

NIADA Response to the Mental Health Strategy 2021-31

NIADA (Northern Ireland Alcohol and Drug Alliance) facilitates co-operation among the voluntary and community sector organisations providing services for and supporting those affected by alcohol and drug use, and their families across Northern Ireland.

Our vision is to have a society where people affected by substance use have access to the right services, in the right place, at the right time.

NIADA's mission is to work collaboratively to raise awareness and influence policy and practice on the impact of substance use on individuals, families and communities.

Key purposes are to:

- Create an independent cohesive voice for the sector;
- Advocate and influence policy, practice and service delivery;
- Campaign for the voluntary and community sector to be involved in the development, design and delivery of alcohol and drug services;
- Provide members with direct access to PHA, HSCB and DoH decision making processes;
- Provide members with networking, information sharing and publicity opportunities.

NIADA members deliver the current PHA substance use services and/or represent service users and include:

ADDICTION NI, ARC FITNESS, ASCERT, CARLISLE HOUSE, DEPAUL , DAVINA'S ARK, DUNLEWEY ADDICTION SERVICES, EXTERN, NORTHLANDS, RSUN, SIMON COMMUNITY, START360 and YMCA LISBURN.

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

- Targeted prevention programmes from maternity and early years need explored to include a specific emphasis on Hidden Harm.
- Deprivation – how does the Mental Health Strategy address the legacy and impact of this?
- Prevention approaches should be targeted at those most at risk and disadvantaged communities.
- Prevention should have a cross departmental approach and the impact should be monitored.
- Suicide prevention training should be provided to those working with vulnerable people but a more in-depth approach to co-occurring issues should be a priority.
- Any training in mental health, suicide prevention, addiction, substance use should be available to all those working in Mental Health or Addiction Services.
- Training should be promoted further within the health and social care workforce including dual diagnosis training, trauma and justice issues.

Theme 2: Providing the right support at the right time

- How much money is available when existing services are already at capacity and need is becoming more complex?
- This needs to be a clear focus and commitment of the strategy. Those with co-existing issues need to be treated as so. Substance use cannot be used as a reason for non-entrance into statutory mental health services. The pathway to addressing this needs to be identified and actioned by the strategy.
- Dual Diagnosis approach from the top down is key – at a strategic and departmental level links need to be made that ensure silo working becomes a thing of the past
- Dual diagnosis service within voluntary and community sector need a direct referral pathway to psychiatric support. These direct links should stand alone and not rely on a GP contact/referral.
- Isolation & loneliness are still important issues – important to develop befriending approaches to develop social networks.
- Impact of the pandemic on drugs, alcohol, poverty and mental health – does the new strategy have capacity for this?
- 80% of those who seek residential treatment are self-medicating because of mental-ill health and therefore mental health and substance misuse are very much intertwined. This mental ill-health has stemmed from trauma, life experiences and events going back to childhood and adolescence.

Theme 3: New ways of working

- Service user involvement in development and review of services particularly families, parents and carer is central.
- Ensure that services are delivered in a consistent manner across the region, utilising the same assessment, intervention and evaluation tool thus making data analysis and research more efficient.
- Need for Northern Ireland specific evidence and good practice.
- Collaboration, partnership, and integrated working are required but this needs to begin at a strategic level and filter down into integrated services that meet urgent needs. This is especially the case when individuals who present with multiple and complex needs are turned away.
- The strategy needs to be about ensuring those service users get the best support and service possible – can this be delivered? If so, how and where?
- Need to address stigma so as the recovery journey is supported by society. Need to increase understanding and reduce judgment – things may not be as hidden then.
- The Substance Use Strategy needs to align with the mental health strategy given the linkage of these issues. An additional outcome specific to reducing harm by addressing co-existing issues and actions is needed to deliver this.