that the best route to ensure access is to support the wider workforce to recognise the specific needs of this community and other minority groups, including cultural and language barriers, in order to provide appropriate person-centred care.

Theme 3: New Ways of Working

Respondents were asked two questions relating to Theme 3:

7. *Do you agree with the ethos and direction of travel set out under this theme?*
8. *Do you agree with the actions and outcomes set out under this theme?*

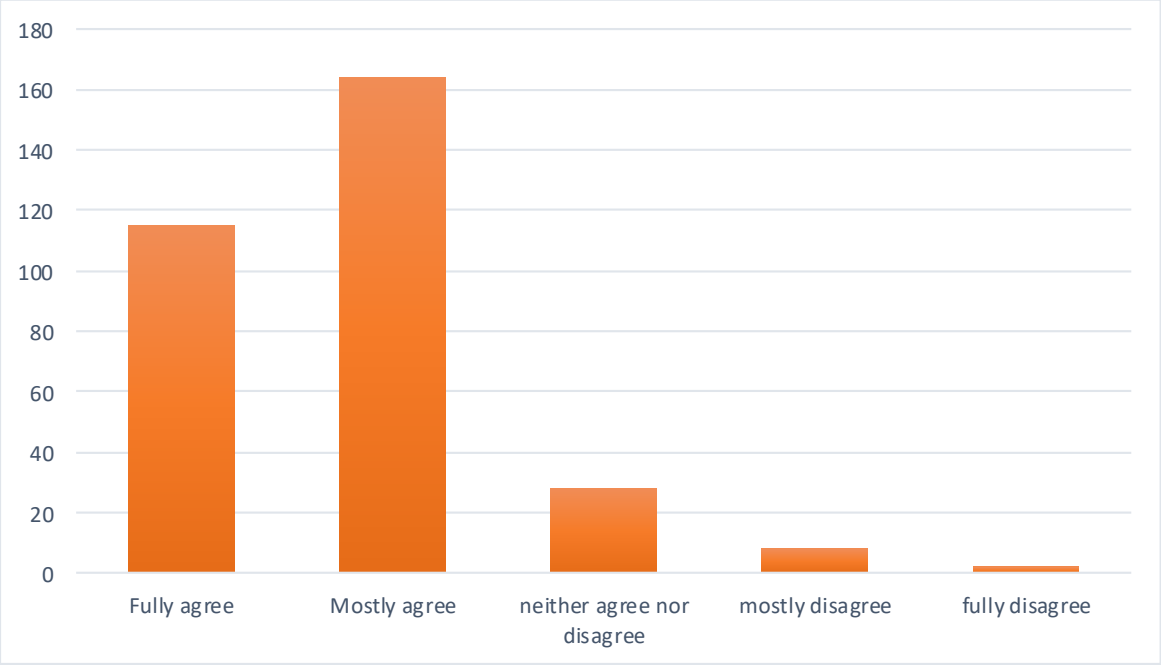
For both questions, respondents were asked to select one of the following options:

- *Fully Agree*
- *Mostly Agree*
- *Neither Agree nor Disagree*
- *Mostly Disagree*
- *Fully Disagree*

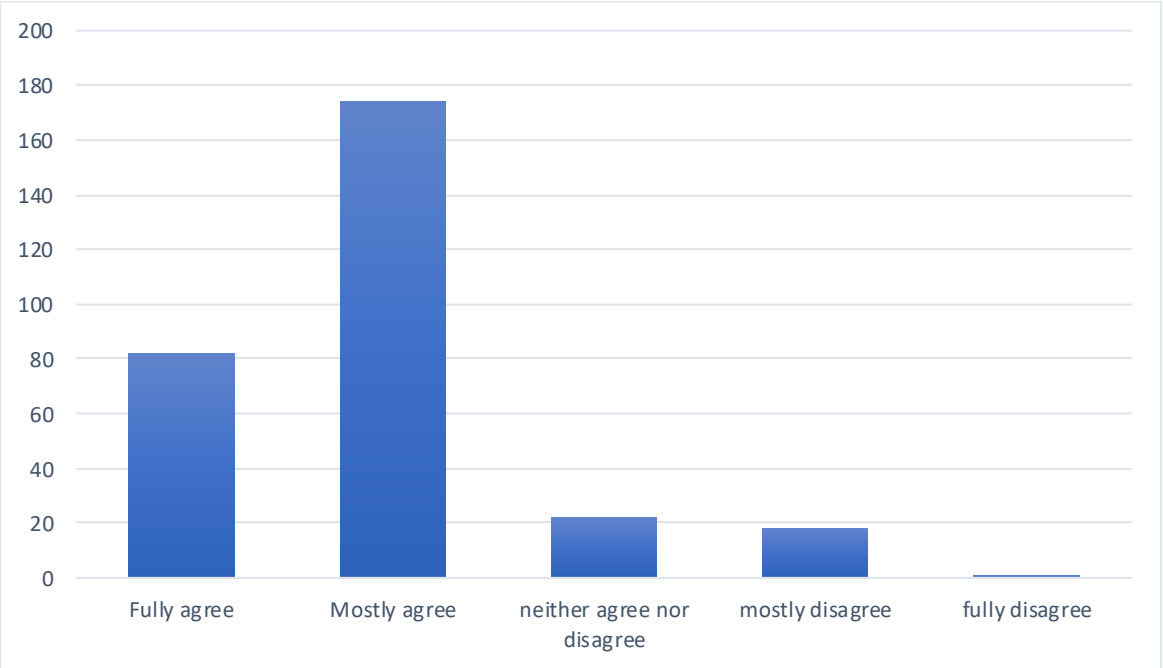
Respondents were also asked to provide comments to support their answer as applicable.

The information below represents both qualitative and quantitative analysis of the answers and comments received in response to Questions 7 and 8. The qualitative analysis also reflects comments made during consultation events, as well as comments in those responses that did not respond to the specific questions asked.

7. Do you agree with the ethos and direction of travel set out under this theme?



8. Do you agree with the actions and outcomes set out under this theme?



There was a high level of support for the direction of travel and actions set out in Theme 3, with over 87% of respondents answering "Fully Agree" or "Mostly Agree" in response to Question 7 and over 86% in relation to Question 8.

This represented a positive response to the five actions within Theme 3 and indicated a high level of support for the content of this Theme. There were also a number of comments and suggestions in relation to particular actions, services or other issues, which are set out within the analysis below.

Regional Mental Health Service

There was widespread support for this action and its aim to provide consistency and equity of provision across Northern Ireland. Some key points raised included the need to ensure collaborative working across sectoral boundaries, and to ensure meaningful co-production at every stage.

"The Strategy does not recognise the critical partnership with Council and local community organisations. Generally, people do not question where help and support has come from, as long as it is timely and appropriate. The Mental Health Strategy needs to show

new ways of working collaboratively across agencies and community organisations, and remove the onus of dealing with mental ill health solely from health and clinical services." ***Lisburn and Castlereagh Borough Council***

"The LCG would agree that Trust organisational boundaries are often a barrier to accessing services and there should be an emphasis on treating patients at home or as close to home as possible. More detail will be required to understand the full benefit what a regional approach can materially deliver." ***South Eastern Local Commissioning Group***

"I think planning of services can be done on a regional basis and deliver greater efficiency of resources." ***Individual***

"A regional approach absolutely needs to be put in place. Currently, too many services are not accessible and available to people outside of large towns and cities." ***Individual***

One of the main issues highlighted by stakeholders was the concern that a regional service may reduce the ability of local services to meet local need, particularly in relation to rural areas.

"Whilst I agree [with] the need for regional pathways and ease of access between trusts I would be extremely cautious of a regional service. I think a single mental health service risks becoming Belfast centred further exacerbating the difficulties in provision in some rural areas." ***Individual***

The Department recognises concerns around this and would reassure stakeholders that the intention is to ensure everyone in NI has access to similar types of service regardless of where they live. It is not the intention to limit local areas' ability to

respond to the needs of their communities. We will seek to provide further assurance and clarification on this in the final draft.

Workforce

Workforce was one of the most consistently raised themes during the consultation. There was widespread support for the action to take forward a workforce review, and for the recognition of existing challenges. However, a number of respondents highlighted concerns regarding the scope of such a review, noting that it appeared too narrow and did not fully consider the wide range of professions that provide mental health services.

"As acknowledged there are severe staffing shortages within mental health services in Northern Ireland; I noted whilst this captured information regarding nurses, social workers and consultant psychiatrists there was no reference to Allied Health Professionals including Occupational Therapists (OTs) which seemed a stark contrast when it has been acknowledged that within hospitals there is often little access to therapeutic interventions." ***Individual***

"The commitment to reviewing the mental health workforce is welcome, and we hope that this will include understanding whether there are sufficient professionals with the knowledge and skills to support parent-infant relationships in universal, targeted and specialist CAMHS services and perinatal mental health services."
Parent Infant Foundation

The Department recognises the broad range of professions that provide therapeutic support and interventions to individuals with mental health needs, and will seek to ensure the section on workforce in the final draft acknowledges this more clearly than the consultation draft.

A number of comments were also made in relation to untapped workforce resources that could be used to supplement the more traditional professional roles, for the benefit

of those accessing support across the lifespan and spectrum of need. The Department will endeavour to reflect this in the final draft.

"Establishing a workforce for the future is possibly the most important element of the new strategy and we are keen to ensure BACP and NICF are represented appropriately in the proposed workforce and training review and associated working groups. Counsellors and psychotherapists are a critical element of the skilled, compassionate and trauma informed workforce that will need to be developed to deliver this ambitious strategy." ***BACP & NICF***

"Therapeutic intervention needs to encompass all methods of therapeutic intervention." ***British Association of Drama Therapists***

The Department agrees with the comments and suggestions that the primary focus of a workforce review should be on determining what workforce is required to meet the needs of those accessing services. A number of respondents highlighted the need for the Community and Voluntary ('C&V') sector to be included in any workforce review, given its key role both as commissioned service provider, and in providing additional support and services. It is the Department's intention that the C&V sector is viewed as a clear and equal partner in the provision of mental health services, and will therefore reflect this in the final strategy.

Training of the workforce was a key focus for a number of respondents. Many highlighted the need to ensure all staff, not just mental health staff, are trained in suicide prevention, providing trauma informed care, and in recognising and meeting mental health needs particularly, among at risk groups. There was also significant support for increasing training places.

"We would recommend that mental health training is included in all health and social care training, including for all AHP professions."
Regional AHP Mental Health Network

"The RCN is particularly pleased to note the reference to high mental health nursing vacancy rates and the commitment to 'train more mental health nurses'" ***Royal College of Nursing***

Research, Outcomes and Innovation

There was significant support for the use of research and evidence in designing and planning mental health services, and many stakeholders highlighted that mental health research was a particular gap. There was particular support for research and learning opportunities to be available across sectors, including involving the Community and Voluntary sector.

There was a high level of support for an Outcomes Framework that is designed around meeting the needs of the person rather than the system, although concerns were raised regarding current IT systems and the ability to share data effectively and efficiently.

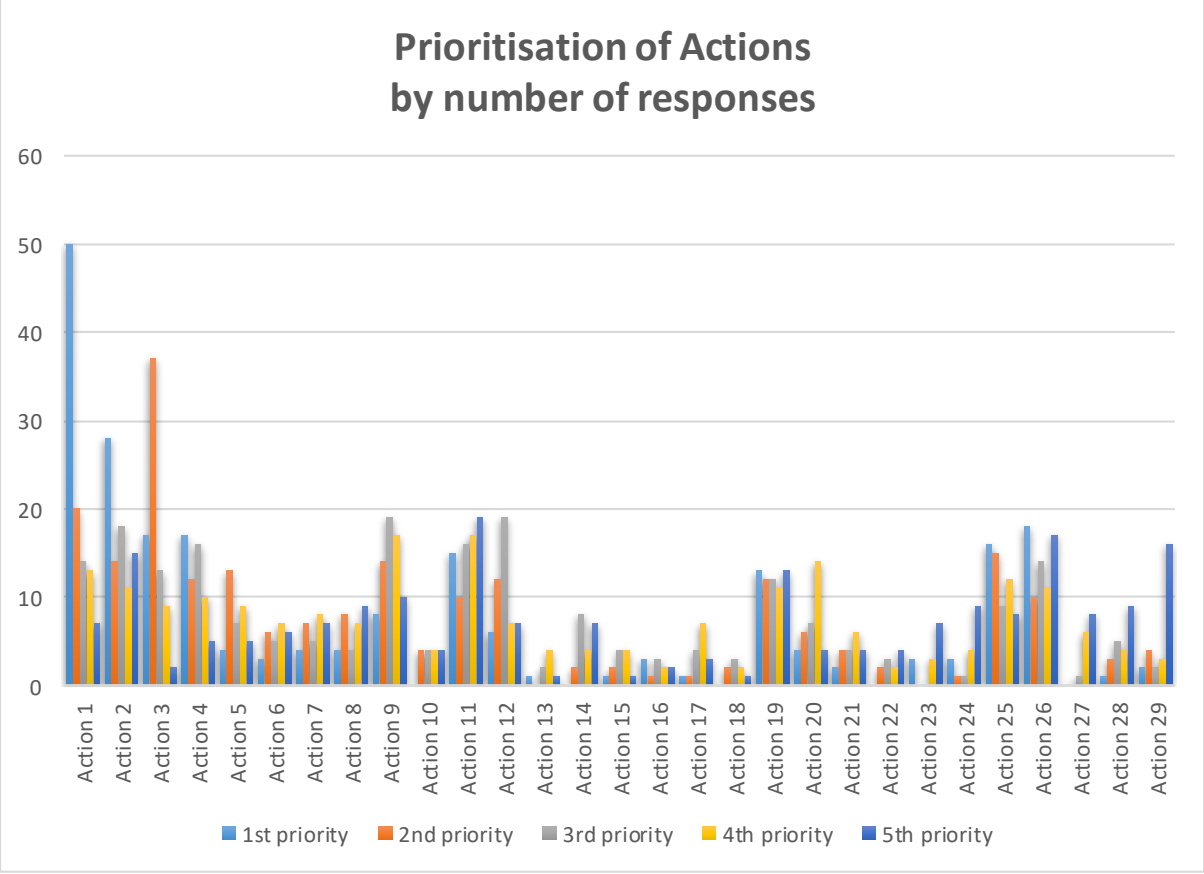
In this context, there was also much support for the use of innovative solutions in mental health, particularly digital solutions and alternative therapeutic options.

Prioritisation

To support implementation planning, the Department asked respondents to prioritise their top five actions from the 29 actions contained in the draft Strategy. They were also asked to identify any key actions or themes that were missing.

The information below represents both qualitative and quantitative analysis of the answers and comments received in response to Questions 9 and 10.

9. If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?



The chart above clearly demonstrates that the top priority action was Action 1 (early intervention action plan), with 50 respondents choosing this as their first priority. Action 2 (expansion of talking therapy hubs) was the second most chosen as top priority, with Action 26 (workforce review) being the third most popular option. In terms

of second priority choices, Action 3 (promoting development through childhood) scored the highest, followed by Action 1.

This indicates that a key priority for many stakeholders is early intervention and prevention. Many stakeholders voiced this view during consultation events and in their responses to the consultation. There is also a clear call for investment in supporting people to stay emotionally and mentally well, reducing stigma associated with mental health, and intervening early in the lifespan to help delay or prevent the onset of any mental health difficulties.

10. Finally, is there any one key action which you feel is missing from the draft Strategy?

Many of the points raised have been discussed in earlier sections of this report, for example, a number of respondents highlighted services for individuals with intellectual/learning disability as a gap in the Strategy, while others were keen to see a greater focus on dual diagnosis, and there were significant calls for the role of families and unpaid carers to be more fully recognised. The need for the inclusion of actions relating to the role of pharmacy, and the need to better reflect the needs of those with serious and enduring mental illness were also raised in relation to this question. Student mental health was also highlighted as an omission, and the Department will make changes to the final draft to rectify this.

These points and many others are addressed earlier in this chapter, alongside the Department's response.

Other elements raised included the need to reflect suicide prevention in the Strategy. While the Department recognises the linkages between suicide and mental health, suicide prevention policy is very clearly set out in the *Protect Life 2 Strategy* ('PL2'). However, the Department recognises that stakeholders wish to see the links between PL2 and the Mental Health Strategy set out more clearly, and will make changes to the final draft to ensure greater clarity.

Screening / Equality Impact Assessment (EQIA)

The Department produced four screening documents and a full Equality Impact Assessment of the draft Strategy. Respondents were asked two questions relating to these:

11. *Do you agree with the outcome of the Impact Assessment screenings?*
12. *Do you agree with the Equality Impact Assessment (EQIA)?*

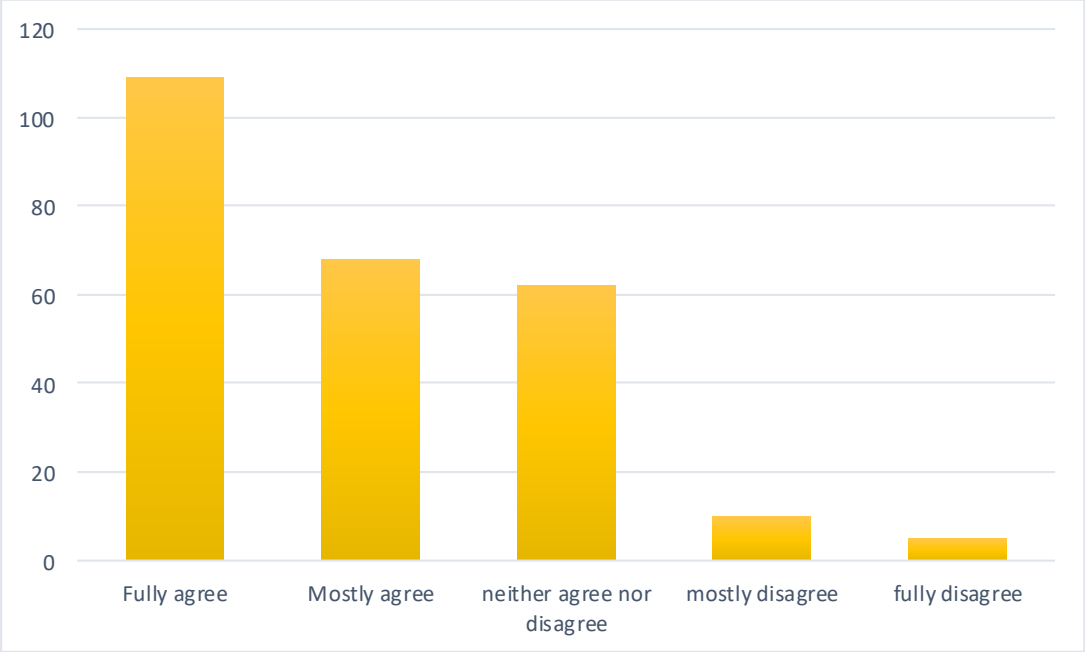
For both questions, respondents were asked to select one of the following options:

- *Fully Agree*
- *Mostly Agree*
- *Neither Agree nor Disagree*
- *Mostly Disagree*
- *Fully Disagree*

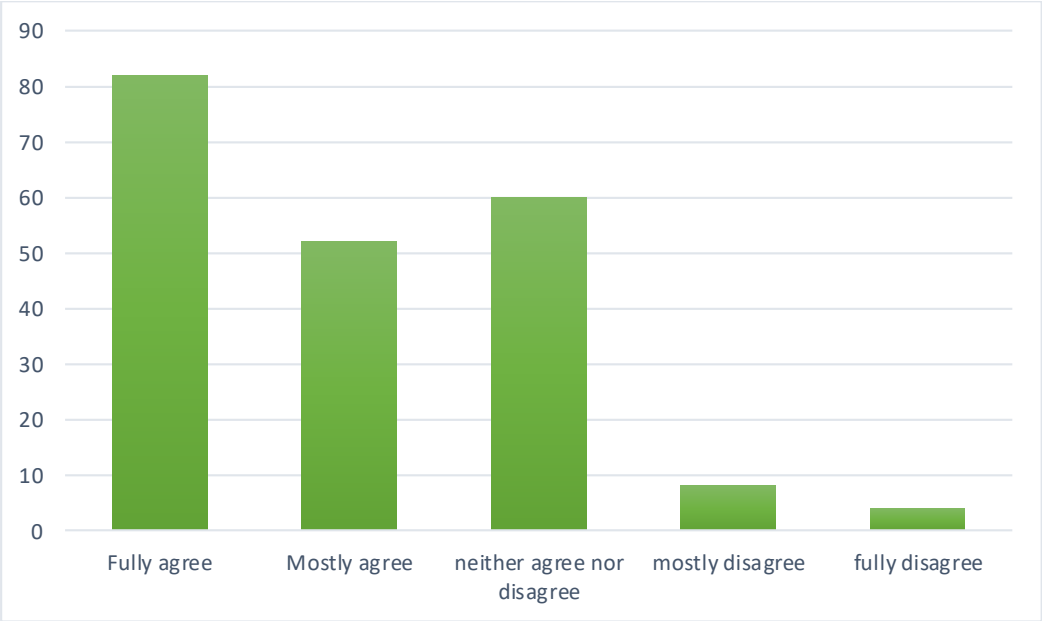
Respondents were also asked to provide comments to support their answer as applicable.

The information below represents both qualitative and quantitative analysis of the answers and comments received in response to Questions 11 and 12.

11. Do you agree with the outcome of the Impact Assessment screenings?



12. Do you agree with the Equality Impact Assessment (EQIA)?



Not all stakeholders who responded to the consultation provided a response to Questions 11 and 12. Of those who did, over 69% stated that they "Fully Agreed" or "Mostly Agreed" with the impact screenings, and over 64% with the EQIA. While this is less positive than the responses to the Strategy in general, in still represents substantial support for the outcome of the screenings and EQIA. Furthermore, less than 6% responded that they "Mostly disagreed" or "fully disagreed"; with 24% and 29% respectively selecting "neither agree nor disagree" in response to Questions 11 and 12.

It should be noted that a significant number of those who answered "neither agree nor disagree" did not provide any comments, and on that basis, it is not possible to draw conclusions as to whether this is because they had no comments to make, or whether they were positive or negative in their response to the screenings and EQIA.

Chapter 4: Conclusion

The draft Strategy was completed in a very short time period, which was only possible thanks to the significant amount of work of many individuals and organisations who provided their expert advice throughout the co-production process. The Department is very thankful for the high levels of dedication, engagement and support received across sectors.

The Department is pleased at the overall positive response to the draft Mental Health Strategy and it is anticipated that a large proportion of the suggestions and comments made during the Consultation will be incorporated in the final Strategy. The positive response, and the constructive feedback, is a direct result of the ongoing engagement and co-production prior to the consultation.

Going forward, the Department will work to make improvements to the draft Strategy, with the intention to publish a final Strategy in the summer of 2021.

Annex A: Consultation Questions

Vision and Founding Principles
Q1: Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?
Q2: Do you agree the founding principles set out provide a solid foundation upon which to progress change?
Theme 1: Promoting wellbeing and resilience through prevention and early intervention
Q3: Do you agree with the ethos and direction of travel set out under this theme?
Q4: Do you agree with the actions and outcomes set out under this theme?
Theme 2: Providing the right support at the right time
Q5: Do you agree with the ethos and direction of travel set out under this theme?
Q6: Do you agree with the actions and outcomes set out under this theme?
Theme 3: New Ways of Working
Q7: Do you agree with the ethos and direction of travel set out under this theme?
Q8: Do you agree with the actions and outcomes set out under this theme?
Prioritisation
Q9: If you had to prioritise the actions, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?
Q10: Finally, is there any one key action which you feel is missing from the draft Strategy?
Impact Assessments/Screenings
Q11: Do you agree with the outcome of the Impact Assessment screenings?
Q12: Do you agree with the Equality Impact Assessment (EQIA)?