



# Sinn Féin Mental Health Priorities



FOR SINN FÉIN ACTIVISTS  
AND ELECTED REPRESENTATIVES





# Context

As spokesperson for Mental Health, Suicide Prevention, Drugs and Alcohol, I am profoundly aware of the challenges and pressures within mental health, addiction, and crisis services.

As many of you will be aware – having supported constituents in your clinics and constituency offices or having engaged with affected people on the canvas trail – many of these services are at breaking point.

There is an increasing level of unmet need with many communities struggling to access adequate services.

Lengthy waits to access a service that is no longer appropriate is becoming all too familiar to many people and their families.

When scheduled and accessible local services and support is not available many turn to Emergency Departments as a last resort for support.

Unfortunately, there will be many people and families who will know only too well the impact and distress caused by a lack of, or long delays in accessing, treatment they need.

Getting the right service at the right time is critical.

Access to the most basic of services is restricted often due to those services only having the resources to see the most urgent and severe of cases, resulting in long waiting lists.

Sadly, many specialist services are simply not available or do not have the inpatient beds to provide the full range of care needed.

Since 2015 there have been 142 patients referred outside of the north for services that were not available regionally. Of this 68 related to personality disorders & 45 for eating disorders.

This doesn't take account of hundreds and thousands whose needs go unmet, for example with regards to perinatal mental health services where mothers and their families are treated within generic services which cannot provide the full care and support needed.

Promoting and investing in specialist mental health services, both in the community and in hospitals, is not a luxury – it is essential to a sustainable and person-centred service.

The 2021 Health Inequalities report highlighted that mental health inequalities remain engrained within society. The rates in the most deprived areas are five times that in the least deprived for drug related deaths and four times that for alcohol specific deaths.

At recent Assembly Health Committee sessions, it was confirmed that not only are services not directly funded to reduce inequalities, but the level of resources doesn't meet existing need.

This is not delivering the mental health services for those who need it.

In 2019 the Department of Health published its suicide prevention strategy, Protect Life 2. The Department has recently finished consulting on two other important mental health strategies, a new Drug and Alcohol Strategy; and a new 10-year Mental Health strategy.

These strategies need to be fully costed and funded from the beginning.

The current mental health funding is 7% of the overall Health and Social Care budget according to the Department of Health, and Child and Adolescent Mental Health services (CAMHS) are only 5% of Mental Health funding. There remains a long-standing issue of underinvestment in mental health services.

The Minister of Health must prioritise funding for mental health services.

The extent of the impact of the COVID-19 pandemic on mental health is difficult to measure. It is clear that many mental health services are seeing an increase in the number of people seeking support but also an increase in the severity and complexity of need.

Urgent investment and planning are needed to develop sustainable and accessible services. Too often a service or mental health team, already understaffed, becomes overwhelmed by the number of referrals and the number of



people remaining on waiting lists.

The addition of a lead professional psychology role within the Department of Health could help improve the standing and attention given to psychological services by being involved in the senior decision making within the Department of Health.

It is also important to recognise the social determinants of ill health. A strong focus on early intervention, prevention, targeted initiatives as well as broader population wide approaches is vital. This needs to be reflected in the longer-term mental health strategy.

A meaningful mental health strategy requires all Departments in the Executive, to work together. However, there are many pressure points that need to be addressed urgently.

Below sets out our five priority areas I have set as requiring urgent action in addressing the significant challenges facing those trying to access mental health services in the north of Ireland today, namely:

- 1. Accessible counselling and talking therapies**
- 2. Specialist services with inpatient beds**
- 3. Crisis services**
- 4. Dual diagnosis services**
- 5. Parity of Esteem on the importance of good Mental Health**

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# Key Priorities

IT IS IMPORTANT THAT ACTIVISTS AND ELECTED REPRESENTATIVES KNOW WHAT SERVICES ARE LOCAL AND APPLICABLE TO THEM. THIS WILL HELP WITH SUPPORTING CONSTITUENTS AND COMMUNITIES AS WELL AS FOCUSING ON LOCAL CAMPAIGNS.

## 1. Accessible counselling and talking therapies

Often timely support initially can help reduce further needs. Mainstreaming access to counselling services in a timely manner will help to reduce pressure on services and provide effective care sooner to those who need it. Achieving the right care, at the right time, in the right place is essential.

- ▶ **providing counselling services available in, or through, all GP practices**
- ▶ **increasing access to talking therapies rather than relying on prescription medication only**
- ▶ **ensuring access to counselling services as early intervention and prevention**

## 2. Specialist services with inpatient beds

Care must be person centred and take account of particular needs and challenges. Generic mental health services must be supported by providing dedicated specialist services. These services must have a community reach, dedicated inpatient beds and importantly to be accessible to all trusts regardless of postcodes. These services should include:

- ▶ **A dedicated eating disorders service with access to inpatient beds**
- ▶ **A maternal mental health inpatient and community service**
- ▶ **An inpatient and wraparound rehabilitation service for addictions**
- ▶ **A dedicated standalone gambling addiction service**
- ▶ **A Regional Trauma Network**
- ▶ **A regionally accessible bereavement service**



### 3. Crisis services

Emergency Departments are not suitable locations to offer the best wrap around support for someone in crisis. Unfortunately, too many people feel they have no alternative when they find themselves or a loved one in crisis.

There needs to be universally accessible crisis services including:

- ▶ **Street Triage teams (Multi Agency Triage Teams) covering every Trust area**
- ▶ **Dedicated Community Crisis Centres**
- ▶ **Mental health liaison service for those who end up in Emergency Departments**
- ▶ **Access to Lifeline telephone and digital services suicide helpline**
- ▶ **Increase funding following the Department of Health's review into crisis services- Enhanced follow up care to ensure no one is missed.**

### 4. Dual diagnosis services

Those struggling with both mental ill health and addiction, known as dual diagnosis, are being asked to register and attend two separate services, when a single comprehensive and compassionate service should be put in place. This would require:

- ▶ **Increased number of dedicated addiction beds**
- ▶ **Investment in community addiction services to reduce waiting lists for treatment and support**
- ▶ **Both Mental Health and Addiction services to ensure increased coordination and cooperation of services to support a person to navigate the different services and responses.**
- ▶ **Additional support for families and carers to address the hidden harm of substance use and mental ill health**

### 5. Parity of Esteem on the importance of good Mental Health

Parity of esteem for mental health will see a step change in how everyday services feel. No longer will mental health be considered a taboo topic. Protecting and promoting good mental health must be interwoven across services.

- ▶ **Public awareness campaigns to promote positive mental health**
- ▶ **Ensure all front facing public service staff have Suicide Prevention Training.**
- ▶ **Physical healthcare services to be mental aware, for example services with life changing diagnosis to be aware that mental health could directly be affected**



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