

## **COMMISSION FOR VICTIMS AND SURVIVORS RESPONSE TO THE DEPARTMENT OF HEALTH'S SERVICE FRAMEWORK FOR MENTAL HEALTH AND WELLBEING 2018-2021**

### **1. Background**

- 1.1 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).
- 1.2 The Commission is a Non-Departmental Public Body of the Executive Office. The principal aim of the Commission is to promote awareness of the interests of victims and survivors of the 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.<sup>1</sup>
- 1.3 The Commission welcomes the opportunity to provide a consultation response on the Department of Health (DoH) revised Service Framework for Mental Health and Wellbeing 2018-2021. Reviewing the framework provides an important opportunity for all stakeholders to reflect upon the strategic and operational work to address Northern Ireland's high levels of mental ill health.

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<sup>1</sup> 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.

## 2. Contextual Understanding

2.1 The Commission welcomes DoH's recognition that Northern Ireland has higher levels of mental ill health than any other region in the UK. Furthermore, the contextual acknowledgement detailed in Section 1 provides a useful rationale for the framework.

2.2 It is recognised that many years of violence has created a society where much work needs to be done to deal with the legacy of our past. This is no more clearly manifest than in meeting the needs of victims and survivors; those whose lives have been disproportionately affected by conflict-related incidents.

2.3 The impact of the Conflict/Troubles on society cannot be underestimated:

- 26% of the Northern Ireland population have been affected or a family member continues to be affected by a conflict-related incident<sup>2</sup>;
- 3,720 conflict-related deaths between 1966 and 2006<sup>3</sup>;
- 40,000 injured<sup>4</sup>;
- 213,000 experiencing significant mental health problems<sup>5</sup>.

2.4 Poor mental health continues to be a serious issue today with a total of 4,474 deaths due to suicide were registered in Northern Ireland from the beginning of 1998 to the end of 2016.<sup>6</sup>

2.5 As referred to above, the Commission's *Towards a Better Future* research revealed that around 15%, or 213,000 adults in Northern Ireland, have developed mental health difficulties linked to their conflict-related experiences.<sup>7</sup> The findings from the research established that the social, political and economic legacy of the conflict was complex, wide ranging and multidimensional. The report noted that traumatic experiences and exposure to violence can lead to adverse mental health and other consequences not only for the person themselves, but also for their children and potentially, their grandchildren, resulting in a trans-generational cycle which impacts upon the well-being of subsequent generations.

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<sup>2</sup> NISRA (2017) Commission for Victims and Survivors Module of the September 2017 Northern Ireland Omnibus Survey, Belfast: NISRA.

<sup>3</sup> McKitterick et al (2007) *Lost Lives*, Edinburgh: Mainstream Publishing.

<sup>4</sup> Smyth et al (1999) *The Cost of the Troubles Study – Final Report*: p.37.

<sup>5</sup> CVSNI (2015) *Towards a Better Future: The Trans-generational Impact of the Troubles on Mental Health*, Belfast: CVSNI.

<sup>6</sup> NISRA Suicide Deaths 2016 - <https://www.nisra.gov.uk/publications/suicide-statistics>

<sup>7</sup> Ibid.

- 2.6 Specifically, the effects of violence, traumatic experiences and social segregation impact upon parenting practices which affect early attachment and the capacity of the child to self-regulate. Self-regulation difficulties increase the person's risk of mental disorders, behavioural problems and suicide. They also affect how that person engages with their own children when they become a parent. The accumulation of childhood toxic stress, resulting from negative parenting behaviours, exposure to violence and the use of harsh punishment, is associated with adverse mental health outcomes.
- 2.7 The research also highlighted that children of survivors of the conflict have been found to have poorer psychological functioning which may be a direct result of the trauma experienced but other indirect factors also play a role. This can mean a parent who has been physically or mentally injured during the Troubles may be unable to care for their child due to poor mental health. There are also examples of where the child may become their carer for their parent. Injury also places a large burden on the family in terms of relationship and economic problems. Additionally, trauma may contribute to maladaptive parental behaviour, such as intrafamily violence or neglect which subsequently impacts negatively on the child.<sup>8</sup>
- 2.8 In addition, earlier Commission research estimated that approximately 18,000 individuals met the criteria for Troubles-related Posttraumatic Stress Disorder and associated with a high prevalence of related conditions including clinical depression, self-harm and substance dependency.<sup>9</sup>
- 2.9 Another enduring conflict legacy issue is ongoing paramilitary activity that continues to cause many families throughout Northern Ireland significant harm and distress. As an enduring conflict legacy issue, paramilitarism can be viewed as a significant factor perpetuating the trans-generational impact of the Troubles, with serious consequences on mental and physical health. In addition to the routine orchestration of paramilitary style attacks, including on children and young people, attacks on security force personnel, coupled with ongoing gun and bomb attacks, reinforces a sense of insecurity and anxiety among many victims and survivors.
- 2.10 With society still being impacted by the legacy of the past, whether as a result of trauma, periods of violence or through political processes, many individuals require mental health service provision that is nuanced to victims and survivors of conflict-related incidents. It therefore essential that all

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<sup>8</sup> Ibid, p.33.

<sup>9</sup> CVSNI (2011) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, Commission for Victims and Survivors.

departments, and service delivery partners, are mindful of the impact of violence inflicted upon society.

- 2.11 The Commission would therefore recommend that the DoH acknowledges the unique circumstances in Northern Ireland and that it is reflected in the framework accordingly.

### **3. Standards for Service Delivery**

3.1 The Commission welcomes DoH's commitment to values and principles within the framework and acknowledges the review's objective to scope out existing service standards.

3.2 The Commission welcomes DoH's intention to develop a more streamlined service framework, based on up to 12 service standards. The Commission also welcomes the continued focus on care that is safe, effective and person-centred.

3.3 In October 2011 the Commission published a Minimum Practice Framework as a guide to organisations providing services in the victims sector. This was in line with the Commission's statutory duty to keep under review the adequacy and effectiveness of services provided for victims and survivors.<sup>10</sup> In November 2016 the Commission published a refreshed set of standards in order reflect changes to service delivery within the sector.<sup>11</sup> The published set of standards are closely aligned to the Public Health Agency's Quality Standards for Services Promoting Mental and Emotional Wellbeing and Suicide Prevention.

3.4 Standards by their nature continue to evolve and change. The Commission has in place a working group, in conjunction with the Victims and Survivors Service, the Executive Office, service deliverers and the Public Health Agency, which periodically review standards and propose changes and amendments to the Commissioner for consideration.

3.5 It is essential that organisations delivering services to individuals affected by conflict-related incidents ensure that support is victim-centred and mindful of the unique nature of violence inflicted upon society in Northern Ireland. Where possible the Commission's standards aim to reflect this unique situation.

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<sup>10</sup> As outlined in Office of the First Minister and deputy First Minister (2009) *Victims and Survivors Strategy*, Belfast: The Stationery Office, p.2-3.

<sup>11</sup> CVSNI (2016) *Standards for Services Provided to Victims and Survivors*, Belfast: CVSNI.

3.6 The Commission would be pleased to provide an overview of our standards and application to service delivery for victims and survivors in order to assist DoH with scoping out best practice.

#### **4. Demonstrating Impact**

4.1 The Commission welcomes the intention to conduct a baseline analysis of current data management systems and data activity that currently informs commissioning and performance monitoring.

4.2 It is acknowledged that robust monitoring and evaluation processes are necessary to measure the impact and effectiveness of support for victims and survivors and the Commission recognises the importance attached to the ongoing monitoring and evaluation of practice and sharing of data to support effective service provision.

4.3 Having access to a set of anonymised service user data using validated measurement tools including awareness of community-based service provision, talking therapy outcome data will enhance future service planning and development.

#### **5. Partnership Approaches**

5.1 The Commission believes that service delivery works best when delivered in partnership and welcomes DOH's intention to strengthen the integration of services and enhance multidisciplinary and intersectional working.

5.2 DoH's announcement in September 2015 to establish a world leading mental health service to provide high quality effective treatment for people experiencing trauma-related mental health problems was a recognition of the value of partnership approaches to service delivery and collaborative working. The commitment was also an acknowledgement of significant mental health problems as a result of the Troubles.<sup>12</sup>

5.3 The Regional Trauma Network provides an opportunity to create a high quality service for victims and survivors and the wider population. At the heart of this proposed model is the partnership between statutory mental health services and Victims and Survivors Service funded organisations.<sup>13</sup>

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<sup>12</sup> Referring to the Commission's research, Minister Simon Hamilton MLA said: "The 2015 report, 'Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health' found that over 213,000 people in Northern Ireland are experiencing significant mental health problems as a result of the Troubles... I want to comprehensively address the legacy of the Troubles and address unmet mental health needs. This new service will improve individual, family and community experience of mental health trauma care; it will improve the psychological and social outcomes for individuals, their families and communities who have been traumatised as a result of the violence; and improve governance and accountability." Source: <https://bit.ly/2s5vQ34>

<sup>13</sup> A list of Victims and Survivors Service-funded service deliverers and the support they offer can be accessed here: <https://bit.ly/2GOV3n4>

This collaborative, cross sectoral partnership arrangement presents the opportunity to provide the required resources, expertise and capacity to effectively address the mental health legacy of the conflict.

5.4 The Regional Trauma Network is currently in development with work commenced between DoH, the five HSCTs, The Executive Office, representatives from academia, the Victims and Survivors Service and the Commission. Forming a new trauma-focussed network of statutory and non-statutory based services should represent an important resource supporting post-traumatic recovery and growth. Drawing on the support and experience of community-based service providers, the service can provide access to a range of health and wellbeing services that can improve outcomes for individuals and families throughout Northern Ireland. This experience will be vital to the delivery of the network's Stepped Care Model approach.

5.5 Whilst the Regional Trauma Network is in development stages, the Commission recommends that it is referenced in the revised framework. This would be recognition of DoH's commitment to this service delivery approach.

5.6 Carers, supporters, family and friends play a vital role in supporting victims and survivors with psychological needs. The Commission therefore agrees DoH's commitment that a family-focused approach should be employed when implementing the framework. Further, the Commission welcomes the acknowledgment of the important role that carers and advocates, as outlined in 'You in Mind', can play in supporting an individual's recovery.

## **6. Conclusion**

6.1 In conclusion, the Commission welcomes the opportunity to submit this response to Department of Health's revised Service Framework for Mental Health and Wellbeing 2018-2021. This response has sought to highlight a number of points to ensure that the framework responds to the needs of victims of the Troubles who may suffer from mental ill health as a result of their conflict-related experiences.

6.2 The Commission's *Towards a Better Future* research highlights that traumatic experiences and exposure to violence can lead to adverse mental health and other consequences not only for the person themselves, but also for their children and potentially, their grandchildren, resulting in a trans-generational cycle which impacts upon the wellbeing of subsequent generations.

6.3 The proposed Regional Trauma Network provides an opportunity to create a high quality service provision. The Commission looks forward to the implementation of the service, which will allow for a range of interventions, involving evidence-based treatments and based on the Stepped Care model, to assist with the recovery of those experiencing poor mental health.

6.4 The Commission acknowledges the ongoing commitment of practitioners based within the statutory and non-statutory sectors who work to address the Troubles' trans-generational impact on the health and wellbeing of victims and survivors. Services funded by the Victims and Survivors Service and delivered by Health and Social Care Trusts provide an invaluable source of support to individuals and families continuing to deal with the mental health legacy of our past. Equally, there needs to be continued understanding and effective cross-government and cross-sectoral responses to the impact of enduring conflict-legacy issues on mental health.

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