

Mental
2021-2031 **Health**
Strategy



Department of
Health

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THE NORTHERN IRELAND MENTAL HEALTH STRATEGY

A Review of the
deliverability of the
Strategy's Actions

2026-2029

The Northern Ireland Mental Health Strategy: A Review of the deliverability of the Strategy's Actions 2026-2029

Foreword

When the Mental Health Strategy was published in 2021, it was with a sense of optimism and achievement at having co-produced, with our stakeholders, a clear plan to improve mental health services in the next decade. It is therefore with genuine disappointment that, half-way into the lifetime of the Strategy, it has been necessary for my Department to publish this Review, the purpose of which is to provide a focus and prioritise that ambition in light of the funding constraints we face.

I have long said that mental health is a priority for me and I have been equally clear that the implementation of the Strategy requires the provision of sustained and additional investment. While my Department continues to deal with the challenge of rising demand for health and social care year on year, culminating in a £600m deficit in this current financial year, we simply cannot make the required investment in this area from our existing resources.

This Review, which fulfils a commitment made to the Public Accounts Committee, sets out what has been achieved with the limited funding available to date, as well as the key priorities for the next three years, with an early focus on workforce (which includes the untapped potential in our community and voluntary sector) and crisis services. Any additional resource we secure for mental health will be diverted to these areas, but in the absence of additional resource we will redouble our efforts to ensure that all existing resources for mental health are used in the best way possible for the benefit of our population. That is the challenge I am setting my officials. This is when we need to dig deep together and be innovative; to listen to the frustrations which have been articulated and identify and remove any duplication, unnecessary infrastructure and barriers to better outcomes for those who need us most.

My commitment to you is that I will continue to make the case for mental health at the Executive table until that ambition set out so clearly in 2021 is fulfilled.

Mike Nesbitt
Minister of Health

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Executive Summary: Review of the Northern Ireland Mental Health Strategy's Deliverability (2026-2029)

This report is a review of the deliverability of the **Northern Ireland Mental Health Strategy 2021-2031**, specifically focusing on the period 2026-2029. The review was commissioned by the Department of Health in March 2025, in response to recommendations from the Northern Ireland Assembly Public Accounts Committee, which highlighted a substantial funding shortfall against the Strategy's estimated £1.2 billion cost.

Context and Challenges

Northern Ireland faces significant mental health challenges. These are exacerbated by sizeable socio-economic factors, the legacy of the Troubles, and persistent underfunding of a wide range of services for a broad spectrum of people with poor mental health, from those with common mental health problems to those with severe and enduring ill-health. For example, according to the Department's Strategic Planning & Performance Group, in 2023/24, Northern Ireland spent £212 per person on Mental Health Services compared with £264 per person in England, the highest in the UK and Ireland. While the Strategy, launched in June 2021, set out 35 actions across three themes (promoting wellbeing, providing timely support, and new ways of working), only £12.3 million has been allocated to 14 actions within the strategy by the end of 2024/25, representing just **16%** of the funding deemed necessary for implementing the Mental Health Strategy in that period.

Current Implementation Status and Funding Gaps

Of the 35 actions, 20 have commenced with partial funding, both recurrent and non-recurrent. Key areas of progress include:

- **Early Intervention and Prevention (Actions 1 & 2)**
- **Child and Adolescent Mental Health Services (CAMHS) (Actions 10 & 11)**
- **Perinatal Mental Health (Action 29a)**
- **Regional Crisis Services (Actions 12 & 27)**
- **Co-current mental health issues and substance use (Action 28)**
- **Personality Disorder Services (Action 29c)**
- **Regional Eating Disorder Service (Action 29d)**
- **Regional Mental Health Service (Action 31)**
- **Mental Health Workforce (Action 32)**
- **Outcomes Framework (Action 34)**

Despite these efforts, 15 actions have not commenced and have received no funding, and the overall pace of implementation has been "disappointing," primarily focused on preparatory

activities rather than tangible impact for service users. The significant funding gap is projected to increase further due to rising staff costs.

Prioritisation of Strategy Actions (2026-2029)

Given the severe financial constraints, a prioritisation exercise was undertaken through extensive stakeholder consultation, involving over 100 individuals from across the mental health system, including service users, carers, policy professionals, and service delivery organisations. The exercise reinforced the continued relevance of the Mental Health Strategy and participants remained committed to it as the best and fairest way to improve the mental health of the population of Northern Ireland. Most participants expressed a sense of disappointed acceptance of the need for prioritisation in the face of such a significant shortfall in finances for the strategy. Nonetheless participants were keen to engage in the hope that the financial situation might improve.

Key Prioritisation Findings

- **Actions considered a High-Priority:**
 - **Action 32: Mental Health Workforce Review and Actions 12 & 27: Regional Mental Health Crisis Service¹:**
 - These Actions emerged from the consultation exercise as the highest priorities across a wide range of participants. Both Actions are seen as crucial enablers for broader system improvement.
- **Actions considered Medium-Priority:**
 - **Eradicating Inequity within Mental Health Services (Principle):** This overarching principle, though not an action within the Strategy, persistently came up as a priority. Disparities in service provision across different Trusts, between Community and Voluntary Sector and statutory providers, and in access to condition-specific and demographic-specific services were persistently raised. Addressing these inequities is seen as a prerequisite for any new initiatives.
 - **Action 10: Increase CAMHS Funding to 10% of Adult Mental Health Funding**
 - **Action 14: Mental Health and Older Adults**
 - **Action 23: Support for Individuals with Severe and Enduring Mental Ill Health (SMI)**
 - **Action 30: Develop and Implement a Comprehensive Digital Mental Health Model**

Potential Impacts of De-prioritisation

There was an acknowledgement that, in the absence of the required levels of funding, the necessary prioritisation of actions will have significant, detrimental impacts, including:

¹ To note the overlap between Personality Disorder and Eating Disorder services and Crisis Services - individuals with these conditions may present to emergency departments.

- **Individual and Community:** Extended waiting lists, avoidable deterioration of conditions, increased unhappiness, substance use, and decline in societal cohesion.
- **Systemic:** Intensified workforce pressures, burnout, recruitment and retention challenges, and a potential loss of invaluable skills and experience within the mental health system.
- **Socio-economic:** Loss of earnings, increased reliance on state benefits, widening social inequalities, and a greater burden of ill-health on individuals and carers.

Low- or No-Cost Actions

Several low- or no-cost actions were identified to eradicate wasteful processes and to improve service user experience:

- **Enhancing Service User Experience through "Customer Care" Training:** Implement training to improve interpersonal aspects of service delivery, reducing missed appointments and enhancing engagement.
- **Streamlining Governance, Commissioning, and Planning:** Enhance the use of the Regional Mental Health Service Collaborative Board to reduce fragmentation and duplication while ensuring that it is connected into the existing broader cycle of commissioning, planning and prioritisation.
- **Utilisation of Outcome Measures:** Ensure greater use of the Regional Mental Health Outcomes Framework in commissioning and monitoring services to link funding to service user benefits.
- **Improving Transitional Care (CAMHS to AMHS):** Conduct a joint review to identify and enhance collaborative pathways for young people transitioning between child and adult services, particularly for those experiencing early intervention psychosis.
- **Enhance Carer Involvement and "Think Family" Programme:** Promote greater consistency in mental health messaging, particularly in preparation for digital approaches.

Proposed Phasing and Timeline Adjustments

The review proposes a phased approach for the Strategy's deliverability dependant on the availability of enhanced resources:

- **Phase 1: Immediate Priorities (Commencing 2026/27):**
 - **Action 32: Workforce**
 - **Actions 12 & 27: Regional Mental Health Crisis Service**
 - **Principle: Eradicating Inequity within Mental Health Services** These are seen as foundational and enabling, with significant preparatory work already completed.
- **Phase 2: Medium-Term Goals:**
 - **Commencing 2027/28:**
 - **Action 14: Mental Health and Older Adults**

- **Action 30: Develop and Implement a Comprehensive Digital Mental Health Model**
- **Commencing 2028/29:**
 - **Action 10: Increase CAMHS Funding to 10% of Adult Mental Health Funding**
 - **Action 23: Support for Individuals with Severe and Enduring Mental Ill Health**

1.1. Project Background and Context

Mental Health Services in Northern Ireland are facing significant challenges, with existing pressures increasing because of greater demand and heightened acuity amongst service users following the Covid pandemic. Prior to the pandemic, demand across the age range was such that services were facing significant need in our communities. As an example, both adult and children’s mental health inpatients consistently operated above 100% bed occupancy. Demand for community services in primary care, in the community and voluntary sector and in Health and Social Care Trust - provided services, saw many individuals struggling to access the help they need. Demand in the 5 years prior to the publication of the strategy showed a 50 per cent increase and a significant increase in the complexity of those seeking help. This trend has not decreased and management information confirms numbers on waiting lists for a first Adult Mental Health, or Child and Adolescent Mental Health, appointment currently stands at more than 10,000.

At the same time Northern Ireland has persistently underfunded Mental Health Care. In 2024/25, Northern Ireland spent £212² per person on Mental Health Services compared with £264 per person in England in 2024/25³, the highest in the UK and Ireland. This issue is deeply intertwined with poverty, as individuals on low incomes experience higher rates of mental health conditions. Furthermore, the legacy of the Troubles continues to significantly impact mental health. The Northern Ireland Centre for Trauma and Transformation reported 39% of people in Northern Ireland had experienced a traumatic event related to the conflict, across generations and communities. Children and young people are particularly vulnerable, with one in ten experiencing emotional problems and one in six displaying patterns of eating disorders. Loneliness, amplified by pandemic restrictions, also contributes to mental health difficulties across all age groups particularly older citizens where it has a well-recognised impact on poor mental health.

Mental health is still not afforded parity of esteem with physical health and is proportionally underfunded compared to other UK jurisdictions (spending less than other countries in the UK, and Ireland).

In its report of 2023, entitled Mental Health Services in Northern Ireland, the **Northern Ireland Audit Office** noted:

“... the Northern Ireland Executive, in early 2020, marked a renewed focus on mental health, notably through.... the launch of a mental health strategy for the 10 years 2021 to 2031. The estimated cost of £1.2 billion associated with the strategy’s planned actions will **require sustained additional investment** throughout its lifetime, a level of funding which is not available from within Department of Health resources. Without dedicated long-term funding, the delivery of the strategy and achievement of its vision for mental health remain at risk.”

² Source: SPPG

³ Source: NHS England Mental Health Dashboard

Considering the NIAO report the **Northern Ireland Assembly Public Accounts Committee** undertook an inquiry into Mental Health and concluded:

“There is an accepted need for transformation in mental health and broad agreement on the form that transformation should take, as identified in the 10-year mental health strategy published in June 2021. However, the costs associated with the strategy, at some £1.2 billion, are significant **and it was acknowledged that the level of additional funding necessary for full implementation was not available from within Department of Health resources**, with the Minister calling for action across the Executive to prioritise mental health in future budgets.

Alarming, despite the stated priority of mental health, the additional funding anticipated has not been forthcoming. While to date the Department has allocated approximately £12.3 million towards the strategy, this represents a significant shortfall against the almost £35 million estimated to be necessary over the period to **2023-24**. Progress in **the implementation of the strategy to date has been disappointing**, and mainly focussed on preparatory and enabling activities, the impact of which will not be felt by users.”

The committee published a total of 16 recommendations including Recommendation 1:

The Committee recommends that the Department takes this opportunity to review the deliverability of the strategy. Where necessary, it should **develop revised plans and timescales** for the transformation of mental health services, to ensure maximum progress as soon as possible.

In its response to the Public Accounts Committee the Department of Health undertook to undertake a review of the deliverability of the Mental Health Strategy 2021 – 2031.

In March 2025 the Department of Health commissioned the Health and Social Care Leadership Centre to undertake a review to determine the feasibility of delivering the Mental Health Strategy given current financial limitations and to establish key implementation priorities based on projected resource availability, including the potential for phasing actions and implementation. The Department of Health ran a series of workshops in January 2025 to begin the process of prioritisation. The output from the work in the workshops informed the process undertaken to produce this report.

The Northern Ireland Mental Health Strategy: Vision and Aims

The Vision of the Mental Health Strategy 2021 - 2031

Published in June 2021, the Mental Health Strategy sets out the Department of Health’s strategic approach to improve mental health in Northern Ireland. Co-produced with a wide range of stakeholders including service users and carers, it includes 35 actions (set out in Appendix 1) across three themes:

- **Promoting mental wellbeing**, resilience, and good mental health across society – through early intervention and prevention and addressing the social determinants of mental health.
- **Providing the right support at the right time** – focusing on a range of person-centred service improvements including, for example, improvements in child and adolescent mental health services, community mental health, in-patient services, and specialist services, including crisis services.
- **New ways of working** – which sets out the enabling actions that will support the other actions needed across the system, including the development of a regionally consistent mental health service, the development of a workforce for the future; a digital infrastructure for mental health; a focus on data collection and outcomes measurement; as well as research.

The strategy is underpinned by a **vision** for Northern Ireland as a society that promotes emotional wellbeing and positive mental health across the lifespan, supports recovery, and actively reduces stigma and inequalities. It aims to ensure **consistency and equity of access**, placing the **individual's needs** at the centre and focused on improving quality of life.

This vision is supported by **seven core principles**:

1. **Meaningful and effective co-production and co-design** involving all who use and provide services.
2. **Person-centred care and a whole life approach**, adapting to individual and family needs.
3. Care that is **trauma informed**, particularly in the Northern Ireland context.
4. **Choice in treatment** to align with individual needs and preferences.
5. A key focus on **early intervention, prevention, and recovery**.
6. **Evidence-based decisions** guiding services and interventions.
7. Recognition and support for the **specific needs and barriers of ‘at-risk’ groups**.

The successful **deliverability** of the strategy hinges on investing significantly in **workforce** development and training, fostering systemic change by breaking down existing barriers, and enhancing data and outcomes frameworks. The strategy itself is a product of extensive **co-design and co-production** with people with lived experience, carers, professionals, and academics, ensuring it reflects real-world needs and priorities.

The strategy aims to **reform** mental health services in Northern Ireland, ensuring that professionals are equipped with the necessary tools to provide world-class, consistent, and person-centred care. The goal is to collectively ensure that Northern Ireland has mental health services that deliver the **best outcomes for everyone** in society, moving towards a future all individuals can achieve their full potential.

1.3 Report Aims, Objectives and Scope

The Department of Health commissioned the Health and Social Care Leadership Centre to undertake a project into the feasibility of delivering the actions in the Mental Health Strategy against a backdrop of significant financial constraints. The following aims and objectives were agreed:

- **Project Aims:** To determine the feasibility of delivering the Northern Ireland Mental Health Strategy given current financial limitations and to establish key implementation priorities based on projected resource availability, including potential phasing of actions.
- **Key Objectives:**
 - Production of a report assessing the feasibility of the Mental Health Strategy under current financial conditions. This will include:
 - A review of the status of the MHS actions underway, including what has been delivered within the resources available.
 - A review of the status of actions not fully commenced, including projected and actual financial resources.
 - A prioritized list of strategy actions with supporting justifications, considering resource constraints.
 - A financial impact analysis of prioritized actions and the estimated costs of not prioritizing other actions.
 - Recommendations for alternative approaches or timeline adjustments.
 - Presentation of findings to stakeholders.

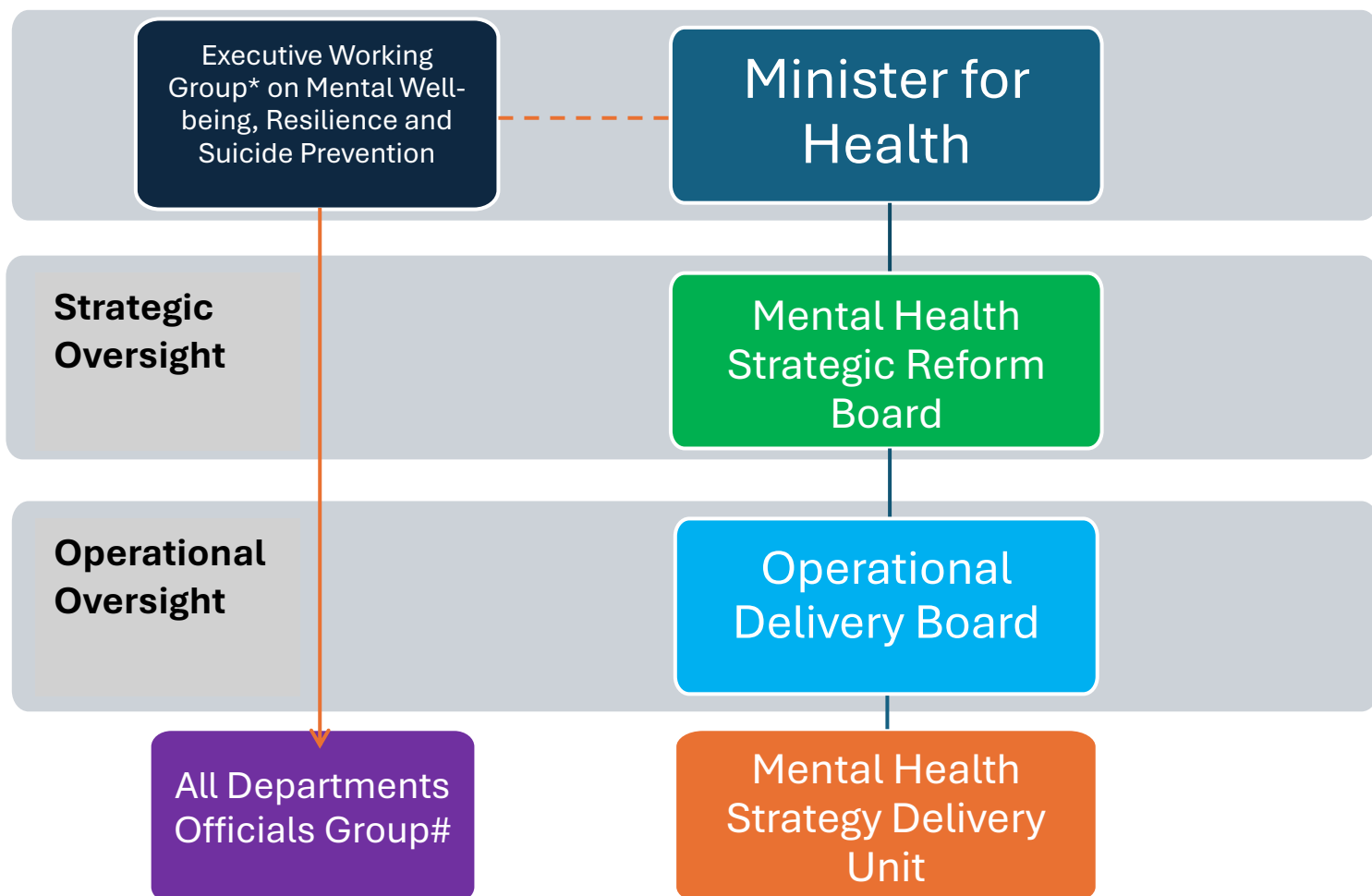
Scope:

- Reviewing the current progress of the Northern Ireland Mental Health Strategy against current and projected financial resources.
- Conducting stakeholder consultations to inform prioritisation decisions.
- Identifying cost-effective measures within the strategy.
- Developing a prioritised implementation plan for the strategy

1.4 Methodology for Analysis

Mental Health Strategy Delivery – Governance

Spanning 35 actions and an initial estimated cost of £1.2 billion, there is a significant architecture around the implementation of the Mental Health Strategy as set out in the graphic below.



**The original terms of reference for the Executive Working Group already refer to the Mental Health Strategy; however, there is now a more deliberate focus on working collaboratively with other Departments and on examining issues relevant to the Strategy in greater depth at future meetings of this Group.*

#The Mental Health Strategy was first discussed at an All Departments Officials Group meeting in May 2025, with agreement that discussions on the strategy would be included in future meetings of this group.

It should be noted that to achieve the vision and principles governing the Mental Health Strategy, all of government in Northern Ireland must support its implementation. The work of government departments other than Health have a profound impact upon those who use Mental Health Services and they, and the wider public sector, have a significant contribution to make to achieving the outcomes envisaged in the Mental Health Strategy. As one example of many, the impact of policies on housing, welfare and transport have a marked impact on mental health outcomes.

Delivery of the Actions in the strategy is managed on an annual basis through both agreeing Annual Delivery Plans and regular reporting on progress led by the Mental Health Strategy Delivery Unit. As part of this process in 2024/25 workshops involving key stakeholders took place to evaluate progress and set in place plans for the following year.

This review built upon the outputs from both the annual plans and the workshops to inform discussions with a wide arrange of stakeholders. These discussions included individual meetings using semi-structured interviews, meetings with wider groups and workshops. The initial phase of the review was a widespread consultation exercise meeting with more than 100 individuals and numerous focus groups with Service Users, Service User Consultants, Service User and Carer Advocates, Statutory Mental Health policy makers and Commissioners responsible for the implementation of the MHS actions, alongside Human Rights and children’s organisations, professional bodies and providers – both HSC Trusts and Community and Voluntary Sector providers.

It is important to note that despite universal concern at the negative impact which restricted funding has had on the delivery of the Mental Health Strategy, and on the morale of those charged with its implementation, most contributors considered the actions identified in the Mental Health Strategy remain relevant to the needs of the population of Northern Ireland and a fair and coherent road map for improvement. Most contributors to the Review noted however, that the current landscape of significant resource constraints necessitated a more focused and transparent approach, as set out in this review.

It is noteworthy that with the progress that has been made in delivering Action 34 – the Mental Health Outcomes Framework - and the roll out of the Encompass System to all Health and Social Care Trusts, the evaluation of Actions under the strategy will increasingly be data driven and related to reliable and well-established outcome measures. This will enable investment decisions to be more definitively linked to both individual outcomes and community impact.

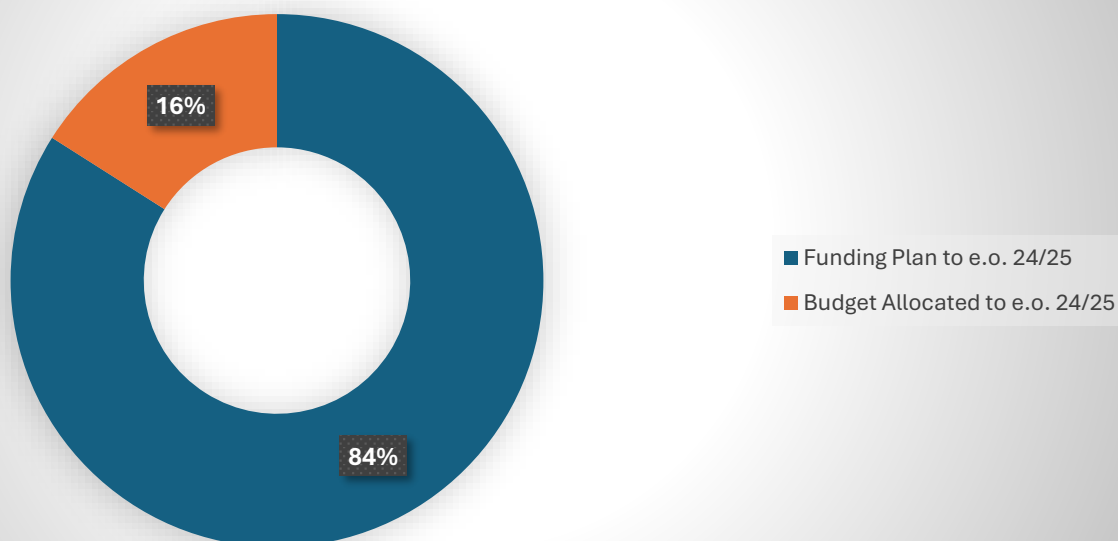
2.1 Overview of Mental Health Strategy – Allocated Funding

The Mental Health Strategy, upon its initial publication, recognised that its comprehensive implementation would require a significant investment, estimated at £1.2 billion over a decade based on 2021 costs. Unfortunately, the absence of dedicated additional funding has necessitated a partial and phased implementation, relying entirely on existing Department of Health resources.

Despite these financial constraints, substantial progress has been made. This section details the actions initiated between the commencement of the Mental Health Strategy and the conclusion of the 2024/25 financial year. A total of £12.3 million, predominantly recurrent supplemented by smaller amounts of non-recurrent funding, has been utilised across **20** specific actions to advance these initiatives from 2021 to the end of 2024/25. This represents only 16% of the funding identified (£76.93m) as required for the Mental Health strategy by the end of 2024/25.

Those actions, launched using existing resources (including on a non-recurrent basis) within the Mental Health System have primarily focused on establishing enabling processes and robust governance structures, fostering crucial collaboration across the Mental Health system itself, and with partners from other Government Departments, statutory bodies, and Community and Voluntary Sector organisations

Planned vs Actual Funding MH Strategy



Financial Overview of Strategy Actions (2021-2025)

Table 1 below presents the actual expenditure on commenced actions within the strategy for the three financial years ending 2024/25.

TABLE 1		2022/23	2023/24	24/25	Total to
Action		Spend (£k)	Spend (£k)	Spend (£k)	e.o. 24/25
1, 2	Early Intervention and Prevention	200	1,000	1,000	2200
5	Therapy Hubs - expansion	0	0	0	0
8	Student MH *	50	100	50	200
9	Lived experience/carer involvement	0	0	0	0
10, 11	CAMHS	269	1930	2000	4199
12 & 27	Regional Crisis Service	400	543	351	1294
13	Proposals for CAMHS to adult transition	0.2	0	0	0.2
16 & 33	Create recovery model	0	0	0	0
17	Community & Voluntary *	22	0	130	152
28	Co-occurring substance use *	0	0	70	70
29a	Perinatal MH	300	1038	1630	2968
29 c&d	PD & ED Care Nets	0	0	173	173
30	Digital *	0	0	40	40
31	Regional MH Service	133	19	605	757
32	Workforce Review *	121	0	0	121
34	Outcomes Framework	34	0	97	131
35	Create a centre of excellence	0	0	0	0
Total		1529.2	4,630	6,146	12305.2

*Non-recurrent funding

Funding Gap Analysis

Table 2 details all 35 actions within the strategy, alongside their actual expenditure to date. It also highlights the disparity between planned and actual revenue, revealing a total funding gap to the end of 2024/25 of £64.7 million (as set out in the Mental Health Strategy Funding Plan published in 2021)).

Action Number	Description	£Ms requirement e.o. 24/25	£Ms allocated to 24-25	Funding Gap
1,2, 6	Increase awareness and public discourse and an action plan for promoting mental health and promotion of positive social support	12.55	2.2	10.4
3, 4	Increase support for social factors	1.73	0	1.73
5	Expand therapy hubs	2.18	0	2.18
8	Student mental health	0.85	0.2	0.65
9, 23	Support for carers, families and other and support for people with severe mental illness	1.68	0	1.68
7, 10, 11	Increase funding for CAMHS to 10% of adult mental health funding	13.5	4.199	9.301
12, 27	Crisis services	1.51	1.294	0.2
13	Transitions CAMHS to AMHS	1	0.00021	0.99
14	Mental health and older adults	0.72	0	0.72
15	Reorganise primary and secondary care services to be better integrated and include C&V sector	0	0	0
16	Regional recovery model	1.22	0	1.22
17	Integrate community and voluntary sector in mental health services	12.5	0.152	12.348
18	Integrate Medicines Optimisation Quality Framework and model	0.47	0	0.47
19	Embed psychological therapies into mainstream mental health services	0.75	0	0.75
20, 21	Physical health of those with mental ill health	2.03	0	2.03
22	Pathways from physical healthcare to mental health care	1.33	0	1.33
25	Regional rehabilitation service	3	0	3
28	Co-current mental health and substance use	1.13	0.07	1.06
29a	Peri-natal Mental Health*	3	2.968	0.03
29b	Psychosis services	0	0	0
29c	Personality disorders	1.24	0.173	1.067
29d	Eating disorders	3.6	0	3.6
29e	Other specialist interventions	0	0	0
30	Digital mental health	2.38	0.04	2.34
31	Regional mental health service	2.8	0.757	2.0
32	Workforce review - implications for outcome	1.35	0.121	1.299
33	Peer support workers	1.29	0	1.29
34	Outcomes framework	1.55	0.131	1.419
35	Centre of excellence for research	1.57	0	1.57
Total		76.93	12.30521	64.674

Comparative Mental Health Funding Across the UK and Republic of Ireland

The identified funding gap of £64.6 million exacerbates Northern Ireland's position as having the most poorly funded mental health system in the UK and Ireland. As demonstrated in Table 3, Northern Ireland has the lowest absolute spend and the lowest per capita spending.

REGION	MENTAL Health FUNDING / 24-25 (£m)	PER CAPITA BUDGET (£)
NHS England	12,130 ⁴	264 ⁵
NHS Wales	820 ⁶	256
NHS Scotland	1,300 ⁷	234
Ireland	1,272 ⁸	236
Northern Ireland	403 ⁹	212

Funding Impact – Human Costs

The disparity between the planned and actual expenditure, notably the £64.7 million funding gap, underscores the deep challenges facing mental health service provision in Northern Ireland. This shortfall not only hampers the comprehensive implementation of the Mental Health Strategy but also perpetuates Northern Ireland's unenviable position as having the lowest per capita spending on mental health across the UK and Ireland.

Underinvestment at this level inevitably leads to growing waiting lists, a workforce under strain, and a diminished capacity to deliver critical early intervention and preventative services. Ultimately, this financial deficit translates into a significant human cost, with delayed access to care which may lead to a deterioration in mental health and, in some cases, preventable crises. This also compounds the societal and economic burden across society but particularly on those already experiencing poverty, deprivation, and social exclusion.

⁴ NHS England Mental Health Dashboard 25

⁵ RCPsych MH Watch for 24-25

⁶ Welsh Parliament Budget and MIND March 24

⁷ Scottish Government March 24

⁸ Dail Eireann July 25 Funding of €1480 million using an exchange rate of €1 = £0.86

⁹ DoH SPPG July 25

2.2 Actions Underway: Progress, Achievements, and Resource Utilisation

This section reviews the progress and achievements of key actions from the Northern Ireland Mental Health Strategy that commenced implementation as of March 31, 2021. It also provides an overview of how allocated resources have been used for these initiatives. The text below sets out those Actions already commenced in the Mental Health Strategy.

2.2.1 Promoting Early Intervention and Prevention

Action 1 Increase public awareness of the distinction between mental wellbeing, mental ill health, and mental illness, encouraging public understanding and acceptance of how life can impact upon mental wellbeing, and recognition of the signs of mental ill health and mental illness. Using public mental health education and effective awareness raising methods, increase public knowledge of the key measures that can be taken to look after mental wellbeing, increase understanding of mental ill health, and encourage public discourse and dialogue to reduce stigma.

Action 2 Create an action plan for promoting mental health through early intervention and prevention, with year-on-year actions covering a whole life approach, reaching from infancy to older age. The action plan must consider groups disproportionately affected by mental ill health who often struggle to access early intervention services and seek to reduce stigma associated with mental ill health.

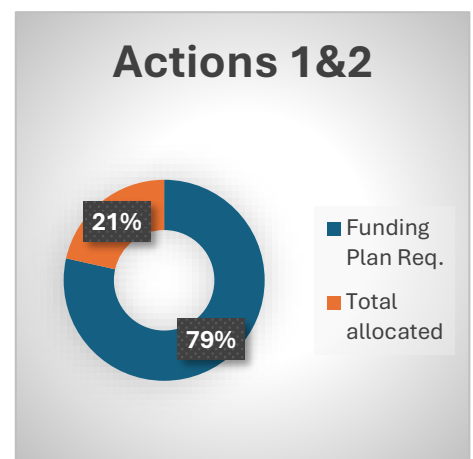
Progress and Achievements:

- Considerable progress has been made with the establishment of strong governance and oversight through a multi-agency steering group, with membership from across NI and local Government, Mental Health commissioning and delivery partners, Academia, and voluntary and community sector organisations.
- An Early Intervention and Prevention (EI&P) project team has been recruited, two positions for Communications and Public Awareness are still outstanding, expected by quarter 4 2025/26
- A three-year cross-sectoral action plan has been agreed and is being delivered with specific reference to a whole-of-life approach, considering wider determinants affecting good mental health. The original 3 year plan is available at: [Mental Health Strategy - Early Intervention and Prevention Action Plan 2022-2025 | HSC Public Health Agency](#), with work underway to refresh the plan for 26-29 by the end of 2025. Recent activities include:
 - A Digital Discovery Exercise to review the role of digital supports for EI&P and to assess the potential for developing a single digital mental health platform for Northern Ireland.
 - A small grants program for Universities, FE colleges and training was launched which supported 17 projects aimed at improving mental health and well-being of students and trainees.

- Engagement and discussions with partners through steering and subgroups have been ongoing, leading to the identification of low-cost/no-cost actions, e.g. promoting available resources such as Minding Your Head, Youth Wellness Web, extending the reach and providing consistent messaging for the annual MH/SP campaign, implementing a common approach to Data & outcomes measurement
- The Project ECHO Public Mental Health community of practice has successfully delivered all 9 planned online sessions, growing its membership to 120 registered members. Two conferences have been held with over 200 people from across sectors attending and sharing their work on public mental health.
- The EI&P outcomes and data framework is complete and due to be published shortly. This framework outlines an approach to measuring population mental health and provides a toolkit to support measurement of outcomes from EI&P projects or services. It is complementary to the Regional Mental Health Outcomes Framework which was developed to measure outcomes from mental health services (Action 34).
- Research reports and evidence reviews have been completed; findings on stigma from the Mental Health Survey are complete and circulated, research on looked-after children, seminar on the impact of poverty on mental health, report on mental health in all policies.
- An approach to a review of cross-sectoral early intervention training programmes has been agreed and a survey issued to capture data. Analysis and identification of future training requirements are expected in 2025/26.
- Funding has been allocated to the [Early Intervention Support Service](#) to enhance its capacity to better meet needs
- Special Schools engagement pilot project has been funded to support the emotional health and wellbeing of children in special schools.

Resource Utilisation:

£2,200,000 has been allocated for these actions since the commencement of the strategy.



Action 5 Expand therapy hubs to ensure Northern Ireland wide coverage

Progress and Achievements:

- Draft proposals were developed during 2023/24. Mental Health Directorate and SPPG colleagues will agree designating an Action Owner and any subsequent commissioning arrangements.
- Key activities have included:
 - Commence scoping activities with the C&V sector;
 - Progress of MDT programme;
 - Exploration of opportunities for expanding existing capacity; and
 - Development of options paper to inform business case.

Resource Utilisation:

No funding has been allocated for this action

2.2.2 Enhancing Student Mental Health

Action 8: Create a dedicated resource for student mental health across tertiary education through the existing delivery of mental health services.

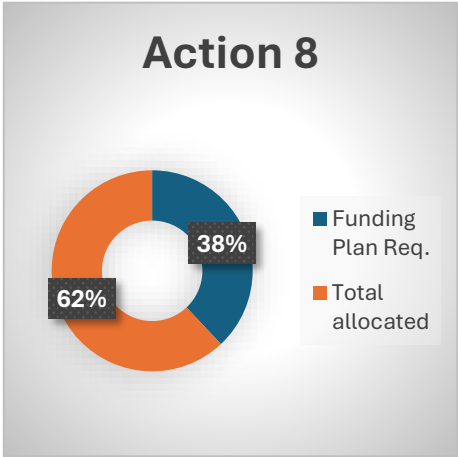
This action aims to establish a consistent, dedicated mental health resource for students in tertiary education. Progress has primarily focused on evaluating and extending the existing pilot project to inform a future regional model.

Progress and Achievements):

- The Student Mental Health Service (SMHS) was initially set up as a jointly developed pilot service between the Belfast Trust, the Queen’s University of Belfast and Ulster University and informed by research by the Royal College of Psychiatrists and Universities UK. The pilot was to meet the specific secondary care Mental Health needs of those attending the Universities. The majority are young adults at an age when both common and severe mental disorders develop. Many students are away from home for the first time (Including from their home country), experiencing isolation without family support. Many also have split living arrangements between their home and university town. Such living arrangements may lead to fragmented access to GP and mental health care.
- An interim review of the Student Mental Health pilot project was completed, with the final draft report received in June 2024 and subsequently signed off by the Student Mental Health Service subgroup (SMHS). Demand for the service in 24/25 exceeded 300 referrals and work was undertaken on both an individual and group basis by the multi-disciplinary team.
- The CORE Outcome Measurement tool has demonstrated a **70% plus clinical and/or reliable improvement**. The service is highly rated by users achieving a 95% Family and Friends recommendation from the You in Mind evaluation.
- The review recommended a two-year extension and enhancement of the pilot to facilitate further data collection, alongside the establishment of robust governance structures for a regional Student Mental Health service.
- Following these recommendations, the pilot service was formally extended for an additional 12 months from August 2024.
- An Action Plan, based on the review's recommendations, was drafted in Q3 2024/25, gaining agreement from the SMHS subgroup and endorsement from the Strategic Reform Board in March 2025.

Resource Utilisation:

£200,000 has been allocated for this action since the commencement of the strategy.



2.2.3 Embedding Lived Experience and Carer Involvement

Action 9: Embed unpaid carers, families and others in the help and support provided to people with mental ill health and in the development of mental health policy and wider decision making.

This action focuses on formally integrating the voices of unpaid carers, families, and individuals with lived experience into mental health service development and policy.

Progress and Achievements:

- Service Users and Carers' involvement has been a consistent feature across various Mental Health Strategy workstreams, including Early Intervention and Prevention, and the Regional Mental Health Service. This also extended to workshops on the development of Annual Delivery Plan.
- Instead of creating a new 'People with Lived Experience (PWLE) Forum, to support the Regional Mental Health Service, agreement has been reached to use the existing PCC Mental Health Engagement Platform to fulfil this function.
- A Memorandum of Understanding (MoU) for the enhanced PCC platform has been developed by the Regional Mental Health Service (RMHS).
- The PCC is also leading work to scope the necessary training and development for this group, ensuring they are adequately supported in their roles.
- Action leads across other commenced Mental Health Strategy initiatives are actively integrating service users and carers into their governance arrangements. The Mental Health Directorate (MHD) holds a standing invitation to monthly PCC Mental Health Engagement Platform meetings to provide updates and gather feedback. Discussions are underway in relation to ensuring that service user involvement is taken forward in a way which connects strategic engagement on policy development with engagement on service issues.

Resource Utilisation:

No funding has been allocated for this action

2.2.4 Improving CAMHS and Vulnerable Children's Services

ACTION 10: 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.

ACTION 11: 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.

These combined actions aim to enhance Child and Adolescent Mental Health Services (CAMHS) and ensure comprehensive support for vulnerable children and young people.

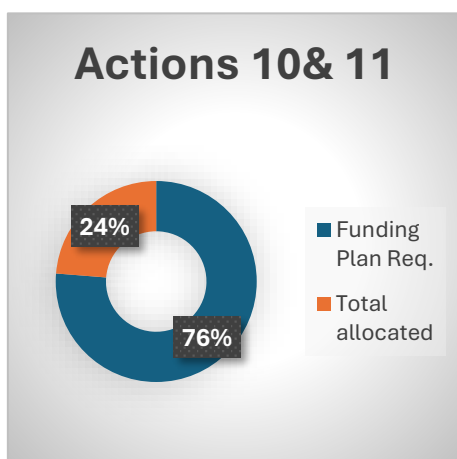
Progress and Achievements:

- Additional investment was provided to the Belfast Trust for the enhancement of Psychiatric Intensive Care facilities at the Regional CAMHS In-Patient facility in Beechcroft. The investment has allowed a pre-existing suite of rooms to be brought into operation to provide intensive support for young people who are in-patients in Beechcroft. The outcome of the investment has witnessed significant reduction in incidents of challenging and disturbing behaviour and a reduction in the use of restraint.
- Development of CAMHS investment proposals for 2026-28 is ongoing, with CAMHS ID, those services caring for Children and Young People with an Intellectual Disability, identified as a priority investment area. SPPG has requested costed implementation plans from all HSCTs, which will inform the final proposal by June 2025, contingent on funding availability for 2025/26.
- SPPG has received collated information from workshops and engagement with Health and Social Care Trusts (HSCTs) regarding the regional model for children with disabilities which will require additional scoping of existing provision and services from HSCTs.
- All five HSCTs now have co-located Mental Health Practitioners within Youth Justice Agency (YJA) teams. Work is ongoing with QUB and YJA to evaluate this service.
- Evidence regarding the effectiveness of the Emotional Wellbeing in Schools (EWTS) pilot has been gathered, with extremely positive feedback from pupils and teachers (as per OBA report). The EWTS programme provides support to **post-primary schools** (and "Education otherwise than at school" settings) to help them foster emotional wellbeing, self-esteem, and resilience in young people. Developed with Children and Adolescent Mental Health Services (CAMHS), EWTS is part of a broader framework for emotional health in education.
- The service is led by experienced health and social care professionals who work to develop capacity within schools related to emotional wellbeing. This includes delivering bespoke psychoeducational workshops for both pupils and staff where there are gaps in current

provision. EWTS also plays a crucial role in connecting schools with appropriate external support services from both statutory and community/voluntary sectors. Each participating school designates an Emotional Wellbeing Champion teacher who collaborates with EWTS staff to sustain these efforts.

- However, uncertainty around future funding has led to recruitment and retention issues across Health and Social Care Trusts (HSCTs), resulting in the service being stood down in one Trust (SET) in February 2025. Despite challenges, £1.5 million from the Department of Health has been allocated to fund the service in 2025/26 and 2026/27, covering the pilot period. SPPG is working on issuing allocation letters in April 2025.
- Progress within CAMHS has highlighted that relatively small amounts of targeted investments can have significantly positive impact, for example the Southern Trust CAMHS ID model and the eating disorder model operating in the Northern Trust, both of which underline the need to regionalise good practice which demonstrates positive clinical benefits.

Resource Utilisation:



£4,199,000 has been allocated for these actions since the commencement of the Strategy.

2.2.5 Developing Regional Crisis Services

ACTION 12: 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.

ACTION 27: 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.

These combined actions aim to establish a unified and consistent regional mental health crisis service across all age groups.

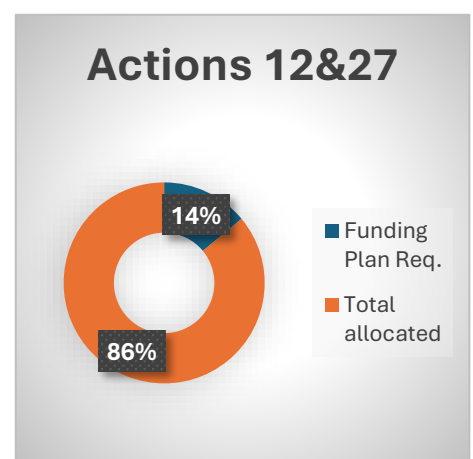
Progress and Achievements:

- A Mental Health Liaison (MHL) and Crisis Response Home Treatment (CRHT) Care Network was agreed in December 2024. Direct engagement with the service is ongoing to standardise Mental Health Liaison and Crisis Resolution Home Treatment (CRHT) services, with Trusts agreeing to align with Royal College of Psychiatrists (RCPsych) standards - standardising job descriptions and training and implementing standardised assessments. The Northern Trust has agreed to pilot this development.
- A high-level Working Definition of a Mental Health Crisis was approved by the Strategic Implementation Group (SIG) in May 2024, an enabling precursor to standardising the pathway.
- A Regional Mapping Report of the current state of the Regional Mental Health Crisis Service has been finalised and will inform the development of the future model.
- A significant Regional Mental Health Crisis Service Workshop in October 2024 engaged over 120 stakeholders, providing feedback on a Draft Lifespan Pathway and identifying service gaps.
- The Impact Centre produced a Rapid Review of Crisis Models in May 2024.
- The SPPG team including Social Care Lead and Project Manager for Crisis took up post in July / September 2024 providing an additional focus on work undertaken to date.
- Recruitment of dedicated PHA Crisis resource is in progress with one post commencing in October 25.
- The Multi-Agency Triage Team (MATT) provides a crisis de-escalation service for individuals aged 18 and over experiencing acute mental health crises. Operating in the wider Belfast and South East Trust areas during peak demand periods each weekend, MATT deploys mental health professionals. They respond to crisis calls from the Police Service of Northern Ireland (PSNI), aiming to de-escalate situations by offering face to face mental health assessments and/or telephone advice to the individual, their carer or relative, or the attending emergency crew

- Concurrently, the NIAS Control Room Mental Health Pilot, 'Hear and Treat,' is a two-year project offering crisis de-escalation for adults experiencing acute mental health crises. This service employs Mental Health Professionals based within the Northern Ireland Ambulance Service Control Room. It is currently operational at limited times within the Belfast Trust and South East Trust areas. It operates during designated high-demand periods each weekend, with the primary objective of reducing Emergency Department admissions for individuals in mental health crisis.
- Concurrently, the NIAS Control Room Mental Health Pilot, '**Hear and Treat**,' is a two-year project offering crisis de-escalation for adults experiencing acute mental health crises. This service employs a team of Mental Health Practitioners based within the Northern Ireland Ambulance Service Control Room. It operates during designated high-demand periods each weekend, with the primary objective of reducing Emergency Department admissions for individuals in mental health crisis. During its trial phase, the service assisted 290 individuals, successfully de-escalating approximately 35% of callers over the telephone and directly referring a substantial number to other mental health services. An evaluation of the programme is underway which will inform whether it will be rolled out to other Trust areas.
- Advancements in mental health crisis support are evident across the region:
 - Community Navigators in the Royal Victoria and Mater Hospitals, are deployed, supporting individuals in mental health crisis within Emergency Departments.
 - The Western Health and Social Care Trust (WHST) Side by Side Model aims to reduce the time mental health patients spend in ED awaiting inpatient admission. This model fosters collaboration between mental health and ED professionals, enabling earlier mental health professional involvement in assessments. Together with the development of a seven-day assessment facility, this has reduced in patient waiting times in Altnagelvin ED and decreased bed occupancy at Grangewood in-patient facility.

Resource Utilisation:

£1,294,000 has been allocated for these actions since the commencement of the Strategy.



2.2.6 Developing CAMHS-Adult Service Transitions

ACTION 13: Develop proposals for transitions between CAMHS and adult mental health services, engaging widely with all relevant stakeholders.

This action focuses on improving the crucial transition points between child and adolescent and adult mental health services.

Progress and Achievements:

- No noteworthy progress was reported by March 31, 2025, primarily due to significant internal resourcing issues.
- However, plans are underway for a workshop in Autumn 2025 involving the Department of Health, SPPG, HSCTs, and other stakeholders. This workshop aims to identify existing transition processes and explore how they might be enhanced in the interim, pending decisions on future arrangements.
- Proposals for future transition arrangements, building on recommendations from a previous 2021 review, will be considered, subject to budget and other resourcing considerations. This action is now identified as a priority for the coming months.

Resource Utilisation:

- **£0.2k has been provided for this since the commencement of the Mental Health Strategy.**

2.2.7 Developing Recovery and Peer Support Models

ACTION 16: 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.

ACTION 33: Create a peer support and advocacy model across mental health services.

These actions focus on integrating recovery-oriented approaches and peer support, within mental health services.

Progress and Achievements:

- A comprehensive paper outlining a Mental Health Recovery Approach/Model and a Peer Support Model for Northern Ireland has been completed and submitted to the Department of Health (DoH) by the PHA.
- The DoH is actively considering how to take forward implementation and develop necessary business cases, in alignment with the work of the Regional Service user Consultant under the Regional Mental Health Service. This will be integrated into the 2025/26 Delivery Plan.
- It has been noted that the advocacy model was not explicitly considered in the submitted paper and will require separate consideration.

Resource Utilisation:

- **No allocation has been provided for this action since the commencement of the Mental Health Strategy.**

2.2.8 Integrating Community and Voluntary Sector Services

ACTION 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.

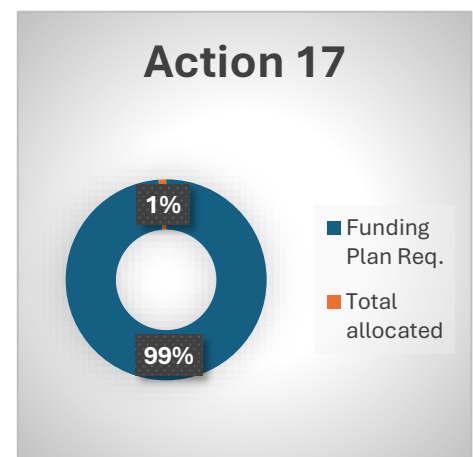
This action aims to enhance the integration of the Community and Voluntary (C&V) sector into mental health service delivery.

Progress and Achievements:

- Following a tendering process, EY was appointed in December 2024 to conduct a review of the C&V sector's capacity and capability to support mental health service delivery, specifically examining barriers and enablers to integration. This review incorporates and builds on the recommendations from the Brenda Kelly Report on harnessing the collective voice of the C&V sector, which was completed in April 2024 and set out high-level recommendations for improved engagement with the sector to inform Mental Health Strategy delivery.
- The C&V review, which commenced in mid-December 2024, involves three key phases:
 - A survey of the C&V sector to establish a baseline.
 - Focused stakeholder engagement for further feedback.
 - Analysis to inform a future state position and implementation roadmap.
- A final report was received in June 2025 and was subsequently shared with the Mental Health Collective in early July to get their views on the report’s findings.

Resource Utilisation:

- **£152,000 was allocated to this Action since the commencement of the Strategy.**



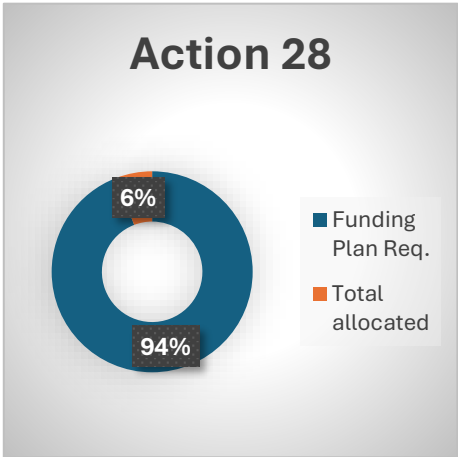
2.2.9 Developing Specialised Care Networks

ACTION 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.

Progress and Achievements:

- A Co-occurring Mental Health and Substance Use (COMHSU) Task and Finish Group has been established, co-chaired by SPPG and PHA, with regular six-weekly meetings. The group is reviewing a recent Scottish Rapid Review report to assess the applicability of their agreed interface protocols to Northern Ireland.
- The COMHSU group have recommended, based on best current evidence, that the needs of those with a Co-Occurring Mental Health and Substance use presentation are not best served with the formation of a Managed Care network, rather seeking to integrate their care across the wider Mental Health services.
- Recent guidance from RCPsych, PHE, and MWC advises against specialized "dual diagnosis" services. Instead, they advocate for a "no wrong door" and "everyone's business" approach to co-occurring mental health and addiction issues. While addiction staff routinely encounter individuals with co-occurring mental health conditions, and mental health staff also see addiction patients, there are a lack of clear, agreed-upon pathways for collaboration between these services. Creating specialist dual diagnosis teams could inadvertently add more barriers to accessing care.
- To address this, regional dual diagnosis leads are recommended. A Co-occurring Mental Health and Substance Use (COMHSU) Project Manager has been recruited into SSPG to further enhance this work by:
 - Facilitating the development of integrated pathways between services.
 - Improving link working and collaboration.
 - Supporting staff in managing complex cases.
 - Ensuring the intended implementation of pathways.
 - Coordinating and delivering educational programs for all relevant staff.

Resource Utilisation: £69,980 has been allocated for these actions since the commencement of the Strategy.



2.2.10 Continuing Perinatal Mental Health Service Rollout

ACTION 29a: Continue the rollout of specialist perinatal mental health services.

This action focuses on expanding and standardising mental health support for new and expectant mothers.

Progress and Achievements:

- This action was to be completed in two phases. In Phase 1, new governance structures to shape perinatal mental health services have been established, and Terms of Reference developed and agreed for the Perinatal Mental Health Partnership Strategic Board, Regional Implementation Group, and Partnership Forum.
- In March 2025, the updated Perinatal Mental Health Care Pathway was rolled out, standardising referral criteria and operational definitions across all Trusts, building on the work of the now established Peri-natal Teams. Each multi-disciplinary team (MDT) team comprises:
 - Consultants in Obstetrics and Psychiatry
 - Mental Health Nursing and Midwifery
 - Clinical Psychology and Psychotherapy
 - Specialist Health Visiting
 - Mental Health Social Work
 - Occupational Therapy
 - Quality and Data Officer
- The Peri-natal MDTs were able to support over 400 women in 2023 and over 600 women in 2024.

Resource Utilisation:

£2,968,196 has been allocated for these actions since the commencement of the Strategy.



ACTION 29c: Enhance the provision of personality disorder services regionally through the formation of a Personality Disorder Managed Care Network.

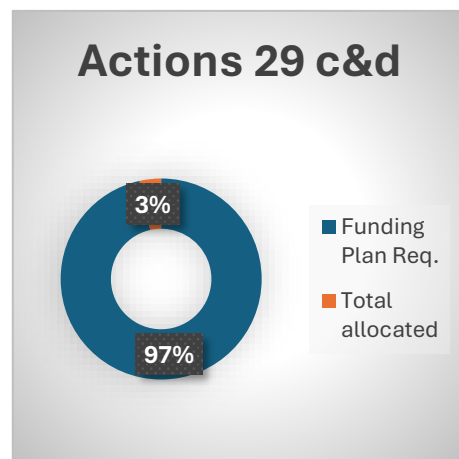
ACTION 29d: Enhance the regional eating disorder service.

Progress and Achievements:

- Personality Disorder and Eating Disorder (Actions 29c/d):
 - A small team has been appointed to cover both networks and has been in place since March 2025.
 - Network Leads and Managers have engaged with the Collaborative Board Head regarding their roles within the broader Network of Networks.
 - Outline business cases for PD and ED have been completed as per the Mental Health Strategy Funding Plan and are awaiting Finance review.
 - Initial meetings for the Personality Disorder Managed Care Network (PD MCN) (January 2025) and Eating Disorder Managed Care Network (ED MCN) (February 2025) have taken place, with Terms of Reference agreed.
 - Direct engagement and visits to service areas for personality disorder and eating disorder are ongoing to engage services and progress standardisation.
 - A PD MCN workshop in March 2025 saw 66 attendees (including service users, Trusts, C&V sector, etc.), generating strategic priorities for the Network's implementation plan.

Resource Utilisation:

£172,928 has been allocated for these actions since the commencement of the Strategy.



2.2.11 Advancing Digital Mental Health

ACTION 30: Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.

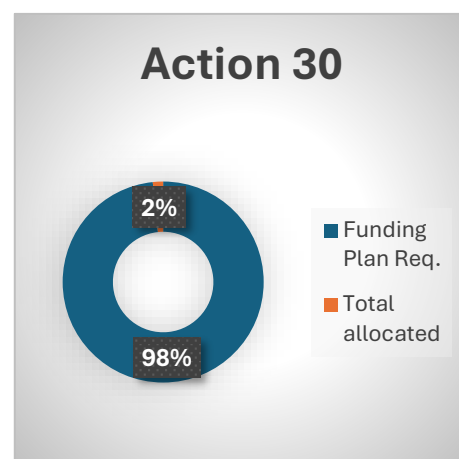
This action seeks to build a robust digital infrastructure for mental health service delivery.

Progress and Achievements:

- Through the work of a Digital Mental Health Forum, which includes representation from the Department of Health, PHA, HSC Trusts, Universities and the Community & Voluntary sector, considerable work has been progressed to develop an action plan to develop a digital mental health model. There has been extensive stakeholder engagement and information gathering to gauge feedback and identify examples of best practice.
- As part of this work, a user survey was launched in October 2024 to gather feedback from service users and carers on future digital mental health needs and potential barriers.
- Several service user workshops were held in late 2024 and early 2025 to further explore key issues and inform the future development of a digital mental health action plan.
- Several Digital Mental health Forum workshops have subsequently been held in February and May 2025, with discussions focused on identifying a range of actions centred around the Stepped Care model. The feedback from those workshops is under consideration, with a view to developing an overarching action plan in the coming months.
- Work is also underway to develop and further promote the ORCHA NI Apps library, with scoping for pilot projects (e.g., in GP practices) to evaluate its utility in primary care.
- In parallel, and in line with MHS Action 1 and 2 on early intervention and prevention, PHA has been developing proposals for a potential digital mental health hub, which if funded and implemented could potentially provide a platform for future information raising and signposting, as well as offering the potential for digital mental health service provision. Discussions on the feasibility of such a platform are ongoing.

Resource Utilisation:

£40,000 was allocated to DHCNI in 2024/25 for ORCHA Apps library costs.



2.2.12 Establishing a Regional Mental Health Service

ACTION 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.

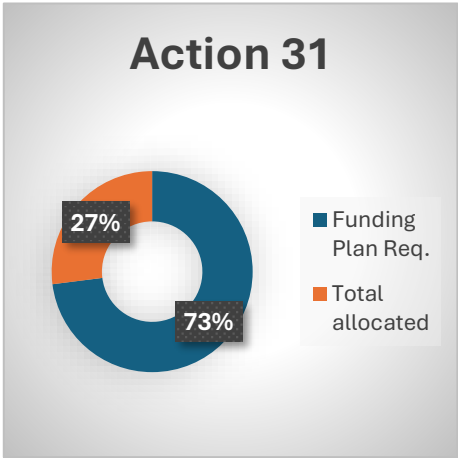
This action aims to establish a unified regional mental health service structure to oversee and ensure consistent and standardised care across Mental Health in Northern Ireland.

Progress and Achievements:

- Appointment of a lead to take forward the establishment of a Regional Mental Health Service (RMHS), including leading delivery of the codesigned and agreed five-year implementation plan.
 - Establishment of a Cross-Sectoral Establishment Group to advise and take key decisions on the early development of the RMHS. This group was formed in May 2024 and was instrumental in shaping the early work on the RMHS, including composition and membership of the Collaborative Board. The group was stood down in February 25 when the Collaborative Board was established.
 - The first meeting of the RMHS Collaborative Board took place on January 28, 2025, with the Minister of Health in attendance. The Board has continued to meet, engaging in workshops to agree initial priorities and ways of working. An early priority agreed by the Board is to progress work to design a regionally consistent community mental health model.
 - Arrangements have been put in place to ensure the voice of service users and carers are central to the development of the RMHS. This has included appointment of a Regional Service User Consultant and developing formal links with the PCC Mental Health Engagement Platform to ensure members are actively engaged in the work of the RMHS. A key focus for this work has been on the codesign of a good practice guide to effectively support service user participation in delivery of key initiatives and projects.
- In addition to the above, work has also been delivered on other priorities set out in the RMHS Implementation Plan, including establishment of two pathfinder projects to test principles of Area and Local Collaboratives as well as the development of a Communication and Engagement Strategy.
- As work has been progressing, opportunities to streamline existing arrangements and strengthen alignment between other MHS actions have been taken, including transferring Action 34 (Mental Health Outcomes Framework) under the auspices of the RMHS as well as further engagement with Care Networks to begin to codesign processes for joint working.

Resource Utilisation:

£757,000 has been allocated for this action since the commencement of the Strategy.



2.2.13 Strengthening Mental Health Workforce

ACTION 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.

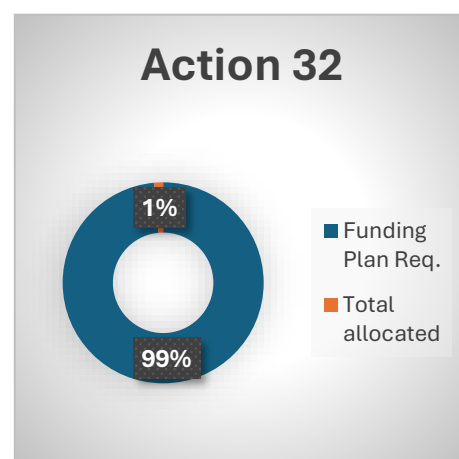
This action focuses on addressing workforce challenges within mental health services.

Progress and Achievements:

- The Mental Health Directorate initiated a comprehensive mental health workforce review led by Ernst & Young (EY) in March 2022. This review aimed to analyse the current workforce and explore new working models. Its primary goal was to inform strategic decisions regarding training, recruitment, and retention to cultivate a future-ready workforce capable of meeting population needs. Identified as a crucial enabler, this review is a key enabler for the broader implementation of the MHS.
- Terms of Reference and membership for a Task & Finish Group have been developed to progress recommendations 1 and 2 of the Mental Health Workforce Review building on the EY review. While there has been a delay in convening the first meeting due to a pause to identify an external resource to help lead the work, this has now been addressed, and work commenced in early June 2025. The likely timeframe for completion of the work is now October 2025.
- Recommendation 3 of the Workforce Review, focusing on the C&V sector, has been addressed as part of Action 17 and is nearing finalisation.
- A separate Task & Finish Group has been established to oversee the delivery of agreed psychiatry workforce actions, aimed at addressing significant regional pressures in the short to medium term and work to progress actions is ongoing.
- A new Chief Psychological Professions Officer (CPPO) was appointed on a part-time, fixed term basis on March 10, 2025, with a key role in identifying and addressing workforce challenges across the psychology profession.

Resource Utilisation:

£34,000 of funding has been allocated to this action since the commencement of the Mental Health Strategy.



2.2.14 Developing a Regional Outcomes Framework

ACTION 34: Develop a regional Outcomes Framework in collaboration with service users and professionals, to underpin and drive service development and delivery.

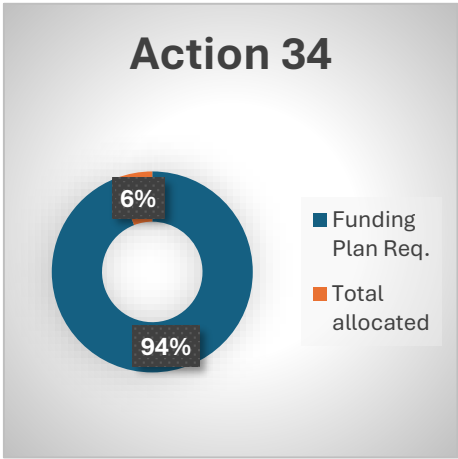
This action focuses on creating a framework to measure and drive the effectiveness of mental health services. It is explicitly linked to the broader work of Action 31 (Regional MH Service).

Progress and Achievements:

- In the early days of the strategy a cross-sectoral steering group was established to develop what an outcomes framework for Mental Health services in Northern Ireland should be. Workshops were organised to elicit the views of a wide range of participants, particularly Service Users and Carers, to better understand how outcomes could assist in the clinical relationship between Mental Health practitioner and Service User and how sharing such information could be of maximum benefit to both the individual service user and practitioner and the wider Mental Health system. The regional outcomes (MHOF) and assurance frameworks were agreed in 2022, and work has been on-going to integrate the MHOF into the regional Patient Information System – Encompass which was itself in the process of implementation across the wider Health System in Northern Ireland.
- Following initial delays and previous unsuccessful attempt, recruitment of the RMHS Mental Health Outcomes Framework (MHOF) Programme Lead is now complete, with the successful postholder expected to take up position by August 2025.
- Work is continuing to implement the MHOF in line with the rollout of the Encompass system. However, progress to embed the remaining MHOF measures and to operationalise those on the Encompass System for clinical use via MyCare App has been slow due to resource prioritisation for Encompass go-lives in other Trusts. Concerns about potential impacts on delivery timescales have been escalated, and assurance has been provided that resources will be deployed to support completion. This situation remains under close monitoring.
- The RMHS team continues to engage and collaborate with Network Leads on priority areas, including planning a Regional Workshop to highlight work within existing networks. Discussions are ongoing with some Network leads regarding piloting operationalisation of some outcome measures within their programmes.

Resource Utilisation:

£131,000 has been allocated for these actions since the commencement of the Strategy.



2.2.15 Fostering Mental Health Research Excellence

ACTION 35: Create a centre of excellence for mental health research.

This action aims to establish a central hub for advancing mental health research in Northern Ireland.

Progress and Achievements:

- A completed scoping paper on a proposed approach for establishing a Centre of Excellence for Mental Health Research has been completed by the PHA and submitted to MHD in DoH for consideration as to next steps.
- Promotion of existing funding opportunities to NI-based researchers is ongoing through the HSC R&D Newsletter, website, and social media, including the launch of the Pre-Doctoral Bridging Scheme in March 2025. The IMPACT Centre within the Northern Trust also continues to carry out mental health-related research and evaluations.
- Several meetings have taken place between DoH, HSC R&D Division, and PHA to discuss the submitted scoping paper. Further discussions are needed to inform a future way forward.

Resource Utilisation:

No specific allocation was provided for this action in 2024/25, and no expenditure was recorded by March 31, 2025. Initial progress has been achieved through scoping and promotional activities, using existing departmental overheads.

2.4 Actions not (or only partially) commenced and projected resource requirements

As noted in Section 2.1 above 20 Actions from the Mental Health Strategy have commenced. The funding gap for the completion of these actions is £335M in 2021 prices. As this figure comprises a significant element for staff costs the figure is likely to be considerably greater given that several of the salary and wage settlements reached in the past few years have been above inflation.

Total planned expenditure MH Strategy of those Actions not yet, or only partially, commenced		
Action Plan Number	Action plan Description	£m
3, 4	Increase support for social factors	26.37
5	Expand therapy hubs	22.48
9, 23	Support carers, families, and others	6.37
13	Transitions CAMHS to AMHS	28.3
14	Mental health and older adults	10.66
15	Better integrate primary, secondary, and C&V services	59
16	Regional recovery model	11.23
18	Integrate Medicines Optimisation Quality Framework	2.64
19	Embed psychological therapies into services	26.7
20, 21	Physical health of those with mental ill health	9.24
22	Pathways from physical healthcare to mental health care	5.04
25	Regional rehabilitation service	40.2
26	Low secure in-patient services	23.67
29b	Psychosis services	36.5
29e	Other specialist interventions	9.09
33	Peer support workers	6.82
35	Centre for research	10.32
Total		334.63

Revenue for these actions planned until the end of 2024/25 equates to £18.97M. The highest proportion of planned expenditure for these actions was due in the later years of the strategy.

Wider context for Actions not yet commenced.

The spur for focusing the Mental Health system on fewer priorities is based on the significant resource constraints. The current financial outlook indicates that additional resources for the Mental Health Strategy implementation will not become available in the short to medium term. This makes it very unlikely that few, if any, of the priorities which have not yet been commenced will be taken forward. Whilst it is highly desirable that all the actions in the Strategy be taken forward it is important to remember that the existing budget for Mental Health Services in both the Statutory and Community and Voluntary Sectors, as it currently stands, was approximately £403m in 2024/25 contributing to the on-going support of new and existing service users every day.

During the consultation attention was also drawn to the significant work undertaken daily which leads to positive outcomes for Service Users and Carers. Despite what are unquestionably significant budget constraints and high demand, service delivery is consistently being renewed and staff engaged in quality improvements which are cost neutral.

Whilst a substantial number (15) of Actions within the Mental Health Strategy for Northern Ireland await formal commencement, considerable work, both completed and actively in progress, will assist and inform the delivery of these actions.

Work across the wider health family and local government in Northern Ireland is assisting in addressing the social determinants of health, bolstering support for individuals, families, and communities. Significantly, in addition to direct Mental Health care, ‘Promoting Wellbeing’ Teams within each Health and Social Care Trust provide a significant platform for collaboration with councils and the broader community and voluntary sector in tackling the social determinants of poor Mental Health.

The promotion of social prescribing and direct assessment and treatment services within multi-disciplinary teams in Primary Care/ GP Federations is also proving to be greatly beneficial, both to the GP practices in which they are now embedded, and the wider communities. Forthcoming investments from the Transformation fund will seek to roll out these teams across every GP practice. This will contribute to many of the Actions in the Strategy.

There is also a range of cross-governmental initiatives which will assist with those Actions in the Strategy directed at children and young people such as the joint Health and Education funded Emotional Wellbeing in Schools Framework.

Other service enhancements are taking place and consultees referenced excellent work for people with Dementia, with a view towards future-proofing service provision.

The Strategy's wider objectives are also being advanced, where possible, through the integration of services and holistic care. Examples, such as the increasing integration of pharmacy teams into mental health service pathways, a development to optimise medication management and patient outcomes, and physical health monitoring and screening for mental health patients, is being actively addressed, albeit not in the systemic manner envisaged in the Strategy.

Consultees also pointed to some excellent developments which have taken place prior to the commencement of the actions in the Strategy which will assist in further enhancing the implementation of actions within the Strategy, notably, the Regional Mental Health Care Pathway, the reviews and reports on establishing regional rehabilitation services and developing low-secure inpatient care, underscoring an evolving approach towards a more integrated and person-centred mental health system.

3.1 Methodology for Prioritisation and Findings

This section outlines the consultation methodology employed for this review and presents the key findings that emerged, informing the prioritisation of Mental Health Strategy actions.

Consultation Approach

The project plan for this review aimed to engage a comprehensive cross-section of the Mental Health system. Our consultation involved:

- **Service Users, Carers, and Advocates:** Direct beneficiaries and their representatives.
- **Policy Professionals and Service Commissioners:** Those with direct responsibility and accountability for Mental Health Strategy actions.
- **Service Delivery Organisations:** Both statutory bodies and organisations within the Community and Voluntary Sector.
- **Mental Health Champion.**
- **Children's Rights Organisations:** Ensuring the voice of young people was heard.
- **Professional Representative Organisations:** Reflecting the perspectives of mental health professionals.

The consultation primarily used semi-structured interviews and group meetings. Additionally, insights were gathered through attendance at relevant workshops organised by consultees. Discussions focused on:

- Progress of commenced Mental Health Strategy actions.
- Actual and planned funding for these actions, including future development (e.g. Business Cases).
- Views on revised priorities, their justification, and suggested methodologies to aid decision-making.
- Recommendations for no-cost or low-cost alternative approaches and insights on phasing priorities.

Input was gathered from **over 100 individuals**, forming the basis for triangulating frequently cited priorities. Early suggestions were also used to prompt discussions and elicit support or counterarguments for specific priorities. Furthermore, several individuals and groups submitted written briefings outlining their perspectives. This process was also informed by two workshops conducted by the Department of Health with the wider Mental Health system in early 2025 (Lisburn and Dungannon).

Priority Findings

Following the consultation phase, the output from individual and group meetings and workshops was analysed to determine the frequency of identified priorities.

Action Owners and Leads Analysis revealed that Action Owners (senior professionals from the Department of Health Mental Health Delivery Unit, the Public Health Agency, or the SPPG, responsible for delivery) and Action Leads (with operational responsibility) consistently identified their respective actions as priorities. These individuals often articulated a strong commitment to their specific areas, underscoring their positive alliance with the Service Users anticipated to benefit. However, beyond their ownership of specific Actions in the Strategy, many also identified "enabling" actions (e.g., Action 32 – Workforce) or those demonstrating significant inter-relationships (e.g., Actions 12 and 27 – the Mental Health Crisis Service).

Top Priorities: Workforce (Action 32) and the **Mental Health Crisis Service** (Actions 12 and 27) emerged as the most frequently cited priorities across all consultation groups, including Trusts, other service delivery organisations, service users, advocates, and carers.

Eradicating Inequity A key theme, though not a specific action, was the imperative of **eradicating inequity** in service provision. Many contributors highlighted persistent discrepancies in service provision:

- Between different Trusts.
- Between Community and Voluntary Sector (CVS) providers.
- Between the CVS sector and statutory providers.
- In gaining access to condition-specific services.
- Across age and other demographic groups.

Consultees strongly believed that addressing these inequities must precede or run concurrently with any new initiatives. Failure to prioritise "levelling up" access would tacitly endorse the continuation of these disparities.

CAMHS (Child and Adolescent Mental Health Services) 10% Budget Commitment Allied to the concept of inequity, numerous participants commended the Mental Health Strategy's commitment to allocating 10% of the overall Mental Health budget to CAMHS. They urged that this principle, established in 2021, remain a priority for future investment. There is evidence that a very high percentage of adult mental health service users have previously been involved in CAMHS. Therefore, investing in CAMHS is actually early intervention to prevent problems becoming embedded and leading to lifelong need for MH services.

Severe and Enduring Mental Ill Health (SMI) Service Users, carers, their advocates, and both statutory and CVS providers consistently raised the importance of care and provision for individuals

with **Severe and Enduring Mental Ill Health (SMI)**. Concerns were voiced that this group often lacks a strong voice within the wider mental health system. Individuals with SMI have complex and multifaceted needs that extend beyond clinical treatment, requiring holistic, respectful services to support full, healthy, and independent lives.

Mental Health and Older People When asked to prioritise any action not yet commenced, most contributors highlighted **Action 14 – Mental Health and Older People**. There was widespread agreement that the increasing proportion of older people in the population of Northern Ireland presents significant challenges, and distinct mental health needs that services and policy must explicitly recognise. Concerns were raised regarding:

- Ageism and stigma.
- Complexity of co-morbidity (physical and mental health).
- Social isolation, loneliness, and life transitions.

Digital Provision Consultees expressed concerns that the current Mental Health System is not adequately addressing the needs of the population and service users through digital and smart resources. Service users were critical of the current digital resources available regarding Mental Health in Northern Ireland, citing out-of-date website information, a lack of clear and consistent messaging, and insufficient self-help resources and guided therapeutic approaches.

Other Issues Raised (Outside the Review's Scope) Participants also raised issues concerning the Mental Health Strategy's implementation that fell outside the immediate brief. These were noted for broader consideration and included:

- **Morale:** A widespread sentiment that the hope for significant improvements in mental health services post-Bamford had been "dashed" due to a lack of funding for the Strategy. This was exacerbated by insufficient recognition of post-COVID demand implications and the impact on frontline staff.
- **Streamlining Processes:** Several concerns were raised regarding unwarranted complexity in service planning, with the Regional Mental Health Service identified as a potential enabler for a more streamlined approach.
- **System Capacity:** Unease about the existing system's capacity to cope with current workloads, with examples cited of significant staff turnover and staffing gaps in both service providers and commissioners. There was also a concern about "initiative overload" and a lack of recognition of the system's limits to accept change.

Guiding Principles for Prioritisation

Contributors suggested that the core principles of the Mental Health Strategy should remain a key factor in determining revised priorities. The Strategy outlines seven core principles:

1. **Meaningful and effective co-production and co-design** at every stage, involving all partners equally.
2. **Person-centred care and a whole-life approach** – a system that meets the needs of the person and their family/support network, rather than expecting the person to fit into a rigid system.
3. **Care that considers and acknowledges the impact of trauma** – where staff have appropriate knowledge, skills, and awareness of trauma's impact, particularly in Northern Ireland.
4. **Choice in treatment** to fit the needs and preferences of the person.
5. **Early intervention, prevention, and recovery as a key focus** – all decisions should be made with this in mind.
6. **Evidence-informed decisions** – services and interventions built upon sound evidence of effectiveness.
7. **Recognition and support for the specific needs of particularly at-risk groups** and the barriers they face in accessing mental health services.

Best Use of Resources

The impetus for focusing the Mental Health system on fewer priorities is driven by significant short-to-medium-term resource constraints. The current funding outlook suggests that additional resources for strategy implementation are unlikely to be available in the short to medium term. Therefore, any revised priorities must ensure the best use of constrained finances.

Several influential contributors to the debate concerning mental health investment priorities include:

- **Centre for Mental Health (UK National Level):** Their "Investment Priorities for Mental Health 2025 in England" (May 2025) identifies six key, evidence-based areas representing substantial value for money:
 - Enabling health visitors to support new mothers' mental health.
 - Rolling out evidence-based parenting programmes.
 - Expanding the network of early support hubs for young people.
 - Expanding offers within the NHS Talking Therapies programme.
 - Expanding Individual Placement and Support employment services, not just in secondary mental health care but across the wider mental health system including primary care, and
 - Providing alternatives to hospital admission in a mental health crisis. The CMH also advises commissioners to follow key principles to maximise investment effectiveness:

adopt a holistic approach, offer tailored and flexible support, provide adequate support in later life, and build a stronger mental health workforce.

- **Mental Health Foundation:** Their report, "The economic case for investing in the prevention of mental health conditions in the UK," estimates the annual cost of poor mental health in Northern Ireland at **£3.4 billion**, concluding that "Investment in preventing mental health conditions therefore has the potential to be highly cost-effective."
- **Centre for Mental Health:** In 2022, mental ill health cost England an estimated £300 billion, which broadly equates to a figure of £10.5 billion for Northern Ireland, according to analysis by the Centre for Mental Health (Cardoso and McHayle, 2024). This figure is double the NHS's entire budget for England in the same year (£153 billion). The £300 billion comprises three main elements:
 - Economic costs (£110 billion (NI: £4bn): This includes losses to the economy from sickness absence, presenteeism, staff turnover, and unemployment related to mental ill health.
 - Human costs (£130 billion (NI: 4.5bn): This represents the monetary value of reduced quality of life and premature mortality among individuals with mental health difficulties.
 - Health and care costs (£60 billion (NI: £2bn)): This covers support from public services, including specialist NHS mental healthcare and general practice, as well as informal care provided by family and friends.
- **McKinsey Health Institute (MHI - International Level):** Their recent briefing on "Investing in Mental Health" found that "implementing and scaling proven mental health interventions globally by 2050 could reduce direct and indirect mental health disease burden by over 40 percent. Furthermore, every pound invested in expanding these interventions has the potential to generate an economic return of £5 to £6 in GDP growth globally. Even within current budgets, there is an opportunity to spend more strategically to achieve better outcomes by focusing on cost-effective, evidence-based interventions."
- **NHS Benchmarking**

NHS Benchmarking collects, cleanses and analyses data on Mental Health to assist decision-makers in the best use of resources using an organisation peer to peer approach to promote best practise. NHS Benchmarking are also undertaking valuable work in providing a workforce benchmark to help organisations understand their workforce more clearly, and use that understanding to make better decisions.

Values Informing Prioritisation

Across the consultation, a consistent theme emerged: a continued belief in the importance and strategic significance of all 35 actions within the Mental Health Strategy 2021-2031. There was a universal view that all actions should be implemented to address existing significant gaps and inequities. This was, however, complemented by an understanding (if not full acceptance) that, given

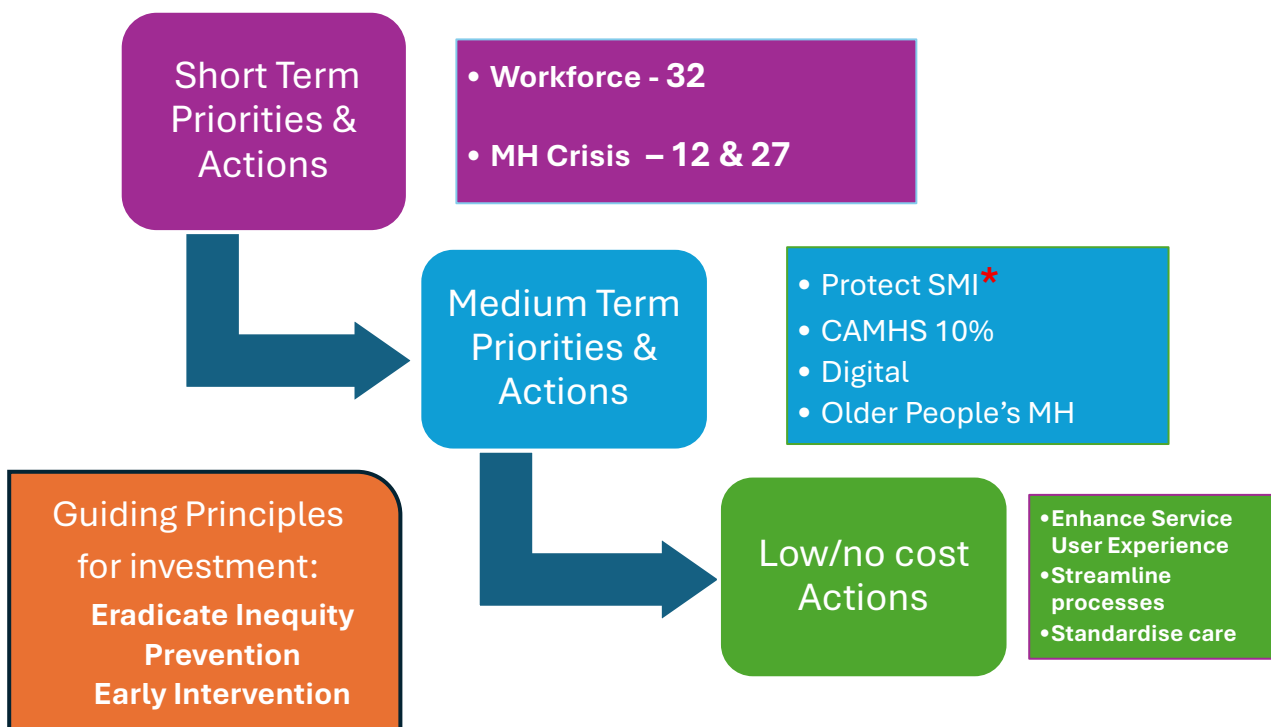
the financial outlook, it was timely and important to focus the wider Mental Health system on fewer priorities. In reaching a view on priorities, some contributors suggested the following values would be important in decision-making:

- **Transparency:** Decision-making on priorities should be transparent.
- **Universal or Specialist Care Balance:** Mental Health services operate on a continuum from universal, preventative approaches to complex, specialist care for those in greatest need. Prioritisation decisions must balance future developments with existing investment across this continuum.
- **Inequality:** Directing investment to combat societal inequality in Northern Ireland was also identified as an influential factor, recognising the significant role of socio-economic and demographic factors in mental health outcomes.
- **Prevention and Early Intervention:** While often used interchangeably, prevention and early intervention represent distinct, complementary approaches. There is also a stage that exists before ‘prevention’ and that is mental health promotion focussed on the promotion of positive mental health and wellbeing. Being explicit about these is crucial for effective strategy development and resource allocation, particularly when deciding on investment priorities.
 - **Prevention:** Aims to actively prevent the occurrence of poor mental health across the general population or specific groups, often by promoting protective factors and reducing risk factors (e.g. enhancing emotional resilience, reducing stigma).
 - **Early Intervention** (sometimes referred to as secondary prevention): Focuses on providing timely support when initial signs or symptoms of poor mental health manifest. It seeks to halt progression and prevent worsening conditions by intervening early (e.g. targeted support for first-episode psychosis, counselling for early behavioural difficulties). The key is rapid action to minimise long-term impact and improve outcomes.
- **Recovery** (Often referred to as tertiary prevention): This principle focuses on supporting individuals to live meaningful lives despite a mental health condition, moving beyond solely symptom reduction. Services are tailored to individual needs and preferences, with professionals and service users collaborating through partnership and shared decision-making. Holistic recovery approaches address physical and psychological needs, build on individual strengths, and foster hope and optimism for the future.

High Priority Actions: Justification and Strategic Alignment

High Priority Actions: Justification and Strategic Alignment

Section 3.2 outlines the justification and strategic alignment of two actions from the Northern Ireland Mental Health Strategy deemed high priority **should additional funding become available**, following the deliverability review: Actions 12 and 27, focusing on a Regional Mental Health Crisis Service, and Action 32, which addresses the Mental Health Workforce. These actions are critical enablers for the successful implementation of the broader strategy and are supported by robust external evidence. These are set against the wider findings of the review as set out in the graphic below:



*Those Service Users with Severe and Enduring Mental Ill-health

Action 32: Mental Health Workforce Review

Strategic Alignment

Action 32, "Undertake a comprehensive workforce review considering existing workforce need and training, and the development of a new workforce, such as allied health professions, therapists, and physician associates," was the **number one priority** for participants in this review.

The Mental Health Strategy emphasises: "Having a skilled, compassionate and trauma informed workforce is key to achieving the change required... It is important to provide the right environment that enables support staff to do their utmost to meet the needs of the people they work with."

Staff costs consistently represent the single biggest revenue expenditure in most mental health service delivery organizations across statutory, independent, and community/voluntary sectors, often consuming more than two-thirds of annual budgets.

This action also directly aligns with the **Northern Ireland Executive's "Our Plan: Doing What Matters Most,"** specifically the "Reform and Transformation of Public Services" priority, which commits to overhauling public service delivery to meet evolving population needs and ensure long-term sustainability. It will also act as a key enabler of **Right Care, Right Person**.

Justification

A well-supported, skilled, and resilient workforce is the foundation upon which an effective mental health system rests. Without a robust workforce, even the most effective policies, leading-edge treatments, and targeted funding will fail to deliver sustained improvements in mental health outcomes.

Direct Impact on Service Delivery

The mental health workforce—comprising nurses, psychiatrists, social workers, psychologists, psychological professions, therapists, counsellors, and peer support staff across residential, community, and in-patient settings—directly delivers care and support to service users. Their skills, competency, and well-being directly impact the quality and effectiveness of mental health services.

It is well recognised that psychological safety is crucial for team learning, innovation, and overall performance.

Addressing Current Challenges

Northern Ireland's mental health services, like many others, face significant workforce challenges, including:

- **Staff Shortages:** Persistent vacancies across various disciplines, leading to unsustainable workloads for existing staff.
- **Burnout and Stress:** High-pressure environments, emotionally demanding work, and staffing gaps contribute to significant levels of stress, burnout, and compassion fatigue among mental

health professionals. This impacts both their well-being and their ability to provide optimal care.

- **Recruitment and Retention Issues:** Difficulty in attracting new talent and retaining experienced staff.
- **Skills Gaps:** Evolving mental health needs (e.g., increased complexity of presentations, the impact of trauma, digital mental health, psychological skills within MH teams to be enhanced to ensure NICE recommendations can be delivered upon) require ongoing training and development to ensure the workforce possesses the necessary skills.

Foundation for System Transformation

The Mental Health Strategy is ambitious, aiming for significant transformation (e.g., shifting to preventative models, integrating care, harnessing digital solutions). This transformation is inherently dependent on the workforce's ability to adapt, learn novel approaches, and implement changes. Investing in the workforce creates an environment conducive to future innovation and system-wide improvement.

Economic and Societal Returns

A healthy, supported mental health workforce is more productive, takes fewer sick days, and is less likely to leave the profession. Investing in their well-being can lead to significant cost savings through reduced recruitment costs, improved retention, and decreased reliance on agency staff. As the saying goes, "You cannot drink from an empty cup"—those who dedicate their careers to supporting the mental health of others deserve, in turn, to be well supported. Ensuring their well-being, recognizing the impact of constrained resources, and fostering a positive working environment is an ethical imperative.

Professional Bodies and External Views

Professional Groups within Mental Health Services Four organizations representing professional groups contributed to the initial phase of the review, each identifying **Workforce as their single most important priority**. They specifically raised concerns about the current workforce's capacity to meet existing service demands and the need for a radical reappraisal of Mental Health Strategy priorities given staff pressures and the significant additional workforce required for strategic actions. Key issues cited include:

- Long-term staffing gaps.
- Recruitment and Retention challenges.
- Staff burnout and unmanageable caseloads.
- Need for lifelong learning and training for existing staff.
- Training places for those entering the professions.
- Skill mix and concerns about "dumbing down" of roles.

Community and Voluntary Sector (CVS) Employers CVS organizations highlighted sector-specific workforce pressures in addition to broader concerns. They noted the significant impact of the National Living Wage and increases in Employer's National Insurance contributions as additional financial burdens affecting their workforce.

The Centre for Mental Health (CMH) The CMH consistently emphasises the critical importance of the mental health workforce for effective service delivery. Their messaging highlights:

- **Strong Foundations:** A strong, well-supported, and diverse mental health workforce is the foundation for all improvements in mental health care.
- **Current Challenges:** They point to persistent staff shortages and vacancies, leading to high workloads and long waiting lists; significant levels of stress, burnout, and compassion fatigue; and difficulties in recruitment and retention. They advocate for better staff well-being and support.
- **Skills Gaps:** The need for ongoing training to equip the workforce with skills for evolving mental health needs and new models of care (e.g., trauma-informed care, digital interventions). New models of care can mean changing roles and some professional groups taking on different areas of responsibility. There is a need to balance protecting traditional roles/ areas of expertise with modernisation.
- **Beyond Traditional Boundaries:** The CMH advocates for a broader understanding of the "mental health workforce," including new and expanded roles like peer support workers and social prescribing link workers and increasing mental health skills across the entire health and social care system.
- **Diversity and Inclusion:** They stress the importance of a workforce representative of diverse communities to reduce inequalities in access and experience of care, including tackling issues like racism and discrimination within the workplace.
- **Investment and Planning:** They consistently call for significant and sustained investment in workforce planning, education, training, and development, focusing on long-term strategies for how people are trained, employed, and supported.

McKinsey Health Institute (MHI) The McKinsey Health Institute views a skilled mental health workforce as a critical, high-impact area for investment, fundamental to improving population health, driving economic growth, and building more resilient and productive societies and workplaces. They recommend a multi-pronged approach that includes expanding the workforce, harnessing technology, upskilling existing staff, and creating supportive work environments.

NHS Benchmarking

Working across health and care, in the UK, NHS Benchmarking delivers meaningful, validated workforce comparisons that inform decisions around performance, productivity, and staff wellbeing.

They underline the need for a workforce ready, able and trained well to meet the challenges of Mental Health Care in today's NHS and HSC.

Actions 12 and 27: Regional Mental Health Crisis Service

Strategic Alignment

ACTION 12: 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.

ACTION 27: 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.

These combined actions aim to establish a unified and consistent regional mental health crisis service across all age groups.

These actions are key pillars of the strategy, acting as an **enabler** for numerous other initiatives. Its full implementation will significantly support the deployment of many other actions within the strategy, for example:

- **Action 28: Co-current Mental Health and Substance Use**
- Personality Disorder (Action 29a) and Eating Disorder (Action 29d) Services
- **Ongoing work to optimise the use of regional Acute Mental Health in-patient beds.**

Conversely, Action 27's success is dependent on other key strategic actions, particularly (but not exclusively):

- **Action 32: Review of the Mental Health Workforce**
- **Action 17: Integration of the Community and Voluntary Sector in Mental Health Services**

Justification

A dedicated Regional Mental Health Crisis Service is essential for compelling reasons:

1. Addressing Immediate and Acute Suffering

- **Saving Lives and Preventing Harm:** Mental health crises often involve severe distress and risk. A robust crisis service can intervene rapidly, preventing adverse outcomes and ensuring immediate safety. Northern Ireland continues to have high suicide rates, underscoring the urgent need for such intervention.
- **Mitigating Escalation:** Timely and effective crisis intervention can prevent a person's mental health from deteriorating further, potentially averting the need for inpatient admission or more intensive, long-term interventions.

- **Reducing Pressure on Emergency Departments (EDs):** Individuals in acute distress frequently present at already overburdened Emergency Departments. These environments are often unsuitable for people experiencing mental health crises. Prioritising crisis services can divert individuals to more appropriate and effective pathways, improving their experience and freeing up valuable ED resources.

2. High Prevalence of Mental Health Issues in Northern Ireland

- **Significant Need:** Northern Ireland experiences a higher prevalence of mental health problems compared to other UK regions. This indicates a substantial and ongoing demand for comprehensive mental health support, including crisis intervention.
- **Legacy of Trauma:** The ongoing impact of the Troubles, compounded by socio-economic factors and deprivation, contributes to elevated levels of mental illness and trauma within the population, increasing the likelihood of acute mental health crises.

3. Improving Patient Outcomes and Experience

- **Right Support, Right Time:** A well-functioning crisis service embodies the principle of "providing the right support at the right time." It ensures individuals receive immediate, person-centred care tailored to their acute needs, rather than navigating complex or inappropriate pathways.
- **Reduced Waiting Times:** Improved access to crisis care can prevent individuals from deteriorating while awaiting routine appointments, thereby indirectly easing pressure on waiting lists for other services.
- **Continuity of Care:** Effective crisis services facilitate smoother transitions between distinct levels of care (e.g., from community to inpatient and back), promoting continuity and reducing the risk of relapse.

4. Economic and Societal Benefits

- A comprehensive crisis service will address the unwanted variation there is in both service provision and access to services across crisis service providers and assist in eradicating current inequity.
- **Cost-Effectiveness:** Effective crisis intervention can be more cost-effective by preventing prolonged hospital stays, reducing repeat ED attendances, and enabling individuals to return to their lives and employment more quickly. We eagerly await the work currently being undertaken by the Mental Health Champion in this area.

5. Strategic Alignment

- **The Mental Health Strategy:** The Northern Ireland Mental Health Strategy 2021-2031 explicitly identifies the Mental Health Crisis Service as a key area.

- **Learning from Reviews:** Past reviews and reports have consistently highlighted gaps in service provision, fragmentation, and the need for greater focus on early intervention and appropriate crisis response. Prioritizing this area directly addresses these identified deficiencies.
- **The national confidential inquiry into suicide and safety in Mental Health:** The inquiry has been collecting data for over 20 years. Based on their evidence from studies of mental health services, primary care and accident and emergency departments they have developed a list of 10 key elements for safer care for patients. They recommend access to fully staffed 24-hour Crisis teams, outreach teams, drug and alcohol services and personalised risk management.
- **Royal College of Psychiatrists:** Centre of Quality Improvement community standards set a clear benchmark for teams delivering crisis care.
- **Right Care, Right Person:** Regional Mental Health Crisis services are integral to the effective functioning of this strategic approach where the boundaries of Justice and Mental Health meet.
- NICE Guidelines – For example NICS guidance for self-harm which is endorsed in NI has recommendations that all patients presenting to Emergency Departments with self-harming should have access to MH assessment.

External support

Centre for Mental Health (CMH) The Centre for Mental Health, an independent UK charity, focuses on improving mental health through research, economic analysis, and policy influence. In May 2025, the CMH highlighted six key areas for strategic investment in mental health, with one priority being the provision of alternatives to hospital admission for those in a mental health crisis.

NHS England NHS England's urgent and emergency care services face significant pressure from mental health emergencies, leading to increased waiting times. Individuals experiencing mental health difficulties are twice as likely to endure waits of 12 hours or more in A&E compared to other patients. The NHS Long Term Plan aims to create comprehensive crisis pathways. Recent investments include an additional £261 million from 2019-2021 for community-based crisis teams and 'crisis alternatives,' with £179 million expected to continue over five years. More recently, in October 2024, the Government announced £26 million for new mental health crisis centres, and in 2024, the NHS launched six neighbourhood centres to provide local support for individuals with severe mental illness.

Royal College of Emergency Medicine In its September 2022 report, "Mental Health Emergency Care," the Royal College of Emergency Medicine observed: "*Patients waiting to be admitted into a mental health bed, children and young people in crisis, and patients detained under Emergency legislation, are often the most unwell and vulnerable... Yet these patients wait the longest in our EDs in busy environments with limited specialist care. Some patients unfortunately deteriorate as they wait, leading to increased distress.*" The College strongly advocates for improved care provision,

emphasizing the need for timely, effective, and compassionate care for both mental and physical health needs within E.Ds.

The Royal College of Psychiatrists (RCPsych) The RCPsych emphasises the need for improved and expanded mental health crisis services, advocating for timely access to high-quality care during emergencies. They highlight the importance of integrating mental health professionals into emergency services and call for adequate staffing and resources to meet growing demand. The RCPsych also stresses the need for early intervention and prevention, particularly for children and young people, to prevent crises from developing.

Medium Priority Actions: Justification and Strategic Alignment

Section 3.3 outlines the justification and strategic alignment of four actions from the Northern Ireland Mental Health Strategy deemed medium-priority, **should sufficient additional funding become available** following the deliverability review, together with a key principle – eradicate inequity - which straddles all of the actions deemed a priority by consultees to the first phase of the review.

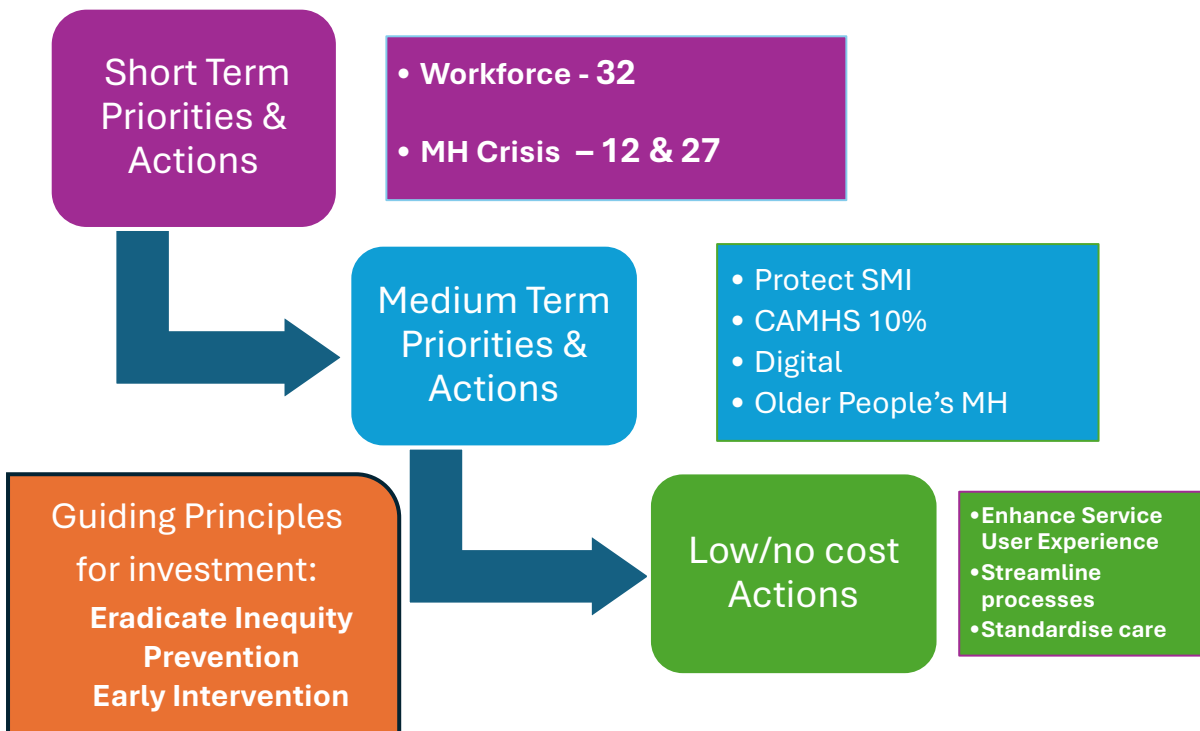
ACTION 10. *Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people, their families, and their support networks.*

ACTION 14. *Ensure mental health services continue to meet the mental health needs of an ageing population and those with dementia through specialist Old Age services. These will be needs based rather than solely dependent on age. The quality of care provided must be equal to that provided to other service users and must be open to younger people when necessary.*

ACTION 23. *Provide people with severe and enduring mental ill health the right care and treatment at the right time. They, together with their support networks, are to be included in the decision making around their care and in the development of services and new ways of working.*

ACTION 30. *Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.*

Three of these actions, whilst directed to groups of service users with specific needs, are also in keeping with the thrust of the Mental Health Strategy’s commitment to, in the words of the then Minister for Health: “**groups disproportionately affected by mental ill health who often struggle to access services**”. The fourth priority is one which will impact on a Universal population basis, and which promotes the principle of Prevention. These are set against the wider findings of the review as set out in the graphic below:



PRINCIPLE. Eradicating Inequity within Mental Health Services

This principle aims to eliminate unwarranted variation in mental health service provision and access, ensuring equity across the system. Numerous contributors to the consultation highlighted persistent discrepancies in service delivery, manifesting in several key areas:

- **Disparities Between Different Trusts:** Contributors provided examples where specific services were readily accessible in one Trust, yet unavailable in a geographically adjacent one. Commissioners and service providers often lacked clarity regarding the rationale behind such investment decisions yet acknowledged the stark reality of an uneven playing field for service users. Service user representatives and their advocates underscored this inequity, expressing considerable frustration and a sense of unfairness. Efforts to address these disparities have already commenced as part of several Mental Health Strategy Priorities, with business cases and revenue projections developed to "level up" provision.
- **Variation Among Community and Voluntary Sector (CVS) Providers:** While collaborative in nature, smaller CVS charities often reported that a lack of "back-office" support, such as HR and Finance, hindered their ability to be recognised as valued service providers due to their size. Other organisations expressed concern that their service profile was often concentrated geographically due to transactional funding relationships, rather than being based on wider need.
- **Inequity Between the CVS Sector and Statutory Providers:** CVS organisations conveyed a fervent desire to be more equal partners with the statutory sector in mental health provision. They highlighted that the short-term nature of funding negatively impacts their ability to plan and deliver services, exemplifying ongoing inequity. Furthermore, CVS partners expressed

concern that recent Governmental decisions, particularly regarding increases in National Insurance Employer contributions and the National Minimum Wage, had exacerbated these disparities in funding.

- **Unequal Access to Condition-Specific Services:** Contributors stressed that many examples of excellent practice and positive clinical outcomes are not universally available. There was a strong plea that future evaluations of the strategy's priorities should focus on disseminating this good practice, ensuring service users across Northern Ireland have equal access to the full range of services. Service users, advocates, and carers particularly voiced concern that failure to address such inequities would imply an acceptance of the current status quo within the broader mental health system.
- **Discrepancies Across Age and Other Demographic Groups:** Concern was also raised that, in addressing the Mental Health Strategy's priorities, an opportunity might be missed to tackle systemic inequities related to service users' life cycles and wider social determinants such as deprivation, poverty, and health literacy.

CAMHS Services (10% of budget)

ACTION 10. *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.*

Strategic Alignment

The allocation of 10% of the mental health budget to CAMHS is consistent with wider objectives across the NI Executive's policies, specifically:

Children and Young People's Strategy 2020-2030: This overarching Executive strategy for children and young people places a strong emphasis on improving their well-being, which explicitly includes "physical and mental health."

This action also directly aligns with the **Northern Ireland Executive's "Our Plan: Doing What Matters Most,"** specifically the "Reform and Transformation of Public Services" priority, which commits to overhauling public service delivery to meet evolving population needs and ensure long-term sustainability.

Justification

Early Intervention and Prevention: Mental health issues often emerge in childhood and adolescence and CAMHS can prevent conditions from escalating into more severe and enduring problems in adulthood. This may reduce need and there is unambiguous evidence that early support has clinical, human, and cost benefits.

Prevalence: There is compelling evidence to suggest that young people in Northern Ireland face a disproportionately high burden of certain mental health conditions, particularly anxiety and depression, compared to their peers in other parts of the UK.

Improved Life Outcomes: Effective CAMHS support can improve educational attainment, social development, and overall life outcomes for children and young people, contributing to a healthier and more productive society.

Addressing Current Inequity: Concerns about timely access to CAMHS and long waiting lists in Northern Ireland are well documented. A dedicated budget allocation can help address these service gaps and improve access.

Workforce Development: A focus on CAMHS also necessitates investment in the mental health workforce, particularly for children and adolescents, which is a significant concern in Northern Ireland.

The Centre for Mental Health

The **Centre for Mental Health** strongly argues that investing in CAMHS is not just a moral imperative but also a sound economic decision. They highlight the "trillion-pound cost of failing to tackle the children's and young people's mental health crisis," primarily due to lost earnings over a lifetime and increased costs across public services (health, education, welfare, policing, justice).

Their research indicates a significant return on investment (ROI) for CAMHS. For example, for every £1 invested in child and adolescent mental health services, they estimate a return of £2.85 in benefits to individuals and an additional £1.40 in savings to the Government.

In its Investment Priorities for Mental Health 2025 the Centre for Mental Health recommends the expansion of Mental Health Support Team in Education settings. Northern Ireland has a similar programme – EWTS (Emotional Wellbeing Teams in Schools) a health-led initiative focused on promoting emotional health and wellbeing in post-primary schools.

Children's Rights Organisations

NICCY, the Northern Ireland Commissioner for Children and Young People, has highlighted the urgent need for the Department of Health and other statutory bodies to act, including reducing waiting times and improving access to care. The **Children's Law Centre**, through its legal advice service and advocacy work, also emphasizes the importance of protecting children's rights related to mental health and ensuring access to appropriate support.

Children's Organisations in the Community and Voluntary Sector in Northern Ireland.

In 2024 the "**Reimagine Children's Collective**" brought together the following charities: Action for Children, Barnardo's NI, Children in Northern Ireland, Include Youth, Mencap NI, National Children's Bureau NI, Parenting NI, Save the Children and VOYPIC. Their report: Reimagining Children's Social Care Services in Northern Ireland called for a fundamental cultural shift that places the voices of children, young people, and their families at the centre of service provision citing lengthy waiting lists in CAMHS as an example where change could be brought about.

Mental Health of Older People

ACTION 14. *Ensure mental health services continue to meet the mental health needs of an ageing population and those with dementia through specialist Old Age services. These will be needs based rather than solely dependent on age. The quality of care provided must be equal to that provided to other service users and must be open to younger people when necessary.*

Strategic Alignment

The Mental Health of older people is a strategically aligned action that reflects demographics, the recognized vulnerability, and complex needs of this population, promoting the well-being and dignity of older citizens.

Increasing life expectancy means a growing proportion of the population is older. This demographic shift brings with it increased prevalence of age-related mental health conditions like dementia, depression, and anxiety, as well as mental health issues linked to bereavement, physical health decline, and social isolation.

The **Active Ageing Strategy 2016-2022** and the **Commissioner for Older People for Northern Ireland (COPNI)** consistently advocates for the rights and interests of older people, including their health and social care needs, highlighting issues such as loneliness, social isolation, caring responsibilities, and a lack of family support.

Justification

Prioritising the mental health of older people is essential due to our changing demography, increased vulnerability, and the potential for significant improvements in quality of life for older people.

Demographics: As people live longer, the prevalence of poor mental health - depression, anxiety, and dementia-related issues, is expected to rise.

Vulnerability and Complex Needs: Older adults can be particularly vulnerable to mental health problems due to factors like physical decline, bereavement, social isolation, loneliness, and financial insecurity – recognised risk factors for poor mental health, often intertwined with physical ill-health, caring responsibilities, safeguarding concerns, and access to appropriate social care.

Improving Quality of Life and Dignity: Ensuring quality mental healthcare for older people can help them maintain independence, engage in their communities, and manage challenging life transitions more effectively.

Economic Argument: While often overlooked, neglecting the mental health of older people can lead to increased reliance on acute healthcare services and long-term care, which can be more costly overall.

Centre for Mental Health

The Centre for Mental Health strongly argues that the mental health of older people has been a neglected area, largely due to ageism, and that there is an urgent need for increased investment and a

comprehensive strategic approach to ensure older adults receive the high-quality, equitable, and effective mental health support they deserve.

Commissioner for Older People Northern Ireland

The Commissioner for Older People for Northern Ireland, is calling for better mental health care for older adults, emphasizing the need for increased resources and improved access to services, as part of a broader effort to address the unique challenges faced by older people in maintaining their well-being and independence.

Community and Voluntary Sector

Mental health charities across the UK and Northern Ireland recognise that mental health issues are not an inevitable part of ageing and are often under-recognised and under-treated in older people. They actively challenge ageist assumptions and the significant stigma that prevents older individuals from accessing services highlighting how long-term physical conditions can impact mental well-being and vice versa, seeking more integrated care.

These organisations also consistently identify loneliness and social isolation as major risk factors for poor mental health in older adults, actively working to combat these issues through various community programmes. Charities like Age UK, Age NI, and MindWise advocate for tailored, accessible mental health services for older people, emphasizing greater access to talking therapies, improved professional training, and preventative community-based support to ensure older individuals receive the comprehensive care needed to maintain their mental well-being.

Dementia charities, such as Alzheimer's Society and Dementia UK, strongly advocate for comprehensive mental health support for older people, recognising the profound impact dementia has on mental well-being for both individuals with the condition and their Carers. Depression, anxiety, and other mental health challenges are common and treatable for those living with dementia, and should not be dismissed as an inevitable part of the disease highlighting the need for tailored talking therapies that consider the specific needs of people with dementia,

Service Users with Severe and/or Enduring Mental Ill Health

ACTION 23. *Provide people with severe and enduring mental ill health the right care and treatment at the right time. They, together with their support networks, are to be included in the decision making around their care and in the development of services and new ways of working.*

Strategic Alignment

This action also directly aligns with the **Northern Ireland Executive's "Our Plan: Doing What Matters Most,"** specifically the "Reform and Transformation of Public Services" priority, which commits to overhauling public service delivery to meet evolving population needs and ensure long-term sustainability.

Justification

Dedicated funding for individuals with Severe or Enduring Mental Illness (SMI) is a core requirement of any Mental Health system, and crucial for system stability and preventing crisis.

- **High Needs and Complex Care:** Individuals with SMI often require long-term and highly specialised support. This includes conditions like schizophrenia, bipolar disorder, and severe depression, which significantly impact daily functioning, relationships, and employment.
- **Preventing Crisis and Hospitalisations:** Community-based support for SMI can reduce acute crisis, hospital admissions, and shorten inpatient stays, leading to better outcomes for individuals and reduced pressure on emergency services.
- **Reducing Stigma and Discrimination:** People with SMI often face significant stigma and discrimination and are often the victims of violence or sexual assault. They also have poorer physical health outcomes. Prioritising their care shows a commitment to parity of esteem for mental health.
- **Promoting Recovery and Social Inclusion:** Investment in SMI services, including rehabilitation and recovery-oriented approaches, helps individuals and their carers achieve their own recovery goals, fully engage with their communities, and improve their overall quality of life.
- **Prioritising SMI care:** This helps to rectify imbalance in services to those most in need and ensure equitable access to evidence based care. This is of relevance to those individuals who experience a first episode psychosis. Evidence shows that individuals who have access to an Early Intervention in Psychosis service have better outcomes, fewer hospital admissions and experience a higher degree of personal safety.

Centre for Mental Health

The Centre for Mental Health emphasises that research consistently demonstrates with people with Severe and Enduring Mental Ill Health as being far more likely to experience various crimes, including assault and sexual violence. This heightened risk is influenced by factors like social deprivation, co-

occurring substance misuse, and homelessness, which may contribute to their increased vulnerability. Individuals with SMI also experience profound health inequalities, leading to reduced life expectancy—often 15 to 20 years shorter than the general population—due to preventable physical illnesses. The Centre for Mental Health advocate a "no wrong door" approach to support to challenge the pervasive stigma and discrimination faced by people with mental illness, advocating for the inclusion of lived experience in shaping policy and practice, and ensuring that care is delivered in a trauma-informed manner.

Community and Voluntary organisations:

The charity sector for mental health in Northern Ireland directly supports and provides advocacy for individuals with severe and enduring mental illness. They cite the persistent health inequalities, service gaps, and stigma that continue to impact this vulnerable population, particularly regarding housing and floating support, and support for employment. For example, **Threshold** highlights that for many with SMI, housing stability is inherently linked to the provision of mental health care and practical assistance with living skills.

Royal College of Psychiatrists

The Royal College consistently advocates on behalf of those with SMI. In 2024 they again highlighted the severe impact of Mental Ill-Health on this population citing statistics for England which showed 87,000 people with a severe mental illness had died from preventable physical health conditions in three years.

The Faculty of Rehabilitation and Social Psychiatry within the [Royal College of Psychiatrists](#) (RCPsych) highlights that psychiatric rehabilitation services are effective in improving outcomes and reducing hospitalizations for people with severe and complex mental health needs.

National Collaborating Centre for Mental Health:

The National Collaborating Centre for Mental Health (NCCMH), a collaboration between the Royal College of Psychiatrists and University College London, plays a key role in improving mental healthcare in the UK by reviewing evidence and co-producing resources such as guidance, standards, workforce competencies, and quality improvement initiatives, including for those experiencing psychosis for the first time. Currently only one of the Trusts in Northern Ireland provides people experiencing first-episode psychosis have timely access to evidence-based care.

A Digital Approach to Mental Health

ACTION 30. *Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.*

Strategic Alignment

The NI Executive is actively pursuing a strategy to digitalise public services, driven by a desire for increased efficiency and better outcomes and specific efforts to address digital inclusion and workforce development.

This action also directly aligns with the **Northern Ireland Executive's "Our Plan: Doing What Matters Most,"** specifically the "Reform and Transformation of Public Services" priority, which commits to overhauling public service delivery to meet evolving population needs and ensure long-term sustainability.

"Digital First" Approach (across government): The principle of "digital first" has been a guiding principle for various departments when developing or redesigning services, supported by platforms like **nidirect.gov.uk**, which aims to be a central hub for citizen-facing digital services.

Justification

A digital approach offers innovative and efficient ways to expand access, improve service delivery, and empower individuals in managing their mental health.

- **Increased Accessibility and Choice:** Digital mental health tools (apps, online therapy platforms, virtual consultations) can overcome geographical barriers, reduce waiting times, and provide greater flexibility and choice for service users, including those in remote areas or with mobility issues.
- **Cost-Effectiveness and Efficiency:** Digital solutions can be more cost-effective by reaching a larger number of people with fewer traditional resources.
- **Self-Management and Empowerment:** Digital tools empower individuals to engage in self-care, monitor their symptoms, and access resources and support at their own pace and convenience, promoting individuals' increased autonomy in managing their mental well-being.
- **Data Analysis and Insights:** Digital platforms can facilitate the collection of valuable data on how service users' access and use services and track their outcomes, providing data and analyses that can inform future service planning and service improvements.
- **Innovation and building resilience:** Placing digital mental health as a key enabler to the Mental Health strategy, harnessing technological advancements to address persistent challenges in mental health service delivery.
- **Adding to and complementing established services:** A digital approach should not replace face-to-face services but rather complement them, offering a blended model of care that

caters to diverse needs and preferences. The need for complementarity recognises that there remains a sizeable proportion of service users who do not have access to technology.

Shout

A recent report, "Help is just a text away," highlights how Shout's 24/7 digital text service effectively provides timely, targeted mental health support, addressing an urgent, unmet need amidst rising waiting times. Produced by Mental Health Innovations (powering Shout) and Imperial College London's Institute of Global Health Innovation, the report explores how digital supports impact on mental health.

The Centre for Mental Health

The centre is not, however, uncritical of digital approaches to Mental Health. It advocates for a human rights-based approach to digital resources, recognising its transformational potential, but only if implemented mindfully, with a strong focus on ending digital inequity, improving patient choice, and providing that adequate investment to ensure it benefits everyone, particularly the most vulnerable.

Mind and Rethink Mental Illness

These charities advocate for digital tools (apps, online therapy platforms, virtual consultations) to overcome geographical or mobility barriers, reduce waiting times, and offer greater flexibility. They emphasise how online resources can validate a service user's own experiences and make them feel less alone.

3.3.1 Potential Service User and Community Impact

Given the substantial constraints on resources, the inevitable process of prioritising a broad spectrum of 35 actions down to a two high-priority and five medium-priority initiatives will be detrimental and affects the lives of service users, their Carers, and communities. The ramifications, while perhaps not immediately apparent, will extend into society and the economy in Northern Ireland, negatively impact the well-being of individuals and communities, and the on-going operational integrity of the mental health system.

From a socio-economic perspective, the continued under-resourcing of Mental Health services will invariably lead to a tangible loss of earnings, both for individuals directly impacted and, by extension, for the wider economy; either through a greater reliance on state benefits or fostering increased levels of poverty and deprivation. This will also impact on carers' socio-economic well-being, denying opportunity for economic and community participation and further ensuring Carers rely on state benefits.

Such conditions will contribute to widening social inequalities, worsening division, and a sense of injustice.

The existing inequity of service provision, a direct consequence of already limited resources, will exacerbate regional disparities, furthering a situation where access to essential support becomes a matter of geographical good fortune rather than a universal right.

At the individual and community level, the repercussions are equally concerning. Decreased capacity to deliver more comprehensive services will entail a greater burden of ill-health upon individuals, their Carers, and the broader community. This manifests starkly in issues of access, extended waiting lists, and the avoidable deterioration of individuals' conditions, transforming what might have been manageable issues into a more chronic and debilitating burden of ill-health.

Beyond the individual clinical presentation, the absence of comprehensive support often correlates with a rise in unhappiness, a pervasive sense of anomie, an increase in substance use, and a marked decline in societal cohesion, leading to greater numbers of already marginalised individuals experiencing discrimination.

Within the mental health system itself, the inability to fully implement necessary actions will intensify existing workforce pressures, manifesting as burnout, continued challenges in recruitment and retention, and the potential for a more 'militant' workforce driven by frustration and exhaustion. This may lead to yet further loss of invaluable skills and experience, as skilled, professional staff, either leave the sector or find themselves unable to fully use their expertise, thereby diminishing system capacity.

3.4 Low – No Cost actions

This section details a series of proposed low, or no, cost actions identified during the consultation phase of this review, aimed at enhancing mental health services and improving the Service User Experience. Each suggestion is presented with a brief rationale for allocating already stretched resources, recognising the inherent pressures on existing provision.

Streamlining Governance, Commissioning, and Planning Processes

A recurring theme throughout the consultation was the potential for greater efficiency and clarity within the overarching governance, commissioning, and planning processes. Contributors noted that many of the same personnel were attending distinct groups, often with overlapping agendas. Participants frequently highlighted the need to rationalise current processes to maximise the impact of available resources, especially given gaps in staffing and competing operational priorities.

Suggestions:

- Enhance the use of the **Regional Mental Health Service Collaborative Board**: Strengthening the remit and operational impact of the Collaborative Board should be used as the principal mechanism for improved coordination and decision-making around Mental Health Services. This would foster a more cohesive approach to service delivery, reducing fragmentation and duplication of effort. It would also foster belief that the system is learning and listening, values promoted across the wider Health and Social Care system. It would also be an enabler supporting the implementation of **Right Care, Right Person**.
- Clarify the role of the Regional Mental Health Service: Despite previous communications, clarity around the concept of a regionally consistent mental health service, which aims to provide consistency in provision across the Trusts whilst retaining Trusts' autonomy, continues to be a challenge across the Mental Health System. This confusion may echo the past recommendations in the Crisp Report, however, given the significant investment in the RMHS it is essential to remove any remaining ambiguity to ensure all stakeholders understand the RMHS role to facilitate more effective, collaborative strategic planning and delivery across the region.
- Accelerate the standardisation process: Expediting the standardisation of practices, pathways, and service models across different trusts and providers will foster greater equity in access and quality of care, allowing for more consistent and efficient resource allocation. Participants outlined many examples of excellent and innovative practice which had not yet been taken to scale.

Justification:

Devoting time to these suggestions, despite existing resource constraints, is justified by the potential for significant long-term efficiencies. By establishing clearer lines of responsibility, fostering collaborative working, and standardising and promoting best practices, the system can improve, and ultimately, direct more resources towards direct service development. The RMHS and its collaborative

board can then become a fulcrum around which decision-making, communication and implementation actions can develop and be sustained.

Utilisation of Outcome Measures

Mental Health has been the subject of criticism for its inability to undertake effective measurement of service impact and user benefit. Noteworthy progress has been made under Action 34 in developing a regional outcomes framework to underpin and drive service improvement and delivery. With the remaining Trusts migrating their Patient Information System to Encompass will allow much greater use of a more data-driven approach. With the further development of the App for use with the Encompass system, this area has the potential to be transformative.

Suggestion:

- Ensure greater use of Outcome Measures from the Regional Mental Health Outcomes Framework in commissioning and monitoring services. Integrating such measures directly into service agreements will ensure that funding is explicitly linked to improvements and/or maintenance in service user’s mental health and wellbeing.

Justification:

Care delivery

In this context it is important to keep focus on the most significant reason the use of outcomes was initiated – to assist the relationship between the Mental Health Practitioner and the Service User using live data to demonstrate how well clinical goals and care plan objectives were being met. The initial workshops undertaken to inform the development of the Mental Health Outcomes Framework were heavily influenced by the views of Service Users and Carers who wished to see the MHOF developed so they might track their progress in their care alliance with their Mental Health Practitioner.

Mental Health Investment

Shifting the focus from activity to outcome-based commissioning is inherent in understanding both existing and potential future investment in Mental Health Services. In its report on Mental Health in 2023, the Northern Ireland Audit Office stated:

“Good data is a fundamental building block in understanding service delivery, supporting strategic and operational decision making, measuring service quality and assessing the effectiveness of strategies.”

Enhancing Service User Experience Through "Customer Care" Training

The experience of navigating the mental health system can often be daunting and disempowering for service users and Carers. Improving the interpersonal aspects of service delivery may significantly enhance engagement and reduce waste through missed appointments, and/or unnecessary follow-up. There have also been some excellent examples of the Community and Voluntary sector providing relatively low-cost system navigators in both Dementia Care and Crisis services. The Mental Health

system in Northern Ireland also has much to learn from the NHS England “Getting it Right First Time” programme.

Suggestion:

- Develop “customer care” training to enhance the service user experience of dealing with the Mental Health System and explore the potential for established successful programmes designed to eliminate waste and enhance care pathways.

Justification:

This initiative represents a low-cost, high-impact intervention. While not directly improving clinical outcomes, an enhanced service user experience can significantly contribute to treatment adherence, reduce perceived barriers to accessing support, and foster a more positive overall perception of mental health services. Developing effective flows of service users through existing pathways and between services, does ensure people receive the right treatment at the right time.

Improving Transitional Care between Adult Mental Health Services and CAMHS

Whilst work has already commenced on Action 13 - Transitions between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) several participants to the review suggested a review should be undertaken to identify critical points of vulnerability, where transition of care can be compromised.

Suggestion:

- Conduct a joint review to identify how more collaborative pathways for young people transitioning between child and adult services e.g. Early Intervention Psychosis.

Justification: undertaking a more proactive approach and by fostering greater collaboration between CAMHS and AMHS, particularly for vulnerable groups such as those experiencing early intervention psychosis, the system can provide more seamless, person-centred care, ultimately leading to better long-term outcomes.

4.1 Proposed Phasing and Timeline Adjustments

The suggested timeline for the priorities is set out below in Graphic 1.



4.1.1 Immediate priorities

The following two actions and a key principle are considered immediate priorities should additional funding become available:

- ✓ **ACTION 32** Workforce
- ✓ **ACTIONS 12 & 27** Regional Mental Health Crisis Service
- ✓ **PRINCIPLE** Eradicating Inequity within Mental Health Services

These three priorities are suggested as immediate because of the enabling impact they would have upon the existing Mental Health system, and as foundations for the implementation of those adjudged as medium priorities. Based on a timeline commencing in 2026/27 it is important to note that significant work has already been undertaken in these areas and further preparatory work, for example the Workforce Review Costing Exercise slated for 2025/26, can be completed in advance of 2026/27. This would enhance the potential for change across the system and demonstrate that the focus brought about by this review can bring about meaningful benefit. The ambition of having a regionally consistent Mental Health Service, informed and influenced by its Collaborative Board is

also integral to ensuring good governance, and both fidelity of approach across the system, and in helping to minimise the bureaucracy. Much of the feedback from the consultative exercise reinforced the need for this to happen sooner rather than later.

During the review, several Mental Health Strategy Action owners and leads shared detailed preparatory work on business case and service justifications where the Eradicating Inequity principle could be deployed immediately upon resources becoming available.

4.1.2 Medium Term Priorities

Commencing in 2027/28 it is proposed that the following Medium-Term Priorities become the focus of investment should sufficient additional funding become available:

ACTION 14. Ensure mental health services continue to meet the mental health needs of an ageing population.

ACTION 30 Develop and implement a comprehensive digital mental health model.

Commencing in 2028/29 it is proposed that the following Medium-Term Priorities become the focus of investment:

ACTION 10 Increase the funding for CAMHS to 10% of adult mental health funding.

ACTION 23. Provide people with severe and enduring mental ill health the right care and treatment at the right time.

4.1.3 Long-term Strategic Outlook – the future of Mental Health Services

In the foreword to the Three-Year Health and Social Care Plan, published in December 2024, the Minister of Health articulated a stern reality: the system now faces "severe and unprecedented challenges." He noted that this situation stems from years of underinvestment and persistent health inequalities. Consequently, the plan prioritises three critical areas:

1. **Stabilisation**
2. **Reform**
3. **Delivery**

The review of the Mental Health Strategy's Deliverability is a necessary recalibration of its initial ambitious scope. While the strategy originally aimed for excellence across 35 distinct actions, the emphasis of this review is on stabilising, reforming, and focussing on what can realistically be achieved against a backcloth of austere finances.

Within these challenging conditions, it is important to acknowledge the responsibility of those tasked with overseeing and delivering Mental Health Care in Northern Ireland encompasses holding the hope for those who use our services and in sustaining optimism and positivity, notwithstanding the numerous evident challenges. In a period of limited resources this responsibility becomes even more important.

Throughout this review, there has been consistent affirmation that the Mental Health Strategy remains the most suitable and effective pathway to improving all mental health services. Its implementation represents a legitimate and reasonable endeavour to enhance the quality of life for all who rely upon it. This enduring hope must be steadfastly maintained.