

Inter-Departmental Group (IDG) 'Still Waiting' Action Plan – Progress Update Report

December 2020

Introduction

1. The Northern Ireland Commissioner for Children and Young People (NICCY) published 'Still Waiting – A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland' on 27 September 2018. The report made 50 recommendations covering a range of aspects of mental health services and support for children and young people, based on evidence provided to NICCY by young people with experience of the services.
2. The Department of Health (DoH) responded to the Still Waiting Report by setting up an Inter-Departmental Project Board to consider the recommendations of the report, respond to NICCY and take forward an Action Plan for the agreed recommendations. That Action Plan was published in draft on the Department's website on 10th October 2019 – World Mental Health Day at the following link: <https://www.health-ni.gov.uk/news/action-plan-child-and-adolescent-mental-health-services-camhs>

Background

3. The Still Waiting Action Plan (SWAP) has now been published over a year. In that time there have been a number of key developments which have impacted on the progress of the SWAP.
4. The first was the return of the Northern Ireland Executive in January 2020 after a 3 year gap. The welcome return of government was accompanied by the New Decade New Approach (NDNA) agreement, which set out the Executive's commitment for the coming tenure. Mental health featured prominently. The Agreement included a commitment to produce a Mental Health Action Plan by March 2020 to address issues in the short term, with a further commitment to develop a Mental Health Strategy by the end of the year.

5. The Executive had not been in place long before the second key development occurred, the emergence of the global COVID-19 pandemic and the Executive imposed lock down restrictions in March 2020 to curtail the spread of the virus.
6. As the full scale of the public health emergency became clear, work to progress actions in the SWAP was put on hold. The Inter-Departmental Project Board Group (IDG) for the SWAP met on 2 March 2020 and did not meet again until 7 September 2020, reflective of the ongoing work and redeployment of staff to the emergency pandemic response which the Department of Health (DoH), the Health and Social Care Board (HSCB), the Health and Social Care (HSC) Trusts and indeed, the whole of Government prioritised over all other work.
7. However, it is clear that not only did COVID-19 pose a threat to people's physical health, the associated restrictions weighed heavily on people's mental health and wellbeing. Nationwide lock-down in March to curtail the virus was effective in reducing transmission but had wider consequences for society. A sudden absence of routine and lack of peer support networks and face to face social interaction, coupled with educational and exam uncertainty, concerning news reports and 24/7 social media reporting are all likely to have had a detrimental impact on the mental health of many of our children and young people.
8. The availability of high quality help and support has been vital in addressing this increased need; Children and Adolescent Mental Health Services (CAMHS) remain open and accessible to our children and young people at this difficult time. The recommendations of 'Still Waiting' and indeed the actions in the SWAP are more relevant than ever, considering the likelihood of rising levels of mental ill-health.
9. However, despite progress against the SWAP being slowed by the emergency response to the pandemic, with many of the timelines for actions being extended by 6 months to reflect the hiatus, there has also been positive progress made in mental health at this time. The Progress Update Report provides an overview of this work. The updated SWAP, with progress to date noted in the last column

against actions is at the Annex. A summary of the main areas of progress is below.

Mental Health Action Plan

10. On the 19th May, the Health Minister Robin Swann published the Mental Health Action Plan, fulfilling the commitment made in the NDNA. The publication of this key document marked the beginning of reform of mental health services in the region and as noted above, it is intended as a short term measure to create a focused basis for decision making and implement immediate service improvements, providing the foundations for the longer term plans in the form of the Mental Health Strategy. The Action Plan links into existing strategies, including the SWAP, with the primary aim to improve the experience of those accessing the mental health system.
11. The Mental Health Action Plan contains 38 Actions, including the development of a new, ten year Mental Health Strategy. The Action Plan is not age specific and includes actions related to both adults, young people and children. There is also much cross-reference with the SWAP, most notably action 1.3 which is implementation of the Inter-Departmental SWAP. Other key actions relating to children and young people which have cross over into SWAP include full implementation of the CAMHS care pathway, to fund and implement the CAMHS Managed Care Network, improve transitions in mental health services across the lifespan and to create training opportunities for GPs in mental health.
12. The full action plan can be viewed here: <https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf>
13. The Mental Health Action Plan also includes a COVID-19 Mental Health Response Plan at its Annex, with a theme dedicated to CAMHS. Specific actions focused on the mental health needs of children and young people include:
 - Creation of a sub cell to focus on the mental health needs of children and young people during and after the pandemic.

- Promotion of the use of electronic platforms in CAMHS appointments and communications with young people to help provide quicker access to services.
 - To promote and signpost to helplines and other key online resources.
14. The Mental Health Action Plan secured a one-off £1.5m through the June Monitoring Round to fund its actions and work on implementation is on-going.

Mental Health Champion

15. One of the key actions in the Mental Health Action Plan is to create a Mental Health Champion for Northern Ireland and Professor Siobhan O'Neill, Professor of Mental Health Sciences at Ulster University and one of Northern Ireland's leading experts in the field of mental health, was appointed as Interim Mental Health Champion in June 2020.
16. The role of the Mental Health Champion includes building consensus to integrate mental health and well-being across government, being a public advocate for mental health, an adviser to senior stakeholders, supporter of research into mental health, provide a voice for those who otherwise would not be heard and a challenger of decisions and policies where mental wellbeing, suicide prevention, good mental health and recovery are not considered.
17. The Mental Health Champion role is endorsed and funded by the whole Executive, indicative of the importance that this government is placing on mental health. The appointment of the Mental Health Champion is an exciting development for Northern Ireland and for stakeholders and it is hoped to involve the Champion and the expertise and knowledge that she brings, in the work of the SWAP in the near future.

Mental Health Strategy

18. The Mental Health Action Plan contains a specific action to develop a ten year Mental Health Strategy, reconfirming Minister's commitment to this important step in setting the future direction of mental health services in NI.

19. The strategy will be cross-sectoral in nature, will be patient centred and trauma informed, and will put the needs of the community at the fore. It will address mental health needs across the lifespan, including CAMHS and the mental health needs of children and young people; and is an important opportunity to develop and shape services to meet the mental health needs of current day.
20. The need for a Mental Health Strategy is greater than ever before and the impact of the pandemic on the psychological wellbeing and mental health of the population, including those already suffering from mental ill health, will be a key focus of the Strategy. The work undertaken to respond to the pandemic will feed directly into this strategic work.
21. The Department published a consultation version of the Mental Health Strategy on 21 December 2020 and is expecting to publish the full Strategy by July 2021.
22. The draft Strategy has been coproduced including:
 - Establishment of a Strategic Advisory Panel (see paras on Governance Structures below), which has been established by the Department to bring together a range of expert stakeholders to provide policy advice to the Department to support the development of the Strategy.
 - A series of virtual stakeholder events to seek the views of service users and carers, representatives from the voluntary and community sector, HSC staff, other government departments, academia and professional bodies to help inform the key priorities and actions for the Strategy. Focus groups have also been carried out through a number of voluntary and community sector organisations.

Governance Structures

23. A Mental Health Strategic Reform Board has been established to provide oversight and governance of the implementation of the Mental Health Action Plan and development of the new Mental Health Strategy. Membership includes

representatives from the DoH, HSC, Mental Health Champion, voluntary and community sector, and service users and carers.

24. A cross-departmental working group has also been established to aid the development of the Strategy as well as a virtual reference group to provide an opportunity for all those who wish to be kept informed of progress on this work.

SWAP Main Areas of Progress

Investment

28. It has been noted before by the IDG that recurrent and sustained investment in CAMHS is needed to address the rising levels of demand reflected in growing waiting lists and breaches of the 9 weeks waiting target in most Trust areas. While the on-going budget process has necessarily focused on the financial response to COVID-19, a view on the longer term funding for CAMHS will be considered as part of the development of the Mental Health Strategy and the associated 10 year funding plan (action 2.1 of the Mental Health Action Plan).
29. This work is currently underway with recent progress being made in increasing the investment in CAMHS, including an additional £750k which was allocated in year to the HSCB to address CAMHS inescapable pressures in waiting lists and staffing.
30. As significantly, the Mental Health Action Plan received investment of £1.5m to take forward its actions and both CAMHS and the SWAP has benefited from this funding. As noted above, many of the actions in the Mental Health Action Plan overlap with those in the SWAP; and indeed, the implementation of SWAP is included as an action. So progress against the Mental Health Action Plan will drive progress against the SWAP.
31. Also of particular note, is Minister Swann's decision to allocate a recurrent £1.5m of funding from 2021/22 to support the Department of Education's Emotional

Health and Wellbeing Framework (see para 56 below), with a particular priority being placed on providing CAMHS support in schools. This substantial investment supplements the recurrent £5m ring-fenced by Education Minister Weir to implement the Framework, with a combined recurrent investment of £6.5m being allocated from 20/21 onwards to improve the mental health of children and young people in schools. This joint funding initiative is indicative of both Ministers' commitment to work together in the best interests of our children and young people.

Managed Care Network

32. The Mental Health Action Plan has secured approximately £200k as part of the £1.5m allocation to take forward the Managed Care Network (MCN) for acute CAMHS. This is Action 1.7 of the SWAP and is also a strategic priority identified by the IDG. Establishment of the MCN will enable clinical expertise to be shared across the region, particularly in response to children and young people in crisis, resulting in improved and more tailored care for the young person with a more coordinated approach to transition and discharge planning, working with other key service interfaces to ensure better mental health outcomes for our children and young people.
33. Plans to establish the MCNs are currently being finalised. It is hoped that once established, the MCN will be well placed to drive progress in CAMHS service development, planning and strategic priorities for the future.

Prevalence Study

34. Action 1.5 of the SWAP is the development of a prevalence study into child and adolescent mental health across the region. This action is now complete, with Northern Ireland's first population wide survey of children's, young people's and parental mental health, which was launched on the 19th October 2020. The Youth Wellbeing NI report, which addresses a known gap in Northern Ireland's epidemiological database with regards to the prevalence of mental health in our children and young people, was funded through DoH's Transformation monies, commissioned by the HSCB and taken forward as a Consortium between

Queen's University Belfast (QUB), the University of Ulster (UU) and the Mental Health Foundation.

35. To date, Northern Ireland has had to rely on prevalence information from other parts of the UK. Given the impact of the Troubles here and the high levels of deprivation across the province, comparison with other jurisdictions is not the most reliable. A study specific to the region ensures a more rigorous understanding of the needs of the population and which is particularly timely to inform the long term strategic priorities for mental health services, as the development of the 10 year Mental Health Strategy gets underway.
36. The prevalence study was conducted in the 9 months prior and up to March 2020 and so provides an overview of the mental health needs of our young person and parent population before COVID-19, providing an invaluable baseline of data for comparison purposes post-COVID-19.
37. While the study is focused on the prevalence of mental health problems, it also includes consideration of the inter-related factors of mental disorders and Adverse Childhood Experiences (ACEs) and an evaluation of the number of families and children living in families where a parent has a mental illness.
38. Key findings include:
 - Higher rates of emotional disorders in our children and young people here compared to elsewhere; 1 in 8 compared with England, where rate is 1 in 12.
 - The age and gender demographic – higher levels of emotional problems seen in females aged 16-19; and boys aged 5-10. Signifies the importance of early years focus, prevention and early intervention.
 - As many as 1 in 2 young people here have experienced an Adverse Childhood Experience (ACE).

- High rates of self-harm and suicidal behaviours reported by young people, 1 in 10 and 1 in 12 respectively.
 - Cyber-bullying and social media disorders are rising problems
 - Key predictors for mental health indicated in the Study include family trauma, adversity, special educational needs and the presence of parental mental health
39. A link to the full report can be found here: <http://www.hscboard.hscni.net/our-work/social-care-and-children/youth-wellbeing-prevalence-survey-2020/>
40. The findings of the Prevalence Study drive home the importance of early years' prevention and early intervention targeted particularly at those most at risk of developing mental health problems, to ensure issues are identified and addressed as early as possible before they become more serious.
41. The study provides clear indicators and predictive factors which we can use to improve screening for mental health in our children and young people.
42. More investment and focus on these key areas will improve both the mental health outcomes for our children and young people in the short term; and in the longer term, reduce the pressures on statutory services both in CAMHS and adult mental health services.
43. While the study provides the key headlines, the breadth of information gathered has the potential for much more detailed and targeted analysis, to inform particular areas of interest, for example the prevalence of mental health in schools, and will be invaluable to policy makers, healthcare professionals, researchers and across Government in helping to inform future planning and shape the strategic direction for mental wellbeing and CAMHS services. For this reason, a data analyst post has been funded to provide further and more in-depth analysis of the data yield from the study to ensure the data is mined to its full potential while it remains relevant and current.

Theme 2 Accessing Help

44. The actions in Theme 2 are about tackling the barriers that children and young people have encountered in accessing mental health services. This Theme became particularly pertinent during lock-down when services were running at reduced capacity, with social distancing restrictions in place and infection control practices being established. However, despite this CAMHS remained open for business and efforts were made to ensure that this message was relayed to children and young people who needed help.

45. Under the weight of the pandemic, Trusts across the region came up with innovative ways to continue to deliver services while taking account of the restrictions imposed, offering extended hours of service, providing clinics on a 7 day rota basis, including evening and weekend working to maintain social distancing. There has been increased use of apps and appropriate audio-visual platforms for direct engagement with children, young people and their families and a wide range of information and resources were developed, collated and made widely available as a means of additional support.

46. In particular, the increased use of video conferencing and telephone appointments, where suitable and clinically appropriate to do so, helped staff to manage caseloads and ensured that young people were seen in a timely fashion. Where a young person requested a face to face appointment or where this was clinically indicated, the service was able to accommodate this with appropriate infection control measures and social distancing in place. The upside of these new ways of practice has been that young people have been provided with more choice and flexibility regarding their appointment times, with the result that waiting times have been reducing this year although it should be noted that levels are expected to rise again.

47. Reviewing the CAMHS appointment system was action 2.7 within this Theme. While initial scoping work on this action had got underway, the service developments outlined above in response to COVID-19 happened at pace. It is fair to say that the HSC response to COVID-19 has transformed the way that

services are delivered and there is ongoing evaluation to ensure that the most effective and efficient use of resources are being employed to schedule appointments within the 9 weeks target, provide appropriate care, treatment and clinical oversight to patients and to help manage caseloads. The impact of these developments will be used to inform service planning in the future and to help manage the rising referrals coming into the service as a result of the COVID-19 pandemic.

Primary Care Multidisciplinary Teams (MDTs)

48. Action 3.3 is the implementation of the primary care MDT model. This introduces new physiotherapy, mental health and social work roles into general practice, to work alongside existing practice teams and increased levels of district nursing and health visiting staff. The model is now well progressed in 5 of the 17 GP federations across Northern Ireland – Causeway, Down, West Belfast, Derry/Londonderry and Newry & District – with each local project a partnership between the federation and its local HSC Trust.
49. The MDT model moves from a system of treating illness to a holistic approach to supporting good physical and mental health, and social wellbeing. Of particular importance is the co-location of teams within individual practices, with all new staff, including mental health practitioners, physically based in local primary care settings.
50. This action was making good progress up until the COVID-19 pandemic necessitated a pause in further recruitment to the model. Nevertheless, MDTs played a key role in the emergency response during pandemic, with the mental health practitioners and social work staff proving particularly valuable. They have proactively worked both as individual professionals and together as a team to support those with low level mental health challenges, those who were shielding and those experiencing social isolation as a result of the pandemic, as well as their general practice populations. This early work laid robust foundations for the swift provision of ongoing support, as the pandemic continues.
51. There are currently more than 270 staff supported by the MDT Programme in 78

GP practices, including 44 mental health practitioners. Officials successfully bid for additional in year funding, which will enable a further 11 mental health practitioners to be in place in three of the existing five areas before the end of the current financial year (the remaining two areas are at or near full allocation). In addition, existing areas will also see small increases in social work staff, nurses and physiotherapists, providing over 600,000 access to at least one element of the MDT.

52. The funding has also supported a small footprint in the new MDT area of North Down and Ards, reflective of a commitment by the Department to expand the model even in the most challenging circumstances. Subject to recruitment timescales, it is planned to appoint a further 2 mental health practitioners in this area. In tandem with this expansion, the Department is also engaging with the remaining federations to develop a 'road map' for implementation across Northern Ireland.
53. A two year formal evaluation of the MDT Programme commenced in March 2020, which will help shape the model as it is expanded further to maximise the benefits to patients/carers, primary care and to the wider HSC. While it was intended that this would follow an 'action learning' approach, the pressures on primary care since the award of the contract have meant that the focus of the evaluation has been on those aspects which do not require significant engagement with front line or support staff, such as literature review, international interviews, strategic stakeholder interviews, establishing protocols for accessing data and development and issue of staff and service user surveys.
54. To support the evaluation, and as part of wider reform of primary care, the HSCB is leading on the introduction of a new 'GPIP' information platform which will provide detailed data on a range of services provided through primary care. While implementation has been delayed by Covid, it is anticipated that at least some detailed data for MDT areas will be available by spring 2021.

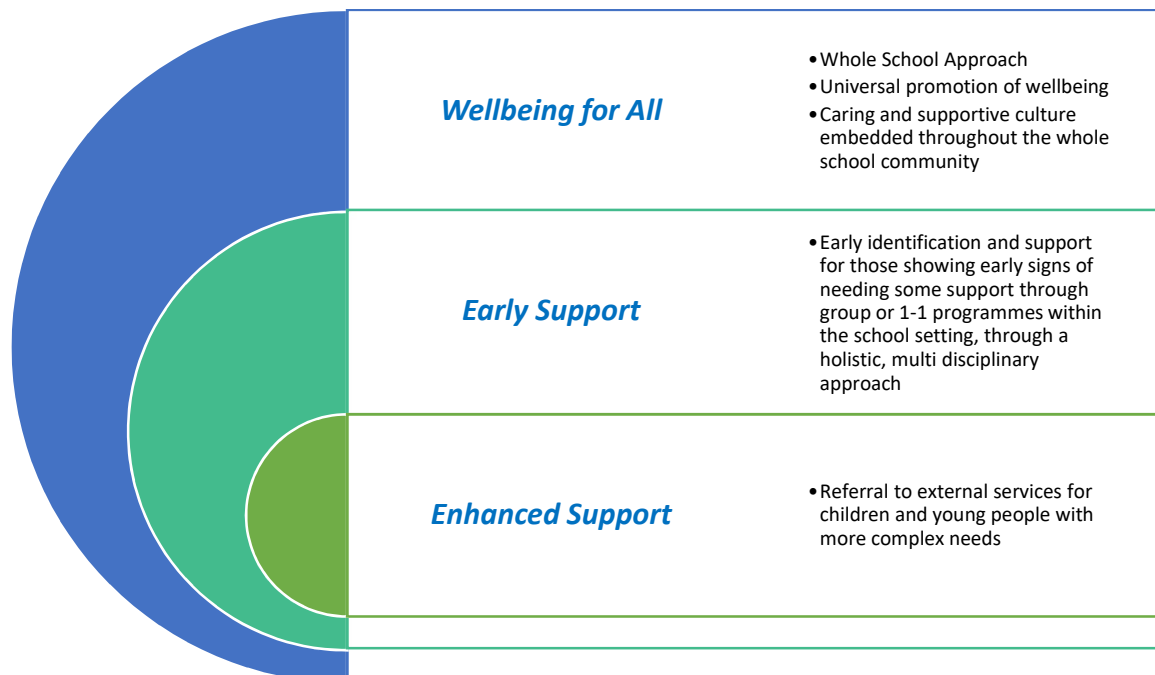
Theme 7 Mental Health Awareness and Understanding

55. This theme was previously identified by the IDG as a priority area of work; and significant progress has been made across this theme in the past year to strengthen the links between mental health services and education.

Children and Young People’s Emotional Health and Wellbeing in Education Framework’

56. The ‘Children and Young People’s Emotional Health and Wellbeing in Education Framework’ has been developed collaboratively by the Department of Education (DE) in conjunction with the DoH, the Public Health Agency, the Health and Social Care Board and the Education Authority. The main focus of the Framework is to provide overarching guidelines to support those working in educational settings to help them promote emotional wellbeing, strengthen self-esteem and resilience in our children and young people and effectively respond to presenting needs when required.

57. The model of support which underpins the Emotional Health and Wellbeing in Education Framework is outlined below:



58. This model reflects the strong focus and value of promotion, prevention and early intervention through which educational settings, the Educational Authority, the HSC and Community Services can work in an integrated way to support the child or young person both within the educational setting and where required with wider family support services.
59. The Framework is based on research which indicates that universal promotion of emotional health and wellbeing is more effective than targeted support directed solely to those considered to be in high risk groups. An initial focus on universal support provides an opportunity to “shift the curve” and help reduce the risk of our children and young people developing mental illness now or in the future.
60. While family and community are central to their wellbeing, education plays a key role in providing a nurturing environment and continuum of support for children as they transition and progress from the early years, through primary and secondary education, including youth services.
61. The main aims of the DE Framework are:
 - To ensure that children and young people are empowered and assisted to take care of their emotional health and wellbeing;
 - That their needs are met early and effectively when required;
 - To establish an integrated model that supports an early help, support and intervention focus on children’s emotional health and wellbeing needs;
 - That fewer numbers of children and young people will require specialist intervention from Mental Health Services.
62. While DE have been leading on the Framework, DoH have been particularly involved in the mental health aspects. The Framework is now close to completion. Significantly, DE has secured a recurrent budget of £5 million to deliver actions to implement the Framework in schools, including a number of mental health interventions.

63. In recognition of the importance of this work, the Health Minister Robin Swann has demonstrated his commitment to joint working with DE to address the emotional wellbeing and mental health of children and young people, by agreeing to provide £1.5 million recurrently from 2021/22 to support the implementation of the Framework's actions. This collaboration between DoH and DE and joint investment in the mental health and emotional wellbeing of our children and young people is to be commended, the result of which will undoubtedly be better mental health outcomes for our children and young people, which in the wake of the pandemic and the recent reopening of schools and education, is even more critical than before.
64. Of particular note and importance, is the action proposed for CAMHS, which is to provide dedicated CAMHS teams to support schools, acting in a consultative capacity, developing resources suited to pupils' age, aptitude and ability and delivering appropriate evidence based interventions. This would provide a responsive service to schools aimed at early intervention and prevention but which will also facilitate access to more specialist support, with the overall aim of reducing the growth of longer term mental health difficulties. Other proposed actions include expanding the Regional Integrated Support for Education (RISE) service into Key Stage 2, a Text-a-Nurse service and the expansion of an existing school nursing pilot to other schools.
65. The proposed actions of the Framework and publication of the Framework itself also represents marked progress against the actions in Theme 7.

HSCB/PHA 'Children & Young Peoples' Emotional Health & Wellbeing Services Framework

66. The HSCB/PHA 'Children & Young Peoples' Emotional Health & Wellbeing Services Framework (action 8.2) was finalised by HSCB in 2020. The purpose of this framework is to deliver a proactive, integrated and streamlined pathway for children with emotional health and well-being needs who present to Trust children's services. It is acknowledged that children with emotional health and well-being needs are likely to require a range of assessment and intervention approaches to meet their needs and that of their families.

67. An implementation plan was developed to sit alongside the Framework though this has been impacted on by the pandemic and needs to be revised alongside finalising timescales for launching the new framework. In the meantime, funding to support phase I of the Framework has been issued to Trusts to support the movement towards a single point of entry.
68. Connections have been made with the work on the Education Framework to ensure that the two initiatives work well together. Both of the frameworks present the opportunity for joining together services in a way that improves access and delivers a more positive experience of services for the benefit of children and young people and their families; and as such are complementary.

Further areas for development

69. While much good progress has been made in the last year, it is recognised that other areas of the SWAP have not progressed as far as planned. Much still remains to be done under Theme 8 – Young People with Additional Needs, in particular work around the development of a regional ID-CAMHS pathway and more consideration will be given to how the SWAP and the IDG can address the issue of mental health and substance abuse. It is the intention that progress against this action will be linked with the new Substance Misuse Strategy, currently under development.

Conclusion

70. The impact of the COVID-19 pandemic has been felt across the HSC and as a result, progress on the Still Waiting Action Plan and some of its workstreams has been delayed. As well as the devastating physical effects of COVID-19, it's clear that the disease and its associated restrictions has had a wider psychological effect on society. This has served to elevate the importance of safeguarding the mental health and resilience of our population during times of difficulty and brought a renewed focus to improving the mental health of society.

71. Over the next 12 months, the IDG would in particular, hope to make progress in areas related to drug & alcohol misuse, the mental health needs of children and young people with a learning disability, continued refinement of the CAMHS dataset and monitor progress as the CAMHS Managed Care Network gets up and running. The IDG will also continue to support the actions arising from the Emotional Health and Wellbeing in Education Framework to provide better mental health support and integration within education.

72. To help achieve momentum in these areas, IDG plan to review the existing SWAP in early 2021, with a view to ensuring actions are appropriately prioritised and resourced for delivery. This work will be informed, influenced and shaped by other ongoing strategy work, particularly the Mental Health Action Plan and the Mental Health Strategy as well as feedback from service users and key stakeholders groups.