PPR Response to

Department of Health Consultation

on the Mental Health Strategy 2021-2031

"*There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in*."

Bishop Desmond Tutu

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Introduction

This consultation response addresses two issues absent from the draft Mental Health strategy and makes recommendations on what needs to be included in the final strategy.

The first, timely access to counselling for all who need it, is a specific issue and the other, addressing the social determinants of emotional distress and trauma, is an overarching one.

However, both are directly connected. A major flaw in this strategy is the failure to 'surface' the implicit understanding of the underlying causes of emotional distress and trauma. There is little evidence of any shift away from the dominant narrative around 'mental health', one that is predicated on an individualised, pathologised model.

The opportunity presented by the development of a ten-year strategy, as well as the creation in 2020 of a high-level Executive Working Group on Mental Health, Suicide Prevention and Resilience, has not translated into a transformative approach to how mental health is understood or addressed.

Instead, this Strategy appears to be one drafted by Department of Health officials, with the main goals being the re-configuration and improvement of existing mental health services within both primary and secondary mental health services, as well as developing new ways of working. It is important that this work is undertaken with all urgency, to ensure timely and appropriate access to support when it is needed.

However, at a more fundamental level, the Department of Health must now ensure the Mental Health strategy is underpinned by and promotes a contextualised, psychosocial model of mental health, one that shifts the balance away from the dominant biomedical model. Instead of asking '*what's wrong with you'* it should take as its starting point the question "*what happened to you?*" , with the appropriate responses guided by the follow up question "*how can we fix the systems and processes that caused you to experience distress?".*

Recommendations

1. Ensure that mental health counselling is available to all, regardless of where they live.
2. All counselling provision will be quality assured, adequately resourced and of sufficient duration to meet individual needs.
3. If counselling is the agreed best form of support for a person, they should have to wait no longer than 28 days for a first appointment and no more than 2 days for an urgent appointment.
4. The role of local community-based providers in providing timely and accessible counselling will be fully recognised and resourced.
5. Delivery options will include face-to-face, telephone and online provision through an adequately resourced, in-house GP counselling service and/or recognised community-based provision.
6. The pandemic and the Department of Health and the wider Executive's response to how it impacts on psychological well-being must mark a decisive turning point in how it deals with emotional distress and trauma.
7. The development of this ten-year Mental Health strategy provides a unique opportunity to introduce the much-needed transformation and paradigm shift in mental health. Away from the current individualised, medicalised and pathologized understanding of emotional distress and trauma, towards a conceptual approach that locates psychological pain and suffering within its structural and societal context.
8. The Mental Health strategy should be underpinned by and promote a contextualised, psychosocial model of mental health, one that shifts the balance away from the dominant biomedical model.
9. In line with the cross departmental approach to mental health, spearheaded by the high-level Executive Working Group on Mental Health, Resilience and Suicide Prevention, the Mental Health strategy must include a commitment to incorporate a Human Rights Checklist, as developed by R2W campaigners, into social security decision making. It must also ensure that no one is forced into destitution as a result of benefit decisions.

1. Timely Access to Counselling for all who need it

For many people, counselling can offer an effective, low cost form of treatment that can help address pain and distress before these become acute. Counselling helps reduce referrals to secondary mental health care and improves patient outcomes. Counselling also prevents the medicalisation of emotional distress, a key consideration in a post-conflict society with record rates of prescribing for antidepressants. In 2019 alone, there was a 5.2% increase in the rate of prescribing of antidepressants, with a total of 3.4 million prescriptions issued[1]. Incredibly, this issue is not addressed in the draft mental health strategy.

GPs and patients alike have indicated that they wish to have the option of counselling as an alternative to, or in addition to medication. GP practices have two referral options for patients requiring counselling – Primary Care Talking Therapy Hubs or the NI Local Enhanced Service in-house counselling.

At present access to counselling through GP practices is a postcode lottery, dependent almost entirely on where you live, something which is clearly inequitable. The interactive map developed by 123GP campaigners, available here, www.bit.ly/PPR123map graphically illustrates this.[2] Inexplicably, the draft Mental Health strategy does not contain a single reference to the NILES GP practice-based counselling provision.

Primary Care Talking Therapy Hubs, established in 2015 in all five Trusts by the Health and Social Care Board, were intended as an alternative to NILES GP practice- counselling. Despite this, the draft strategy acknowledges that services are unavailable in significant parts of the population. Barriers to access identified by the #123GP campaign include lack of geographical coverage, no target waiting time, a cap of six sessions, poor budgetary planning and limited evaluation. The draft strategy proposes to transfer ownership of the Primary Care Talking Therapy Hubs into primary care, integrated more closely with the Multi-Disciplinary Teams in GP practices.

[1] https://www.nlb.ie/investigations/FOI/2021-02-prescriptions_for_antidepressants_soar_while_people_are_unable_to_access_counselling
[2] https://www.nlb.ie/investigations/FOI/2021-02-foi_data_reveals_a_post-code_lottery_in_relation_to_access_to_counselling_through_gp_practices

PPR welcomes the commitment in the draft Mental Health strategy to additional investment for talking therapies in order to increase availability and accessibility at local level. However, without enforceable targets around key indicators, including ease of access, waiting times, number of sessions, quality of service, resourcing plan and workforce planning, as well as information as to the scale of increased investment, the efficacy of any new proposals cannot be either assured or measured[3].

Recommendations

The 123GP Consensus on Counselling statement has secured widespread support from political parties and civic society.[4] All political parties (bar the UUP), as well as over 60 civic society organisations support these proposals. The Assembly's All-Party Group on Mental Health has written to the Minister for Health, backing this campaign and calling for the proposals put forward to be addressed in the Mental Health strategy.

PPR supports the 123GP call for the following commitments to be included in the Mental Health Strategy

10. Ensure that mental health counselling is available to all, regardless of where they live.
11. All counselling provision will be quality assured, adequately resourced and of sufficient duration to meet individual needs.
12. If counselling is the agreed best form of support for a person, they should have to wait no longer than 28 days for a first appointment and no more than 2 days for an urgent appointment.
13. The role of local community-based providers in providing timely and accessible counselling will be fully recognised and resourced.
14. Delivery options will include face-to-face, telephone and online provision through an adequately resourced, in-house GP counselling service and/or recognised community-based provision.

[3] A full briefing paper is available at https://bit.ly/3ufw4Dk

[4] Text of the Consensus statement plus endorsements can be found at Appendix A

2. Addressing the social determinants of emotional distress and trauma

The starting point for this mental health strategy should be the question "*what happened to you?*" rather than *"what's wrong with you",* and the response guided by the follow up question "*how can we fix the systems and processes that caused you to experience distress?*"

The impact of the pandemic on key socio-economic determinants of good mental health, such as income, unemployment, poverty and discrimination, will be disproportionately felt in poor and marginalised communities. Before Covid-19 these structural factors were known to both cause and exacerbate mental distress and trauma.

The impacts on mental health of the Executive's policies and action/inaction pre-Covid on social security, poverty, immigration, housing, women's rights, institutional abuse, academic selection and many more, were routinely rendered invisible. The significant levels of distress and harm being caused by policies such as Universal Credit were ignored. This runs counter to a huge body of evidence, but also to a growing acceptance world-wide that, in the words of the UN Special Rapporteur on the Right to Health Professor Dainius Puras *'the best 'vaccine' for the protection of good mental health is the use of human rights-based approaches in all policies'*.[5]

The pandemic and the Executive's response to how it impacts on psychological well-being must mark a decisive turning point in how it deals with emotional distress and trauma. The development of this ten-year Mental Health strategy provides a unique opportunity to introduce the much-needed transformation and paradigm shift in mental health. Away from the current individualised, medicalised and pathologized understanding of emotional distress and trauma, towards a conceptual approach that locates psychological pain and suffering within its structural and societal context.[6]

[5] https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement
[6] https://www.nlb.ie/blog/2020-08-covid-19-and-mental-health-challenges-ahead-demand-changes

Preventing emotional distress and harm being caused to benefit claimants by the social security decision making process

PPR has supported a group of people with direct experience of the distress and trauma caused by the social security system. These Right to Work: Right to Welfare campaigners have developed solutions to stop that harm being caused[7].

The scale and depth of emotional distress and trauma being caused to vulnerable benefit claimants by the social security system is truly alarming. Numerous investigations and reviews have documented the links between social security assessments and emotional harm as well as deaths by suicide[8].

A survey carried out by Right to Work campaigners in 2018 found that 95% of people reported that their mental health had been affected by the social security decision making process[9]. With an additional 100,000 plus people now dependent on Universal Credit due to the impact of the pandemic, many more people than before are being placed at risk of harm by this system. Inexplicably the draft Mental Health strategy is silent on this issue.

Right to Work: Right to Welfare campaigners, supported by PPR, have developed an approach to social security decision making to protect vulnerable claimants from being harmed by the process. It involves implementing a human rights checklist prior to any Departmental 'Decision Maker' taking a decision to sanction someone's social security benefits. In November 2020 the Department for Communities committed to working with the R2W campaign to pilot this checklist.

[7] https://www.nlb.ie/campaigns/right-to-income

[8] https://www.theguardian.com/society/2020/feb/07/dwp-benefit-related-suicide-numbers-not-true-figure-says-watchdog-nao
https://www.theguardian.com/society/2015/nov/16/fit-for-work-tests-serious-toll-mental-health-work-capability

[9] https://issuu.com/ppr-org/docs/concious_cruelty_draft3

Recommendations

The pandemic and the Department of Health and the wider Executive's response to how it impacts on psychological well-being must mark a decisive turning point in how it deals with emotional distress and trauma.

The development of this ten-year Mental Health strategy provides a unique opportunity to introduce the much-needed transformation and paradigm shift in mental health. Away from the current individualised, medicalised and pathologized understanding of emotional distress and trauma, towards a conceptual approach that locates psychological pain and suffering within its structural and societal context.[10]

The Mental Health strategy should be underpinned by and promote a contextualised, psychosocial model of mental health, one that shifts the balance away from the dominant biomedical model.

In line with the cross departmental approach to mental health, spearheaded by the high-level Executive Working Group on Mental Health, Resilience and Suicide Prevention, the Mental Health strategy must include a commitment to incorporate a Human Rights Checklist, as developed by R2W campaigners, into social security decision making. It must also ensure that no one is forced into destitution as a result of benefit decisions.

[10] https://www.nlb.ie/blog/2020-08-covid-19-and-mental-health-challenges-ahead-demand-changes

Appendix A

Consensus on Counselling

We are calling on the Minister for Health Mr. Robin Swann MLA, to include the following text in the Mental Health Strategy:

Ensure that mental health counselling is available to all, regardless of where they live.

All counselling provision will be quality assured, adequately resourced and of sufficient duration to meet individual needs.

If counselling is the agreed best form of support for a person, they should have to wait no longer than 28 days for a first appointment and no more than 2 days for an urgent appointment.

The role of local community-based providers in providing timely and accessible counselling will be fully recognised and resourced.

Delivery options will include face-to-face, telephone and online provision through an adequately resourced, in-house GP counselling service and/or recognised community-based provision.

Rationale:

The Covid-19 pandemic has impacted significantly on the mental health of our entire population.

Pre-Covid inequalities means that these impacts are being disproportionately experienced by certain groups of people.

As the work of rebuilding health services begins, GP practices continue to be the first port of call for people struggling with their mental health.

It is vital therefore that all GP practices are adequately resourced and equipped to provide people with timely and appropriate support.

Getting the right help at the right time in the right place can make a critical difference.

Early intervention can help prevent the escalation of problems and can prevent people from spiralling downwards or from ending up in secondary mental health services.

Counselling is one, effective, non-pathologising treatment option for problems such as anxiety and depression. It can be effective alongside medication, other therapies including alternative therapies, or on its own.

This is particularly important in our society, where prescribing rates for anti-depressants have increased exponentially in the past ten years.

Unfortunately, the evidence shows that timely access to counselling is not as it should be.

While many GP practices do provide in-house counselling, access continues to be a postcode lottery, almost entirely dependent on where you live. This is clearly unfair.

The Talking Therapy Hubs, another referral route for GPs, are not available in significant parts of the population. Again, this is inequitable.

The draft 10-year Mental Health strategy sets out a vision that ensures consistency and equity of access to services, regardless of where a person lives, and that offers real choice.

We acknowledge that the Strategy includes plans to transfer Talking Therapy Hubs into primary care and to integrate them within Multi-Disciplinary Teams (MDTs), aligned to GP Federation areas.

With only 6 of the 17 GP Federation areas currently equipped with MDTs this clearly will involve a longer-term re-organisation of services.

People however, do not have the luxury of waiting another 6 months, a year or even longer.

This Strategy must address and fix the problems with access to counselling in the immediate term. People need to know that the postcode lottery will end and that everybody who needs to, will be seen in a timely manner.

Thankfully, solutions exist that can be readily implemented.

We have a model of provision, GP practice-based counselling, that is already working and that can be further developed.

We have a sufficient supply of trained counsellors to meet the increased need as a result of Covid-19.

Local community-based counselling services have historically been under-funded and under-valued. They are trusted by local people and have excellent capability, capacity and know-how, built up over many years. They are well placed to respond quickly and professionally to local people's needs.

The pandemic has opened up solutions to barriers, including physical space, through the options of telephone and online provision.

Counselling Works. Let's end the postcode lottery and ensure that counselling is available to all, in a timely manner, regardless of where they live.

Endorsed by:

Political Parties

Alliance Party (Paula Bradshaw MLA)

DUP (Pam Cameron MLA)

Green Party NI (Clare Bailey MLA)

People Before Profit (Gerry Carroll MLA)

SDLP (Mark H Durkan MLA)

Sinn Féin (Órlaithí Flynn MLA)

Counselling Organisations & Bodies

British Association for Counselling and Psychotherapy (BACP)

Care-Well Counselling

Compass Counselling

Connect 2 Counselling

Emerge Counselling Services

Holy Trinity Counselling

Lenadoon Community Counselling

National Counselling Society

Nexus NI

NI Counselling Forum

Relate NI

Mental Health Charities

Action Mental Health

Aware

CAUSE Foyle Group

Crisis Café

Have You Seen That Girl?

Mental Health Movement Ltd

Metal for Life NI

Mind skills Training Coaching and Wellbeing

Pure Mental NI

West Belfast Sports Wellbeing Forum

Suicide Awareness and Prevention Charities

Families Voices Forum

Lighthouse

Limavady Initiative for the Prevention of Suicide

PIPS Suicide Prevention Ireland

Suicide Awareness and Support Group

Suicide Down to Zero

Suicide. Talking. Education. Prevention. Support.

Community and Voluntary Sector Organisations

Action for Children

Belfast Feminist Network

Children's Law Centre

East Belfast Independent Advice Centre

Falls Women's Centre

Focus the Identity Trust

Forthspring

Glen Parent and Youth Group

Greater North Belfast Women's Network

Here NI

Include Youth

Lenadoon Community Forum

NI Rural Women's Network

Pat Finucane Centre

Quaker Service

Rural Community Network

Springboard Opportunities

Stronger Together

Stronger Together 1+1 Bi-lingual Mental Health Project

The Rainbow Project

Turas na nDaoine

Upper Springfield Development Trust

Women's Resource and Development Agency

Women's Support Network

Workforce Training Services

Youth Action Northern Ireland

Unions

Derry Trades Council

NUS-USI

QUB Students Union

Ulster Teachers Union

UNISON Community and Voluntary Branch

Unite

Others

Committee on the Administration of Justice

Equality Coalition

The Mac