

Mental Health Strategy 2021-2031 Consultation



Rural Community Network
SUPPORTING RURAL COMMUNITIES

Response to the Consultation by Rural Community Network

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Background to RCN

Rural Community Network (RCN) is a regional voluntary organisation established in 1991 by local community organisations to articulate the voice of rural communities on issues relating to poverty, disadvantage, equality, social exclusion and community development. Our vision is of vibrant, articulate, inclusive and sustainable rural communities across Northern Ireland contributing to a prosperous, equitable, peaceful and stable society. Our mission is to provide an effective voice for, and support to, rural communities, particularly those who are most disadvantaged.

RCN is a membership organisation with 250 members across Northern Ireland. Its Board is representative of its membership base with more than half of its representatives (12) elected democratically from the community. The remaining representatives are a mix of organisations that provide support or have a sectoral interest within rural communities. RCN's aims are:

- to empower the voice of rural communities
- to champion excellence in rural community development practice
- to develop civic leadership in rural communities
- to actively work towards an equitable and peaceful society
- to promote the sustainable development of rural communities

Response to the Consultation

Rural Community Network welcomes the opportunity to respond to the consultation and wish to make the following comments:

- We welcome the principle of regional consistency of delivery of mental health services – a tacit admission that services that exist now are not consistently available or consistently accessible across all Trusts. It is welcome that this is acknowledged but needs to be followed through with resources and actions. Within that principle of regional consistency of delivery of services Statutory services should take a place-based approach to build on the community and voluntary services and assets that make a huge contribution to mental health and well-being across NI.
- ACTION 13 Digital delivery of mental health services needs careful consideration due to the level of digital exclusion that exists in rural communities. Digital delivery of services will be appropriate for some service users and others will not be able to access. RCN would question how Trusts will engage with service users to determine who digital services are appropriate for and who will be excluded?
- ACTION 15 We support the principle that all mental health services help, and support should be provided to encourage positive physical health and healthy living.
- The strategy acknowledges the social determinants of health and that lower income groups have higher rates of mental health conditions, particularly severe and enduring

problems, than high-income groups. However, it is difficult to discern how that shapes actions in the strategy.

- Many rural citizens face additional barriers to accessing mental health services due to social isolation or stigma that still exists amongst some people in rural communities. The additional barrier of travelling longer distance to access specialised mental health services needs to be considered. For some rural citizens, this barrier may be partially overcome by digital delivery of services, but this is not appropriate for all service users and digital exclusion issues need to be considered (as referred to above).
- Although the strategy acknowledges the key role and expertise of the community and voluntary sector it has surprisingly little to say on how services delivered by com/vol organisations will be integrated into the mental health care system. The strategy is almost exclusively focused on the delivery and organisation of statutory mental health services. RCN would have liked to have seen a more cross departmental approach as so many NI Government Departments have a role to play in addressing mental health issues.
- The Strategy states clearly that stakeholders have told the Department that they need to focus on promotion, early intervention, prevention and family focussed recovery – However it is unclear that this focus is emerging in the Strategy actions.
- RCN agrees that the prevention of Adverse Childhood Experiences (ACEs) is key to preventing mental ill health amongst children and in later life. We also agree that schools can help by strengthening emotional resilience, self-confidence and cognitive problem-solving skills – but they need supported and resourced to do this. Currently long waiting lists exist for educational psychologist assessment for statementing process.
- RCN agrees that mental health issues in the farming community – low incomes, physical isolation, lone working long hours and anxiety regarding personal and family safety are all issues. Issues of social isolation and loneliness are impacting (exacerbated by the pandemic and lockdown) for non-farming rural citizens. Changes to farm family incomes due to Brexit are currently causing added stress and the strategy should include crisis response systems for key events like this, for farming and other industries. Rural communities generally have an older age profile, and it is welcome that the strategy acknowledges the need to prevent mental health problems in older adults.
- RCN supports the expansion of talking therapy hubs, but these services must be made available as a priority across all parts of NI so all citizens, even those in the most isolated rural communities can access this type of support.
- RCN welcomes the emphasis on a regional approach to the delivery of child and adolescent mental health services – again this must be accessible to all families across rural NI.
- In our view the strategy has a strong focus on service design, delivery and management but less focus on upstream interventions. What are reasons we have poor levels of

mental ill health compared to neighbouring jurisdictions and how do we address the root causes?

- RCN agrees that the effective delivery of a community-based model of mental health is not possible without the full integration of the community and voluntary sector. Community and voluntary sector work on mental health has developed incrementally and availability, focus and configuration is uneven across NI – the focus and configuration of statutory mental health services is, similarly, uneven across NI. Nevertheless, many community/voluntary models have developed to meet acute mental health needs in local communities in the past two decades where there was little or no access to statutory services. Their contribution and role need to be learned from and maximised.
- Social prescribing can play an important role in addressing mild to moderate mental health issues in many communities and helping people on their road to recovery. The Strategy needs to consider the expertise in the community and voluntary sector around health promotion, health education and social prescribing and how these resources can be mobilized to support people suffering/recovering from mental ill health.
- Providing digital delivery of mental health services has the potential to enhance services but should not be considered as a direct replacement for face-to-face services. Digital services need to be carefully targeted as digital exclusion is a real issue for large numbers of people in Northern Ireland.
- RCN supports ACTION 19 to create a regional crisis service to provide help and support for persons in mental health or suicidal crisis. This must be available across Northern Ireland and particularly at weekends.
- RCN concurs that there is a need to support people whose drug use and mental health is inter-related. Co-occurring mental health and substance use issues are currently exacerbated by the lack of joined up working, in that services treat the issues as separate and require the individual to first deal with one issue prior to considering the other. This process is detrimental for the individual and does not give any consideration to the impact of co-occurring issues that the individual is experiencing. Instead, it perpetrates the ongoing silo mentality of statutory service provision through a dispassionate approach that compounds trauma.

Rural Impact Assessment Screening

RCN would like to raise the following points in relation to the Rural Impact Assessment Screening undertaken by the Department.

- No data is presented to assess whether mental health issues are significantly different in rural communities. It is unclear whether data can be broken down into rural and urban categories. Instead, data is presented comparing mental ill health rates with other countries. Without a rural/urban breakdown it is impossible to objectively judge

whether a differential impact exists in rural communities. We disagree with the Department's assessment that this is unlikely.

- We disagree that there are no barriers to access mental health services in rural communities. As already discussed in this response distance from mental health service providers is an obvious barrier that needs to be considered by the Department. The intention to deliver more mental health services to rural citizens using digital means will also encounter obvious barriers of digital exclusion of some rural citizens. We agree that the Strategy should:

"encourage service providers to keep in mind particular groups that may need additional support to access existing services or even require alternative services to address their specific needs, including ensuring access to those living in rural areas."

However, access and distance from services should be considered as a significant barrier to delivery in rural communities.

- In theory, health and social care services are available:

"to everyone equally, on the basis of clinical need, no differential impact based on rural / urban living can be quantified."

We disagree that there is no differential impact on availability of services although it may be difficult to quantify. The concept of a "postcode lottery" in relation to the delivery of health and social care services is at least thirty years old. There are obvious challenges for rural citizens seeking to access health services. A significant proportion of the rural population has no access to private transport and rural communities are poorly served by public transport networks.

- *"As there are no differential impacts in rural areas, no specific rural impact monitoring is required."*

We disagree that there are no differential impacts in rural areas and would urge the Department to reconsider how data is collected to ensure that any differential in the prevalence and severity of mental ill health can be quantified and service delivery can be monitored.