

Mental
2021-2031 **Health**
Strategy



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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Mental Health Strategy
2021-2031

Delivery Plan
2022/23

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1. Background and Context

Mental Health Strategy 2021 – 31

1. The [Mental Health Strategy 2021-2031](#) was launched by the Minister of Health in June 2021 and sets the vision and future strategic direction for mental health services in Northern Ireland over the next decade. In pursuit of this vision, and to drive the strategic reform needed, the Strategy sets out 35 actions under three overarching themes:
 - Promoting mental wellbeing, resilience and good mental health across society;
 - Providing the right support at the right time; and
 - New ways of working.

Funding

2. A [Mental Health Strategy Funding Plan](#) was published alongside the Strategy, which estimated that the cost of implementation would be £1.2bn over 10 years.
3. In light of the significant financial challenges across the Health and Social Care system, it is not possible to fund this level of implementation from within the Department of Health's existing resources. A significant level of additional and sustained funding is therefore required in order to implement the strategic improvements outlined in the Strategy and to address the challenges facing mental health services.
4. While a funding position has not yet been confirmed for 2022/23 and beyond, this Delivery Plan has been developed in order to
 - Outline the implementation work that can be taken forward within existing resources (see below); and
 - Ensure that full implementation can commence should additional funding be made available during 2022/23.
5. The Department has been using its existing resources to take forward a range of critical preparatory activities as outlined in this plan, alongside the work to complete the key enabling actions that were started in 2021/22. It should be noted that, while this funding allows the continuation of existing projects and other preparatory work, it is not sufficient to take forward actual implementation of the Mental Health Strategy actions outlined from paragraph 23 onwards.

Wider Context

6. While this Delivery Plan provides a vehicle for the delivery of actions contained in the Mental Health Strategy 2021 – 31, it is important to recognise the broader operating context within which the Strategy is being implemented.
7. While the Strategy is designed to drive forward the reform of mental health services, it is likely that other emerging issues - which have the potential to impact on the delivery of mental health services - will present themselves over the next 10 years.
8. It is recognised, therefore, that there may be instances where other workstreams will be required to operate in conjunction with the implementation of the Mental Health Strategy.

2. Mental Health Strategy Delivery Plan 2022/23

Mental Health Strategy Implementation Planning

9. Implementation of the Mental Health Strategy will be facilitated by way of annual Delivery Plans.
10. The Mental Health Strategy Funding Plan recognised that while there would be some workstreams that could be progressed concurrently, it would not be possible to start implementation of all actions simultaneously, and that prioritisation, workforce mapping and planning would be required to ensure delivery.
11. To help in the prioritisation of implementation planning, the Department asked respondents to the public consultation on the draft Mental Health Strategy to prioritise their top five actions.
12. This feedback has been considered alongside a range of other factors to help shape thinking around where our collective efforts should be focussed during 2022/23. This has included the extent to which individual actions help in addressing the impact of the pandemic and pressures across Mental Health services - whilst also taking cognisance of constraints to delivery, such as staffing pressures across the HSC system and the interdependency with other enabling actions.
13. This Delivery Plan has been developed jointly with key stakeholders across the HSC system, including the Strategic Planning and Performance Group (SPPG) within the Department (formally the Health and Social Care Board), the Public Health Agency (PHA) and the HSC Trusts, alongside those in the Community and Voluntary sector and with input from service users and carers.
14. It sets out the detail of actions currently in progress and other actions prioritised for delivery in 2022/23. In support of accountability, and to ensure clarity around roles and responsibilities, the Plan also specifies the designated lead and key delivery partners for each action detailed therein.

Actions Currently In Progress

15. A number of actions within the Strategy are currently in progress and will continue to be progressed in 2022/23. These are summarised in **Table 1** below, and further detail is provided at **Annex A**.

Action Number	Action Detail
1, 2	Create an action plan for promoting mental health through early intervention and prevention and increasing public awareness/public discourse to reduce stigma.
12, 27	<p>Create clear and regionally consistent urgent, emergency and crisis services for children and young people that will work together with crisis services for adult mental health.</p> <p>Create a Regional Mental Health Crisis Service that is fully integrated in mental health services and which will provide help and support for persons in mental health or suicidal crisis.</p>
29a	Continue the rollout of specialist perinatal mental health services.
29c	Enhance the provision of personality disorder services regionally through the formation of a Personality Disorder Managed Care Network.
29d	Enhance the regional eating disorder service.
31	Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership that is responsible for consistency in service delivery and development.
32	Undertake a comprehensive workforce review considering existing workforce need, training and development of new workforce, such as allied health professions, therapists and physician associates.
34	Develop a regional Outcomes Framework in collaboration with service users and professionals, to underpin and drive service development and delivery.

Table 1: Actions currently in progress

Enabling Actions

16. The initial phase of implementation has largely, but not exclusively, focused on four actions identified as enablers, on the basis that they represent key building blocks for implementation of the wider Strategy. These actions were prioritised for delivery in 2021/22 (Year 0) and funding of £0.65m was made available from within existing funds. They included:

- Additional administrative support for implementation work;
- The development of a regional mental health service (Action 31);
- A review of the Mental Health workforce (Action 32); and
- The development of an Outcomes Framework (Action 34).

17. Work has been progressing on these actions and will continue to be taken forward in 2022/23. Additional administrative support for implementation work will include consideration of additional resources required across the HSC and the Community and Voluntary sector (subject to funding).

Early Intervention, Prevention and Public Awareness/Discourse

18. The public consultation on the draft Strategy highlighted that early intervention and prevention was a top priority for respondents. There was also a clear call for investment in supporting people to stay emotionally and mentally well, reducing stigma associated with mental health, and intervening early in the lifespan to help delay or prevent the onset of any mental health difficulties.

19. With this in mind, and recognising the importance of early intervention and prevention as the key ethos in helping to alleviate mental health problems before they escalate, the development and implementation of an Action Plan centred on Actions 1 and 2 of the Mental Health Strategy is a key priority this year.

Mental Health Crisis Service

20 Progress has also been made on the implementation of a [Regional Mental Health Crisis Service](#) (Action 27). The new Crisis Service was announced in August 2021 and implementation is being led by Strategic Planning and Policy Group (SPPG) in the Department of Health (formally the HSCB) and the PHA. A copy of the Implementation Plan can be accessed via the following link: [Mental Health Crisis Service Implementation Plan](#).

Perinatal Mental Health

21. Poor perinatal mental health affects not only mothers but also increases the risks to children's mental health outcomes. Contained within Action 29 is a clear commitment to continue the rollout of specialist perinatal mental health services.

Specialist Mental Health Interventions

22. Business cases are being prepared in relation to the development of specialist interventions, including Eating Disorders and Personality Disorders (Action 29).

Other actions for delivery during 2022/23

23. As noted above, respondents to the consultation on the draft Mental Health Strategy were asked to prioritise their top five actions. This highlighted a number of key priority areas for stakeholders that included: early intervention/prevention; positive social and emotional development; enhanced and accessible mental health services; child and adolescent mental health; no wrong door for accessing mental health services; expansion of therapy hubs; and dual diagnosis.
24. Looking more widely, the mental health response to the COVID-19 pandemic has helped to promote, encourage and drive forward the use of digital resources to support mental wellbeing and mental health and the Strategy provides the opportunity to develop this area further.
25. In that context, the following actions in **Table 2** have been identified for delivery during 2022/23, with further detail provided in **Annex A**. It should be noted that progression of these actions is subject to confirmation and provision of additional funding as outlined in paragraphs 2 – 5 of this Plan.

Action Number	Action Detail
5	Expand therapy hubs, which are resourced sustainably, to ensure Northern Ireland wide coverage. The hubs should be managed by primary care and link with the wider work on establishing mental health as an integral part of the primary care multi-disciplinary team.
8	Create dedicated resource for student mental health across tertiary education through the existing delivery of mental health services.
9	Embed unpaid carers, families and others in the help and support provided to people with mental ill health and also in the development of mental health policy and wider decision making.
10, 11	Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people, their families and their support networks. Ensure that the needs of infants are met in mental health services, and meet the needs of vulnerable children and young people when developing and improving CAMHS, putting in place a 'no wrong door' approach.
13	Develop proposals for transitions between CAMHS and adult mental health services, engaging widely with all relevant stakeholders.

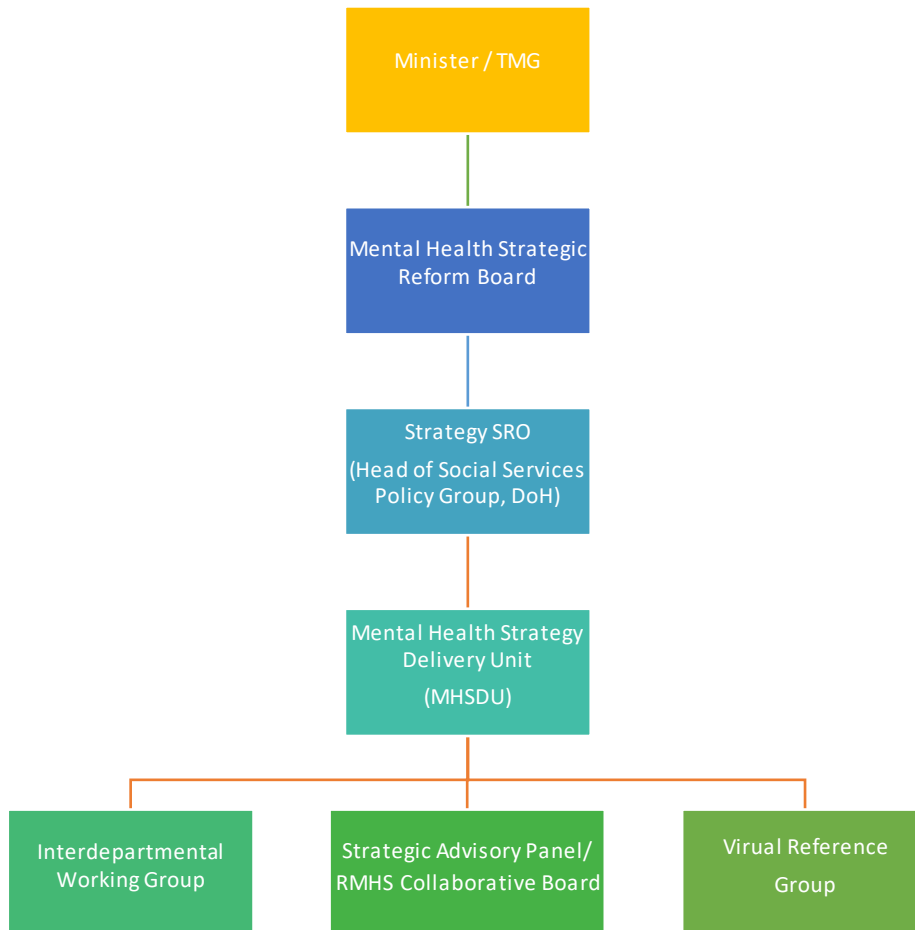
Action Number	Action Detail
16, 33	<p>Create a recovery model, and further develop and embed the work of Recovery Colleges, to ensure that a recovery focus and approach is embedded across the entire mental health system.</p> <p>Create a peer support and advocacy model across mental health services.</p>
17	Fully integrate community and voluntary sector in mental health service delivery with a lifespan approach including the development of a protocol to make maximum use of the sector's expertise.
28	Create a managed care network with experts in dual diagnosis, supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full needs of those with co-occurring issues.
30	Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.
35	Create a centre of excellence for mental health research.

Table 2: Other actions for delivery in 2022/23

3. Governance and Monitoring Arrangements

Overview

26. The governance and monitoring arrangements within which the Mental Health Strategy implementation will operate is summarised below:



Mental Health Strategic Reform Board

27. This Board provides procedural oversight and governance of the implementation of the Mental Health Strategy 2021-31. The Board provides regular progress reports to the Department of Health Permanent Secretary and the Minister. Where particular actions cannot be taken forward to the required timetable, the Board provides advice on mitigation and contingency arrangements. The Board will alert the Permanent Secretary and the Minister if there is a material risk to the implementation process.

Strategic Advisory Panel/ Regional MHS Collaborative Board

28. A Strategic Advisory Panel (SAP) was previously established to facilitate operational input from key stakeholders in the development of the Strategy. The SAP included service user and carer representatives to ensure the views of those who have first-hand knowledge of mental health services was taken on board.
29. The SAP will continue to have a role in the implementation of the Strategy through the provision of practical advice on how actions should be taken forward, how to overcome potential obstacles to progress and how to mitigate risks.
30. It is anticipated that, once fully established, the Regional Mental Health Service Collaborative Board will assume the responsibilities of the SAP in the strategy implementation process.

Cross-Departmental Working Group

31. There are a wide range of policies in place or under development by other Government Departments which have an impact on the mental health of our communities. These are specifically referenced in Annex A of the Mental Health Strategy. The role of the Cross-Departmental Working Group is to help ensure that other Government Departments and Agencies continue to collaborate and communicate so that their work is joined up and in line with the ambition to ensure good mental health across Northern Ireland. The Group is chaired by the Director of Mental Health, DoH. The Group provides regular reports on progress to the Mental Health Strategic Reform Board.

Virtual Reference Group

32. A Virtual Reference Group provides a mechanism for all interested parties to be involved in the implementation process. A bi-monthly newsletter is issued to members providing an update on the roll out of the Strategy and providing sections for comments, where appropriate.

Mental Health Strategy Delivery Unit (MHSDU)

33. MHSDU acts as the strategy project team to project manage implementation of the Mental Health Strategy. This Unit is supported by DoH professional officers, and other relevant DoH colleagues.

Co-design/co-production

34. Implementation of the Mental Health Strategy will require the ongoing support of a wide range of stakeholders.
35. The Mental Health Strategy details seven core principles, which represent the foundations upon which each of the actions set out in the Strategy are based. The first of these is:

*Meaningful and effective co-production and co-design at every stage,
involving all partners equally.*

36. The Department remains committed to co-design and co-production and will continue on this path during the implementation of the Strategy.

Table 1: Mental Health Strategy 2021 – 31 - Actions Currently in Progress

MHS Action No.	MHS Action	Progress to date	Summary of Key Activities in 2022/23	Lead
1, 2	Co-producing an action plan for early intervention and prevention initiatives and increasing awareness/ public discourse	<p>Terms of Reference developed.</p> <p>Project structures developed</p> <p>First meeting of Steering Group completed</p>	<p>Develop 3 year Action Plan aligned to 2022 – 25 budget period – <i>by 31 Oct 2022</i></p> <p>Commence implementation of Action Plan (<i>subject to additional funding</i>)</p>	PHA
12,27	Regional MH Crisis Service (RMHCS)	<p>RMHCS Implementation Plan developed and reporting/ governance structures in place</p> <p>Core Implementation Group in place</p> <p>Draft Terms of Reference for Strategic Implementation Group and associated Workstreams (5) developed</p>	<p>Ongoing delivery of RMHCS Implementation Plan (2022-23) to include:</p> <ul style="list-style-type: none"> • Agree definition of crisis – <i>by 30 Sep 2022</i>; and • Revisit current regional crisis service model and produce a service mapping document which benchmarks against the DoH Regional Mental Health Crisis Service Model across all elements of the proposed service – <i>by 31 Mar 2023</i> 	<p>DoH (SPPG)</p> <p>PHA</p>

MHS Action No.	MHS Action	Progress to date	Summary of Key Activities in 2022/23	Lead
29a	Perinatal services	<p>The community perinatal mental health service is operational within two Trusts.</p> <p>Other Trusts will commence delivery later in 2022.</p> <p>Preliminary scoping work underway for the establishment of a Mother and Baby Unit.</p>	<p>Fully implement Phase 1 of the new service delivery model across all Trusts – <i>by 30 Sep 2022.</i></p> <p>Prepare delivery plan for Phase 2 – <i>by 31 Oct 2022</i></p> <p>Progress scoping work for Mother and Baby Unit and complete Strategic Outline Case – <i>by 31 Mar 2023</i></p>	PHA
29c	Personality Disorders	<p>Development of business case for enhancing the provision of personality disorder services underway.</p>	<p>Commence recruitment for a Social Care Lead for Personality Disorders in the DoH SPPG (<i>subject to additional funding</i>) - <i>by 1 Oct 2022.</i></p> <p>Commence Band 7 Community Mental Health Team pilot – <i>by 1 Feb 2023</i></p>	DoH (SPPG)
29d	Eating Disorders	<p>Development of business case for enhancing the regional eating disorder service underway.</p>	<p>Commence recruitment for a Social Care lead for Eating Disorders in the DoH SPPG (<i>subject to additional funding</i>) - <i>by 1 Oct 2022</i></p>	DoH (SPPG)

MHS Action No.	MHS Action	Progress to date	Summary of Key Activities in 2022/23	Lead
			<p>Commence Band 7 HSC practitioner recruitment (<i>subject to additional funding</i>) – <i>by 1 Oct 2022</i></p> <p>Develop Regional Eating Disorder Network Group (REDNG) Project Plan – <i>by 31 Mar 2023</i></p>	
31	<i>Enabling Action:</i> Regional Mental Health Service (RMHS)	<p>Draft Review Report completed and issued for consideration across the Department and HSC.</p> <p>Ongoing engagement re interaction and operation of RMHS within wider Integrated Care System</p>	<p>Finalise and issue RMHS Review Report – <i>by 30 Jun 2022</i></p> <p>Develop implementation plan – <i>by 30 Sep 2022</i> – (to include workshops to engage key stakeholders July – Sept to develop the plan).</p> <p>Commence implementation, likely to include:</p> <ul style="list-style-type: none"> • Appointment of Director of RMHS Collaborative Board; • Establishment of Collaborative Board with agreed TOR; and • Start process to establish two MCNs. 	DoH (MH Directorate)

MHS Action No.	MHS Action	Progress to date	Summary of Key Activities in 2022/23	Lead
32	<i>Enabling Action:</i> Review of the Mental Health Workforce	Steering Group in place External review team appointed and project plan developed Data collection and engagement underway	Issue draft report – <i>by 31 July 2022</i> Issue final report – <i>by 31 Oct 2022</i> Consider findings and recommendations flowing from review report	DoH (MH Directorate)
34	<i>Enabling Action:</i> MH Outcomes Framework	Steering Group in place Working group appointed and Outcomes Framework and Implementation Plan being developed Ongoing engagement with Integrated Care System team	Embed Outcomes measures in the Encompass system as the platform for the Outcomes Framework – <i>current and ongoing</i> Carry out Service User and Carer Virtual Engagement Event – <i>by 31 July 2022</i> Complete Project Report and Implementation Plan – <i>by 31 Aug 2022</i>	DoH (MH Directorate)

Table 2: Mental Health Strategy 2021 – 31 - Other Actions for Delivery in 2022/23

MHS Action No.	MHS Action	Summary of Key Activities in 2022/23	Lead
5	Expand therapy hubs to ensure Northern Ireland wide coverage.	<p>Key activities in 2022/23 will ultimately be informed by the outcome of the Mental Health Workforce Review and will be subject to additional funding.</p> <p>Commence scoping activities, which are likely to include:</p> <ul style="list-style-type: none"> • Engagement with the C&V sector; • Progress of MDT programme; • Exploring opportunities for expanding existing capacity; and • Development of options paper to inform business case. 	DoH (MH Directorate)
8	Create dedicated resource for student mental health across tertiary education through the existing delivery of mental health services.	<p>Complete evaluation of pilot in Belfast with QUB/ UU/ Belfast Trust – <i>by 30 Jun 2022</i></p> <p>Explore options to extend service across all universities and locations in NI – <i>by 31 Aug 2022</i></p> <p>Commence delivery of extended service to universities – <i>by 1 Oct 2022</i></p> <p>Scope the potential extension to FE colleges – <i>by 31 Dec 2022</i>.</p>	DoH (MH Directorate) PHA

MHS Action No.	MHS Action	Summary of Key Activities in 2022/23	Lead
9	Embed unpaid carers, families and others in the help and support provided to people with mental ill health and also in the development of mental health policy and wider decision making.	Development of Mental Health Strategy co-design and co-production principles – <i>by 31 July 2022</i> Ongoing involvement of carers in the progression and implementation of other Mental Health Strategy work streams.	DoH (MH Directorate)
10,11	Increase funding for CAMHS to 10% of adult mental health funding Ensure that the needs of infants are met in mental health services, and meet the needs of vulnerable children and young people when developing and improving CAMHS , putting in place a ‘no wrong door’ approach	Develop plans to invest future funding over the next three years to address and enhance existing CAMHS provision (<i>investment subject to additional funding</i>): <ul style="list-style-type: none"> • Year 1 investment plan - <i>by 31 Jul 2022; and</i> • Years 2-3 investment plan - <i>by 31 Dec 2022.</i> Explore options for integrating a ‘no wrong door’ approach across CAMHS, drawing areas of existing good practice – <i>by 31 Dec 2022</i>	DoH (SPPG and MH Directorate)
13	Develop proposals for transitions between CAMHS and adult mental health services	Following the Report of the Working Group on Transitions in Mental Health Services, develop policy paper/ business case for implementation – <i>by 31 Mar 2023</i>	DoH (MH Directorate and SPPG)

MHS Action No.	MHS Action	Summary of Key Activities in 2022/23	Lead
16, 33	<p>Create a recovery model, and further develop and embed the work of Recovery Colleges, to ensure that a recovery focus.</p> <p>Create a peer support and advocacy model across mental health services</p>	<p>To be informed by the outcome of the Workforce Review, and subject to additional funding, but likely to include:</p> <ul style="list-style-type: none"> • Develop business case(s) for the creation of a recovery model & peer support model, including consideration of a range of recovery models across the statutory and voluntary and community sectors – <i>by 31 Mar 2023</i>; • Clarify roles/ responsibilities for Peer Support Workers; and • Develop clear, regional guidance, job descriptions etc. 	PHA
17	<p>Fully integrate community and voluntary sector in mental health service delivery with a lifespan approach including the development of a protocol to make maximum use of the sector's expertise.</p>	<p>Explore options to help support the C&V sector in developing a collective voice for mental health – <i>by 30 Sep 2022</i></p> <p>Put in place appropriate support for the sector (<i>subject to additional funding</i>) – <i>by 31 Dec 2022</i></p> <p>Ongoing C&V engagement in the progression and implementation of other Mental Health Strategy workstreams.</p>	DoH (MH Directorate)

MHS Action No.	MHS Action	Summary of Key Activities in 2022/23	Lead
28	Create a managed care network with experts in dual diagnosis, supporting and building capacity in both mental health and substance use services .	<p>Commence recruitment of a Social Care lead within DoH SSPG for MH and Substance use (<i>subject to additional funding</i>) - <i>by 1 Nov 2022</i></p> <p>Conduct population needs analysis, including current service provision – <i>by 31 Mar 2023</i></p> <p>Develop and cost a deliverable training plan - <i>by 31 Mar 2023</i></p>	DoH (SPPG)
30	Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care	<p>Establish a digital implementation forum with representatives from PHA, DoH and DHCNI – <i>by 30 Sep 2022</i></p> <p>Develop action plan for digital interventions in mental health services (to include development of existing Digital Apps library and consideration of SilverCloud) – <i>by 31 Mar 2023</i></p>	DoH (MH Directorate and SPPG) PHA
35	Create a centre of excellence for mental health research	Develop business case that will consider options for the remit, scope & structure of a Mental Health Research Centre for NI – <i>by 31 Mar 2023</i>	PHA