



**Written Submission from  
PPR & New Script for Mental Health  
to the Public Accounts Committee for its  
Inquiry into Mental Health Services**

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## Introductory Comments

We welcome the Public Accounts Committee Inquiry into Mental Health Services and this opportunity to provide the Committee with written evidence. Our submission focuses specifically on the issue of mental health data.

At the outset, it is worth underlining the critical importance of data. The United Nations General Assembly has set out [Fundamental Principles of Official Statistics](#), which include principles of Relevance, Impartiality and Equal Access (1), which ‘honour citizens’ entitlement to public information’ and Accountability and Transparency ( 3).

The UN has highlighted the democratic imperative for government to provide data:

*Official statistics provide an indispensable element in the information system of a democratic society, serving the Government, the economy, and the public with data about the economic, demographic, social and environmental situation.’*

Furthermore, quality dimensions for statistical outputs are contained in the [European Statistics Code of Practice](#) and the [UK Statistics Authority’s Code of Practice for Statistics](#) requires that:

*Q3.3 The quality of the statistics and data, including their accuracy and reliability, coherence and comparability, and timeliness and punctuality, should be monitored and reported regularly.*

Taken together, these documents and frameworks set the standards within which the Department of Health and the five Health and Social Care Trusts’ performance in relation to mental health data should be assessed.

## Serious Failures in Transparency and Accountability

Serious failures in transparency and accountability around mental health data were highlighted in 2021 by [the Office for National Statistics](#), and more recently in May 2023 by the [Audit Office NI](#), the latter review triggering this inquiry.

The OSR Review found that there are significant issues hindering the development of mental health statistics in the north of Ireland.

Key amongst these were:

- A scarcity of robust mental health data
- No single point of access to statistics on mental health
- No accurate regional picture of mental health in NI
- Data is collected in silos by the five Health Trusts.
- Data definitions are inconsistent.
- A fragmented IT infrastructure, which has led to poor data comparability.

Other issues included no data flow for community mental health activity and old and inefficient methods of recording data.

The Review also highlighted the fact that data users, such as PPR and the New Script for Mental Health campaign which we support, [were frustrated by the lack of routinely published mental health data](#). It noted that users had to resort to using Freedom of Information legislation, which made data challenging to access, with significant time delays and without the necessary statistical guidance.

Such was the extent of concern by the UK Office for Statistics Regulation at what they found through their Review, that among their ten recommendations, they recommended that the Department of Health consider developing a separate data strategy to support the Mental Health Strategy.

In turn, the Audit Office's Review of Mental Health Services concluded that there are significant limitations with mental health data in Northern Ireland. It found that the lack of patient outcome data means that the Department has no assurance on the effectiveness of services provided. It highlighted the scarcity of robust data leading to

significant data gaps. Of critical concern to the Public Accounts Committee must be its conclusion that:

*‘There is a lack of outcome data in respect to mental health services, without which the Department of Health and Health and Social Care Trusts **cannot determine whether the services provided improve patient mental health and reflect value for money.**’* (emphasis added).

[The New Decade New Approach agreement](#) of January 2020 gave significant prominence to the commitment to ensure transparency within government, to rebuild the trust of citizens in the wake of the RHI scandal.

The Department of Health has a [Data Strategy for NI](#), the vision for which is to make the Health and Social Care (HSC) ‘a data-driven organisation that improves people’s lives through the use of data’.

Yet the reality is that, apart from some hospital in-patient data, and most recently, data on CAMHS, all information on mental health service provision must be obtained under Freedom of Information.

It is worth noting that the Department of Health’s award-winning Covid-19 dashboard demonstrated that the capability exists, to develop, at unprecedented speed, systems to deliver data, evidence, analysis, research, and evaluation, vital to make critical decisions in relation to health services.

[New Script for Mental Health](#), a mental health campaign supported by PPR, raised this issue with the Chief Medical Officer in February 2023. [His response](#) was simply to state that Health Trusts provide the Department with monthly data, ignoring the fact that this data is not publicly available.

Despite both the Office for Statistics Regulation and the Audit Office calling on the Department for Health to address the issue of mental health data, there has been no public response from the Department. Inexplicably, the [2023-24 Delivery Plan for the Mental Health Strategy](#) doesn’t make any reference to this issue.

[In his evidence to the Public Accounts Committee](#) on 25 April 2024, Mr. Peter May, Permanent Secretary, Department of Health, stated that the Department has taken forward the recommendations from the Office for Statistics Regulation (OSR). However, apart from indicating that the OSR had invited the Department to write a blog, and generalised references to Encompass, the new digital care record system and the Mental Health Outcomes Framework, Mr. May failed to provide the Committee with any detail on how they have taken forward the OSR's recommendations.

## **Activity Data**

The Department of Health does not make publicly and routinely available any key mental health activity data. This includes data on adult mental health services, psychological services, counselling, talking therapies, ECT and more.

A limited number of mental health activity data sets were included in the Health and Social Care Board's monthly performance reports, published on their website. Following the closure of the HSCB, PPR wrote to the SPPG in the Department of Health, asking where and how these data sets would be made available. The Department of Health informed PPR that 'there is now no statutory requirement for the publication of performance information.' (Email to PPR 8 July 2022, available on request).

Mental health data published on the Department of Health's website is limited to [mental health in-patient data](#). (most recent is for 2021/22) and since 2023, CAMHS data. By contrast NHS England has a [Mental Health Data Hub](#), which publishes a wide range of mental health data on a monthly, quarterly and annual basis.

In response to the failure by the Department of Health to make mental health data publicly available, and in the interests of public scrutiny and accountability, [PPR has published mental health data sets it has obtained via FOI](#).

In response to a question on 25 April 2024, from Mr. Daniel Crossan MLA, Public Accounts Committee Chairperson, regarding the accuracy of data on mental health waiting times, [Mr. May stated that he was 'confident that those figures are accurate'](#).

Yet in a response [to an Assembly Question asked by Mr. Mark H. Durkan MLA](#), as recently as 11 March 2024, the Minister for Health, Mr. Robi Swann, contradicted entirely what Mr. May told the Public Accounts Committee. When asked to detail his plans to publish mental health data sets across a range of services, the Minister's response was as follows:

*“Currently the Department is not in the position to publish mental health data sets including waiting times for these specific mental health services **as data is not currently available or of sufficient quality.**” (emphasis added).*

## **Outcomes Data**

As referenced above, the NI Audit Office report concluded that:

*‘The lack of patient outcome data means that the Department has no assurance on the effectiveness of services provided.’*

We welcomed the scrutiny on 25 April 2024 of this issue by Committee members with the Department of Health's Permanent Secretary and departmental and trust officials. Regrettably, nothing in the responses provided gave any reassurance that outcomes data is being accorded the attention in urgently requires. All answers were predicated on the roll-out of Encompass, which to date has only begun to be rolled out in the South Eastern Trust and it will be at least 2025 or beyond before roll out is completed. The central question remains unanswered – what evidence base are the Department of Health and the five Health Trusts using to plan services and allocate funding? The Audit Office's conclusion, regarding lack of assurance on effectiveness of services provided, still stands. This applies to the Mental Health Strategy, the Protect Life 2 Strategy (see below) and the provision of all mental health services.

Rather than relegating every mental health data related issue into the black box of Encompass, what would be extremely helpful at this stage is for the following to happen:

- The Department of Health to publish the Outcomes Framework, which is has indicated was approved in October 2022

- The Northern Health and Social Care Trust to publish its strong Outcomes Framework, as referenced by Dr. Petra Corr, and to also publish the data being recorded within its Outcomes Framework.

These actions would provide some measure of much needed transparency and accountability.

### **New Script Campaigners' experience of lack of data**

We are providing additional detail in relation to just two of the issues PPR and New Script for Mental Health have been campaigning on, counselling/ talking therapies and suicide prevention, which illustrate the depth and seriousness of the issues outlined above.

### **Counselling and Talking Therapies**

The Department of Health and the five Health and Social Care Trusts do not publish any data on counselling and talking therapies. These services are provided via GP practices (in-house counselling, in those practices that opt into NILES) or by Health Trusts via the Talking Therapy Hubs.

In 2021, in response to the Department of Health and Trusts' failure to publish any data PPR launched its own interactive counselling map. PPR cross-referenced FOI data with a list of GP practices obtained from the Business Services Organisation (BSO) to create an interactive map to visualise provision at individual GP practice level. Analysis conducted on FOI data evidenced the existence of a stark post-code lottery. The map, available [here](#), demonstrates that in 2020, on the north coast the majority, if not all GP practices, provide in-house counselling – 100% in East Antrim and 92% in both North and South Antrim. In sharp contrast, only 40% of practices in West Tyrone, 45% in South Down and 50% in West Belfast provide in-house counselling.

[Further analysis of FOI data for 2022/23](#) revealed that since 2020, Belfast Trust recorded a 17% reduction in the number of counsellors based in GP practices, while overall, there has been a reduction of 4.5% across the North. Three out of the five Trusts had fewer counsellors working in GP practices than in 2020.

The post-code lottery, [revealed by New Script campaigners in 2021](#), continued to exist in 2022/23. Belfast Trust accounted for only 11.6% of all counselling sessions funded, compared to the Northern Trust which accounted for just under half (42%) of all sessions.

Trust	2021	2022/23	Change
BELFAST TRUST	70%	53% (41)	-17%
SOUTH EASTERN	74%	69% (34)	-5%
NORTHERN	89%	84% (62)	-5%
SOUTHERN	51%	52% (37)	+1%
WESTERN	63%	66.7% (32)	+3.7%
TOTAL	69%	64.5% (206)	-4.5%

(Source: PPR)

In relation to access to talking therapies, a [similar post-code lottery exists](#). Data, which must be obtained via FOI is subject to a range of problems, including lack of timeliness in provision, lack of completeness, lack of transparency and lack of comparability across Trusts.

An Assembly Research paper commissioned in 2022 by Mark H Durkan MLA outlined the scale of the problem with both service provision and access to data on in relation to talking therapies. The paper noted that with the exception of England, there is a [lack of robust standardised data](#) that systematically records both the availability and outcomes of talking therapies across the UK and the Republic of Ireland.

It concluded that while improving access to and availability of talking therapies is a principal component of the ten-year Mental Health Strategy,



*'It is evident that unless the issues that currently exist, including piecemeal data collection, uneven geographic spread and insufficient funding are given priority, an opportunity to meaningfully improve the mental health and emotional well-being of people in NI will continue to be missed.'*

It is instructive to note that a small, under resourced, but dedicated team of activists, organisers and digital technology experts were able to obtain, analyse, visualise, and make available as a public resource, data in relation to counselling and talking therapies provision.

## **Suicide**

Suicide is a major public issue in our society. Each death by suicide is a preventable rather than an inevitable death. Every single death causes devastation to the family and friends affected, but also impacts the wider community and society.

The causes of suicide are complex, but we know that a number of factors, including trauma, abuse, poverty, unemployment, and discrimination in its various forms, increase the risk of death by suicide. Rates of death by suicide are over three times higher in deprived communities than in wealthy areas. A societal response is needed, one that addresses the underlying drivers of despair and hopelessness that lead to suicide. To do that, a high level, properly resourced, cross-departmental Strategy is required.

These are the reasons why the Protect Life 2 Suicide Prevention and Self-Harm Strategy needs to be effective and can demonstrate that it is underpinned by robust data and an evidence base. In this context New Script for Mental Health is extremely concerned by the absolute lack of transparency and accountability surrounding the Department of Health's decision to extend Protect Life 2 Suicide Prevention and Self-Harm Strategy.

[Our response](#) sets out a number of data related issues the Department of Health must address to ensure that Protect Life 2 Strategy is fit for purpose.

1. The **absolute lack of transparency and accountability** surrounding the Department of Health's decision to extend the Protect Life 2 Strategy (PL2).

2. **No evidence base** was provided by the Department for Health to inform its decision to extend PL2 until 2027, and 2029.
3. There is **no clarity** as to whether the Strategy has reduced the rate of deaths by suicide.
4. The reduction target of 10% is **not sufficiently ambitious**.
5. **No data is provided on outcomes** achieved because of the Strategy.
6. The Strategy has **failed to target objective need**.
7. **No information is provided** on the relevant legislative and regulatory frameworks.

### **No data on how many GPs have been trained in suicide prevention.**

Protect Life 2 Suicide Prevention Strategy includes an action (7.2) to train 50% of frontline Health and Social Care staff (HSC) in suicide prevention. The Strategy identifies GPs as the most frequently used source of professional support for someone in the community seeking assistance with emotional distress.

As no data had been published by the Department of Health, PPR requested the data under the Freedom of Information Act. We also asked for the number of mental health practitioners in Multi-Disciplinary Teams trained. Finally, we asked for an update on progress made towards achieving the overall target of 50% of HSC staff trained in suicide prevention by 2022.

The response received stated that Action 7.2 “has been difficult to monitor and collation of relevant data is challenging.” What this means is that the Department of Health is not collecting data on or monitoring the training of GPs in suicide prevention. It also confirmed that data on numbers of HSC staff undertaking suicide prevention training cannot be disaggregated by profession, because that data is not captured during training.

In a Background Note AWQ 4232/22-27, [included in the FOI response](#), the Department stated that “caution must be exercised in making such (suicide prevention) training mandatory, as it cannot be assumed that all staff are ready at that time to deal with such a sensitive issue. Instead, a process of encouraging and

supporting uptake is preferred.” The reference to staff here is to all HSC staff, not only GPs, although GPs are included.

All the above raises a number of fundamental questions for the Department to answer:

1. How are they assessing progress against delivery of the Strategy’s Action 7.2, if they are not collecting the data?
2. Has the Department requested data from NIMDTA on GP training in suicide prevention?
3. Short of making suicide prevention training mandatory, how will the Department ensure that critical front-line health staff, including GPs, are fully trained in suicide prevention?
4. If delivery of suicide prevention training to front line health staff, including GPs, is based on a process of “encouraging and supporting uptake” , how can the public be confident that their GP, or at least someone in their extended team such a Mental Health Practitioner, has the skills to recognise and intervene appropriately when someone may have thoughts of suicide or be at immediate risk of suicide?

New Script activists raised these issues with Department of Health and Public Health Agency officials at the Assembly’s All-Party Group on Suicide Prevention on Thursday 7 September 2023. Officials admitted that there “was a problem with how data was collected.” They suggested that there had been a “self-reporting mechanism that fell down.”

## **Conclusion**

Profoundly serious issues exist in relation to mental health data. These issues have been highlighted by both the Office for Statistics Regulation in 2021 and by the NI Audit Office in 2023. The issues highlighted reflect the experience of PPR and New Script for Mental Health. Indeed, activists have been highlighting these issues for many years now. Without the availability of timely, accurate, reliable, coherent, and comparable data, it is impossible to plan services effectively. It is impossible to assess outcomes. It is impossible for politicians and the public to hold the

Department of Health and the Health Trusts to account for how public money is being spent. This is the current situation regarding mental health data.

Taken jointly, the OSR report and the NI Audit Office report, form the basis of a road map in relation to mental health data. The following recommendations draw on those reports, as well as on many years' experience by activists in holding government to account for its failures in relation to mental health.

We are asking the Public Accounts Committee to give due consideration to the evidence presented and to the accompanying recommendations, in the context of its ongoing inquiry and final report.

## **Recommendations**

1. The Department for Health must set out publicly how it plans to respond to the specific recommendations from both the OSR Review and the Audit Office Review in respect of mental health data. This includes the OSR recommendation that it considers the development of a separate Mental Health Data Strategy.
2. The Department of Health must immediately publicly provide details of all the mental health data sets it currently holds. In the interests of transparency and accountability the presumption should be in favour of publishing all mental health data sets and the Department should commit to this.
3. The SPPG in the Department of Health must start to publish monthly waiting time data for adult mental health services, psychological therapies and all other mental health data sets it currently holds.
4. The Department for Health must publish the Mental Health Strategy Outcomes Framework, which was agreed in October 2022.
5. The Northern Health and Social Care Trust must publish its Outcomes Framework and the mental health data sets it holds.
6. The Public Accounts Committee and the Health Committee must urgently scrutinise the lack of an evidence base for both the Protect Life 2 Suicide Prevention Strategy and the Mental Health Strategy and make relevant recommendations to the Department for Health as to how these failings can be addressed.