Northern Ireland Alcohol & Drug Alliance

NIADA Response to the Regional Mental Health Service

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, GamCare, Northlands, RSUN, Simon Community, Start360 and YMCA Lisburn.

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In response to the proposals around a Regional Mental Health Service in N.Ireland please see the points below.

Many service users, due to their transient nature, share experience of the frustrations they feel with the inconsistent treatment and support they receive (both positive and negative) from mental health services dependant on where they are staying and the difficulty they have transferring between Trusts. NIADA welcome the desire to have a consistent approach across Northern Ireland.

This regional approach will have to be client-led rather than system-led and have flexibility at its core. Multi-Disciplinary Assertive Outreach teams should be available to work with service users right across the region as this is an approach that will work for those who find it challenging to engage with the more rigid clinical model that many are offered. Service-users report a service that meets them 'where they're at' both physically and emotionally is what they desire. Having the multi-disciplinary aspect to the assertive outreach model means service users will not have to be pushed back and forth between services and the other factors influencing their ability to move forward with their recovery can be addressed. These teams should have a partnership approach between statutory and voluntary agencies and services maximising the flexibility and responsiveness of the community/voluntary sector with the access to specialist support the statutory sector can bring.

Although co-design is muted within the framework it seems delivery is still driven by statutory provision. The document talks about silos to systems. However, there is also a requirement to challenge and change cultural/traditional processes. In terms of integrative working where does the accountability begin and end?

One question would be has the Regional Mental Health parameters considered the many recommendations of the Bamford and Donaldson reviews to improve quality and reduce internal systemic challenges within mental health supports and provision?

In regard to the development of ICPs across the 5 Trusts. Who are the partnerships and how will they be representative of the diverse needs within communities? What's the selection process? How will inclusion and participation be facilitated in the development of the ICPs?

A lack of understanding about what early intervention and preventative mental health initiatives are and how to access them is a significant issue and potential barrier. It is not only an issue for those attempting to access these services for themselves but also for those supporting them to access the services (family/friends and professionals). Time and resources need to be devoted to the promotion of awareness of and access to preventative and early intervention initiatives.

NIADA believe people should be able to access psychological wellbeing support without the need for either a referral or waiting lists. We know that people who wait

longer for help are more likely to experience a deterioration in their mental health, so the Framework needs to provide support at the earliest opportunity. To achieve this, an expanded network of psychological wellbeing services at a local level is required, which the CV sector is well-placed to deliver.

It is also critical service-users understand and are involved in decisions about the service they are accessing. Unclear expectations come from unclear understanding and can hinder the success of the intervention. Time spent informing service users of the options available to them is crucial so they can make informed choices.

In terms of integrative working will information and data metrics be universal and shared with CV partners?

NIADA want to see a mental health triage system in every community in Northern Ireland. In Scotland, Mental Health Assessment Centres were established across the country as a result of the COVID outbreak. These centres sought to rapidly assess people's mental health, in order to connect them to the right support for them. We would like to see a similar model, adapted here, so that GPs and other health professionals could have confidence that people would be connected to appropriate support quickly.

If people are to receive help at the earliest opportunity, we need the proportion of investment in community-based support to increase. This investment will see a reduction in numbers referring to crisis services as they can be seen when their mental health issues are at a lower level and supported to get the right support for them at that time.

There is a need to tackle social and economic disadvantage to improve mental health generally. Not just in a tokenistic way but really challenging and resourcing the needs attributed to multiple disadvantages within Northern Ireland. Mental Ill Health is the largest cause of disability in the UK with 22.8% of the total burden compared to 15.9% for Cancer and 16.2% for cardiovascular disease. Poor mental health is not just a '**Health Issue' but an overlap of the enduring social and economic disadvantage and health inequalities.**

It was not clear whether there is a commitment to address the needs of service-users who have consumed substances (or has a history of substance use). They should not be turned away when they attempt to access mental health services. NIADA want to see the 'no wrong door' ethos adapted for these service users without exception.

NIADA would also recommend mental health professionals be trained to engage with substance using service users who require mental health support. Equally addiction staff require training to better understand and support their service-users who have mental health issues. We have highly qualified practitioners in their field who lack the confidence to engage with clients with multiple issues – this can be addressed through a concerted effort to train and educate the respective workforce appropriately and together.

It important to know the decision-making processes are reflective of all stakeholders needs including service-users. NIADA is slightly concerned this would become another cosmetic exercise.

Terminology like **strive/should** is embedded within the document. Strive evades accountability to deliver.

Mental Health funding plan requires £1.2 Billion over the next 10 years - where will this resource be identified? Mental health funding is 27% lower than the UK, 20% lower than ROI. Protect Life Suicide Prevention Strategy receives £10 Million per year and requires an increase between 10% and 26% over the next 3 years - has this financial deficit been addressed across this planning framework?

A new Mental Health Service needs to be adequately supported. The additional financial requirement to bridge these deficits is an additional 34% of the current budget.

This framework provides an ambitious achievable reform if supported by all Departments. It is unacceptable many people/families within our communities in Northern Ireland are unable to access the treatments they need, deserve, and have the right to access.

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