

Ministerial foreword

As a population we are only too aware that mental health, and mental ill health, is a huge challenge for our society. Too many people are struggling to access appropriate mental health services when they need them and suicide is robbing our communities of too many young lives.

When I became Health Minister I set out very clearly that mental health would be one of my top priorities. I am therefore very pleased to publish this Mental Health Action Plan, which will deliver key improvements to services in the short term, while preparing the ground for future strategic change. Three actions stand out. Firstly, in this Action Plan I am confirming the commitment to co-produce a Mental Health Strategy. Secondly, I am confirming my announcement of 27 April to create a Mental Health Champion to champion and enhance mental health in all aspects of public life. Thirdly, I am including an action to develop perinatal mental health services. By providing a bespoke, specialist service to those with perinatal mental health needs, this vulnerable group can get the specialist services they need.

During these particularly difficult times, I am committed to ensuring that those who's psychological wellbeing and mental health sufferers as a result of the COVID-19 pandemic will receive the support they need. I am therefore including a COVID-19 Mental Health Response Plan as an annex to the Mental Health Action Plan. The Response Plan outlines key areas of intervention during the pandemic to help and support the population as a whole.

Much work has been done in recent years to improve mental health services, and I am grateful for the focus and energy of staff who work in this important field and who recognise the need for change. This Action Plan provides the impetus to drive this work forward as a matter of urgency.

Yet the publication of this Action Plan is only the first in a series of steps I will take to ensure those suffering from mental ill health will be able to access the services they need, when they need them. It will put the foundations in place for the longer term, strategic improvements which will be set out in the new Mental Health Strategy. However, it is worth remembering the difficult context in which we operate and that any investment in mental health services will have to be balanced against other service priorities and in the context of the Department's financial settlement.

I would like to thank all those stakeholders who played a part in developing this Action Plan. Your voice, your experiences and your expertise were invaluable in creating an Action Plan that will kick-start real improvement in mental health services, and I look forward to working together with you as we move forward.

Robin Swann MLA
Minister of Health

Introduction

Since the early 2000s, mental health services in Northern Ireland have seen great improvements. An ever increasing strategic focus has been placed on improving the quality of life for service users by adopting a person centred recovery approach to care and effecting cultural change in the mental health system through the promotion of parity of esteem. Stories captured from people with lived experience evidence improving services and better experiences.

At the centre of this shift was the Bamford Review, and the impact of the publication of its reports¹ between 2005 and 2007 should not be underestimated. They have been the foundation upon which the Department of Health has built its strategic direction in the last decade and have produced significant improvements in mental health and learning disability services in Northern Ireland. Services are now largely mainstreamed into the wider service provision and the evidence suggests that

many patients have had significantly better outcomes and experiences than they would have prior to the Review.

It is only right to recognise the excellent work from people across health and social care in making Bamford a success, whether employed by statutory Health and Social Care organisations, independent contractors or the voluntary and community sector. However, the time has also come to build upon their efforts with a new strategic direction.

It is clear that a new way forward is required for mental health, a view endorsed by the Northern Ireland Affairs Committee in its report on health funding published in November 2019.² The Department of Health is therefore putting the pieces in place to develop a new mental health strategy. In the interim this co-produced action plan is designed to create a common direction and focus for mental health services in Northern Ireland, in

¹ <https://www.health-ni.gov.uk/articles/bamford-review-mental-health-and-learning-disability>

² <https://publications.parliament.uk/pa/cm201920/cmselect/cmniaf/300/30008.htm>

preparation for the new mental health strategy, while also delivering key and essential improvements to service delivery in the short and medium term. It has been shaped by recurring themes from a number of post Bamford reports and studies which have highlighted how the services should be developed.

The first of these is the draft Bamford Evaluation report which is a review of the second Bamford action plan (2012-2015) carried out by the Department in 2016. Focused primarily on outcomes that matter to service users and their families, the evaluation also considered the effectiveness of the current Bamford structures and whether or not Bamford's aims have been mainstreamed within the ordinary course of business. The general conclusion was that the Bamford Review and subsequent Action Plans have been a catalyst for the development of improved mental health and learning disability services in Northern Ireland but that there are still needs and gaps within both services.

"Building on Progress: Achieving Parity for Mental Health in Northern Ireland", commonly known as The Lord Crisp Report, was produced by the Commission on Acute Adult Psychiatric Care and published on 17 June 2016. Its recommendations concentrated on parity of esteem for mental health, service structure, improved functioning of the system, support for patients and carers, investment, reform of commissioning and the need for improved data.

"Health and Wellbeing 2026 - Delivering Together"³ was approved by Health Minister Michelle O'Neill in October 2016 and sets out the 10 year vision for the Department of Health. It promotes person-centred care, and is focussed on prevention, early intervention, supporting independence and wellbeing. Specifically it states there should be better specialist mental health services in Northern Ireland, expansion of services in the community, services to deal with the trauma of the past and a commitment to parity of esteem between mental health and physical health.

³ <https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>

The Department, as part of Confidence and Supply Transformation Funding, commissioned an independent review of the acute inpatient pathway which was produced in 2019 and made 12 recommendations all of which are reflected in this Action Plan. Other documents of influence include the NICS Outcomes Delivery Plan⁴ (specifically outcomes 4 and 8) and Protect Life 2.⁵

The evidence provided by these reports has been presented to a wide range of stakeholders for collaborative policy development and a number of key themes have emerged which this document addresses. Patient experience, access to services, workforce issues and governance structures are areas that have been identified for improvement and many of the actions included involve completing work that has already started, or that has been agreed but not yet initiated. Specific objectives have been set for each theme and progress towards achieving targets will be monitored by a lead organisation,

⁴ <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/outcomes-delivery-plan-2018-19.pdf>

which will usually be the Department, the Health and Social Care Board or the Public Health Agency.

All actions, even those that are not directly relating to improvements for persons with mental ill health, are aimed to improve the person centred care approach, with an underpinning trauma focussed methodology. The outspoken aim within the Action Plan is to improve the person's experience of mental health services and to help the health and social care system work better to be able to improve the person's experience.

The actions in this Mental Health Action Plan fall into three broad categories; immediate service developments, longer term strategic objectives and preparatory work for future strategic decisions. The first category aims to provide fixes to immediate problems and immediate service developments where there has been an identified immediate need. This includes, for example, consideration of alternative methods of

⁵ <https://www.health-ni.gov.uk/sites/default/files/publications/health/pl-strategy.PDF>

working for the mental health workforce to respond to the immediate, and significant, workforce pressures. The longer term strategic objectives aim to fulfil future strategic needs and includes, for example, a workforce review to consider how the mental health workforce should be structured. The third category relates to preparatory work for future strategic directions. This includes, for example, development of an action plan for the use of technology and creating better governance structures.

It should be noted that the Mental Health Action Plan includes specific actions which are in addition to normal service development. Not every development work or ongoing issue is noted in the plan and normal business planning for mental health services continue alongside the plan. This includes, for

example, the work to ensure discharge from hospital is not delayed through working with Supporting People colleagues in other Departments, and work relating to Protect Life 2. The absence of such actions from the Action Plan is not due to lack of importance, rather an indication that the work is already ongoing through normal business channels. Similarly actions as a direct consequence to the COVID-19 pandemic are not included in the main Action Plan. Instead a separate COVID-19 Mental Health Response Plan has been developed and included as an annex to the main Action Plan. However, going forward much learning must be taken from the actions to respond to the psychological wellbeing and mental health COVID-19 challenges. This will allow continuation of new practices such as use of technology, where found effective and appropriate.

Strategic Linkages

COVID-19 Mental Health Response Plan

The COVID-19 pandemic has created very specific challenges to the psychological wellbeing and mental health of the whole population. Measures, such as complete societal lock down, social isolation and financial hardship, normally not seen outside a war zone has become the norm. This will undoubtedly lead to new challenges to mental health and require appropriate responses. In addition normal services have not been able to function in the same way as they normally do, with meeting being held remotely and using new technology.

These challenges will create problems, but also offer opportunities. Linkages must be had with new initiatives and with the work underway to help and support those who are suffering as a result of the pandemic. A dedicated COVID-19 Mental Health Response Action Plan has been created to outline the actions to respond to the challenges. Going forward, the implementation of the Mental Health Action Plan must be with the pandemic response in mind.

Mental Health Strategy

The development of a new 10 year strategy has been accepted by all key stakeholders as a key priority. It will be co-produced with multi-disciplinary and multi-sectoral participation in its development, be evidence based, take a whole life approach, focus on population need, be trauma informed and place the need and experiences of the persons using the system at its centre. This will be a significant undertaking given the wide variety of stakeholders, the complexity of the issues to address, and the need to develop a funding plan. Due to this it is anticipated that it will take a number of months to complete. *New Decade, New Approach* set a target date for the publication of the Strategy to the end of 2020. Due to the pandemic co-production has not been possible as expected, meaning that there will be delays in publication of the new Mental Health Strategy. Nevertheless, the delays will be kept to a minimum; whilst quick publication of the Strategy is important, getting it right is more important.

The Strategy will be broad in its scope, and will consider the mental health needs of the population at all stages in life, from childhood to old age. Prevention and early intervention will be a key consideration, and the Strategy will seek to bring together work being taken forward across government.

The Strategy will also consider the future configuration of specialist mental health services, including psychological therapies, personality disorder services, support for people with eating disorders, and perinatal mental health support. The new Strategy will seek to provide a strategic basis for the further development of the Regional Mental Trauma Network, as featured in the Stormont House Agreement. The Strategy will also provide a clear mapping of funding and structures.

Interdepartmental Action Plan in response to Still Waiting

An Interdepartmental cross-sectoral action plan has been developed in response to the NICCY “Still Waiting” report, a rights based review of mental health services and support for children and young people in Northern Ireland. The Interdepartmental Action Plan was published in draft in October 2019 and sets out a range of actions to address the agreed

recommendations of the ‘Still Waiting’ report and improve child and adolescent mental health services (CAMHS), such as full implementation of the CAMHS care pathway, development of regional guidelines on transitions between CAMHS and Adult Mental Health Services and more mental health support in schools.

While the Interdepartmental Action Plan in response to ‘Still Waiting’ maintains focus on mental health services and support for children and young people, many of its actions overlap with those in the Mental Health Action Plan, such as implementation of a Managed Care Network for CAMHS, fund mapping and improved transition planning from CAMHS to adult services.

The two Action Plans remain separate, but closely linked. Implementation of one will complement and drive progress on the other; and both work together towards the overall goal of improving mental health across the lifespan.

Protect Life 2

Protect Life 2 2019-24 is a long-term strategy for reducing suicides and the incidence of self-harm with action delivered

across a range of Government departments, agencies, and sectors. It recognises that no single organisation or service is able to influence all the complex interacting factors that lead someone to harming themselves or, ultimately, to taking their own life.

There are a number of close linkages between Protect Life 2 and the Mental Health Action Plan with several actions which are complementary. In particular the focus on crisis intervention and crisis services requires close work between officials and services going forward. Protect Life 2 highlights the importance of the Early Liaison Service, and design of crisis de-escalation services. The evaluation of the Multi Agency Triage Team initiative and Belfast Crisis De-escalation Service pilot in BHSCT will inform future service delivery. Protect Life 2 also contains a number of actions in relation to the new Mental Health Liaison Service.

Protect Life 2 also has a focus on upstream intervention to improve emotional health and wellbeing and several initiatives are commissioned and planned to support this.

Improving Health Within Criminal Justice Strategy

The Improving Health Within Criminal Justice Strategy, and associated Action Plan, was published in June 2019. It was developed jointly between Departments of Health and Justice and outlines a substantial work programme to ensure that children, young people and adults in contact with the criminal justice system have the highest attainable standard of health and well-being.

The strategy recognises that many members of the community who come into contact with the Criminal Justice System have unmet health needs, with mental ill health often prominently featuring within these needs.

The strategy outlines a commitment to better align resources, to enhance access to relevant health services, and to improve the continuity of care delivered to the criminal justice population. It aims to improve the health and well-being of our criminal justice population and in doing so also contribute to safer detention and a reduced risk of reoffending.

Implementation of the strategy ongoing, with 11 of the 45 action measures in the action plan explicitly referencing mental health.

Regional Trauma Network

Implementation of the Regional Trauma Network (RTN) is included in the draft PfG Outcome 4 and Outcome 8. As part of the Stormont House Agreement in 2014, the Northern Ireland Executive made a commitment to establish a comprehensive Mental Health Trauma Service (the RTN). Once implemented, this network will deliver a comprehensive regional trauma service drawing and building on existing resources and expertise in the statutory and community and voluntary sector with particular focus on trauma and PTSD.

Work to develop and implement the RTN is ongoing. The HSCB recently undertook a public consultation: 'Regional Trauma Network: Service Delivery Model and Equality Impact Assessment' which closed in October 2019 and the responses are currently being considered and will inform service development considerations prior to the launch of the new service.

We will also work to support the commitments to veterans in *New Decade, New Approach*

The Action Plan

The Action Plan contains a number of commitments to review and develop services, and to put measures in places to ready the system for the long term strategic change that will be brought about by the development and implementation of the 10 year Mental Health Strategy. A major strategic driver is the commitment announced on 27 April 2020 to create a Mental Health Champion.

Service developments

The Action Plan contains a number of service developments. The primary development is the determination and creation of a specialist community perinatal mental health service. It is likely that creating this service will take some time, to ensure that the right people are in post to deliver the service.

Other service developments include the creation of dedicated managed care networks for CAMHS and forensic mental health and the consideration if the forensic services should be regionalised into one regional service. There is also a proposal for an innovation fund which would provide earmarked funding

for local initiatives. This could be to help in-patients or community services.

Reviews

There are a number of reviews in the Action Plan. These will pave the way for more efficient services in the future and underpin the mental health strategy work. There is a review to consider the response to homicide and suicide, the use of restraint and seclusion, transitions between CAMHS and adult service and adult services and old age psychiatry, outcomes data collection and future inclusion of community and voluntary sector's role in core mental health services.

Co-production

Whilst co-production is underpinned in all actions across the whole Action Plan, and has been one of the key principles in the development of the Plan, a number of actions specifically address the importance of co-production. This includes greater inclusion of persons with lived experience and staff in local decision making.

Governance

A number of actions seek to improve the governance structures of mental health services. With more streamlined and efficient governance, better decisions can be made, and more quickly. By improving the governance structure in preparation for a new mental health strategy, the organisations will be ready for future action plans stemming from the strategy.

Workforce

The mental health workforce are facing significant challenges. The Action Plan recognises this by including actions for new ways of working for staff and an increase in the mental health workforce.

A work plan for the actions can be found in **Annex A**.

Much work has been done in recent years to improve mental health services. This Action Plan provides the impetus to drive this work forward as a matter of urgency. Most of the actions in the Mental Health Action Plan are either resource neutral or are implementing decisions already taken regarding services which are currently already funded. It does not provide

resources for the actions that require additional funding, but will prepare the way for informed decisions regarding future funding requirements. There are some specific costs in the Action Plan for year 1 after publication which can be categorised as below:

- Mental Health Strategy – up to £100k.
- Work associated with a Mental Health Strategy – up to £295k.
- Mental Health Champion – up to £75k.
- Service improvements, including a new perinatal mental health service – up to £1,521k.
- Reviews, including homicide and suicide, restraint and seclusion, transitions and specialists services – up to £420k.
- Governance, including new structures – up to £35k.
- Innovation fund – up to £500k.

The total cost of the Mental Health Action Plan in the first year is up to £2.8m. The recurrent cost in future years is higher with the cost for perinatal mental health is expected to be up to £3.6m per year and the Mental Health Champion up to £500k per year.

Until the new 10 year mental health strategy is published, this Action Plan will ensure that momentum is not lost in terms of mental health service improvement. It will provide the drive to continue to improve and develop services to better support our population. The Action Plan has been drafted in line with the Department's commitment to co-production and has had input from those with lived experience, carers, community and voluntary organisations, academics, health professionals and their representative bodies, Health and Social Care

organisations, politicians and governmental Departments. It has been scrutinised and approved by a Project Board consisting of representatives from these stakeholder groups, and a number of engagement methods have been employed to encourage stakeholder interaction. This included a series of workshops to identify key priorities, analyse them, and refine drafts of the document, some of which were managed in partnership with Inspire, Action Mental Health and the Patient Client Council.

Mental Health Action Plan

Mental Health Strategy							
Objective	No	Action	Measures	Outcome	Lead	Resource implications	Time frame for completion
Mental Health Strategy	1	Coproduce a sustainable mental health strategy based on the identified needs of people, created through cross Departmental, cross sectoral and multidisciplinary co-production.					
	1.1	Create a 10 year mental health strategy.	<p>Approval by July 2020.</p> <p>Project Board established September 2020.</p> <p>Consultation in March to June 2020.</p> <p>Mental health strategy published by July 2021.</p>	A clear mental health strategy for the next 10 years.	DoH	Requires funding of up to £100k.	July 2021.
	1.2	Prepare for a Mental Health Strategy	<p>Publish final Bamford Evaluation Report by September 2020.</p> <p>Evaluate and close the psychological therapies strategy by February 2021.</p> <p>Evaluate and close the personality disorder strategy by February 2021</p>	<p>Closure of Bamford as the policy direction for mental health.</p> <p>Closure of the psychological therapies strategy.</p> <p>Closure of the personality disorder strategy.</p>	DoH	<p>None for publication of the final Bamford Evaluation Report.</p> <p>Up to £35k for psychological therapies strategy.</p>	February 2021.

						Up to £35k for personality disorder strategy.	
	1.3	Implement the inter-departmental Action Plan in response to NICCY's Still Waiting report	Implement the inter-departmental action plan by June 2021.	Better outcomes for children and young people.	DoH	Funding requirements as per the inter-departmental action plan.	June 2021.
10 year funding plan	2	Evaluate funding patterns and create a clear funding plan					
	2.1	Create a 10 year funding plan for mental health	Published with strategy by July 2021. Fund map mental health services, adults and CAMHS by September 2021.	A clear funding plan which will help improve decision making and commissioning.	DoH	Up to £100k for fund mapping.	September 2021.
Mental Health Champion	3	Create a Mental Health Champion					
	3.1	Create a Mental Health Champion	Executive approval by May 2020. Start appointment process by June 2020. Appoint a Champion in September 2020 to be in post by February 2021.	An independent voice who will support work on mental health and champion mental health across all sectors of life.	DoH	Up to £75k in 2020/21. Up to £500k per year after 2020/21.	February 2021.
People / Experience							
Objective	No	Action	Measures	Outcomes	Lead	Resource implications	Time frame for completion
Better understanding of the system	4	Create a service map of the system to help and guide					

		understanding of what services are available					
	4.1	Create a map of the services available throughout the system.	Scope the extent of service mapping available by connecting to Directorate of Services work. Services map based on the stepped care pathways completed.	Better understanding of the system by both users and professionals.	DoH	Requires funding of up to £25k	July 2021.
Enhanced user involvement	5	Enhance the involvement of people with lived experience, including service users and carers in service delivery and service planning.					
	5.1	Embed co-production in all service improvement processes.	Regional agreed policy directions in the Trusts for service improvement processes by March 2021. Regional agreed policy direction in the Trusts for inclusion of carers in co-production. New for a for patient / staff involvement including peer support workers by March 2021.	Increased involvement of service user and people with lived experience (including carers) and therefore better user experience.	Trusts	None	March 2021.
	5.2	Create a regional service user and carer structure and ensure that processes are in place to support this by restructuring the Bamford Monitoring Group.	Consider the role of Patient Client Council and the Bamford Monitoring Group. A new terms of reference, membership criteria and name for Bamford Monitoring Group.	Better system for supporting service user consultants and a regional approach to service user involvement.	DoH HSCB Trusts PCC	Up to £30k	December 2020.

			New regional structures to support service user involvement.				
Enhanced pathways and structures	6	Improve mental health service pathways and structures.					
	6.1	Repeal the Mental Health Order for over 16's and commence Mental Capacity Act	Mental Capacity Act fully commenced for over 16's.	Reduced stigma for mental health patients.	DoH	None	Timings to be confirmed after Ministerial approval.
	6.2	Create managed care networks	Fund and implement the CAMHS managed care network by April 2021. Fund and implement the forensic mental health managed care network and consider a regional forensic service by April 2021.	Better outcomes for CAMHS patients. Regional consistency of approach and standardisation where appropriate. Greater local evidence based developed to inform commissioning of forensic mental health services.	DoH HSCB	Up to £200k for CAMHS MCN Up to £350k for forensic MCN	April 2021.
	6.3	Full implementation of mental health care pathways. Fully implement the "You in Mind" mental health care pathway.	Fully implemented You in Mind mental health pathway. Fully implemented CAMHS pathway. Ensure compliance with NICE guidelines. Implement the You in Mind forensic service model pathway	Under development.	HSCB PHA Trusts	None	April 2021.
	6.4	Review the process for dealing with suicide and homicide and deaths by mental health patients or a	Robust review to ensure that all is done to avoid, gather learning and engage appropriately with those affected by suicide, homicide and death of persons	Better response to suicide and homicide. Safer practice and implementation of	DoH HSCB PHA	Up to £60k	Review completed by July 2021.

		person known (within the last 12 months) to mental health services subject to funding	<p>known to mental health services.</p> <p>The review should benchmark outcomes against other jurisdictions.</p> <p>Implementation of good practice to reduce likelihood of suicide and homicide, drawing on the recommendations from the National Confidential Inquiry into Suicide and Homicide, Towards Zero Suicide and quality improvement initiatives.</p>	learning from suicide and homicide SAI reviews.			Implementation dependent on outcome of review.
	6.5	Review restraint and seclusion.	<p>Review of restraint and seclusion. Final report to contain regional policy on restrictive practices and seclusion and regional operating procedures for seclusion. Review to be completed by December 2020.</p> <p>Outcomes to be implemented by April 2021.</p>	Better patient care and safe practice.	DoH	Up to £30k	<p>Review completed by December 2020.</p> <p>Implementation by April 2021.</p>
Improved transitions	7	Improve transitions between different aspects of mental health services.					
	7.1	Improve transitions in mental health services	<p>Consider a new model for CAMHS to smooth transitions when a child turns 18 subject to funding. Multi-disciplinary project team set up to review and consider options to reduce difficult transitions by September 2020. Review completed by March 2021.</p>	Less complex and traumatic transitions.	DoH HSCB PHA	<p>Up to £100k in year 1 and up to £50k in year 2.</p> <p>New model may require funding.</p>	<p>Reviews completed by March 2021.</p> <p>Review of transitions into old age services completed by March 2022.</p>

			<p>Review and consider transitions between adult and old age mental health services and create transition pathways subject to funding by March 2022.</p> <p>Review and consider interfaces between services, including between different mental health specialisms, physical health, dual diagnosis, learning disability, autism, looked after children and criminal justice system by March 2021</p>				
	7.2	Introduce availability of Mental Health Passports for all service users to assist with transition between services subject to funding.	<p>All patients who wish to have a mental health passport should have one.</p> <p>Consider inclusion in the patient portal work.</p>	Service users have a smoother transition between services	HSCB PHA Trusts	<p>Costs to be scoped</p> <p>Initial allocation of up to £30k</p>	March 2021
Improved care and treatment in an emergency	8	Consider and enhance the experience when a person is experiencing a mental health crisis, in particular in relation to emergency care.					
	8.1	Consider the outcome of the RQIA Review of Emergency Mental Health Service Provisions across Northern Ireland.	<p>Consider the review and provide responses by December 2020.</p> <p>Support the work of review of emergency and urgent care.</p>	RQIA recommendations taken into consideration	DoH	None	December 2020
	8.2	Reconfigure mental health crisis services	Evaluate alternative to ED for people in mental health crisis.	Reduction in people attending ED in a MH crisis.	DoH	£50k	December 2020

			<p>Evaluation and rollout of Multi Agency Triage Team.</p> <p>Consider interactions between different crisis responses such as MATT, Home Crisis Teams, ED, 999, police, primary care MDT and similar.</p> <p>Further development of liaison mental health services across all trusts.</p>	Better MH crisis response.			
Access to services							
Objective	No	Action	Measures	Outcomes	Lead	Resource implications	Time frame for completion
Improved specialists services	9	Review and develop specialist services across the mental health system.					
	9.1	Decide on perinatal mental health services.	<p>Consideration of business case for perinatal mental health services – April 2020.</p> <p>Agreement on new service model for specialist perinatal mental health services by September 2020.</p>	Better services for those suffering from perinatal mental health needs which will also improve the child's health and development.	DoH	<p>Up to £3.6m recurrent</p> <p>£900k in 2020/21</p>	September 2020
	9.2	Review specialist mental health services.	<p>Consideration of options paper for eating disorder services by March 2021.</p> <p>Review eating disorder services to provide a new service model for specialist eating disorder mental health services by July 2021.</p>	Better services for those people diagnosed with eating disorders.	DoH	Up to £100k	July 2021.

			Review of current personality disorder services to evaluate effectiveness, identify gaps and make recommendations for future service developments by July 2021.				
	9.3	Consider model for both low secure and rehabilitation services and develop concrete proposals subject to funding.	Proposals for way forward by December 2020, subject to any revised NICE guidelines.	Better care for those with specialist needs.	DoH HSCB	Costs to be scoped	December 2020 (subject to any revised NICE guidelines).
	9.4	Implement the first phase of the Regional Trauma Network.	Implement the first phase of the Regional Trauma Network by April 2021.	Better care for those who have suffered trauma.	DoH HSCB	Existing funds	April 2021
Better mental health care and treatment in primary care	10	Enhance mental health in primary care					
	10.1	Create opportunities for training of GPs on general and specialist mental health and CAMHS, including dual diagnosis and those patients with a learning disability or autism that also have a mental illness subject to funding.	New / improved training programme for GPs for adult mental health. New / improved training programme for GPs for CAMHS.	Improved knowledge of mental health conditions, mental health brief interventions and mental health services among GPs.	DoH HSCB PHA	Costs to be scoped	July 2021.
	10.2	Roll out of mental health workers in primary care MDTs.	Support agreed further roll out of mental health workers in primary care MDTs – ongoing.	Improved access to mental health intervention services in primary care.	DoH	Funding provided through transformation and primary care programme of care.	ongoing
	10.3	Consolidate and expand the availability	Increase uptake on counselling provisions in primary care.	Improved access to services in primary	DoH HSCB	Costs to be scoped.	Significantly advanced by

		of talking therapies and other community based support through mental health hubs, and expand the geographical coverage of mental health hubs. Subject to funding	<p>Increase availability of evidence based and professionally accredited counselling.</p> <p>Significantly advance integration of primary care hubs / talking therapy hubs into primary care within 24 months of approval.</p> <p>Improve regional consistency in delivery of hubs within 24 months of approval.</p> <p>Clear strategy for inclusion of community and voluntary sector in regional consistency.</p>	care for those who do not need specialist secondary care services.	C&V		December 2021.
	10.4	<p>Create an integrated model for primary care hubs / talking therapy hubs where primary care is responsible for service delivery.</p> <p>Consider the transfer of mental health hubs to GPs and GP Federations, linked to the Primary Care MDT model</p>	<p>Scope model for primary care / talking therapy hubs.</p> <p>Create model where the hubs are driven through primary care.</p>	Improved access to services in primary care for those who do not need specialist secondary care services.	DoH HSCB C&V	Costs to be scoped.	Work commenced by September 2021.
Staff / workforce							
Objective	No	Action	Measures	Outcomes	Lead	Resource implications	Time frame for completion
Help all staff to work more effectively	11	Create systems and procedures that reduces bureaucracy and helps staff deliver effective services.					

	11.1	Review documentation that is currently used and consider how it is used subject to funding.	Review of use of non-essential documentation with clear recommendations by July 2021. Consider outcome of review of documentation and take appropriate action	More effective use of staff time.	HSCB PHA	Up to £30k	July 2021
Encourage local initiatives and improve staff morale	12	Create a system that encourages local initiatives and improves staff morale and helps them feel more resilient, supported and respected					
	12.1	Create clear systems where all front-line staff are included in co-production and a leadership environment that encourages staff involvement	Consider current systems and ensure there is sufficient front-line staff included in decision making on a system wide level by December 2020.	Improved morale among staff and improved local services.	Trusts	None	December 2020.
	12.2	Create regional and local fora that encourages staff innovation and local initiatives subject to funding.	Each trust to create a local fora to consider local initiatives by October 2020. The HSCB and PHA to create a regional fora to support local forums by October 2020. Create a fund earmarked for local initiatives for the fora to distribute.		Trusts HSCB PHA	Up to £500k (circa) Funding may require Ministerial approval.	Immediate
Stronger mental health workforce	13	Create a stronger and more resilient mental health workforce					
	13.1	Initiate a workforce review of the mental	Review to be initiated by DoH Workforce Directorate.	A better understanding of the current mental health workforce and	DoH	Costs to be scoped	Timeline for review to be scoped.

		health workforce subject to funding.		the pressures and the requirements for the future.			
	13.2	Review and create a regional protocol for peer support workers including clear governance structure and role subject to funding.	New protocol for peer support workers including clear definition of the role and the governance structures.	Better understanding among peer support workers and others of the role of peer support workers.	Trusts	Up to £30k	December 2020.
	13.3	Consider the mental health workforce. Consider new ways to use the mental health workforce subject to funding.	Consideration of alternative methods of working and alternative workforce. Implement new methods as soon as possible thereafter. Increase the mental health workforce subject to funding.	More resilient workforce. Better services	DoH HSCB Trusts C&V	Costs to be scoped	Immediate
Structures, evidence and commissioning							
Objective	No	Action	Measures	Outcomes	Lead	Resource implications	Time frame for completion
Enhance governance structures	14	Enhance the governance structures in the mental health system					
	14.1	Carry out a review of governance structures for policy making and policy accountability of the mental health system to create clear lines of accountability.	Review completed by September 2020. Implement review by December 2020. Create a process map of structures by December 2020.	Greater accountability in mental health governance structures to ensure that decisions are taken at the right level by the right people.	DoH	£5k	December 2020.
Better evidence and better use of evidence	15	Increased use of evidence and using the right evidence.					
	15.1	Create an outcomes framework for mental	Create a multi-disciplinary task and finish group established by	Greater understanding of what works and	DoH HSCB	Up to £50k (circa)	September 2021.

		health services to measure outcomes data subject to funding and ensure consistence in data collection.	October 2020 to consider an outcomes framework and how to develop based on mental health service framework and integration with Encompass. Final product developed by March 2021. Implemented by September 2021. Ensure all Trusts are enrolled in NHS benchmarking by September 2020	evidence to help in bidding for funding and commissioning. Implement practice based outcomes for capturing effective therapeutic interventions in all mental health services.			
	15.2	Conduct a prevalence study for adult mental health subject to be scoped	Prevalence study for Adult mental health complete	Better understanding of the prevalence of mental health which may indicate unmet need and may redirect investment and will help investment based on evidence.	HSCB PHA	Costs to be scoped	24 months after approval
Improved commissioning	16	Ensure regional commissioning					
	16.1	Create structures for more regional consistency in commissioning within the commissioning framework.	Introduce a regional structure for commissioning based on other working practices within existing commissioning framework.	Better commissioning with more regionally consistent services which will ultimately have a better outcome for the person who is suffering from mental illness.	HSCB	None	December 2020.
	16.2	Create a regional approach to bed management to ensure consistency in admission and discharge	Regional consistency in bed stay (with explained local variations).	Better commissioning with more regionally consistent services which will ultimately have a better outcome for the person who is suffering from mental illness.	DoH HSCB PHA	None	December 2020.

New ways of working and technology	17	Consider new innovative ways of working					
	17.1	Understand where the pressures on the system are and how the community and voluntary sector can help relieve such pressures	<p>Create task and finish group to consider community and voluntary involvement in mental health services by October 2020.</p> <p>Report on improvements by March 2021.</p>	Better and increased use of the community and voluntary sector where it is relevant to do so.	DoH HSCB PHA	None for task and finish group work.	March 2021.
	17.2	Enhance the use of technology subject to funding.	<p>Monitor trial of body worn cameras in Southern Trust and consider feasibility for regional roll out. Consideration in line with timelines for trial.</p> <p>Monitor trial of advanced cameras in seclusion rooms in Southern Trust and on completion of trial consider regional roll out and how it should be implemented.</p> <p>Monitor C&V sector trial of chat bots and consider how it can be developed across HSC systems and how Trusts can link with C&V sector.</p> <p>Create an action plan to develop the use of technology in mental health services subject to funding by March 2021.</p> <p>Support the introduction of Encompass in mental health services.</p>	<p>Enhanced services for patients.</p> <p>Better safety for patients and staff.</p> <p>Better use of staff resources.</p>	DoH HSCB PHA Trusts C&V	Costs to be scoped	Ongoing.

It is important to note the timescales and costs outlined in this plan are indicative and will require further prioritisation, workforce mapping and planning to ensure realistic delivery. The investment required is in addition to existing expenditure in mental health services and is dependent on the release of resources either through service efficiencies and reconfiguration or new year on year investment. Any investment in mental health services will have to be balanced against other service priorities and in the context of the Department's financial settlements and this will determine the pace of change.

Annex A – Workplan for actions

Mental Health Action Plan - workplan

Action	2020						2021								
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sep
1.1 Mental Health Strategy	Strategic work														
1.2 Prepare for Strategy	Strategic work														
1.3 Implement NICCY action plan	Strategic work														
2.1 10 year funding plan	Strategic work														
3.1 Mental Health Champion	Strategic work														
4.1 Service map	Strategic work														
5.1 Embed co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production
5.2 Regional SU structures	Co-production														
6.1 Mental Capacity Act	Strategic work														
6.2 Create Managed Care Networks	Service developments														
6.3 Implement pathways	Service developments														
6.4 Review of suicide, homicide and deaths	Reviews														
6.5 Review of restraint and seclusion	Reviews														
7.1 Improve transitions	Reviews														
7.2 Introduce mental health passports	Service developments														
8.1 Urgent and emergency care	Reviews														
8.2 Review crisis services	Reviews														
9.1 Perinatal mental health	Reviews														
9.2 Review specialist services	Reviews														
9.3 Review low secure and rehab facilities	Reviews														
9.4 Implement Regional Trauma Network	Service developments														
10.1 Training in primary care	Service developments														
10.2 Support primary care MDT	Service developments														
10.3 Expand availability of hubs	Service developments														
10.4 Integrate hubs and primary care	Service developments														
11.1 Review documentation	Governance														
12.1 Integrate co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production	Co-production
12.2 Innovation fund	Service developments														
13.1 Workforce review	Workforce														
13.2 Peer support review	Workforce														
13.3 New ways of working for the workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce	Workforce
14.1 Review governance structures	Governance														
15.1 Outcomes framework	Governance														
15.2 Prevalence study	Service developments														
16.1 Structures for regional commissioning	Co-production														
16.2 Structures for bed management	Co-production														
17.1 Review involvement of C&V sector	Service developments														
17.2 Improved use of technology	Service developments														

Annex B
Department of Health
COVID-19 Mental Health Response Plan

May 2020

Introduction

This document is the Department of Health COVID-19 Mental Health Response Plan.

This is a living document and will be updated regularly in response to the rapidly changing environment.

This response plan focusses on seven strategic themes that have been identified to respond to the impact of the pandemic on the population in Northern Ireland. The overarching outcome of the plan is to increase the psychological wellbeing and good mental health for the population as a whole.

The COVID-19 Mental Health Response Plan outlines the high level actions of the Department, and how support is provided to the Health and Social Care system, independent sector and others.

The response plan is in addition to the existing work, in particular the inter-Departmental Resilience and Mental Health Working Group in response to COVID-19, implementation of a Mental Health Action Plan and Strategy and regular mental health service improvements and strategic work by the Department of Health. The COVID-19 Mental Health Response Plan does not replace existing strategic directions, such as Protect Life 2, but builds on existing work.

Strategic linkages with existing and future work are vital to ensure improvements post-COVID-19. Key linkages are provided at the end of the plan.

The document has been developed by the Department of Health.

Background

Mental health services in Northern Ireland are provided in line with the stepped care model used in mental health services across the region.⁶ This approach remains during COVID-19. Mental health services have not stopped, and all who need care and treatment will be provided with services that are clinically appropriate.

The responses in this response plan are to ensure that the stepped care model is still deliverable during the pandemic and provide COVID-19 specific actions to mitigate the psychological and mental health impact.



⁶ The picture represents the adult stepped care mode set out in the You in Mind Regional Mental Health Care Pathway.

Background

There are a number of COVID-19 specific factors which will likely have an impact upon the mental wellbeing of our population during this pandemic. These include:

social distancing and isolation

bereavement

unemployment

financial hardship

inability to access services

stress

There is significant evidence of the impact of these on psychological wellbeing and mental health.⁷

⁷ Rapid review - Mental Health Impact of the Covid-19 Pandemic in Northern Ireland; Greenberg et al Managing mental health challenges faced by healthcare workers during COVID-19 pandemic, 2020; Rhodes et al, The impact of hurricane Katrina on the mental and physical health of low-income parents in New Orleans, 2010; Department of Health; World Health Organisation; Mental Health Foundation; Centre for Mental Health; articles in the British Medical Journal and the Lancet

<p>Prior to the pandemic Northern Ireland is estimated to have higher levels of mental ill health than any other region in the UK with 1 in 5 adults (185,000 people) having a mental health problem at any one time.</p>	<p>The impact of large scale trauma could mean an increase in higher levels of mental health diagnosis (including depression, acute stress disorder, adjustment disorder, post-traumatic stress disorder, prolonged grief disorder, psychotic illness and other anxiety disorders) and substance use.</p>	<p>Health and social care staff are at specific risk of negative outcomes, with challenges such as moral dilemmas relating to inadequate resources, fears about lack of knowledge or experience and the traumatic experiences faced.</p>	<p>Social isolation is associated with suicidal ideation, where those who frequently experienced loneliness were at 21% increased risk of having suicidal thoughts (as against 2.5% of those who were not as frequently lonely) and had a 8.4% chance of attempting suicide as against 0.7% for those who were less frequently lonely.</p>
<p>It is known that unemployment is a factor of mental ill health and it is estimated that the likelihood of developing a mental health disorder is doubled if unemployed. That means for every 1% increase in unemployment an estimated 9,000 people are twice as likely to develop mental health disorders.</p>	<p>Infection with the virus will directly impact on the mental well-being of some people, through the experience of being in an intensive care environment which is known to cause PTSD for some.</p>		
	<p>Financial loss may lead to anger or anxiety with those on a lower income more likely to be affected. Stigma, due to a perception of risk of infection, may be a factor particularly for healthcare workers perpetuating the trauma and distress already experienced.</p>		

Strategic Themes

Considering the evidence of the psychological and mental health impact of the pandemic we have identified a number of problems and have structured a response across seven broad themes. The themes broadly covers the work to respond to, and mitigate, the effects of the pandemic on psychological distress and mental ill health.

Mental health and resilience response to COVID-19	Public health messaging	Provision of advice, information and support	Evidence based support and interventions	CAMHS specific issues	Existing mental health services contingency	Service realignment
<ul style="list-style-type: none"> • To ensure a coherent and joint up response to the pandemic we are committed to creating structures to respond to the psychological and mental health needs. 	<ul style="list-style-type: none"> • To help and support the whole population to have clear, accurate and up to date information we will provide coordinated public health messaging to promote psychological wellbeing and good mental health. 	<ul style="list-style-type: none"> • As help and support desperately needed during difficult times are not available using normal channels, we will provide advice, information and support using both digital and traditional methods. 	<ul style="list-style-type: none"> • Many people will need help and support to cope during the pandemic, and some will require specialist help and support. It is vital to be able to provide quick and accurate information without pathologising people. We are therefore committed to provide evidence based support and interventions. 	<ul style="list-style-type: none"> • Children and young people are faced with particular challenges during the pandemic. Normal activities have stopped and the peer support normally enjoyed is not as easily accessible. We will ensure that children and young people are considered in the strategic response to COVID-19 and that any children and young people specific issues are resolved. 	<ul style="list-style-type: none"> • Mental health services in Northern Ireland faced significant challenges prior to COVID-19. This, in combination with COVID-19 specific pressures, means there are challenges in providing the care and treatment required. We are committed to supporting services, and to provide a framework to ensure those who need mental health services can avail of them. 	<ul style="list-style-type: none"> • It is expected that the pressures on mental health services post-COVID-19 will continue to increase, potentially significantly. This will mean that service recovery and realignment will be key going forward. We are committed to working closely with delivery partners to create clear recovery plans.

1. COORDINATED MENTAL HEALTH AND RESILIENCE RESPONSE TO COVID-19

Action 1.1

Create a mental health and resilience work stream to ensure a coherent, cross-departmental and cross-sectoral strategic approach

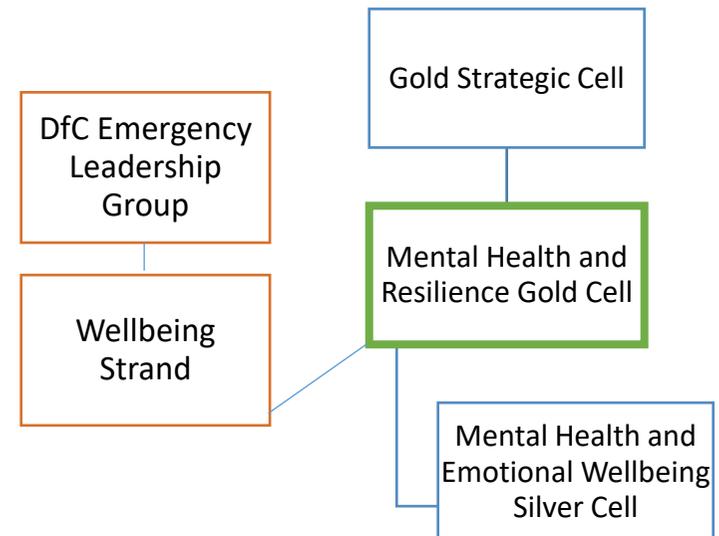
Theme 1 – Coordinated mental health and resilience response to the pandemic

COVID-19 affects all areas of life and all aspects of mental health and wellbeing. It is expected that the pandemic will have significant impact on the wellbeing of the population across Northern Ireland.

Health and social care services are provided by a broad range of bodies including statutory sector, community and voluntary sector and the independent sector providers. When delivering actions it is vital that all parts of the system must be considered and must be supported to enable us to deliver the response that is required at this time.

The strategic response must be coordinated and have clear outcomes. This will help in ensuring consistency in messaging and linking in to the Executive COVID-19 Strategy.

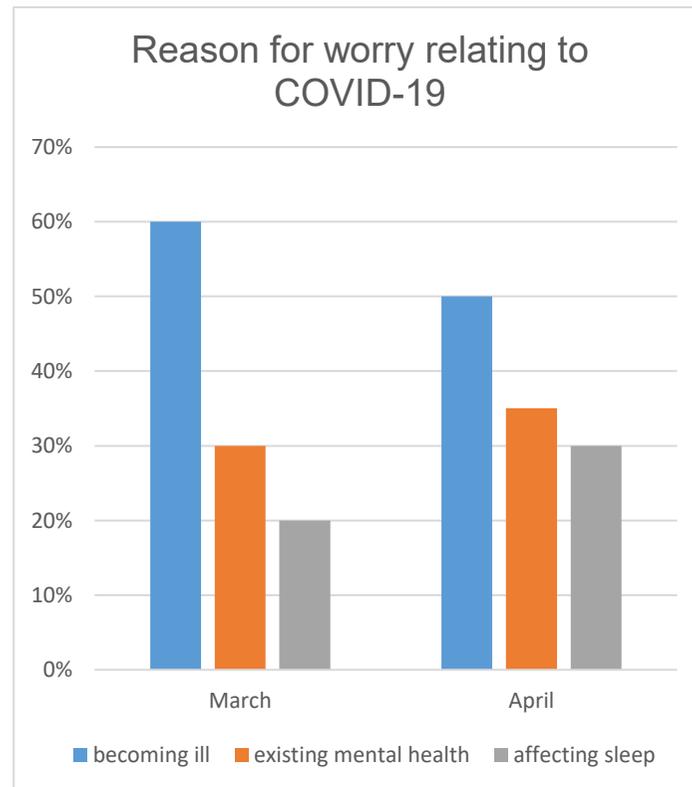
To ensure that this is captured in the response to the pandemic a mental health and resilience work stream has been created to ensure coherent, cross-departmental and cross-sectoral strategic approach to psychological wellbeing and good mental health during COVID-19.



2. PUBLIC HEALTH MESSAGING

Theme 2 - Public health messaging to promote mental wellbeing

There are clear early indications that people are worried about the pandemic and that anxiety levels are increasing.



Preventative steps are essential to mitigate this and will include a clear and widely proliferated message setting out how to address mental wellbeing and support good mental health.

It is therefore important to provide clear and consistent messages and advice across media outlets, to avoid overcrowding, conflicting messages and subsequent lack of understanding and confusion.

We will work in partnership with the Health and Social Care system and across government to ensure consistency in public messaging specifically relating to maintaining mental wellbeing while at home and improving good mental health

2. PUBLIC HEALTH MESSAGING

Action 2.1 Create public health messaging to promote mental wellbeing

Action 2.1 – Create public health messaging to promote mental wellbeing

The Department of Health, the Public Health Agency, the Health and Social Care Board, the Health and Social Care Trusts, community and voluntary and independent sector have a responsibility to give clear, coherent evidence based information and consistent advice and information to the population.

The Public Health Agency's Take 5 Steps to Wellbeing is a useful framework to support both the physical and mental health of our population during the pandemic and provides accessible and familiar messaging for the wider population.



The Department is committed to ensure consistent public health messaging supporting the Take 5 Steps to Wellbeing and ensuring that this is the main message made public.

The Department will also support and promote Minding Your Head (www.mindingyourhead.info) as a useful platform for information for help and support for mental health. A wide range of information will continue to be made available through the Family Support NI website (www.familysupportni.gov.uk).

2. PUBLIC HEALTH MESSAGING

Action 2.2 Support the development on a regional HSC owned communications plan

Action 2.2 – Support the development on a regional HSC owned communications plan

The primary driver for public health messaging rests with the Public Health Agency.

During the pandemic it is important that the messaging provided is consistent and continuous. The Department is supporting the development of a regional HSC owned communications plan, outlining key areas of communication and methods to reach everyone who needs information.

The objectives of the communication plan are to:

- acknowledge the natural emotional distress as result of the pandemic;
- acknowledge and provide support to those who are grieving the loss of loved ones and colleagues in these very difficult times and circumstances;
- provide clear facts and dispel myths about mental health and wellbeing; and
- acknowledge and provide support to those who are grieving the loss of loved ones, colleagues and those in their care.

The communications plan includes specific actions during Mental Health Awareness Week, 18 to 24 May, to help and promote psychological wellbeing and good mental health both as a result of the pandemic and relating to mental health in general.





Theme 3 – Provision of advice, information and support

3. PROVISION OF ADVICE, INFORMATION AND SUPPORT



During periods of social distancing and isolation, alternative means of providing information, advice and support are needed as the ability to meet in person is limited. In particular, online and digital tools can provide an excellent way for people to stay in touch, to access therapy or other support services and to get up to date, factual information.

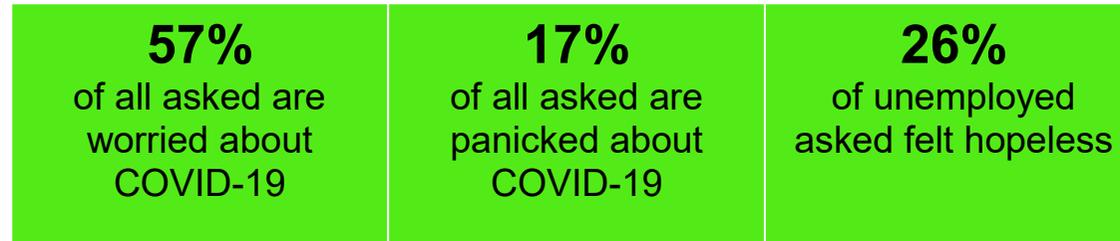
It is also important to consider the needs of those for whom the internet or other digital tools are not available or inaccessible. We will work with partners across government to ensure such groups are identified, their needs assessed, and support is put in place.

3. PROVISION OF ADVICE, INFORMATION AND SUPPORT

Action 3.1 Provide online classes for stress control

Action 3.1 – Provide online classes for stress control

It is widely accepted that people feel stressed as a result of the pandemic. In a recent UK wide survey the Mental Health Foundation found that:



When normal methods cannot be used to help people control stress, we must work to deliver alternative channels. Stress Control are available free of charge online through a collaboration across the UK nations and Ireland. The classes are made by Dr Jim White, Consultant Clinical Psychologist.

The class is six sessions long over three weeks and are viewable on YouTube with supporting material on Stress Control's website. The first class started on 13 April and the second class started on 11 May. Further information on classes and supporting material can be found at www.stresscontrol.org.

The classes have been successful to date:

- The 1st session had 10,548 views and further sessions had an average of 6,207.
- Most people who watched more than the first session finished the course.
- 75% of users were women.
- 87% of users were between the ages of 25 and 65.

3. PROVISION OF ADVICE, INFORMATION AND SUPPORT

Action 3.2
Create an apps
library for HSC safe
apps for mental
resilience and
wellbeing

Action 3.2 – Create an apps library for HSC safe apps for mental resilience and wellbeing

Due to social isolation and the reduction in personal contacts, alternative methods to provide help and support are needed, without pathologising the population. One method to do this is to provide safe and approved online resources. The HSC has therefore partnered with ORCHA (The Organisation for the Review of Care and Health Apps), to create a library of health and wellbeing apps that have been reviewed and rated as helpful, safe and secure.

The library is being launched in phases and will support the population through the pandemic and beyond. The first phase launched on 5 May by the PHA using existing ORCHA libraries relevant to psychological wellbeing.



The apps library can be accessed at: <https://apps4healthcareni.hscni.net>

3. PROVISION OF ADVICE, INFORMATION AND SUPPORT

Action 3.3
Provide support for
health and social
care workers

Action 3.3 – Provide support for health and social care workers

Those working in health and social care, both in the HSC workforce, independent sector and volunteers, are particularly at risk of negative impact on their mental health because of the extreme pressures during the pandemic.⁸ Centre for Mental Health notes in their 15 May COVID-19 Briefing:

Health and care workers and other frontline workers are at greater risk of developing mental health problems as a result of Covid-19.

50% increase in significant stress for those who have worked with SARS-CoV patients	Psychological impact on staff from SARS-CoV between 29-93%	40% of staff showed significant mental health symptoms 3 years after SARS-CoV	44% of doctors in UK are self reporting mental health problem due to COVID-19
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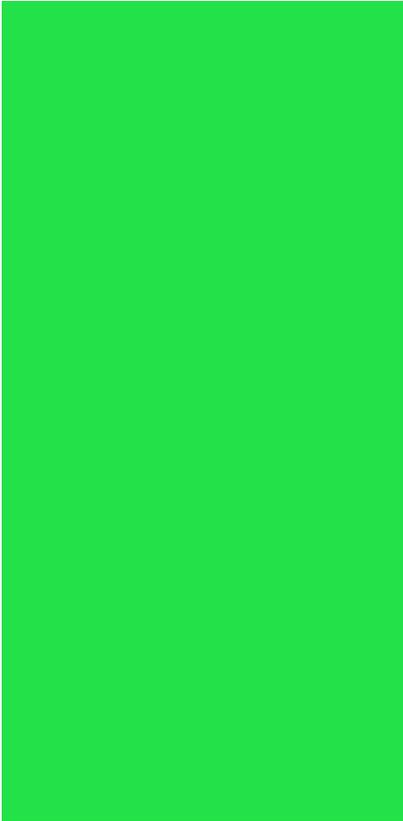
Three specific support mechanisms have been created:

- A framework for supporting staff developed by clinical psychology with input from others such as Trade Unions, occupational health services and HSC organisations was published on 16 April.
- Seven days a week phone line to help and support all health and social care workers. Phone numbers can be found on PHA's website.
- Handbook for new staff who have qualified earlier than expected.

⁸ Centre for Mental Health Covid Mental Health Forecasting 15 May 2020; Douglas et al, Preparing for Pandemic Influenza and its Aftermath, 2009; Wu et al, The Psychological Impact of the SARS Epidemic on Hospital Employees in China, 2009; BMA, Stress and burnout warning over COVID-19, 2020



4.
**EVIDENCE
BASED SUPPORT
AND
INTERVENTIONS**



Theme 4 – Evidence based support and interventions

It is essential that appropriate evidence based support is available throughout this time for those who need it.

In many instances this may be provided digitally using online tools and apps, and we will work to provide access to appropriate, safe and clinically recommended digital solutions. However, it is also important to ensure individuals have access to more traditional support options if required.

This is particularly important for staff working on the front line across the statutory, independent and community and voluntary sectors, where psychological first aid is one of the globally recommended responses.

4. EVIDENCE BASED SUPPORT AND INTERVENTIONS

Action 4.1

Review / research into impact

Action 4.2

Enable access to psychological first aid

Action 4.3

Enable prescription of specific apps within the apps library

Action 4.1

To fully understand the impact of the pandemic on people, services and strategy evidence is required.

We will continue to work with research partners inside and outside the HSC, including Universities, external research agencies and those with appropriate expertise who are willing to provide guidance and evidence.

We will draw on the experiences from past pandemics, and evidence from COVID-19 specific research and incorporate the findings in decision making going forward.

Action 4.2

The World Health Organisation, War Trauma Foundation and World Vision International have developed psychological first aid, which involves humane, supportive and practical help, to help others who are suffering a serious crisis event.

We will support the HSC to develop and make psychological first aid available across Northern Ireland.

The HSC has in collaboration with the Red Cross and NHS Education Scotland made available interim guidelines and a short E-Learning module on Psychological First Aid.

Action 4.3

As noted above, an apps library has been developed in cooperation with ORCHA to provide advice, information and support.

Further phases of the apps library will allow clinicians and wider professionals to “prescribe” and allocate apps to clients as appropriate.

We are working with the HSC to create licences and to support Trust implementation.

This also involves research and evaluation to quality improve and assess the impact of the website and apps library.

5. CAMHS SPECIFIC ISSUES

Theme 5 – Child and Adolescent Mental Health Services specific issues

The pandemic has brought with it a myriad of unprecedented challenges for children and young people. Closure of schools, academic uncertainty, restricted contact with support networks and increased exposure to social media and 24/7 news outlets are all likely to have an adverse effect on the mental health of children and young people both now and in the future.⁹

The expectation from Child and Adolescent Mental Health Services (CAMHS) professionals is that a surge in referrals will be seen, due to the negative impacts of the pandemic on children and young people. It is important that children and young people know how, where and when to get help and that CAMHS continues to operate efficiently and effectively to provide care and treatment for those children and young people that need it.¹⁰

Children and young people are considered in all aspects of mental health services and feature in all strategic areas. However, particular actions have been developed for this group.

⁹ Education Policy Institute Social media and children's mental health: a review of evidence, 2017; Volkin, S. The Impact of the COVID-19 Pandemic on Adolescents, John Hopkins University, 2020; The Children's Society Young people's mental health and well-being during COVID-19, <https://www.childrensociety.org.uk/news-and-blogs/our-blog/young-peoples-mental-health-and-well-being-during-covid-19> accessed 14 May 2020.

¹⁰ UN Policy Brief: The Impact of COVID-19 on Children 15 April 2020; Waite et al, Report 02: COVID19 worries, parent/carer stress and support needs, by child special educational needs and parent / carer work status 3 May 2020.

5. CAMHS SPECIFIC ISSUES

Action 5.1

Create a sub cell with focus on CAMHS

Action 5.2

Suspend transitions from CAMHS to AMHS

Action 5.3

Promote the use of electronic platforms

Action 5.4

Promote and signpost

Action 5.1

Creation of a sub cell to the Mental Health and Emotional Wellbeing Silver Cell in the command and control structures to focus on the mental health needs of children and young people during and after the pandemic, to support recovery and to quickly raise any issues with the Department for resolution.

This will ensure that children and young people specific issues are not forgotten and are dealt with quickly.

Action 5.2

Transitions from CAMHS to adult mental health services for 18 year olds have been temporarily suspended.

This will help to facilitate continuity of care for patients and families, to enable risks to be safely managed and ease pressures on mental health beds.

The suspension is reviewed every 4 weeks.

Action 5.3

Promote the use of electronic platforms in appointments and communications with young people.

This will ensure that services are provided in line with social distancing guidelines.

Action 5.4

Promote and signpost to:

Helplines:

- Lifeline
- Childline
- Samaritans
- NSPCC

Online resources:

- Annafreud.org
- PHA website
- Family Support NI website

Continued use of Family Support Hubs.

This will ensure awareness of the support and services available to them.

6. EXISTING MENTAL HEALTH SERVICES CONTINGENCIES

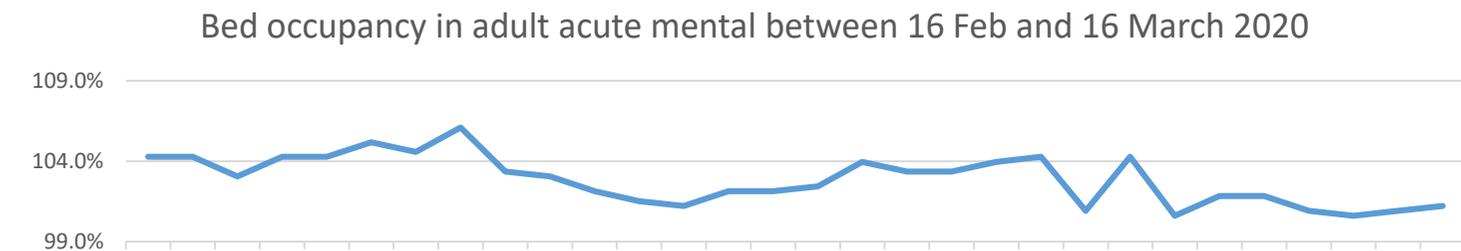
Theme 6 – Existing mental health services contingencies

In our planning for the impacts of COVID-19 a significant number of staff were expected to be unavailable for work, either through illness, isolation or shielding.

These pressures on mental health services come at a time when services across all five HSC Trusts have been experiencing significant pressures. Vacancy levels pre-COVID-19 among mental health nurses were up to 25%, bed occupancy levels in mental health in-patients were regularly over 100% and growing breaches of CAMHS waiting list targets.

Combining existing pressures with new pressures on mental health services, both during and after COVID-19 will provide significant challenges. Northern Ireland experiences higher levels of mental ill health than in other parts of the UK and Ireland. UK wide predictions estimates a significant level of increase of general mental ill health and increases in serious mental ill health.

At least half a million more people in UK may experience mental ill health as a result of Covid-19, says first forecast from Centre for Mental Health.¹¹



¹¹ Centre for Mental Health <https://www.centreformentalhealth.org.uk/news/least-half-million-more-people-uk-may-experience-mental-ill-health-result-covid-19-says-first-forecast-centre-mental-health>

6. EXISTING MENTAL HEALTH SERVICES CONTINGENCIES

Action 6.1

Establish coordination between HSC Trusts, Board and the Department

Action 6.2

Surge plans for mental health services

Action 6.3

Emergency statutory provisions and guidance

At all times mental health services have to be provided to ensure that those who need services can access services that meet the need they have. Any restriction in access to services, or alteration to normal provisions is a balance between safely caring for people, and ensuring that there is a functioning mental health service even with a reduced staffing complement or an outbreak of COVID-19 in mental health services.

A crisis situation requires clarity between providers of care, commissioners and the Department on key decisions. A clear governance, reporting and communication structure, with monitoring was therefore set up through a series of actions. Included in this were surge plans which included pre-planned actions for specific pressures.

Further it was identified that the safe care and treatment of mental health patients would not be possible without legislative change.

Action 6.1

Twice weekly conference calls between the Department/Board/Trusts/PHA have been established to ensure quick communication channels and to deal with emerging issues.

Action 6.2

The HSC Trusts have developed surge plans for mental health services, and the surge plans have been provided to the Department to help and support the practical work to ensure continued availability of mental health services.

Action 6.3

The Coronavirus Act 2020 makes amendments to the Mental Health (NI) Order 1986 to ensure continued ability of HSC Trusts to provide safe and effective mental health services even during extreme workforce pressures due to COVID-19.

6. EXISTING MENTAL HEALTH SERVICES CONTINGENCIES

Action 6.4

Monitor infection rates and bed occupancy to quickly identify mitigating actions

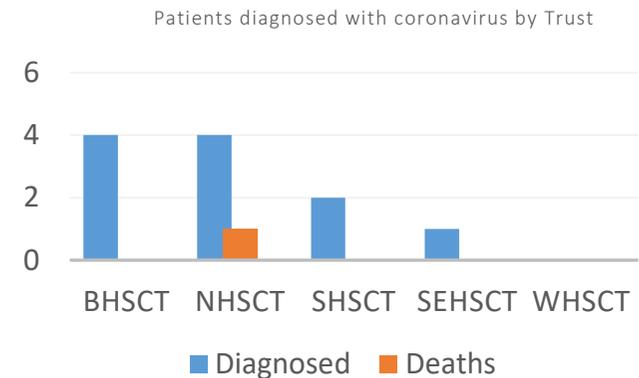
Action 6.5

Respond to pressures and approve temporary practices

Action 6.4

Daily statistics on inpatient bed pressures are captured to monitor change in need and all admissions to inpatient facilities are swabbed. At 11th May 11 patients had been diagnosed with Coronavirus with one death recorded.

Bed occupancy levels dropped from over 100% to below 85% at the end of April. Since then the levels have been steadily rising.



Bed occupancy mental health acute in-patients 17 March to 11 May 2020



Action 6.5

We are committed to using both statistics and evidence from professionals to identify where temporary practices are necessary.

Temporary modification have been made:

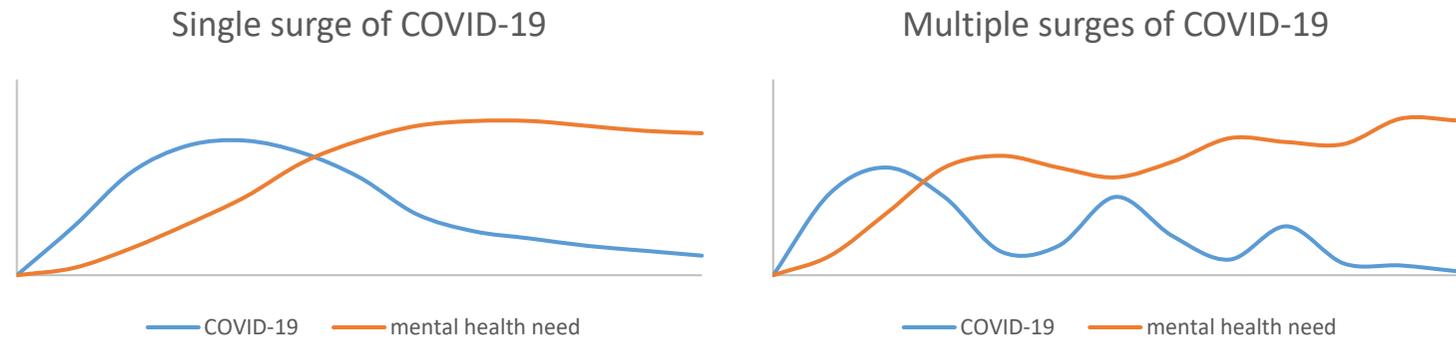
- The regional bed management protocol;
- The process for medical examinations for detention for assessment;
- The Promoting Quality Care protocol; and
- Approved Social Worker procedures.

7. SERVICE REALIGNMENT AND BUSINESS POST-PANDEMIC

Theme 7 – Service realignment and business post-pandemic

The number of people who will need mental health services support post-COVID-19 is expected to be significant, together with the built up need among those who normally use mental health services, but who may have felt unable to do so during COVID-19.

The expected impact on mental health is linked to the impact of COVID-19. A single surge of COVID-19 will create pressures that will ease out, with the peak coming after the COVID-19 peak. If there are multiple surges of COVID-19, it is expected that the mental health pressures will be cumulative, with little resetting between surges, as outlined below.



Mental health services therefore need to consider, as part of their business continuity planning, existing and emerging evidence to plan for service realignment, which will include consideration of future needs and service delivery models. We will work with the HSC Board and HSC Trusts to do this as part of their normal business planning approaches. This work will also be taken forward in liaison with the Silver Cell on Mental Health and Emotional Wellbeing.

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Action 7.1 – Develop recovery plans

We will work with the HSC Board and HSC Trusts to develop sustainable recovery plans. The plans will be based on a clear decision making framework, with key indicators and will account for pressures in the mental health system. This will allow robust action plans with regional consistency on key areas, such as service levels, staff redeployment, isolation, visiting and physical health of patients.

**Action 7.1
Develop recovery
plans**

Status	Green	Amber	Red	Black
Pressure	Low			High
 C-19 +ve Patients / Residents in 24 hour care settings with C	Up to 4 patients / resident	Up to 10 patients / resident	10> patients / resident	50% of ward/Unit
 C-19 +ve Staff in 24 hour care settings	Up to 10% Staff	10-25% Staff	25-50% Staff	>50%
 PPE & Equipment required for management of COVID-19	Adequate PPE & equipment for one month	Adequate PPE & equipment for one week	Not adequate PPE or equipment currently to meet service needs	
 Surge in referrals to Statutory Mental Health	5% Increase in referrals received against same period 2019 Baseline Community = Baseline Inpatient =	Up to 10% Increase in referrals received against same period 2019 Baseline Community = Baseline Inpatient =	Up to 20% Increase in referrals received against same period 2019 Baseline Community = Baseline Inpatient =	20%+ increase in referrals received Baseline Community = Baseline Inpatient =
 Maintenance & prioritisation of Mental Health & Emotional Well Being	TBC% referrals being treated by Primary Care PCMDT/Vol Sector Contract Holders	TBC% referrals being treated by Primary Care PCMDT/Vol Sector Contract Holders	TBC% referrals being treated by Primary Care PCMDT/Vol Sector Contract Holders	TBC% referrals being treated by Primary Care PCMDT/Vol Sector Contract Holders

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Action 7.2
Incorporate new
ways of working

Action 7.2 – Incorporate new ways of working

The pandemic and social isolation has required new working practices, such as remote access, use of technology and new innovative practices. Post-pandemic work is required to analyse what has happened, the effectiveness and how to incorporate new ways of working in normal mental health services. We are committed to using the difficult experiences during the pandemic to our advantage post-COVID-19.

In **CAMHS** the use of technology should be evaluated to consider if new ways of using technology had a positive impact and what effect it had on efficiency. The continued use of technology post-pandemic may help in reducing pre-pandemic waiting lists and provide quicker access to quality services for children and young people.

For **adult services**, the use of remote delivery has enabled ongoing contact and treatment of people with mental ill health. On line resources for prevention, early intervention, and treatment of mild to moderate mental illness has been particularly developed and increased. The outcomes of remote delivery will be evaluated and adopted longer term if found to be efficient and effective.

For **adult in-patient services**, an initial reduction in bed occupancy of over 15% and reduction in admissions of over 20% was noted, taking the bed occupancy levels to its lowest in a number of years. This may be because of differences in risk management, but it may be as result of working with patients in different ways. If the alternative use of in-patient services is as effective, this may help post-pandemic pressures on in-patient services.

POST COVID-19 PRIORITY WORK STREAMS

Post COVID-19 priority work streams

Mental health development work does not stop with the pandemic, and must incorporate the response to the pandemic. The good work on psychological wellbeing and improving mental health during COVID-19 feeds into a number of existing mental health priority policy work streams.

Work stream 1

Creation of a **Mental Health Champion**.

The purpose of the Mental Health Champion is to further the mental health agenda to promote emotional health and wellbeing, access to evidence based support and services and promote recovery.

Work stream 2

Incorporation of COVID-19 specific work in **existing service developments**, including the action plan in response to the NICCY 'Still Waiting' report and work on immediate mental health pressures, in particular pressures on adult in-patient services.

Work stream 3

Implement the **Mental Health Action Plan** and develop a **Mental Health Strategy**.

This will also link with the development of a new strategy to address substance misuse.

Work stream 4

Continued consideration of **legislative changes**, including the Coronavirus Act, the Mental Health Order and the Mental Capacity Act.

COVID-19 Mental Health Response Plan strategic themes and post-COVID-19 work streams

Work stream 1 Mental Health Champion

The Mental Health Champion is a joint initiative across the NI Executive, and is fully supported by all Executive Ministers.

The development of a Champion was announced on 27 April 2020.

What will the Champion do?

The purpose of the Mental Health Champion is to further the mental health agenda across all platforms and fora to promote emotional health and wellbeing, access to evidence based support and services and promote recovery.

The Champion will be a public advocate, consensus builder,

network hub and challenger of decisions.

Co-production

The Mental Health Champion will have to work closely with people with lived experience. It is important that the Mental Health Champion will work to promote wellbeing and share a positive message, both in terms of public messaging and in the policy work the Champion is involved in.

The Champion must also focus on recovery, as a key element in the journey of those suffering from mental ill health.

Work stream 2 Existing service developments

Mental health services pre-pandemic was experiencing significant pressures and were undergoing change.

This will link to the cross-Departmental action plan in response to NICCY's Still Waiting. It will also link to mental health service in general, and in-patient services in particular. The pandemic has changed the approach to in-patient care, and the use of community and voluntary sector. This learning must be incorporated in the ongoing work on these service pressures.

COVID-19 Mental Health Response Plan strategic themes and post-COVID-19 work streams

Work stream 3 Mental Health Strategy

The pandemic, and the effect of COVID-19, is likely to have a long term impact on people's mental health and on mental health services.

As part of the New Decade, New Approach a commitment was made to create a new long term Mental Health Strategy. The Strategy will be person centred, with a whole life approach and a whole system focus and the aim is to ensure long term good outcomes for people's mental health.

The Strategy will have to consider the pandemic, and the effect on people's mental health and mental health services.

This response plan will feed directly into this work and the strategic work will also drive the work on legislative challenges and address existing service developments.

The Mental Health Champion will have an integral part in ensuring that the Strategy will provide the best outcomes possible for the whole population.

This will also link with the development of a new strategy to address substance misuse.

Work stream 4 Legislative challenges

The Coronavirus Act 2020 made amendments to the Mental Health Order and the Mental Capacity Act. These must be reviewed, and considerations must be had on long term changes as a result, including the options of remote working and using technology in statutory functions.

The pandemic has also highlighted the importance of ethical decision making and person centred approach. Both are key components of the Mental Capacity Act and learning from the pandemic must shape the implementation planning going forward

