The Commission for Victims and Survivors Northern Ireland response to the Department of Health's Mental Health Strategy 2021-2031

March 2021

Background

1. The Commission for Victims and Survivors for Northern Ireland (the Commission) was established in June 2008 under the Victims and Survivors (Northern Ireland) Order 2006, as amended by the Commission for Victims and Survivors Act (2008).

2. The Commission is a Non-Departmental Public Body of the Executive Office (TEO). The principal aim of the Commission is to promote awareness of the interests of victims and survivors of the Northern Ireland conflict. It has a number of statutory duties that include:

    - *Promoting an awareness of matters relating to the interests of victims and survivors and of the need to safeguard those interests;*
    - *Keeping under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors;*
    - *Keeping under review the adequacy and effectiveness of services provided for the victims and survivors by bodies or persons;*
    - *Advising the Secretary of State, the Executive Committee of the Assembly and any Body or person providing services for victims and survivors on matters concerning the interests of victims and survivors;*
    - *Ensuring that the views of victims and survivors are sought concerning the exercise of the Commission's functions; and*
    - *Making arrangements for a forum for consultation and discussion with victims and survivors.*[1]

3. In November 2009, the Office of First and deputy First Minister (now TEO) introduced a ten-year strategy for victims and survivors of the Conflict/Troubles. It provides a comprehensive approach for taking forward work on a range of issues relating to victims and survivors.

4. It acknowledges the uniqueness of our circumstances and need for a victim and survivor-centred approach:

    - *The pain and suffering which has occurred;*
    - *The long-term impact of violence on victims and survivors;*
    - *That victims and survivors are individuals and therefore there is no single approach which will suit everyone; and*
    - *The need for victims and survivors to be invited to play a part in building a more peaceful future, but that as people who have suffered most they*

[1] The functions of the Commission relate to those set out in the Victims and Survivors (Northern Ireland) Order 2006 as amended by the Commission for Victims and Survivors Act (Northern Ireland) 2008.

should feel safe, should be treated with dignity and should move at their own pace.[2]

5. The Strategy's aim is to put in place arrangements to ensure that the voice of victims and survivors is represented and acted upon at a governmental and policy level and continues to shape the landscape for service delivery.

6. Following advice from the Commission in November 2019, the Strategy was extended to ensure the continuation of service delivery and facilitate the development of a new strategy.[3] The Commission subsequently undertook a consultation process[4], to inform TEO on views for any future strategy for victims and survivors which is currently with The Executive Office. In the absence of a Commissioner the Commission has certain limitations to performing its statutory duties, however in this and other matters it remains in a position to provide robust evidence based information to Government to support any and all decision making impacting victims and survivors including on the Department's current consultation on the Mental Health Strategy 2021-2031.

The Mental Health and Wellbeing of Victims and Survivors

7. The Commission welcomes the opportunity to respond to the Department for Health's draft consultation on proposals for its new Mental Health Strategy 2021-2031 which has considerable relevance to the lives of victims and survivors, their families and those providing services to them. The Commission acknowledges the Department's continued commitment to victims and survivors and their families.

8. The mental health and wellbeing of victims and survivors is directly impacted by the physical, emotional and socio-economic legacy of trauma-related matters. The Commission responds providing an evidence-based insight into our perspective on where the legacy of their traumas is related to their mental health and well-being. The Commission draws on consultation, primary and secondary advice with its sectoral partners, the Victim and Survivors' Forum, and data from existing and forthcoming monitoring, research and evaluations.

9. The Commission urges the Department to address the omission that victims and survivors are not included as a priority category for service provision. This oversight is a surprise as the strategy acknowledges the Commission's view at Points 3, 35, 83, 177 and 190 that years of violence have created a society where much work needs to be done to address the legacy of our past. This includes

[2] Office of the First Minister and deputy First Minister (2009) *Victims and Survivors Strategy*, The Stationery Office, p.2.
[3] CVSNI (2019) *Extension to the Strategy for Victims and Survivors (2009-19) and Programme Funding, Policy Advice Paper*, CVSNI.
[4] On the 4 May 2020, the Commission started an engagement process to inform the Commissioner's advice to TEO on a new strategy for victims and survivors which was issued to TEO in October 2020 "Informing a new Strategy for Victims and Survivors: Policy Information Paper".

recognising and effectively responding to the enduring and often complex conflict-related mental health disorders and co-morbid conditions affecting the lives of victims and their families across the region.

10. Commission research undertaken in partnership with Ulster University in 2011 estimated that approximately 18,000 individuals met the criteria for Troubles-related Posttraumatic Stress Disorder (PTSD) and associated with that was a high prevalence of related conditions including clinical depression, self-harm and substance dependency[5]. A follow up study in 2015 revealed that approximately 213,000 individuals in Northern Ireland had developed a range of mental health and substance disorders as a consequence of their conflict-related experience. In exploring the transgenerational impact of the Troubles legacy on mental health, the report also highlighted how exposure to traumatic conflict-related activity heightened the risk of suicide. In doing so the research revealed that this risk of dying by suicide was linked to the development of chronic and enduring mental health disorders, couple with drug and alcohol misuse as well as feelings of social isolation.[6]

11. Many victims and survivors have been (and some remain) reluctant to access services including those relating to mental health and wellbeing for a range of reasons. Many have diagnosed and undiagnosed needs and are accessing support services for co-occurring mental health and substance use. For some, personal and political sensitivities and fear of re-traumatisation requires much confidence and capacity building work to enable engagement with services, even when these are being provided within their community.

12. Behind statistics are individuals impacted by bereavement, physical and/or psychological injuries or providing care for a loved one and for whom substance use provides positive and negative self-soothing and coping strategies as well as being prescribed responses to their experiences.

13. Consequently there is a need for the Department of Health and those providing services on its behalf, to understand better that it is not just stigma, but many other socio-political circumstances why some victims and survivors are able, and others reluctant, to engage with local support services on offer from community representatives and community organisations. This can be particularly so in areas where victims and survivors have sought support from elected and unelected representatives to lobby for the delivery of services or for other changes affecting their lives.

[5] CVSNI (2011) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, (research report produced by Ulster University in partnership with CVSNI).
[6] CVSNI (2015) *Towards a Better Future: The Trans-generational Impact of the Troubles on Mental Health*, (research report produced by Ulster University in partnership with CVSNI).

14. In briefing the Committee for the Executive Office on 4 March 2020, the former Commissioner for Victims and Survivors, Judith Thompson commented that, "*There is a deep but complex and enduring relationship between our mental health crisis and the legacy of the Troubles*."[7] It was reiterated there that the impact of the Troubles on society cannot be underestimated:

    - In 2017, 26% of the Northern Ireland population said either they or a family member continue to be affected by a conflict-related incident[8];
    - Between 1966 and 2006, 3,720 conflict-related deaths occurred leaving these families mourning the loss of a loved one[9];
    - Between 1998 and 2018 158 people in Northern Ireland lost their lives from 'security related killings'[10]
    - 40,000 people have been left injured[11]; and
    - 213,000 are experiencing a range of significant mental health problems.[12]

15. For many of the people impacted by conflict-related bereavement, physical and/or psychological injuries, and those providing care for a loved one, substance use can provide both or either positive and negative self-soothing and coping strategies. Substance use can be a prescribed response to help address their mental health and yet can also become part of a co-occurring condition with substance use becoming substance misuse.

16. Research in 2011 by the Public Health Agency and Belfast Health Development Unit into perspectives form the voluntary sector of substance misuse among people over the age of 55[13] highlighting the misuse of prescription medication and the impact of the conflict reported specifically by organisations directly working with victims and the bereaved. The report highlighted that, "*This age group are the group who share or exchange prescribed medication…for instance, one getting painkillers will share with a friend who is getting Oxypam or Diazepam…they use these prescribed medication as a barter system.*"

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[7] Commission for Victims and Survivors/Victims and Survivors Forum: Briefing 4 March 2020 (4 March 2020), available at: http://data.niassembly.gov.uk/HansardXml/committee-21604.pdf [accessed 5 February 2021].
[8] NISRA (2017) *Commission for Victims and Survivors Module of the September 2017 Northern Ireland Omnibus Survey*, NISRA.
[9] McKitterick et al (2007) *Lost Lives*, Edinburgh: Mainstream Publishing.
[10] Nolan, P., (2018) 'The cruel peace: killing in Northern Ireland since the Good Friday Agreement, 23 April
[11] Smyth et al (1999) *The Cost of the Troubles Study – Final Report*, INCORE: 37.
[12] CVSNI (2015) *Towards a Better Future: The Trans-generational Impact of the Troubles on Mental Health*, CVSNI.
[13] Jarman, N and Russam, S (2011) Substance misuse among older people Belfast; Institute for Conflict Research - http://conflictresearch.org.uk/wp-content/uploads/PHA-Substance-Misuse-among-Older-People-May2011.pdf sourced 4th January 2021.

17. The Commission consider it to be highly likely that the COVID-19 pandemic and associated social distancing and lockdown measures and the reduction in face to face services to victims and survivors as reported by the Victim and Survivor Service (VSS), will have had an adverse impact on the mental health of victims and survivors. Highlighting the negative impacts of isolation and quarantine when implemented in pandemics elsewhere, the British Medical Journal (BMJ) notes increased levels of depression and anxiety and suggests similar effects may arise as a result of people being confined; detached from loved ones; deprived of personal liberties and having had their routine and livelihood altered; along with fear of contagion.[14] The BMJ considers that those with pre-existing mental illness might suffer from having reduced access to helpful, but 'non-essential'[15], services and treatment, and less interpersonal interactions which are necessary aspects of managing their illness.[16] Consequently, this has direct relevance for victims and survivors.

The Commission's Policy Position

18. The Commission welcomes the strategy's acknowledgement that the current system of supporting the mental health and well-being of victims and survivors including older adults is unable to adequately address existing and emerging need. New approaches and mechanisms are necessary both to improve the recovery journey (which for some has been ongoing for over 40 years) and to deliver new and improved outcomes for victims and survivors in these areas.

19. In the context of increasing pressure on service deliverers, the following matters within the Strategy have been raised as particular concerns to the policy position of the Commission through the Victims and Survivors Forum:
    - addressing stigma;
    - the reduction of harm, self-harm and risky behaviours;
    - use and misuse of prescription medication and polydrug misuse;
    - improved support for those ineligible for psychiatric services due to age;
    - dual diagnosis and dual treatments;
    - in the context of prevention work, recovery capital and the provision of holistic support service development and specialist training, the need for the legacy of the Troubles/Conflict to be understood better; and
    - Victims, survivors and their families, including state veterans as having specific needs.

[14] BMJ (2020), 'Social distancing in Covid-19: what are the mental health implications?', available at: https://www.bmj.com/content/369/bmj.m1379
[15] 'Non-essential' in the context of the Covid-19 pandemic and social distancing measures.
[16] Ibid.

20. Most of these matters align with actions or points identified within the Strategy and are addressed as such below.

21. It is the Commission's view that service provision should be nuanced to respond in the context of needs of those impacted by conflict-related incidents. It is therefore essential that any new mechanisms ensure that support is victim-centred and mindful of the unique needs of those impacted by the Troubles.

22. In March 2015, members of the Victims and Survivors Forum (VSF) agreed a series of principles that reflected their views and aspirations for the legacy proposals contained in the Stormont House Agreement. These were refreshed by the Victims and Survivors Forum in June 2017 to recognise and include existing organisations and processes.[17]

- Co-design and collaboration;
- Victim-centred and victim-led;
- Inclusive;
- Independent and impartial; and
- Fit for purpose.

23. These principles are used by the Commission when reviewing the adequacy and effectiveness of law, practice and services. It is the Commission's view that these principles provide an approach for ensuring that any services, policy and implementation mechanisms can command the support and confidence of victims and survivors. They align with the seven principles the Department draw on in the consultation draft for the development of its mental health strategy 2021—2031 (including coproduction and co-design, consideration of the specific needs of certain at risk groups, and, being evidence informed and person centred).

Promotion, Early Intervention and Prevention

24. **Actions 1-2** There are particular early intervention and prevention resonances for victims and survivors for whom complementary, talking and art based therapeutic interventions can sometimes overlap (both intentionally and unintentionally) with social support activities such as oral history projects, identity and memory work. Those who engage in VSS funded social support activities and use them as a gateway to access further services are evidence of the well-established instrumental role the Arts play as an aid to self-care, confidence building and social inclusion providing an outlet that can promote and support improved health and wellbeing. The Commission encourages the Department and Service providers to consider the promotion and mainstreaming of these and other physical complementary therapies as early intervention and preventative models offered as part of a mental health and wellbeing service and to augment other

[17] CVSNI (2017) *Key Guiding Principles for Existing and Proposed Organisations and Processes Dealing with the Past*, CVSNI.

interventions. A recent survey to establish Arts and Culture Engagement levels in NI during Covid-19 noted that 44% of 1,000 participants agreed with the statement *"since Lockdown the Arts have had a positive impact on my health and wellbeing"*.[18]

Age Related Issues – Providing support at the Right time

25. The Department acknowledges at Points 84 to 86 that service provision is not equitably available and is impacted by age. One service provider explained to the Commission that those under the age of 18 and those over the age of 65 experience inequality in their access to mental health services in comparison to those that fall in the 18-65 age range: "*They don't get the same level of service and support as those between the ages of 18-65."*[19]

26. **Action 5** – The Commission notes the current exclusion at Point 70 of the draft Strategy and seeks the specific addition to this list of those being disadvantaged when accessing services or being vulnerable to mental ill health, of the children and young people who are descendants of victims and survivors. The Commission's forthcoming research into the transgenerational impact of the conflict highlights how their mental health and that of their parents has been affected by traumatic experiences of the Troubles and its enduring legacy[20]. Many young participants discussed the direct consequences on their mental health and wellbeing of adverse childhood experiences and trauma as a result of their own and their parents' experiences of the Troubles/Conflict. They included in this:

- family histories and its embedding through constant retelling or being an unspoken known;
- high rates of drug related suicides and drug debts;
- coercive control of paramilitaries within their communities;
- lack of or limited access to statutory and community led services;
- need for wraparound services for their mental health;
- prescribing practices in place of other service provision;
- resilience building and recovery capital.[21]

[18] Survey to Establish arts and culture engagement levels in Northern Ireland during the Covid-19 Pandemic Summary 23.Noember 2020 – Belfast: Social Market Research Arts Council NI - http://www.artscouncil-ni.org/images/uploads/publications-documents/ACNI-Coronavirus-Survey-Findings-Summary.pdf sourced 17.02.2021

[19] Interview with VSF member 5.2.21.

[20] CVSNI - McAlister, S., Corr, M., Dwyer, C., Drummond, O., Fargas-Malet, M. (2021) "It Didn't End in 1998": Examining the Impacts of Conflict Legacy across Generations Belfast: Queen's University Belfast for CVSNI (forthcoming).

[21] CVSNI - McAlister, S., Corr, M., Dwyer, C., Drummond, O., Fargas-Malet, M. (2021) "It Didn't End in 1998": Examining the Impacts of Conflict Legacy across Generations Belfast: Queen's University Belfast for CVSNI (forthcoming).

The Victims and Survivors Forum (VSF) recognise these challenges and their implications on young people with a member referring to them as "*Living with the Abnormally Normal – and you learn and adapt to the abnormally normal*".[22]

27. **Action 8** – The Department's Strategy identifies (at Point 83) the impact of the legacy of Troubles related Trauma on older people acknowledging at Points 83 and 84 the *'under provision', 'failings'* and *'outmoded'* services available to older people. The Commission see as a priority the need to tailor and improve access to appropriate psychiatric services for the over 65s. This relates specifically to those who either need to:
    - access services for the first time; and/or,
    - transition into adult or geriatric service provision.

    The experience of one of our respondents working with such service users illustrates challenges facing those transitioning: "*If they are in supported housing when they change over to the older people services they may still get support but their CMHP changes so they may lose the social worker or community psychiatric nurse that they have had for years and get one from the other team who are starting a fresh. That is a time when people tend to make historical disclosures and it is crucial that they have a continuity of support at that time. Services are not there for them.[23]"*

Community Mental Health Services

28. **Actions 9 – 11** For many victims and survivors being able to access services within the community provides a high level of confidence. In the Commission's 2019 response to the Consultation on the RTN the Forum expressed a view that "*there should be a renewed effort to enhance trauma awareness among GPs and other primary care practitioners."*[24] However the Commission also notes the challenge that has arisen for some wishing to access local services since the reworking of local government and electoral boundaries[25] and that for victims and survivors a sense of community can come more from communities of interest that it does from geographical location. "*It's good to talk when and where to whom you feel safe doing so with - however Community doesn't have to mean a geographical community and local doesn't have to mean neighbourhood."*[26] Some victims and survivors also indicated disruption to their recovery journey that came as a result of the imbalance between their ability to access or uptake services and advice as a result of political, funding and

[22] Interview with VSF member 5.2.2021
[23] Interview with VSF member 5.2.2021
[24] Commission for Victims and Survivors' response to the Health and Social Care Board consultation on the establishment of the Regional Trauma Network 2019
[25] The Review of Public Administration and the Local Government (Boundaries) Order (Northern Ireland) 2012 (421), enabling the reduction of 26 to 11 Council areas, and the Assembly Members (Reduction of Numbers) Act (Northern Ireland) 2016 that reduced from 108 to 90 the number of elected representatives sitting in the Assembly. The Review of Public Administration has had implications that are particularly pertinent to the current and future work of the Commission and its sectoral partners and stakeholders.
[26] Interview with VSF representative 5th February 2020

social circumstances in both rural and urban areas as well as gatekeeping by GPs and others. *"Accessing services is the challenge. And when triggers occur, accessing services initially is the hard part which needs to be streamlined. You need to have been referred in from you GP to the mental health assessment centre and then into the community service."*[27]

Regional Trauma Network and Specialist Services

29. Action 25 - The Commission is surprised and disappointed that there is no explicit reference to the Departmental commitment to establish and operationalise a new Regional Trauma Network (RTN) prioritised for victims and survivors of the Troubles/Conflict within the draft Mental Health Strategy. This is despite the clear reference to the Regional Trauma Network within the Health Minister's Mental Health Action Plan including the COVID19 Mental Health Response Plan published in May last year.

30. The Commission has been a long standing advocate for the creation of a dedicated regional specialist psychological trauma service for victims and survivors of the Troubles/Conflict. Commission advice to Government in 2012 on the needs of victims and survivors highlighted the inconsistent and inequitable provision of specialist psychological trauma services across the statutory mental health system accessible to individuals and families across generations whose mental health has been severely impacted by their conflict-related experiences.

31. The Commission welcomed the Health Minister's 2015 decision to progress the development of the new regional trauma service as a partnership between the statutory mental health system and the community and voluntary sector. The Commission understands that the operation of the RTN is currently delayed, in part due to the global pandemic and also due to a number of unresolved issues relating to the service delivery model of the new service.

32. During consultation with the Victims and Survivors Forum a range of opinions were expressed relating to the proposed phased implementation of the RTN. One issue of concern highlighted within the Forum was the need to ensure that the operation of the RTN remains aligned to the principles and vision envisaged within the 2014 Stormont House Agreement. Equally, other views supported the development of a regional trauma network into a broader trauma service benefiting the entire population in Northern Ireland as proposed within the service delivery model but with a focus on providing timely access to specialist trauma-focussed treatment to victims and survivors.

33. The Commission believes that the specialist Trust-based trauma teams must focus on addressing the enduring and often complex range of mental health needs of victims

[27] Interview with VSF representative 5th February 2020

and their families. It is critical that the HSC element of the RTN works closely with experienced psychological therapists in the community sector to ensure victims and survivors continue to access the range of stepped care psychological therapy in a timely and effective manner. The Commission wants to avoid the situation where victims and survivors with clinically significant psychological difficulties requiring access to the Network experience excessive waiting times across the five HSC Trust areas. One way to ensure that this happens is to establish protected and prioritised care pathways for individuals and families with complex and chronic psychological needs linked to their traumatic experiences of the Troubles/Conflict. This is particularly important in the context of the implementation of the Troubles Permanent Disablement Payment Scheme in the months ahead. One of the potential implications of the establishment of the new Scheme may be that more individuals with chronic mental health needs will come forward who could be supported through access to the full resource of the Network.

34. The Commission recognises that many individuals and families affected by their traumatic experiences of the Troubles/Conflict and requiring access to the RTN will be referred via their GP. The Victims and Survivors Forum expressed a view that as part of the wider promotion of the RTN, there should be a renewed effort to enhance trauma awareness among GPs and other primary care practitioners. This could form part of the wider objective of the RTN to encourage 'hidden victims' to seek psychological support accessing the appropriate interventions from either the HSC element or from a community-based service provider or both.

35. The Commission is aware of the significant concerns that were previously raised by the Victims and Survivors Service and a number of victims' organisations in relation to the RTN service delivery model and the prioritisation of the specialist mental trauma service for victims and survivors. Discussions had taken place prior to the imposition of pandemic restrictions to try and resolve these issues. It is critically important that a resolution process led by the Department of Health and the Executive Office as well as colleagues from the VSS and sectoral organisations is re-established in the months ahead to allow the Regional Trauma Network to become operational as soon as is practicably possible.

36. **Action 26 – 27** The Department acknowledge that those working to address mental health needs are in a fast changing sector with specialist training requirements. These include training connected to conflict-related trauma and suicide prevention. The Commission endorses work undertaken in the design of a trauma-focussed care-pathway and raises concerns about the accessibility readiness of fully resourced trauma teams if any new service receives higher than anticipated referrals. Consequently, in the context of the legacy of the Troubles/Conflict, the approach of

any workforce must be more flexible, sensitive and responsive to the nuances and triggers for victims' in which mental health conditions present.[28]

37. Evidence given to the NIAC by the Veterans' Commissioner in February 2021 indicates that one grassroots victims' community organisation reports that, "*30% of victims are veterans. Because they are Servicemen, veterans are used to keeping things to themselves…without coming back and asking for help*"[29] and that many "*Veterans don't see themselves as victims; they were serving and doing their duty.*"[30] There are a number of other VSS funded groups to whom this culture also applies as well as a myriad of 'hidden' and 'hard to reach' victims and survivors who do not wish to be connected to groups and some of whom who do not identify as victims despite meeting that criteria in law. Consequently, they are also of concern to the Commission, as is the mental health of their families, widows and widowers, not least in relation to how responses that impact their mental health and any recovery journey are triggered by legacy Inquiries.

38. The Commission responded to the Strategy for Our Veterans (2019) Consultation Document '*in the context of identification as victims and survivors of the Troubles*'[31] noting the disparity in access to and levels of service available to veterans outside Northern Ireland. The response highlighted the challenges of and need for collaborative and co-ordinated specialist services for veterans and their families. The Commission outlined that a significant number of veterans, (56,700 roughly 3% of the population) live in Northern Ireland. The number rises to 8% when consideration is given to the wider veteran communities of spouses, divorcees, widows, and children of the more than 300,000 regular and reserve personnel who served as part of Operation BANNER[32]. The Commission's response to the Veteran's strategy noted that post Good Friday Agreement, "*there are some veterans for whom the transition process can be a challenge. This can be due to complex needs or events that trigger mental health-related issues in the years following transition*".[33]

39. There are some who will require services they had not anticipated in later years. It is germane to the Strategy that the Commission recognises that the mental health treatment of veterans should not be disadvantaged, and that provisions in the Armed

[28] Commission for Victims and Survivors response to the Health and Social Care Board consultation on the establishment of the Regional Trauma Network September 2019
[29] NI Affairs Committee (2021) Commissioner for Veterans' Danny Kinahan – evidence session, 3rd February 2021.
[30] NI Affairs Committee (2021) Commissioner for Veterans' Danny Kinahan – evidence session, 3rd February 2021.
[31] CVSNI (2019) Consultation Response to the Government's Strategy for Our Veterans, Commission for Victims and Survivors NI, February.
[32] Armour et al (2018) Public Attitudes to the UK Armed Forces in Northern, Belfast: Ulster University p. 22-23
[33] CVSNI (2019) Consultation Response to the Government's Strategy for Our Veterans, Commission for Victims and Survivors NI, February.

Forces Bill[34] also have implications for delivery of the Armed Forces Covenant in Northern Ireland, included in the New Decade New Approach deal, and which, after a legislative consent motion, could be put forward at Stormont.

Substance Use Strategy – Dual Diagnosis

40. ACTION 20 The Commission's response to the Department's Making Life Better Substance Use strategy highlights how substance use frequently intersects with victims' co-occurring mental health issues and is used, (whether prescribed, legally obtained or acquired by other means), to self soothe, numb and otherwise cope with traumatic experiences. An added complexity to the treatment for conflict-related mental and substance disorders is the lengthy delay among many individuals in seeking help for their conditions. Commission research has indicated that on average individuals with conflict-related substance disorders experience a treatment delay of 15 years.[35] This to an extent can be explained by the regular use of alcohol and/or drugs as part of an unhealthy coping strategy to deal with regular exposure to traumatic experiences during the Troubles/Conflict. Further, self-recognition of substance abuse complicated by existing trauma-related mental health disorders, issues linked to stigma and shame as well gaining access to trauma-informed addiction services can explain the delay in accessing treatment.

Commission Research

41. The Commission is currently managing four research studies funded by the PEACE IV programme. The projects are part of a wider £13.4 million Victims and Survivors Programme with the Victims and Survivors Service as the Lead Partner. The transgenerational impact of the mental health legacy of the Troubles/Conflict and the current treatment and services to support individuals and families including children and young people are pervasive themes explored in each of the studies. The four studies are nearing completion with reports launched in the months ahead. For the purpose of this response it is worth referring briefly to the Review of Trauma Services and the Transgenerational Legacy and Young People projects.

42. The central aim of the Trauma Services study is to improve knowledge and understanding of the clinical impact of trauma-focussed psychological therapy and other supportive trauma-related services in the treatment of conflict-related mental health conditions in Northern Ireland and the Border Regional of Ireland. The study has explored the lived experiences of individuals and families that have accessed trauma-focussed psychological therapy treatment to address their conflict-related psychological health issues. Further, the project has also elicited the views of trauma counsellors and psychotherapists and managers working in the statutory sector and

[34] The Armed Forces Bill 2019-2021 had its 2nd reading in the House of Commons on 8th February 2021 to make amendments to the Armed Forces 2006 Act including on matters and connected purposes to the provision about pardons for certain abolished service offences and war pensions.
[35] CVSNI (2011) Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland, (research report produced by Ulster University in partnership with CVSNI), CVSNI.

in funded community-based service providers working directly with victims and survivors. The study includes several literature reviews in the areas of treatments and interventions for conflict-related PTSD, factors that influence and maintain complex grief as well as effective treatments for conflict-related co-morbid PTSD and addictions. Importantly, the clinical team based within QUB reviewed psychological therapy outcome data produced by the specialist trauma services based in the Southern and Belfast Trusts as well as VSS funded providers of psychological therapy to victims and survivors.

43. The Transgenerational Legacy and Young People study conducted by QUB has been investigating the continuing transgenerational impacts of the Troubles/Conflict on the lives of children and young people (aged 14-24) and parents throughout Northern Ireland and the Border Region of Ireland. The project has adopted a 'two-generation approach' exploring and identifying the experiences and needs of current generations of children and young people affected by the Conflict's legacy and their relationships with older generations, many of whom have lived experience of the worst years of the Troubles/Conflict. Researchers have engaged the views of over 100 young people and parents as well as 45 community representatives based in 7 areas across Northern Ireland and the Border Region as well as almost 30 other key stakeholders including departmental representatives.

44. A key theme explored within the study has been the impact of conflict-related issues including delayed or undiagnosed trauma among parents, the persistence of paramilitarism, segregation and sectarianism on children and young people and their parents' health and wellbeing. Included with this analysis is the relationship between poor mental health and drug and alcohol misuse among different generations within communities where these conflict-legacy issues continue to persist.

45. In both studies it is clear that 30 years of conflict-related violence as well as two decades of living in a society with unresolved issues linked to the Troubles continue to have a profound and enduring impact on population mental health. In the months ahead the Commission looks forward to sharing the content of the reports including main findings and recommendations from each of the research studies with the Department as it continues to develop and implement the new Mental Health strategy.

Conclusion

46. The Commission has welcomed the opportunity to submit a response to the Department of Health's consultation on the draft Mental Health Strategy 2021-31.

47. It is a matter of concern that the there is no reference in the draft strategy to the importance of recognising and responding to the mental health needs of victims and survivors living with the impact of the legacy of the Troubles/Conflict. The Commission

would strongly request that the Minister and his Department prioritise the establishment of the Regional Trauma Network as envisioned within the Stormont House Agreement in the months ahead. It is concerning that the draft Strategy does not contain any reference to the RTN despite the departmental commitment to develop and implement the new regional specialist trauma service within the Minister's Mental Health Action Plan published last year.

48. The Commission also expressed a similar concern in its response to the Department of Health's recent consultation on the new Strategic Framework to Tackle the Harm from Substance Use. Regrettably within that new Strategy document there was no substantive reference to the direct impact of the legacy of conflict-related trauma on the use and misuse of substances by individuals and . communities. which directly impact victims and survivors including the distribution and control of substance accessibility within communities.[36]

49. The Commission agrees that there is a need for improved holistic support throughout the recovery journey for individuals and their families with an emphasis on transition services to build recovery capital. Given the individual and unique responses different victims and survivors have, the Commission welcomes any emphasis on dual diagnosis and dual treatments and actively encourages explicit support for victims and survivors' needs within service commissioning and delivery including in the area of co-occurring mental health and substance use.

50. The Commission urges the Department to forefront victims and survivors as a key target group in the Strategic framework, and, *de facto* create indicators and actions that will enable improvements in their health and well-being. The Commission welcomes any opportunity to work further with the Department and the victims sector to address this deficit within the Strategy.

[36] The Commission's consultation response can be accessed here: https://bit.ly/393T27m