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Northern Ireland

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Consultation on the draft mental health strategy 2021-2031

Dear Sir/Madam

The British Medical Association (BMA) is an apolitical independent trade union and professional association representing doctors and medical students from all branches of medicine across the UK. Our mission is we look after doctors so they can look after you.

BMA Northern Ireland welcomes the opportunity to comment on the draft mental health strategy for 2021-2031. We welcome the publication of the strategy and the focus the health minister has placed on mental health since taking up office. We have a number of points to make in relation to the strategy particularly around the outcomes, funding and timelines associated with the strategy. We would be very happy to answer any additional questions about our response if that would be of assistance.

Focus on outcomes

We have welcomed the Northern Ireland Executive's focus on outcomes, first through the programme for government, and we are pleased to see this replicated in the draft Mental Health Strategy.

However, we believe that progress on each outcome should be measurable, ideally from an established baseline. Otherwise how can success/progress be monitored? We believe a number of the outcomes listed in this strategy are not measurable.

Additionally, the progress against each outcome should be published on a regular basis.

Mental health funding

We welcome the focus on increasing funding to CAMHS. The BMA has long been calling for an increase in mental health funding. An increase in CAMHS funding alone is not enough. Unless this is accompanied by

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an increase in overall mental health funding, the increase to CAMHS will simply reduce the funding available to other mental health services.

An increase in the overall mental health spend is essential if this strategy is to be a success, to enable the department to make the changes it has outlined and to address the long-term underfunding of mental health services.

Early intervention and prevention

It will not be a surprise to the department to hear the BMA welcome the focus on prevention and early intervention set out at the beginning of this strategy. All the evidence points to early intervention and prevention having the best outcomes and receiving the best value for money for the public purse.

When we consider the statistics included in the consultation document, we can see just how essential this focus on prevention and early intervention is. It is not enough to simply talk about early intervention and prevention, or have it as an aspiration, it must be funded adequately and strategically.

Cross departmental working

We all know that mental health is much wider than a department of health issue. A number of the actions in the strategy note that responsibility will fall on other departments, particularly education. We would like to know how the department intends on securing the focus on prevention and early intervention on a cross departmental basis.

Historically, issues that crosscut departments in Northern Ireland are those that are most likely to fall through the cracks, we would hope that the Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention will address this issue, however this group is not tasked with any actions/monitoring or input throughout the strategy.

Regional services

A number of actions across the draft strategy refer to the establishment of regional services. We are interested to hear in more detail what this will mean in practice for patients who use the service and for staff delivering the service. How will working as part of a regional service impact on those staff employed by a specific trust? How will they be involved in the development and design of the proposals and services? And how will they be consulted on changes?

Additionally, we note that there are no timelines attached to the development of these regional services or mention of funding being available for them.

Primary care

A number of the actions refer to new and/or increasing responsibilities in primary care. Whilst the roll out of multi-disciplinary teams (MDTs) and the mental health workers who form part of these teams will undoubtedly assist with this work, it is important to note that the full roll out of MDTs across Northern Ireland is still some way off. We are interested to hear the timelines associated with the actions relating to primary care and how the department will ensure equity of access during the continued roll out of MDTs.

Using the stepped care model both social workers and senior mental health practitioners (SMHP) have an important role to play supporting patients with mental health problems. (Social workers at step one and SMHPS at step two.) Practices will require the support of social workers in addition to mental health workers, as part of the MDT, particularly in areas of high deprivation.

It is important that with any additional responsibilities passing to primary care the necessary funding to fulfil these responsibilities is attached. It is also essential that primary care is involved in the design of services that pass to them, and as this strategy is further developed/rolled out. We would be willing to facilitate conversation between the department and the Northern Ireland General Practitioners Committee (NIGPC) if that would be of assistance.

Additionally, members have highlighted the dangers of medicalising 'social stress.' This social stress can be and has been caused by a number of factors and is escalated for some by COVID, much can be linked to historic and longstanding social and health inequalities. Once medicalised, this places the issue under the roof of general practice and creates an unhelpful barrier for some patients. Therefore, whilst general practice and multi-disciplinary teams can and will play an important role in this strategy it is essential that there is also open access to support, embedded in the community with links to escalation when this is required. Key examples of this community support include local-community based counselling services, with appropriate support and funding, they are well placed to respond quickly and professionally to local people's needs.

Digital services

COVID-19 has transformed the digital experience for many, with the majority of the population switching to digital services almost instantaneously for many aspects of their lives, including accessing healthcare.

For many this has led to a democratisation of services, with access seemingly available to all on the same terms. However, for others it has only increased the digital divide. For many in Northern Ireland a reliable broadband connection is still not a reality, whilst for others the expense of technology means it is out of reach, capacity is another limiting factor when considering digital services particularly for older people.

Whilst the development of digital services may be helpful for some, this must come with a recognition that accessing them will not be possible for all. This must not mean that those who cannot access digital services are disadvantaged compared to their peers.

Timelines and funding

Throughout the strategy there are many actions and outcomes with no timeline attached. Whilst the strategy is designed to last for ten years it is clear, to meet the outcomes, that many of the changes proposed will need to be in place long before the end of the strategy. We hope when the department publishes a final version it will provide greater detail in terms of the timelines for the proposals.

Additionally, the strategy discusses additional funding for CAMHS, the establishment of new regional services, the expansion of existing services and new responsibilities for primary care without reference to how these will be funded in reality. Given the pressures on departmental budgets, especially post COVID-19, we are concerned that the ambition of the strategy will be hampered by the ability of the department to fund it.

Perinatal mental health services

The BMA, along with others, have called for the establishment of these services in Northern Ireland for a long time and welcome this commitment. We would welcome further detail on the timings associated with the rollout.

A review of the mental health workforce

The department will not be surprised to see the BMA welcome this. Training staff, particularly medical staff, takes a long time. When we discover that we need more medical professionals in any particular section of the medical workforce it is often too late, due to the time it takes to train them. It is important that these reviews are undertaken periodically to ensure that the medical workforce is sufficient to meet demand in the future.

This review should include dialogue with existing members of the workforce, as many of our members have told us their experience of working in the HSC, particularly under the pressure of the pandemic, has changed their future working plans with many planning to reduce their hours or retire earlier.

Ideally, we would like to see this step replicated across specialties in the HSC.

Voluntary and community sector funding

A number of actions reference the ongoing involvement of the voluntary and community sector in the provision of mental health services. Evidence shows the impact this sector can and does have. However, it continues to be impacted and limited by short term funding. Short term funding creates difficulties recruiting and retaining staff and additionally can lead to issues with continuity of care. We believe that the department should reflect the value of this important sector by funding it appropriately, with multi-year funding as an absolute minimum.

Once again, we would like to thank the department for the opportunity to respond to this important consultation and welcome the focus placed on mental health by the Minister. Should you have any questions in relation to our response then please do contact Jenna Maghie, senior policy executive, in the first instance via jmaghie@bma.org.uk

Yours sincerely



Dr Tom Black
Chair, BMA Northern Ireland