

Service Framework for Mental Health Consultation

Sinn Féin Consultation Response

June 2018



Sinn Féin Submission on Service Framework for Mental Health Consultation

Sinn Féin welcomes the opportunity to respond to this consultation. The service framework for mental health in the North of Ireland is extremely important, in that it impacts on the standards of care as well as the provision of services. Ongoing DUP supported Tory austerity has left the Department of Health, with a £160m shortfall to meet existing services, never mind investing in the wider transformation process. Future developments within mental health services, in standards and delivery, needs to be considered in the context of imposed austerity.

Sinn Féin note that there were no public engagement sessions for this consultation. We feel a series of engagement sessions would have been extremely helpful for organisations and the public to respond to the complex consultation. Sinn Féin, having engaged with a range of organisations in the sector realised there was a limited understanding and awareness of the consultation and intention to respond. In the absence of public engagement sessions, we organised a range of stakeholder roundtable engagements at short notice. We have used the productive feedback from these sessions to enhance our response.

Key points

- Sinn Féin supports high quality universal healthcare that meets the needs of the population and is based in a rights framework
- Sinn Féin has some criticisms of the standards and indicators but in general is supportive.
- Co-production and co-design are essential to ensuring greater participation and better outcomes in a consultation process. It is regrettable there was no public engagement events organised.
- The standards have an important role for the commissioning and delivery of services as mentioned in the foreword. It is important then that service delivery and details are discussed alongside standards and indicators.
- Identifying indicators that are measurable and provide meaningful and timely information in a complex system, is highly challenging but necessary.
- Health inequalities and deprivation, needs to be addressed and reference more throughout the document and in the indicators. Health inequalities and deprivation have a huge impact on the delivery and standards of mental health provision.
- Comprehensive access to services is vital to achieving better health outcomes for individuals and communities.
- Sinn Féin is supportive of the stepped care model and have concerns regarding the waiting times for some services, which sees some service users accessing a tiered service that is no longer suitable for their needs.
- Reference to NICE CG136 throughout. Could have also made additional reference to NG66 in relation to the provision of mental health services within the criminal justice setting. Range of specialist care pathways needed to be considered as well.
- Those with a lifelong condition or experiencing distress as a consequence of their treatment need to feature in the delivery and standards of the service.

Sinn Féin welcome the references throughout the consultation documents to other relevant documents. It would have been beneficial if some of this additional information was expanded upon in the body of the consultation.

Sinn Féin commends the inclusion of an Easy Access version of the consultation.

Due to the lack of detail provided Sinn Féin requested a range of information from waiting time statistics, for the various stepped care services for mental health. (See appendix 1 "*Mental Health Services 2017-18*"). To the workshop reports from the stakeholder engagement sessions as well as the "*A Regional Demand Analysis of Generic Adult Mental Health Clinical Psychology & Psychological Therapy Services.*"

This information could have been supplied to help provide meaningful discussion and understanding as to the current services and standards.

Practical examples from some of the existing services and experience indicators would have been useful. For example, a draft copy of the CEFF as an appendix or examples of the "*Annual Trust 'You in Mind' Care Pathway Audit*" which is included as an indicator throughout. This additional data would have provided clarity as to the content and durability of the suggested indicators.

Some concerns were raised regarding those who responded to the annual '*You In Mind*' pathway, and how representative these responses are of the overall population who use the pathway, as well as those who are unable or unwilling to access services through it. For example, how does the suggested indicator provide insight into the experiences and standards of care received by an individual who became discharged due to repeated DNA's (Did Not Attend) sessions.

This lack of qualitative and quantitative data on how current standards are being delivered takes away from the commitment within the Departments equality scheme to ensure informed decision making in response to a consultation. The considerable links and referrals to other documents although useful lacked the presentation of real world delivery of services and existing standards.

Sinn Féin notes with concern the lack of discussion and mention of health inequalities and deprivation throughout the entire document. For example, the prescription rates for mood and anxiety disorders shows remarkable overlap between areas of deprivation. (See appendix 2 for maps of super output areas and rates of anti-depression and anti-anxiety prescription rates – MH mapping exercise of deprivation and prescription rates for the 6 counties only)

Sinn Féin acknowledges that the pressures and demands on already stretched services can prove extremely challenging for staff, service users, their families and carers. The vast majority receive a high quality of standards and care, which are delivered by staff, both in the statutory services and in the community and voluntary sector.

Mental ill health does not exist in isolation, in society, adult mental health services do not exist in isolation to other mental health services, such as Perinatal and CAMHS. The

standards and indicators should have a greater reflection on the wider mental health needs of the population.

It is noted that clinical pathways for specialism are to be developed later, Sinn Féin believes it is important for all mental health services to be interlinked with not only physical health services but all public services. It is important to have high quality services that support and enhance each other in a holistic approach

Example of this include:

- Mental and physical health provision within the criminal justice system needs to meet similar standards. Evidence of this not being the case has been provided by the Criminal Justice Inspectorate (CJI) on a number of occasions. (www.cjini.org/TheInspections/Inspection-Reports)
- PSNI custody suites and the rise and need for mental health provision and referral within these structures, as more and more police contact with the public is increasingly featuring mental ill health or people in crisis and in a vulnerable state.
- Social welfare and changes from DLA to PIP, as well as the introduction of Universal credit is having a detrimental impact on individuals their families and carers. There are many examples of a person's mental health or long term conditions being dismissed and undervalued during assessment. This has led to reduce awards, increased anxiety and financial insecurity.
- Those with a lifelong illness or debilitating health condition receiving the appropriate support in responding to their condition or life prognosis. It can either trigger a period of crisis or test the resilience of any person coping with a sudden and dramatic change in their health. This is relevant to a wide range of situations, including areas such as workplace, family life and addressing their future health needs.
- Mental health and addiction services do not treat people holistically. If an alcoholic's addiction arises from mental health issues that person will not be treated for those mental health issues until their alcoholism has been addressed. Often it is the case if attempts are made to access a mental health service that person can be turned away until their alcoholism has been dealt with.
- Crisis centres that provide a range of services suitable to those in crisis with multiagency services and supports.
- Those experiencing distress or onset of mental health problems as a consequence of their treatment need to feature or at least be recognised within the standards. The recent mesh scandal and the Neurology patient recall can lead to a sudden rise in need for mental health services, when scepticism and distrust of health services can be pronounced.
- The education system is dealing with increased rates of, depression, anxiety, and self-harm in primary, secondary, further and higher education. (www.mentalhealth.org.uk/a-to-z/c/children-and-young-people).

Sinn Féin recognises the complex and difficult task of collecting accurate and timely data of relevance to measuring the outcomes of a service. Getting the right indicator that is also measurable is extremely important. Sinn Féin would encourage greater engagement with the community and voluntary sector as well as the public to help identify solutions.

We note that the participation in the stakeholder engagement workshops as mentioned on page 14 of the document, was largely with Trust representatives. Out of 61 participants in the first workshop, only 10 were either, experts by experience or from the Voluntary Sector. Going forward co-production and co-design will be essential in addressing many of the criticisms.

One issue which was raised was on the clinical nature of the language throughout the document and the inward focus of the indicators. A suggestion was made to carry out an audit of the community and voluntary sector organisations as to the data and indicators they may be able to provide. This may help with addressing and identifying unmet need of services as a barrier to access.

Comments on the proposed Standards

There are specific mental health standards as well as generic standards. Sinn Féin is generally supportive of the suggested standards and would suggest additional comments or points. It is important to note that of all the generic standards they appear to focus more on the physical health of person rather than the mental wellbeing. It may be worth considering and exploring the possibility of a mental health and wellbeing generic standard in relation to all health service frameworks.

Standard One: Access to Mental Health Services

- There is no service indicator for external referrals or access into via other health services.
- Suggest an indicator for '*Seen by appropriate team/specialist*'. For example, the lack of some specialist care pathways, such as maternal mental health, either see women not receiving any support or accessing 'generic mental health services'. Simply recording when a bespoke service does not exist or an established pathway does not exist it will help to identify unmet need and address inequalities.
- Primary care and GPs are under increasing pressures. Route of access to follow on services should be recorded and not just those using CCG (Clinical Communication Gateway). Many people struggle to see their local GP who has only 10/15 minutes for an appointment. Other access routes from Primary care need to be explored and opened up, including multidisciplinary teams.
- Suggested indicator – monitoring the Did Not Attend (DNA) rate for each service for those who fail to successfully access a first or subsequent appointment. This would need additional follow up and research to develop an understanding. However, the findings from the "*A Regional Demand Analysis of Generic Adult Mental Health Clinical Psychology & Psychological Therapy Services.*" Highlighted the differential outcomes between those who maintained contact with services and those who 'disengaged'. We know that not everyone with a mental health condition seeks help

and not everyone who seeks help can access it. Monitoring those who fail to access services is just as important as those who do.

Standard Two: Assessment, Formulation and Diagnosis

- Similar to Standard one, we suggest an indicator for '*Seen by appropriate team/specialist*'. For example, the lack of some specialist care pathways, such as maternal mental health, either see women not receiving any support or accessing 'generic mental health services'. Simply recording when a bespoke service does not exist or an established pathway does not exist it will help to identify unmet need and address inequalities.

Standard Three: Personal Well-Being Planning

- Sinn Fein supports personal well-being plans as a good approach to promoting holistic care for patients. The issue with personal well-being plans are in their implementation.
- Sinn Féin believes that there could be some exploration into measuring the quality of well-being plans, rather than just do they exist. This may be an area for future research.

Standard Four: Care and Treatment

- Sinn Féin welcomes SS4.1 (a) highlighting that there are a range of treatments available to addressing needs. We would have a concern that in most cases it is a case of choosing one or the other rather than a combination of treatments to complement each other. For example, over use of medication as a treatment creates additional and undue consequences for individuals, their families and carers and for communities.
- Greater inclusion of social supports need to be considered as an effective treatment. If the root cause for someone's mental ill health is due to debt or a housing issues, referral to debt advice services and access to better quality housing alongside other treatment options will be more beneficial.
- Provide a list of services not only available but delivered in areas. Often treatments may be provided across the trust setting but access to these services may not be realistic or achievable. For example, in some deprived communities there is no GP service although primary care is still 'available throughout the Trust' the same applies for mental health services. If no or restricted access to GP services, then no referral to secondary services and so no care or treatment.
- Deprivation and Health inequalities are an important contributing factor in terms of a person's care and treatment. In the 2018 health inequalities report (www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018) it clearly highlights that "*Large inequality gaps continue to exist for mental health...*"(Page 23). Sinn Féin believes that all public services should actively try to tackle inequalities.

- Health inequalities also arise from social and economic inequalities and so it requires more than just a clinical health care solution. More needs to be done throughout the document in referencing the wider need to tackle poverty.
- Sinn Féin supports the need for an ongoing 'Demand analysis' evaluation to be done to help improve need and standard delivery.

Standard Five: Staying Engaged and Self-Management

- Similar issue with access and those who fail to access the services initially or who DNA afterwards. See above for suggested indicator and follow up research on DNAs.
- Support the important roles of carers and inclusion within the standards and indicators. Sinn Féin support the need to develop and update the regional carers strategy.
- Key element of support for a person is their family, carers or friends. Increased acknowledgement of their role is to be welcomed as well as support to allow them to continue supporting the service user. Sinn Féin believe that there is potential to increase reference to carers and family as a support mechanism throughout the standards where appropriate.
- Important to consider the social and economic conditions which can impact on staying engaged and self-management. Deprivation and health inequalities need to be included more throughout to ensure the most complete understanding of how mental health services exist within communities and the wider society.
- Sinn Féin believes there could be some clarity given in relation to SS5 – Staying Engaged & Self-Management and its compliance with current and future mental capacity legislation. It would have been informative and useful if some case studies or examples were given as to how these standards may work in real life situations. A dry run of different case vignettes and how they would progress through the care pathway would have been beneficial. The practical example of what it may be like for a service user if they did and did see the standards.

Research & Development Standard for Mental Health

- Extremely important and welcome its inclusion as a standard
- All types of research have value, qualitative and quantitative, academic, lived experience and practical service delivery experience.
- Sinn Féin would encourage a broad approach and inclusion of the community and voluntary sector in research and standard development.

Equality and rural proofing

Sinn Féin acknowledges the considerable work that has gone into getting the consultation to this point and notes that both the rural proofing and Equality screening document provide relevant data.

In relation to the equality screening document 2.2 “Are there opportunities to better promote equality of opportunity for people within section 75 equalities categories?2 to be disappointing.

As mentioned throughout our submission, we feel that access to services is an area that needs to be developed further, in particular in regarding’s to tackling areas of inequalities. The stock response that “The framework aims to ensure that access to mental health services is improved for all users irrespective of section 75 category. The framework includes specific standards and KPIs for accessing services.” Falls far short of addressing the specific issues in relation to access to services.

The stock answer was used for Racial group, age, sexual orientation, gender and disability categories. Even though these groups have recognised unique needs and barriers to mental health services.



Appendix 1

Target 4.13 Mental Health Services

By March 2018, no patient waits longer than nine weeks to access CAMHS

Table 1: Patients waiting longer than 9 weeks to access CAMHS

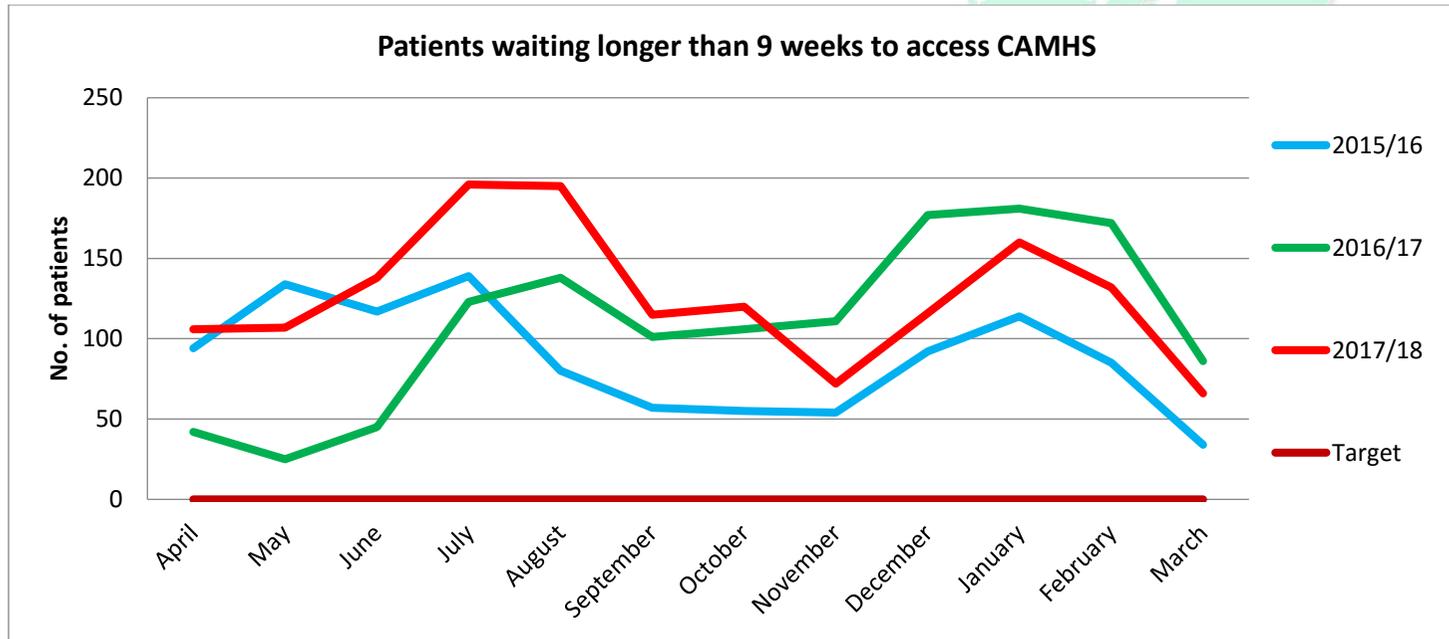
Trust	Patients waiting longer than 9 weeks to access CAMHS											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Belfast	103	97	116	143	144	92	86	42	57	87	84	56
Northern	0	0	0	0	0	0	0	0	0	0	0	0
South Eastern	0	0	0	0	0	0	0	0	0	0	0	0
Southern	2	5	14	37	33	14	8	0	5	4	0	0
Western	1	5	8	16	18	9	26	30	54	69	48	10
Northern Ireland	106	107	138	196	195	115	120	72	116	160	132	66
Target	0	0	0	0	0	0	0	0	0	0	0	0

Please note that the South Eastern HSC Trust does not have its own CAMHS provision

Table 2: Patients waiting to access CAMHS

Trust	Patients waiting to access CAMHS											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Belfast	440	442	438	395	362	294	340	331	338	376	380	370
Northern	130	94	116	84	95	120	120	181	197	181	206	227
South Eastern	0	0	0	0	0	0	0	0	0	0	0	0
Southern	240	291	272	262	185	158	214	255	235	209	210	242
Western	226	251	256	244	231	215	237	243	262	263	253	218
Northern Ireland	1,036	1,078	1,082	985	873	787	911	1,010	1,032	1,029	1,049	1,057

Figure 1: Patients waiting longer than 9 weeks to access CAMHS



By March 2018, no patient waits longer than nine weeks to access Adult Mental Health Services

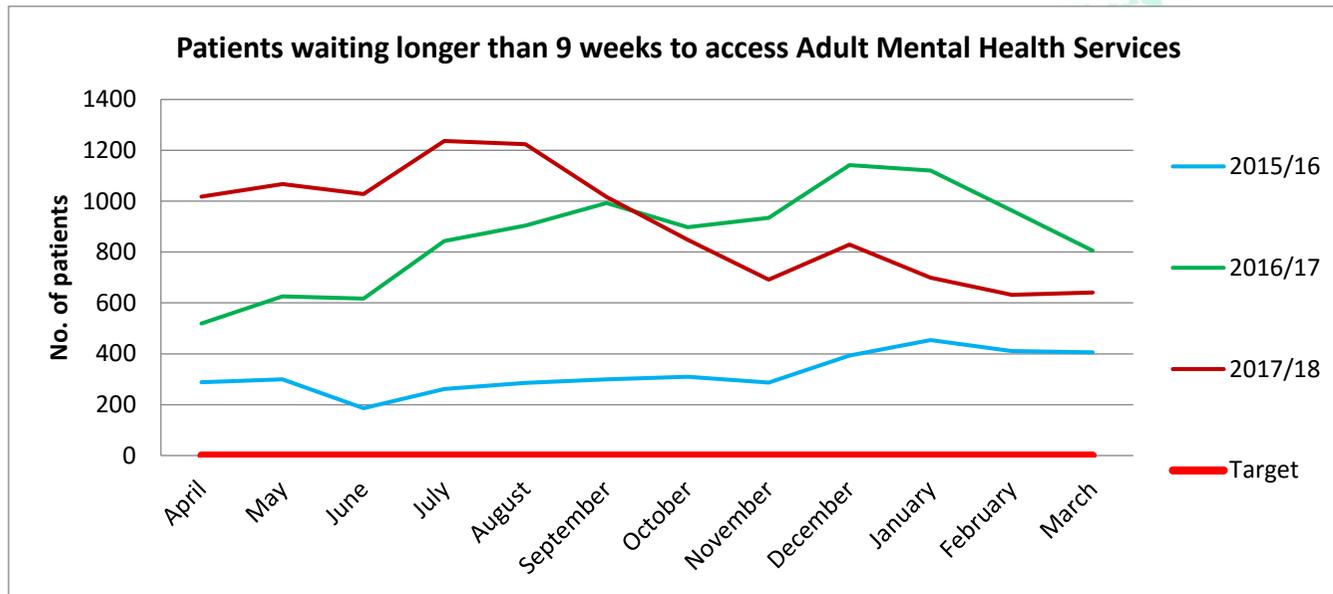
Table 3: Patients waiting longer than 9 weeks to access Adult Mental Health Services

Trust	Patients waiting longer than 9 weeks to access adult mental health services											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Belfast	670	717	760	860	896	791	616	317	286	268	216	179
Northern	0	0	0	0	0	9	26	45	70	15	10	0
South Eastern	0	0	0	0	0	2	0	11	29	37	46	43
Southern	306	232	96	118	87	60	62	111	185	93	83	101
Western	42	118	172	259	241	155	145	208	259	286	277	318
Northern Ireland	1,018	1,067	1,028	1,237	1,224	1,017	849	692	829	699	632	641
Target	0	0	0	0	0	0	0	0	0	0	0	0

Table 4: Patients waiting to access Adult Mental Health Services

Trust	Patients waiting to access adult mental health services											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Belfast	1,615	1,728	1,854	1,853	1,927	1,938	1,764	1,290	1,279	1,261	1,287	1,300
Northern	834	889	905	931	1,000	1,023	1,040	985	963	1,000	991	879
South Eastern	618	540	533	541	537	621	660	637	691	572	649	633
Southern	1,199	1,126	1,058	1,028	1,025	920	988	997	1,044	925	938	965
Western	784	809	939	1,007	974	963	906	889	898	951	929	979
Regional Total	5,050	5,092	5,289	5,360	5,463	5,465	5,358	4,798	4,875	4,709	4,794	4,756

Figure 2: Patients waiting longer than nine weeks to access Adult Mental Health Services



By March 2018, no patient waits longer than nine weeks to access Dementia Services

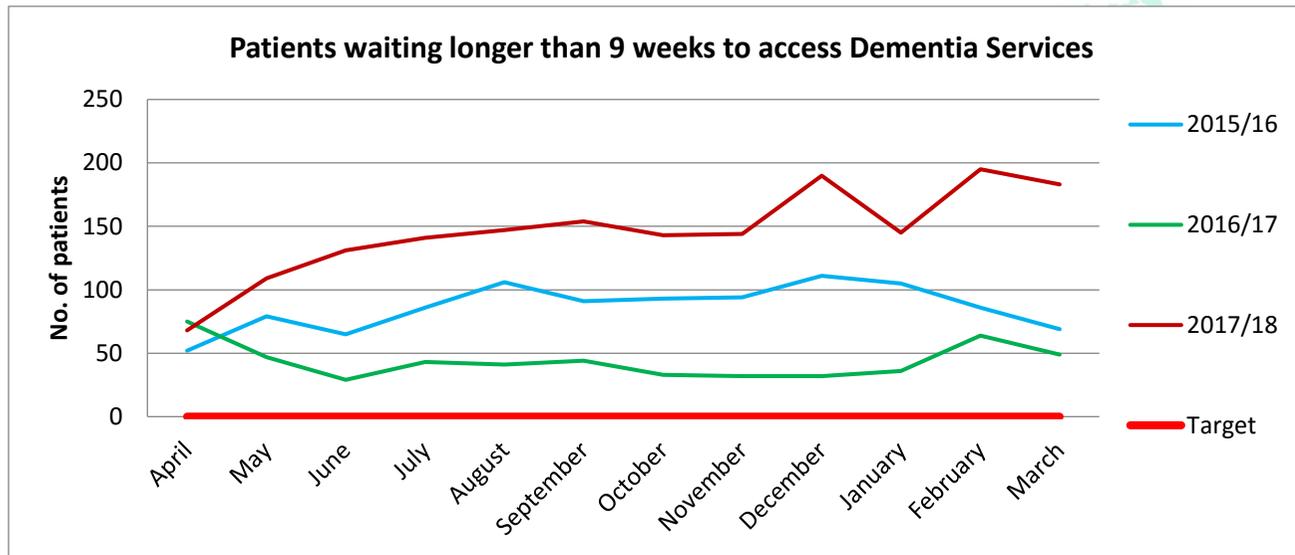
Table 5: Patients waiting longer than 9 weeks to access Dementia Services

Trust	Patients waiting longer than 9 weeks to access dementia services											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Belfast	0	0	0	0	17	22	23	44	52	35	66	77
Northern	0	0	0	0	0	0	0	0	0	0	0	0
South Eastern	21	26	24	25	19	18	17	14	17	17	15	9
Southern	1	6	6	17	23	20	13	17	29	25	26	15
Western	46	77	101	99	88	94	90	69	92	68	88	82
Northern Ireland	68	109	131	141	147	154	143	144	190	145	195	183
Target	0	0	0	0	0	0	0	0	0	0	0	0

Table 6: Patients waiting to access Dementia Services

Trust	Patients waiting to access dementia services											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Belfast	0	0	0	0	229	263	267	238	271	286	330	364
Northern	244	223	207	212	176	155	178	176	171	239	198	215
South Eastern	28	35	31	28	22	23	25	22	24	23	18	17
Southern	137	128	153	147	135	134	125	162	170	209	225	217
Western	192	187	202	223	233	235	234	214	225	217	243	236
Regional Total	601	573	593	610	795	810	829	812	861	974	1,014	1,049

Figure 3: Patients waiting longer than nine weeks to access Dementia Services



By March 2018, no patient waits longer than thirteen weeks to access Psychological Therapies

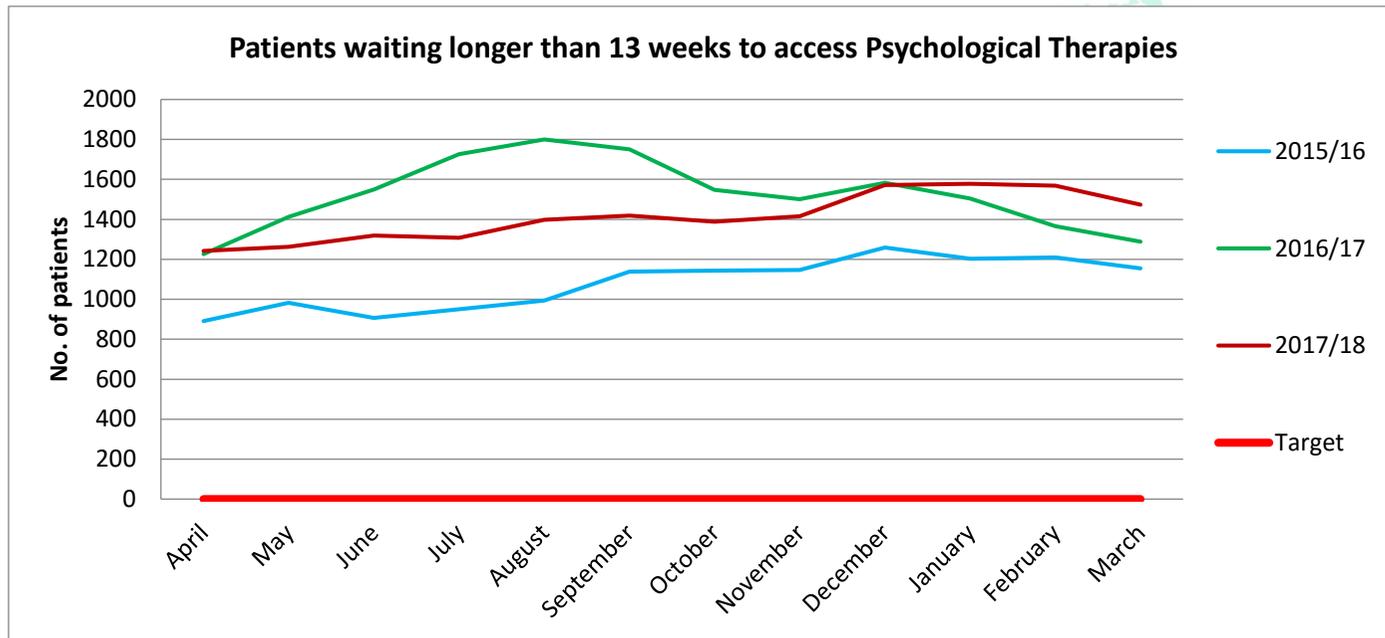
Table 7: Patients waiting longer than 13 weeks to access Psychological Therapies

Trust	Patients waiting longer than 13 weeks to access psychological therapies											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Belfast	403	444	450	470	514	540	512	538	575	593	556	577
Northern	62	91	71	59	33	42	64	71	98	105	74	31
South Eastern	394	349	335	277	275	226	194	158	212	203	274	228
Southern	70	58	47	40	63	53	58	56	72	74	77	84
Western	313	320	416	461	513	558	560	592	615	603	587	554
Northern Ireland	1,242	1,262	1,319	1,307	1,398	1,419	1,388	1,415	1,572	1,578	1,568	1,474
Target	0	0	0	0	0	0	0	0	0	0	0	0

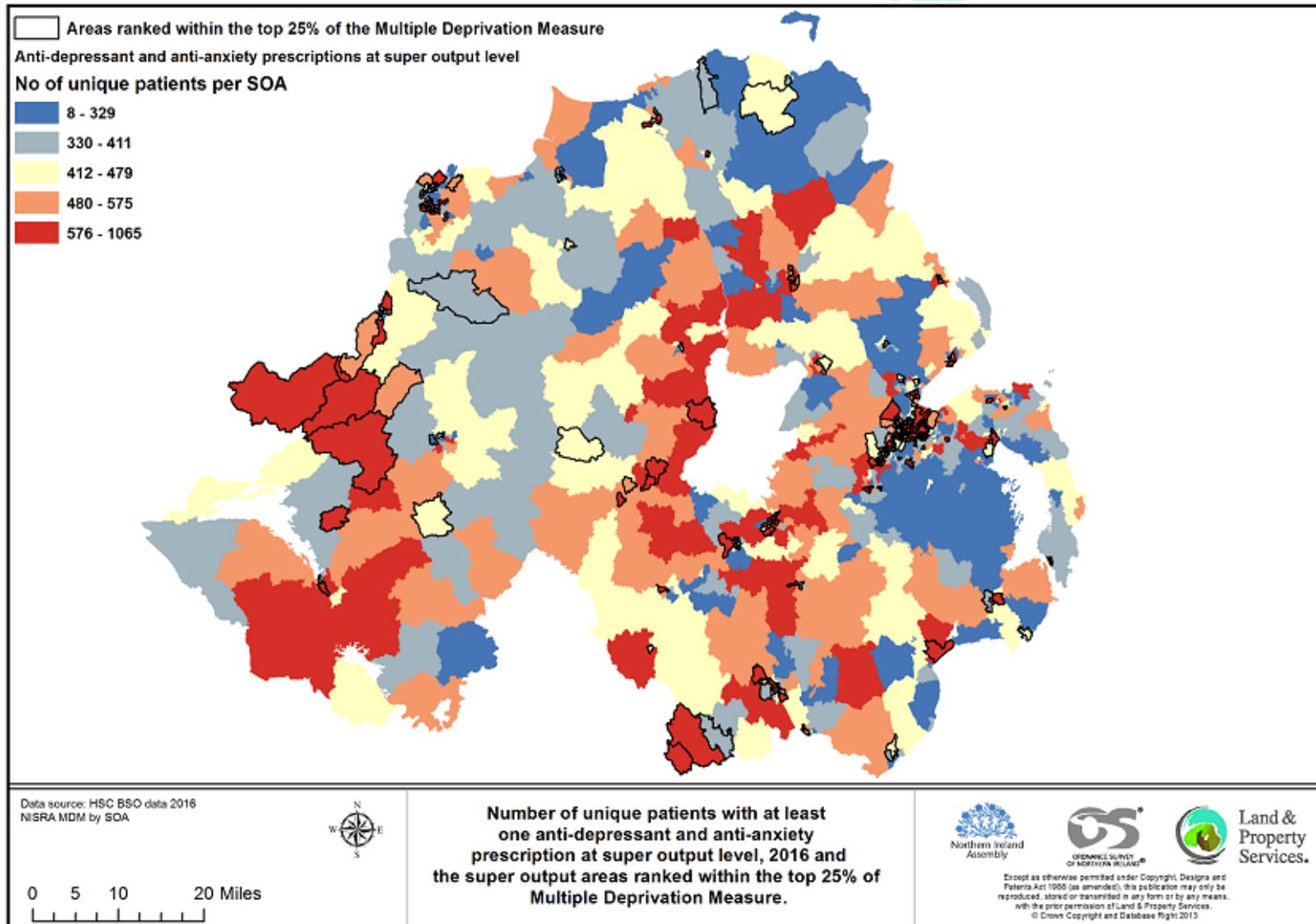
Table 8: Patients waiting to access Psychological Therapies

Trust	Patients waiting to access psychological therapies											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Belfast	888	913	896	963	972	982	1,018	1,092	1,061	1,151	991	1,102
Northern	605	671	653	663	671	701	750	788	757	788	763	747
South Eastern	852	768	822	772	702	656	663	642	685	706	736	666
Southern	389	362	367	353	391	379	422	419	408	419	435	486
Western	913	898	898	980	1,020	1,024	1,078	1,066	1,065	1,040	1,031	967
Regional Total	3,647	3,612	3,636	3,731	3,756	3,742	3,931	4,007	3,976	4,104	3,956	3,968

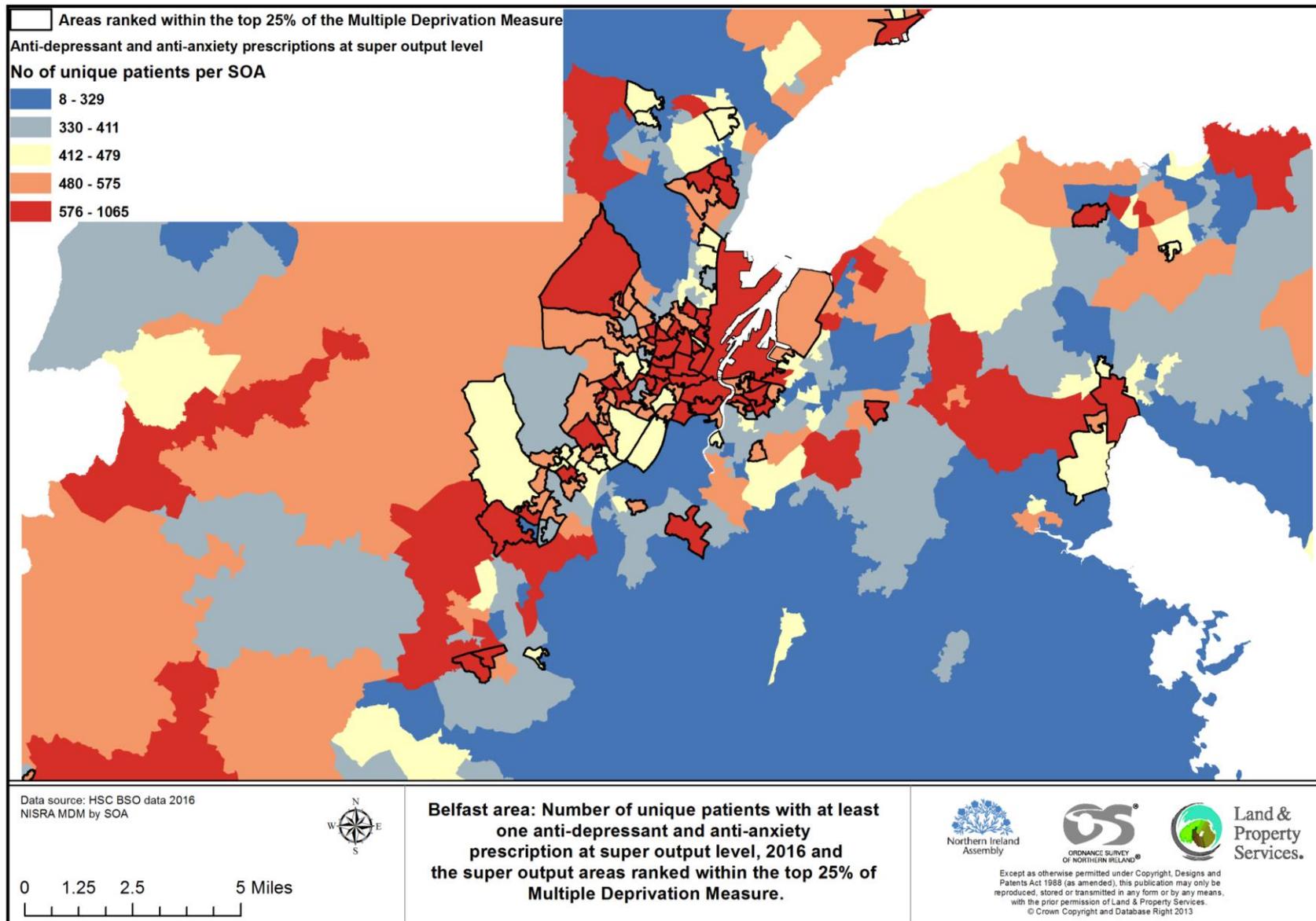
Figure 4: Patients waiting longer than thirteen weeks to access Psychological Therapies



Appendix 2



Service Framework for Mental Health



Service Framework for Mental Health

