



The Northern Ireland Association for Mental Health (NIAMH)

'Delivering the Bamford Vision'

The Northern Ireland Association for Mental Health (NIAMH) welcomes the NI Executive's draft Consultation Document on *'Delivering the Bamford Vision'* (DtBV) and in this document we present our comments.

We have now consulted widely on this document, carefully gathering the views of service users, carers, professional social care staff, health economists and other academics. Many concerns were expressed in relation to both the broad tone of the response and also to individual sections and items. We also felt that the format for consultation within the response document was unhelpful and may unwittingly stifle a more comprehensive engagement. We therefore wish to address DtBV and offer our comments outside the structure provided.

The NI Executive's response is a restatement of the spirit of the Bamford Review, an agreement with Bamford's broad vision, in particular the need for promotion of mental well-being in the population and, the social inclusion of people with mental health problems and learning disabilities. However, the consultation document lacks clarity and detail, failing to provide information as to how and when many of the Bamford recommendations will be delivered. Of considerable concern, the document ignores most of the 704 recommendations.

We contend that a Bamford 'roadmap' of staged priorities and timescales would facilitate the implementation process. However, the response document is largely devoid of direction and in consequence, we are deeply concerned that the comprehensive work of the various expert working groups may be easily diluted or ignored.

More specifically, we have difficulties with the following aspects of the DtBV:

Delivering the Vision

The document appears to underscore the importance of mental health promotion. Thus, mental health (as opposed to mental illness) was the issue most frequently highlighted as a priority in the consultation responses in the NI Executive ten year Investing for Health Strategy, March 2002. Given the cost of mental illness and the projected costs for mental health services, promoting the mental well-being of the entire population must be a key priority. This will have enormous and far-reaching personal, social and economic benefits. However, these benefits will be reaped in the medium to long term and as such, are not usually attractive to policy makers and politicians. Currently, a much higher level of resources is dedicated to treatment and care compared to prevention. This is not to say that we can afford to reduce funding for health and social care, quite the opposite. However, if the long term benefits of health promotion are likely to be felt across all social sectors including employment, education and the judicial system, inter-departmental approaches and funding is crucial. Moreover, a major problem with the document is that it provides scant consideration as to how a mental health promotion strategy can be implemented, nor does it offer a coherent framework for its delivery.

A number of difficulties are apparent in the DtBV document and these are linked to proposed new arrangements elsewhere. For instance, the Health Committee in their report on suicide prevention and self-harm have highlighted their major concerns with regard to the existing structure stating

that *'the current structure lacks a dedicated directorate to manage and act as a central focus for implementation of the suicide prevention strategy.'* The Committee have called on the Minister for Health to establish a designated suicide prevention directorate as part of the new Regional Public Health Agency. This would be unwise and would compound the already significantly disproportionate emphasis and expenditure on suicide as opposed to seeing it as part of a broader mental health promotion strategy. What is needed is a separate mental health directorate for Northern Ireland within the proposed Regional Public Health Agency. This would include a mental health promotion focus and encompass the suicide prevention strategy as one of several key initiatives. The establishment of this Directorate would be a major endorsement of the Bamford Vision as expressed in the primary recommendation of the Bamford Mental Health Improvement and Well-Being Report. To support our proposal we wish to point out that the Consultation Document describes the establishment of eight separate groups including inter-governmental ministerial groups and other agencies to help to deliver the Bamford vision. While, these groups may play a useful and important role, there is a need to ensure a coordinated centrally driven focus with the capacity to build on existing inter-departmental policies and actions.

Building resilience in the early years - Children and young people

It is heartening to see that the needs of children and young people are given prominence in this document. However, while various funding sums are mentioned there is little detail as to how this money will be disseminated. For instance, it states that the DE has secured 100k from the CYP fund to enhance life skills training in schools and enhance self-help and independent living. This level of funding is paltry given the stated desire to address well-being, in addition to MH problems, but we have no indication as to what will be done. For instance, there are 239 post primary schools in NI; this equates to £418.47 approximately for each school. What is expected from this level of investment? Has the Department of Health considered for example the investment which will be necessary to realise recommendations which are likely to be forthcoming from the current Department of Education "PEHAW" Working Groups?

Furthermore, counselling in schools is being delivered in post-primary education. This again, maintains the notion that mental health problems do not occur among younger children. There is considerable and growing evidence to indicate otherwise. Moreover, we would like to see health promotion and early intervention programmes that are targeted at the vulnerable and socially excluded. There is a need for sound evidence-based early intervention programmes that focus on the needs of young mothers and pregnant teenagers. One such programme is currently being rolled out across the rest of the UK in 20 pilot centres. The interim results are extremely promising.ⁱ In NI we have very high rates of teenage pregnancy within areas of high deprivation. Such misfortune is not 'self-contained', proceeding, as it generally does, to foster mental health problems, drug and alcohol misuse and social exclusion for the young person and future generations. The development of infant mental health and early intervention services should be pursued as a preventative strategy throughout Northern Ireland.

Again, expenditure on CAMH services, representing less than 5% of the total mental health budget, lags enormously behind that of adult mental health services. There is nothing in the document to reassure us that this imbalance will be addressed. While it is good news that plans are well advanced for a new purpose-built 18-place regional unit for young in-patients at Foster Green, it is also very little and very late. Acquaintance with the concerns of educationalists, mental health professionals and social care staff indicates that the level of current CAMHs provision is wholly inadequate to deal with the level of mental health needs among children and young people in NI. While there is widespread and popular concern about young people, substance misuse, anti-social behaviour and suicide, we lack the resources for early and effective intervention. Importantly, there is no available data to help us understand the unmet need in this population. Together, these gaps represent a false economy, the effects of which are felt by all sectors of society and government.

Funding

The response lacks a clear statement of the total health and mental health funding measured on a directly comparable basis. The spending figures set out in the consultation document are difficult to follow; for example, it's not always made clear whether or not they've been adjusted for inflation. As a result, it's not easy to tell to what extent mental health is being treated as a priority. For example, we are told that total health spending will be higher by £820 million in 2010/11 than in 2007/08 and that within these extra resources an additional £44 million will be made available for mental health and learning disability services. On the face of it, this doesn't sound very much, as £44m is only around 5% of £820m, which is much less than the share of mental health in total health spending. Does this mean that mental health's share is going to decline in the future? This is certainly one possible interpretation. On the other hand, the table shows that mental health spending is planned to increase by over 12% in real terms over the next few years, which is a bigger increase than is planned for total health expenditure, obviously implying that mental health's share will increase.

It would be helpful for the NI Executive to provide clear tables showing total health and mental health spending for all the years in question, measured on a directly comparable basis. As currently presented, the figures are simply a recipe for confusion.

Moreover, a target for increasing the proportion of mental health funding which should be spent on community services seems quite a good idea and the specific target being proposed (to increase the proportion to 60% by 2011/12) looks reasonably ambitious, which is also good. Using various figures in the consultation report, mental health funding was £204m in 2007/08, divided roughly between £98m on community services and £106m on hospital-based services. Total funding is likely to increase to around £240m by 2010/11 (after allowing for inflation), so if the 60% target is to be met, spending on community services will need to rise to £144m. This is an increase of 47% in real terms over the level of spending in 2007/08. In contrast, spending on hospital services will need to fall slightly, from £98m in 2007/08 to £96m in 2011/12. Meeting the target will therefore require quite a substantial shift in resources in favour of community provision. Our guess is that the target will be fairly difficult to hit, but we don't think that's a good reason for suggesting anything more modest!

Social Inclusion

For the most part, the response document draws very heavily on activities that have already been provided by organisations and institutions beyond the DHSSPS. Thus, the response claims credit for on-going work outside its parameters. Importantly, the focus is on people with disabilities and special needs, rather than addressing the specific needs of people with MHP.

The Pathways to Work Initiative is predominantly focussed on people with a disability to retain or find employment but there is no special provision within this for people with mental health problems. Similarly, other programmes and projects related to access to colleges of further education indicate that these are for people with physical disabilities but we have no special provision or understanding of the needs of people with MH problems, across a range of diagnostic areas (psychosis, bi-polar disorders, depression etc). There is no research on the needs of people with mental health problems in NI in relation to problems of social inclusion. This is not simply a matter, as the BR implies, that many of the facilities in NI have considered the needs of people with disabilities. Moreover, it is pointed out that the Library service has made a bid for lottery funding to contribute to well-being by improving access to information about mental health services and support services. However, there is no evidence that such information improves well-being (whose?) and, secondly, there is no guarantee that such a bid will be successful. This seems a rather flimsy attempt to claim activity where none exists.

Equality

The issue of Equal Opportunities, the protection of rights, empowerment and mental health capacity will be dealt with through new legislation. Thus amendments to the 1986 Order will result in a major reform of mental health legislation which will not be enacted until 2011 and legislation on mental health capacity until 2014. Unfortunately, no hint is given in the consultation document as to what this legislation will contain or what might be expected. Any new legislation should however include a statutory right to independent advocacy support, embracing a range of different models.

Research

The Bamford Review made a very clear and robust argument for home-grown research in NI. Thus, most of the evidence for need has been extrapolated from the UK and other countries. This is an unfortunate necessity. NI has quite dissimilar needs to other places, related to differences in socio-demographics, particularly rural-urban divisions. In comparison with other UK populations it has substantial health and social inequalities and has experienced wide-spread civil strife.

There is the need for research on the needs of people with mental health problems in Northern Ireland in relation to problems of social inclusion. As mentioned above, research is required on the mental health needs of children and young people, their pathways and access to care. We need to examine health inequalities around access and how this might be addressed. If we are sincere about social inclusion for people with mental health problems then much more research is needed to understand the educational and employment needs of this population. Without doing so, such inequalities will merely persist.

Mental health provision has been relatively poorly under-funded. Moreover, the routine collection of outcomes data in NI MH services is absent and there is scant evidence about how services should be developed or managed. The response document, depressingly, avoids any consideration of research activity in mental health, neither stressing the need for research nor indicating any funding mechanisms. If services are to improve in NI we urgently need to have robust systems in place for evaluation. Only on page 9 do we note that a research programme will be established to identify the needs of 'hard to reach' groups.

Psychological Therapies

It is important to develop a strategy for improving access to psychological therapies with a broad focus to include a range of psychotherapeutic interventions rather than an over emphasis on cognitive behavioural therapies.

Day Support and Supported Housing

The therapeutic value of shared living for some people with serious mental illness should be acknowledged. Thus there is a need for a range of supported housing accommodation, including on-site bedrooms in shared accommodation as well as self-contained units. The provision of step-up step-down facilities should be located in suitable environments which promote homeliness and recovery. Resources for the provision of supported housing could be more streamlined with access to a single sustainable funding source. The voluntary sector should also be able to contract directly with the proposed Regional Health & Social Care Board.

The therapeutic value of a range of day support services should also be acknowledged. Consequently there will continue to be the need for the provision of both traditional day services along with new and innovative initiatives, which balance risk in the context of recovery.

Main Points & Recommendations

- A Bamford roadmap of staged priorities and timescales
- The creation of a mental health directorate for Northern Ireland within the Regional Public Health Agency
- An effective co-ordinated inter-departmental focus with demonstratable outcomes
- A strategy for delivering a comprehensive centrally driven emotional resilience and mental well-being programme for all pupils in primary and post primary education
- Clarity on the financial package for mental health with a visible commitment to delivering the vision
- Research into the needs of people with mental health problems in Northern Ireland in relation to problems of social inclusion
- Protection of rights and empowerment of people with mental health problems through a statutory right to independent advocacy
- Address the research needs which are essential to delivering on evidence-based mental health interventions
- A broad based focus including a range of psychotherapeutic interventions
- Increase the range of supported housing accommodation and day support to meet the 2014 target, ie. no patient will have a psychiatric hospital as their permanent address

ⁱ The Child Health Promotion Programme (CHPP) can be found at <http://www.dh.gov.uk>