# Choice, Connection and Community

## Initial Results of a Community Consultation on a New Script for Mental Health

Parliament Buildings, Stormont. Tuesday 10th October 2023

### Contextual Overview – Sara Boyce, PPR

**We're all here on World Mental Health Day for the same reason**– because we care about the issue of mental health.

We all want to work together to make things better for ourselves and our families, our neighbours, communities, those we work in service of.

We all want to prevent people experiencing emotional pain and distress where possible, and when they do, to support them to heal, recover and be well again. Before presenting the initial results of our ongoing community consultation, I'm going to provide **some context for today's conversation.**

**The two leading global bodies on health and human rights** –the UN and the WHO, have both been saying for some time now, what *we* all know, that there's a crisis in mental health. Which long pre-dated Covid and its considerable impacts on mental health.

Professor Dainius Puras, the previous **UN Special Rapporteur on the Right to Health,** in his report to the UN Human Rights Council in 2017, stated:

*'We need little short of a revolution in mental health care to end decades of neglect, abuse and violence. Mental health policies and services are in crisis - not a crisis of chemical imbalances, but of power imbalances. We need bold political commitments, urgent policy responses and immediate remedial action'.*

In a major report, published in 2022, 'World mental health report: transforming mental health for all', the **WHO** highlighted that '*for most of the world, the approach to mental health care remains very much business as usual. The result? Mental health conditions continue to exact a heavy toll on people's lives, while mental health systems and services remain ill-equipped to meet people's needs'.*

It concluded that '*Now, more than ever, business as usual for mental health simply will not do'* and called for a transformation in the approach to mental health globally. It's no different here. Different context and particular circumstances, but broadly speaking, things here are going badly in the wrong direction.

In the past 4-5 years we've had **some significant policy developments in relation to mental health.**

We've had **Protect Life 2,** a 5-year suicide prevention strategy published in 2019, and recently extended until 2027.

This was followed by the **10-year Mental Health Strategy** published in June 2021. **World Mental Health Day is a good time for a reality check** on where we are at with all of this. These observations are at the broad, systemic level, rather than at the level of individual experiences or in relation to individual services.

Four years into Protect Life 2, **the rate of suicide is increasing**. NISRA has indicated that the suicide death rate ( standardised for age) for both males and females has been on a general upward trajectory since 2019. It went up by 8.2% in 2021. That's after the NISRA reclassification review, which significantly reduced the number of deaths classified as suicides.

However they are classified, these are all tragic, preventable deaths. Deaths by suicide are twice as high in deprived areas as other areas. This hasn't changed. **The gulf is also widening, between the ambition set out in the Mental Health Strategy, and the reality for people struggling with their mental health** and trying to access the right help at the right time.

In the past 20 years there's been a fourfold increase in antidepressant prescribing, with a fifth of all adults on antidepressants (19.9%). In Derry and Belfast almost 1 in 4 of population, 23.4% of adults are on antidepressants. At the same time we are seeing a reduction in counselling provision. There's an inverse relationship happening. One example of this- in the Western Trust in 2022, approximately 1,000 people were referred for talking therapies, compared to almost 55,000 prescribed antidepressants. Why is this?

I want to touch on some **serious systemic issues** in relation to mental health services, that New Script activists have been calling for action on.

**Outcomes**

One of the most disturbing facts to emerge is that **we don't know if what's being provided is even working.**

An **Audit Office Review of Mental Health Services,** published in May 23, was forced to conclude that

'*In the absence of an identified outcome framework and appropriate measures to assess whether services are making a difference in terms of improving mental health, we are unable to conclude on whether mental health services in Northern Ireland are providing value for money'*

The **implementation timeframe for this outcomes framework** is tied to the information technology systems through which it is to be facilitated, which are currently scheduled to be fully brought into use in March 2025. So the strategy will have almost reached its half way mark before the Outcomes Framework will be fully in place.

**Data**

**A highly critical review** into mental health data in NI by the **Office for Statistics Regulation (OSR) in 2021** found that mental health statistics were not serving the public good, that they didn't enable a range of statistics users to answer key important questions on a particular topic. The OSR recommended a separate mental health data strategy, something that hasn't been developed.

In fact, since the closure of the Health and Social Care Board in March 2022, the Department of Health makes **even less performance data available.** When questioned by PPR, Departmental officials said they had no statutory duty to publish mental health data sets.

This lack of performance data, combined with lack of outcome measures, **not only significantly undermines political and public accountability, but also must call into question the basis for planning of services**.

**Oversight and Regulation**

**Another reality check** that’s needed is in relation to oversight and regulation. Both are important functions that help assure quality performance of health systems and maintain public trust through transparency and assurance.

Yet we now know, thanks to the relentless and selfless efforts of campaigners Paul Herbert, Mary Gould and others, who should be the last people to have to carry such a burden, that **our regulatory system failed entirely to regulate community mental health services for 14 years**.

On 12 May 2023 , Mr. Herbert won a High Court case, which established that the RQIA, the regulatory body for health services, is legally required to scrutinise community-based mental health treatment. Mr. Herbert claimed that the RQIA had wrongly asserted it had no legal remit to regulate the provision of community mental health services.

Following that Judicial Declaration we wrote to the Department of Health, with 12 questions relating to the implications and next steps regarding that judgement. We received a reply last week, over 3 months later. We need to study the detail of this letter, but it appears that what it lacks in depth, it makes up for in length. What did jump out at us was the Department’s admission that it doesn’t actually know how many individuals and families are affected by this regulatory failure. Neither could it give a list of community mental health services that hadn’t been regulated since 2009.

Mary will say more about this shortly.

**Funding**

We hear a lot about mental health funding. **We know mental health is woefully underfunded.** With an overall health and social care budget in 2019-20 of some £5.2 billion, just under £300m was spent on mental health, which represented 5.7 per cent of the overall health budget.

We know that the knock on of inadequate funding is lack of staff and resources. We fully agree that there **needs to be significant investment** in mental health services. But is lack of funding the central problem? Is the solution investing more money? Or is the issue how money is being spent?

For example, we know that the **annual spend on Talking Therapies**, at approximately £2.2 million, is a **fraction of the £13 million spend on antidepressants.**

If we get **more money to do more of the same,** will we see a rapid and significant **improvement in our mental health outcomes?**

**So what is really behind this crisis in mental health? And more importantly, what can we do to bring about change?**

The United Nations has repeatedly identified that the **current, dominant bio-medical model as being at the heart of the problem.**

Whereby mental health problems are **mis-characterised** as chemical imbalances in individual brains, rather than power imbalances. It points to the decoupling of

emotional distress from the structural drivers of that distress. Poverty, inequality, discrimination**. Focusing on strengthening failing mental health care systems alone is not compliant with human rights.**

Since 2007, mental health activists, supported by PPR, have **campaigned relentlessly to bring about improvements in existing mental health and suicide prevention services**. Driven by a desire that no other individual or family would go through the pain, suffering and loss they have experienced.
In that time they have **secured significant wins** – ED appointment system, inter-agency response to sudden deaths, additional funding for talking therapies, and lots more.

Yet increasingly it **became clear that this was firefighting.** That we needed, in the words of Bishop Desmond Tutu, to stop pulling people out of the river and go upstream to find out why they are falling in.

There is a **shifting tide worldwide** in how emotional distress, treatment and support are viewed, moving far beyond the biomedical model of mental health.
The UN recognises that the current biomedical approach still has an important role to play, but it must be understood as one of many complex pieces in the rights-based transformation ahead.

**Scaling up rights-based support** within and beyond mental health systems **holds much promise** for the changes that are needed.
**Rights-based models of mental health services,** that start from values, rather than systems, have been in existence for decades and have been proven to be effective. Examples include Soteria House, Open Dialogue, peer-respite centres,

medication-free wards, recovery communities, community development models and trauma-informed storytelling programmes such as The Rest of the Story, which we have been running for over five years now.

**So how can we collectively develop and bring into being a New Script for Mental Health?**

We suggest we **start by talking and really listening to each other.** We all have wisdom and ideas formed out of our own experiences and those of people around us.

That's **why New Script carried out this important consultation** – going directly to people, without requiring them to fit into any box or label, and asking them for their ideas on what a New Script for Mental Health could look like.