

**The Northern Ireland Association  
for Mental Health**

**A Response to**

**The Commission of the European Communities  
Green Paper**

**“Improving the mental health of the population.  
Towards a strategy on mental health for the  
European Union”**

**April 2006**

**Contributions in the context of this  
consultation process should be sent to the  
Commission by**

**31 May 2006, by email to the address**

**[mentalhealth@cec.eu.int](mailto:mentalhealth@cec.eu.int)**

**or by post mail to the following address:**

**European Commission**

**Directorate-general for Health and Consumer**

**Protection**

**Unit C/2 “Health Information”**

**L-2920 Luxembourg**

## **The Bamford Review of Mental Health and Learning Disability (Northern Ireland) {See footnote}**

### **Mental Health Promotion**

#### **The need for a cross-sectoral approach**

The Report of the Expert Working Committee of The Bamford Review of Mental Health and Learning Disability (Northern Ireland) “**Mental Health Improvement and well-being –a personal, public and political issue**” (Full Report attached) recommends the implementation of a cross sectoral approach and partnership working rather than the “siloing” of mental health promotion into the health portfolio as has been the case in the past.

To Realise the Vision for Mental Health Promotion there is the need for a focused, resourced, centrally driven, cross-sectoral, cross-departmental and prioritized approach. Collaborative work among key agencies and central government departments – partnerships between health and social services and education agencies hold particular potential. Mental health should be promoted in the context of social justice, equality and citizenship.

The coordination between member states to promote the integration of mental health into the health and non-health policies and stakeholder action is essential to the well-being and prosperity of the European Community.

The questions set out in the Green Paper have been addressed as follows:

#### **(1) How relevant is the mental health of the population for the EU’s strategic policy objectives, as detailed in section 1?**

#### **Mental Health is a Resource**

The Green paper refers to The Mental Health of the population of Europe as a Resource.

This view is endorsed by the Expert working Committee on Mental Health Promotion of the Bamford Review of Mental Health and Learning Disability under the chairmanship of Prof Alan Ferguson, Chief Executive of the Northern Ireland Association for Mental Health.

**“Mental Health Improvement and well Being -  
- A personal, public and political issue”**

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The foreword to the report states:

“Mental Health is as important as physical health. Mental health promotion is not just for those with mental health problems. Mental well-being underpins all health and well-being: it is a resource which must be protected and promoted”.

Under the heading Vision and Principles the Expert Working Committee express the view that the following vision is central to the success of a mental health improvement strategy for Northern Ireland.

There must be a recognition at all levels in Northern Ireland that:

- everyone has mental health needs
- mental well-being underpins all aspects of health and well-being; and
- mental health, like physical health, is a resource to be promoted and protected.

### **The Costs of mental ill-health and the need for investment in mental health promotion**

The Green paper refers to the fact that Mental ill health causes significant losses and burdens to the economic, social, educational as well as criminal and justice systems.

The Northern Ireland Association in Collaboration with the Sainsbury Centre for Mental Health produced a policy document on Counting the Cost, the economic and social costs of mental illness in Northern Ireland (Document enclosed). The economic and social costs of mental illness in Northern Ireland amounted to nearly £3 billion in 2002/2003 – more than the total spend on all health and social care for all health conditions.

The Mental Health Promotion report refers to the burden of disease as follows and makes reference to the figures pertaining to Northern Ireland.

Over 19% of the total burden of disease in Western European countries was attributable to mental illness compared with 17% for cardiovascular disease and 16% for cancer. In 2002 no other condition exceeded 8% (World Health Organisation, WHO 2004).

Of the total disease burden in Western Europe, just over half is attributable to non-fatal outcomes of morbidity and disability, of which mental ill health accounts for over 30%. No other health condition accounts for more than 10%. In Northern Ireland we are only spending approximately 9.3% of our Health AND Social Services Budget on mental health.

The 2001 Northern Ireland Health and Well-Being Survey found that 21% of our population aged over 16 considers themselves to be depressed and a similar percentage had a potential psychiatric disorder. The Department of Health, Social Services and Public Safety (DHSSPS) estimate that in terms of the scale of the problem, prevalence figures for mental health problems in Northern Ireland are 25% higher than in England.

Addressing these challenges for the whole community in Northern Ireland, as exemplified by the WHO Action Plan for Europe (WHO 2005), as a long-term investment. That investment must reflect the growing body of evidence that positive mental health cannot be gained by treating mental disorders alone (Cp Green Paper Section 4 ).

Suicide rates for Northern Ireland Suicides in Northern Ireland soared by almost 50% last year. 213 people there took their lives in 2005.

### **The economic case for mental health promotion**

The Northern Ireland Association for Mental Health is in the process of commissioning a study on the economic case for mental health promotion with the help of an expert on mental health promotion and an expert in health economics. The feasibility study will apply economic analysis to mental health promotion The study will complement the earlier publication.

The promotion of Mental Health and well-being for all is seen by the Review Committee as a long term investment, an investment which must be predictable and sustainable.

In addressing the challenge mention is made of the WHO action plan (2005) which cites certain actions as beneficial, such as the adoption of mental health as a long term investment, with education and information programmes having a long time frame.

**(2) Would the development of a comprehensive EU-strategy on mental health add value to the existing and envisaged actions and does section 5 propose adequate priorities?**

### **EU Mental Health Strategy for Europe**

The Green Paper in Section 5 refers to the need for an EU mental health strategy and the establishment of a strategy on mental health at EU-level would add value by:

- (1) Creating a framework for exchange and cooperation between Member States;
- (2) Helping to increase the coherence of actions in different policy sectors;
- (3) To open up a platform for involving stakeholders including patient and civil society organisations into building solutions.

### **Investment in Mental Health Promotion throughout Europe**

The Green Paper refers to structural funds and how these can be better used to improve long term care facilities and health infrastructure in the field of mental health.

Whilst there is the need to provide effective and high quality mental health care and treatment services, accessible to those with mental ill health, tackling mental ill-health on its own cannot address and change social determinants.

The Bamford Report on Mental Health Promotion fully endorses this approach – “Investment must reflect the growing body of evidence that positive mental health cannot be gained by treating mental disorders alone”.

The Mental health Promotion Report of the Bamford review emphasises the need to invest in mental health promotion for the whole of society to prevent the occurrence of mental ill-health and to tackle the issues of stigma and social exclusion.

The Bamford Report refers to the growing body of evidence that positive mental health cannot be gained by treating mental disorders alone (WHO2004). For example, providing the most effective evidence based treatment for one half of all people with depression would only reduce the current burden of depression by less than one quarter. On the other hand, evidence demonstrates that mental health promotion and prevention can lead to health, social and economic gain, increases in social inclusion and economic productivity, reductions in the risks for

mental and behavioral disorders and decreased social welfare and help costs (Jane Llopis & Anderson 2005, WHO 2005).

### **The need for Cross-sectoral working**

The main thrust of the report is similar to the emphasis in the Green Paper that there is a need for a cross sectoral approach and partnership working rather than the siloing of mental health promotion into the health portfolio as has been the case in the past.

To Realise the Vision for Mental Health Promotion there is the need for a focused, resourced, centrally driven, cross-sectoral, cross-departmental and prioritized approach.

The experience in Northern Ireland has been that whilst there have been many initiatives on mental health promotion and these are happening at a local level. Indeed the hard work and commitment of individuals and groups must be commended. However a single Department approach has not delivered on a focused outcome. There is the lack of an effective, focused regional structure, properly resourced, sustainable and able to drive forward and build on existing policy such as the current strategy and action plan 03/08

### **Vision –underpinning principles**

The Bamford Mental Health Promotion Report notes that such a Vision must be underpinned by the following principles.

To achieve a society where everyone plays a role in and takes action to create an environment that promotes the mental well-being and improvement of individuals, families, organizations and communities, there is a need for:

- increased cross-sectoral, collaborative work among key agencies and central government departments – partnerships between health and social services and education agencies hold particular potential;

**The Primary Recommendation of the Bamford Review Report on Mental Health Promotion is The Creation of a Regional Mental Health Promotion Directorate at the Heart of Government**

The Review, having agreed and recommended a Directorate as necessary for providing strategic, coordinated, cross-sectoral and multi-agency action on mental health promotion, then considered the appropriate structures and siting to achieve this function.

The Review considered where the centre of gravity should be for this recommendation. Should it be focused within the health sphere or if we are looking to wider contributions, including those of education, culture and employment to produce the change we want, what mechanism and approach is most effective in making those linkages.

The Review considers that it is necessary, in order to achieve this strategic vision, to place the Mental Health Promotion Directorate at the heart of Government. The Review's recommendation is that to ensure mental health promotion is a policy priority across the whole of the public sector the Directorate would best be placed within the Office of the First Minister and Deputy First Minister (OFMDFM).

The assigning of the Directorates to a single department or Quango should be avoided to ensure that ownership of mental health promotion is not perceived as being the sole responsibility of a single department, such as health and personal social services. The assigning of a Directorate for Mental Health Promotion to OFMDFM fits in well with the portfolio of responsibilities already assumed by this Department. These include such issues as equality, children and young people, disability, human rights, as well as the Department's responsibility for promoting co-operation between Government Departments in Northern Ireland.

The Creation of a Framework for exchange and cooperation between Member States would be welcomed by the Steering Committee of the Bamford Review and also by the Northern Ireland Association for Mental Health.

**(3) Are the initiatives proposed in sections 6 and 7 appropriate to support the coordination between Member States, to promote the integration of mental health into the health and non-health policies and stakeholder action, and to better liaise research and policy on mental health aspects?**

### **Support and Co-ordination between member states**

The Bamford Report on Mental Health Promotion fully is in full agreement with the development of the initiatives as set out in the Green Paper with regard to the need for coordination between member states. The report notes the need for a regional, national and international approach to mental health promotion and quotes from the resolution passed by the council of the European Union in November 1999 calling on the European Commission to recognise the importance of promoting mental health and to assess the mental impact of policy.

The coordination between member states to promote the integration of mental health into the health and non-health policies and stakeholder action is essential to the well-being and prosperity of the European Community.

The development of a EU policy on mental health needs to take into account the matter of social capital which refers to such features as social organisation to include networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit.

### **Primary Recommendation: - The Creation of A Regional Mental Health Promotion Directorate at the Heart of Government.**

**Recommendation 1** of the Report considers settings, stages and levels for actions

- **Settings for Action:** Schools, Primary Care, Workplace, further and higher education, communities, including marginalized groups and faith communities
- **Stages of Life:** Children and Adolescents, older people, people in receipt of statutory mental health services
- **Levels of Action:** Regional level/capacity building

**Recommendation 2** Deals with the identification of resources and recommends a resource allocation (Northern Ireland) in the region of £5-6 Million over the initial three year period.

**Recommendation 3** Suicide prevention is an integral part of mental health promotion and the recommendation is that suicide prevention needs to be placed

as a public health priority and a Regional Mental Health Promotion Directorate needs to ensure that a separate suicide prevention strategy is implemented as part of its overall responsibility

The initiatives proposed in the Green Paper on seeking solutions – options for action which includes

- **Promoting mental health and addressing mental ill health through preventive action**
- **Promoting the mental health of the population**
- **Addressing mental ill health through preventive action**
- **Promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity**
- **Improving information and knowledge on mental health in the EU**

The Bamford Report on Mental Health Promotion has addressed the above issues and has identified three key domains for action (See chapter 3 “The Action”)

### **Key Domains for Action**

- **The promotion of mental health and well-being for all the population at large**
  
- **The prevention of mental health problems in key risk groups**
  - children and adolescents
  - people who are deaf or hard of hearing
  - people with a learning disability
  - ethnic minorities
  - older people
  - people affected by unemployment
  - people with physical illness
  - people with gender and sexuality issues
  - people traumatized by sexual abuse, and
  - people within the criminal justice system
  
- **Improving the quality of life for people who have experienced mental health problems**

- people with enduring mental illness
- people with eating disorders
- people at risk of suicide
- people emotionally and physically traumatized due to the NI “Troubles”, and
- people involved in substance abuse/dual diagnosis

**Footnote**

**The Bamford Review of Mental Health and Learning Disability (Northern Ireland)**

**See Strategic framework, Terms of Reference and list of the expert working Committees below.**

**Four reports have been concluded (Mental Health Promotion Report is the forth to be published) with the others coming to fruition later this year.**

**A Strategic Framework for Mental Health and Learning Disability**

**A New Vision for Mental Health and Learning Disability Services**

The vision behind this strategic framework is to give a real and meaningful priority to the challenges of mental health and learning disability, embracing a reduction in the incidence and prevalence, a reduction in mortality and in the extent and severity of problems associated with mental ill-health and learning disability. Central to the vision is a valuing of people with mental health needs or a learning disability, their rights to full citizenship, equality of opportunity and self-determination. It anticipates a process of reform, renewal and modernisation of services.

The strategic framework embraces the complementary challenges of mental health and learning disability. It also recognises the requirement for:

- a balanced response to the need for better services for people with mental health and learning disability;
- a clear framework to promote positive mental health and reduce stigma.

**Values and Principles**

The framework is based on a set of fundamental values and guiding principles. People with mental health needs, learning disability and their carers should look forward to a response from services which:

- respects their individual autonomy - through openness and honesty in the providing of information, respect and courtesy in individual interactions with service users, partnership and empowerment in service planning and delivery - with Government, providers and wider society each accepting their respective responsibilities;
- demonstrates justice and fairness – resources for services should be allocated and managed according to criteria which are transparent, and which demonstrate equity.

The framework for service development and service provision is based on the following principles:

- partnership with users and carers in the development, evaluation and monitoring of services;
- partnership with users in the individual assessment process, and in the development of their programme of treatment and care and support;
- delivery of high quality, effective treatment, care and support;
- provision of services which are readily accessible;
- delivery of continuity of care and support for as long as is needed;
- provision of a comprehensive and co-ordinated range of services and accommodation based on individual needs;
- take account of the needs and views of carers, where appropriate, in relation to assessment, treatment, care and support;
- provision of comprehensive and equitable advocacy support, where required or requested;
- promotion of independence, self-esteem and social interaction through choice of services and opportunities for meaningful employment;
- promotion of safety of service users, carers, providers and members of the public;
- staff are provided with the necessary education, training and support;
- services are subject to quality control, informed by the evidence.

### **Framework Goals and High Level Objectives**

Informed by these values and principles, the service review provides a unique opportunity to address the full spectrum of issues relating to mental ill-health and learning disability. The Review goes beyond specific mental health problems or individual groupings, to include, for example, mental health promotion, public health measures to reduce mental ill-health and suicide, and the challenges of stigma. In responding to the needs of individual service users and their carers, there is a need for clear specification of models and standards.

To ensure a balanced and inclusive framework, the following high level objectives have been set:

1. recommend specific reforms of service for each of the following user groups – children, young people, men and women with mental health needs or a learning disability; [Service reforms will specify models of care and standards of provision in relation to the quality, comprehensiveness, effectiveness, accessibility and acceptability of provision. They will include detailed consideration of primary and secondary care services, the interface between these services, the linkages and interfaces between health and social care, education, culture arts and leisure, employment and housing, the complementary roles of statutory and non-statutory services, and the issues surrounding multi-disciplinary and multi-agency working.]
2. review the strategy for mental health promotion, embracing public health measures to reduce mental ill health and suicide;
3. review of the law:
  1. review of relevant legislation and other requirements relating to human rights, equality of opportunity and social inclusion of people with mental health needs or learning disability and their carers;
  2. review of the Mental Health Order (NI) 1986;
  3. make recommendations regarding future legislation to reflect the needs of users and carers in the context of the framework values and principles.

All proposals will be evidence-based, noting the quality of evidence presently available.

## **Terms of Reference**

1. To carry out an independent review of the effectiveness of current policy and service provision relating to mental health and learning disability, and of the Mental Health (Northern Ireland) Order 1986.
2. To take into account:
  - the need to recognise, preserve, promote and enhance the personal dignity of people with mental health needs or a learning disability and their carers;
  - the need to promote positive mental health in society;
  - relevant legislative and other requirements, particularly relating to human rights, discrimination and equality of opportunity;
  - evidence - based best practice developments in assessment, treatment and care regionally, nationally and internationally;
  - the need for collaborative working among all relevant stakeholders both within and outside the health and personal social services sector;
  - the need for comprehensive assessment, treatment and care for people with a mental health need or a learning disability who have offended or are at risk of offending; and
  - issues relating to incapacity.
3. To make recommendations regarding future policy, strategy, service priorities and legislation, to reflect the needs of users and carers.

### **Social Justice and Citizenship:**

**Convenor: Bill Halliday, Praxis**

To consider relevant legislative and other requirements, particularly relating to human rights, discrimination and equality of opportunity; and how best to promote the social inclusion of people with a mental health problem or learning disability and their carers, taking account of employment, housing, education, social security, personal finance and other social issues.

### **Legal Issues:**

**Convenor: Master Brian Hall, Master of Care and Protection**

To include a review of the Mental Health (N Ireland) Order 1986; the Mental Health Commission; the Mental Health Review Tribunal; the procedures for the transfer of patients to and from N Ireland; issues relating to people who are not able to look after their own property and affairs as a result of a mental health problem or learning disability; and issues relating to people with a mental health problem or a learning disability who are in contact with the criminal justice system.

### **Learning Disability:**

**Convenor: Siobhan Bogues, Manager, ARC (NI)**

To review policy and services for children and adults with learning disabilities.

### **Adult Mental Health:**

**Convenor: Professor Roy McClelland, Deputy Chair of the Review**

To include consideration of primary care provision, acute services, rehabilitation and community care for adults with a mental health problem.

**Mental Health Promotion:**

**Convenor: Professor Alan Ferguson, Chief Executive, N Ireland Association for Mental Health**

To include consideration of how best to promote positive mental health in society, with particular reference to the impact of the recently-published Mental Health Promotion Strategy, and how best to meet the needs of people at risk of suicide.

**Child and Adolescent Mental Health:**

**Convenor: Moira Davren, Royal College of Nursing**

To include consideration of primary care provision, acute services, rehabilitation and community care for children and adolescents.

**Dementia and Mental Health Issues of Older People:**

**Convenor: Nevin Ringland, Praxis**

To include consideration of primary care provision, acute services, rehabilitation and community care for older people with a mental health problem or dementia.

**Alcohol and Substance Misuse:**

**Convenor: Dr Diana Patterson, Shaftesbury Square Hospital**

To include consideration of the links between mental health and alcohol and substance misuse, and the provision of the most appropriate assessment, treatment and care for those involved.

**Forensic Services:**

**Convenor: Dr Fred Browne, Chief Clinician, Shannon Clinic.**

To consider the assessment, care and treatment of people with a categorical mental illness, severe personality disorder or who engage in dangerous or persistently challenging, aggressive behaviour, and who may be in contact with the criminal justice system.

**Needs and Resources:**

**Convenor: Glenn Houston, Chief Executive of Craigavon and Banbridge HSS Trust.**

To support other working committees in assessing the financial implications of their recommendations.

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