



MENTAL HEALTH STRATEGY

2021-2031

- CONSULTATION RESPONSE -

MARCH 2021

Voice of Young People in Care

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Voice of Young People in Care (VOYPIC) welcomes the opportunity to respond to this public consultation on the **Mental Health Strategy 2021-2031**.

VOYPIC is the charity for children and young people with lived experience of care in Northern Ireland. Created in 1993 by a group of young people in care and the professionals that supported them, VOYPIC has almost 30 years of experience promoting the rights and voice of children in care and care leavers.

We want every child to have a safe, stable and positive experience of care, and to be involved in the decisions about their life.

Our work supporting young people with lived experience of care focuses on three main areas:

○ **Advocacy**

- We deliver a Regional Independent Advocacy Service to children in care and young people in receipt of leaving and after care services, on behalf of the Health and Social Care Board.
- In 2019-2020, our advocates supported 457 children and young people living in and leaving care across Northern Ireland.
- We provided advocacy support to 78 young people in Beechcroft Child and Adolescent Mental Health Unit.
- We provide independent advocacy support to young people in Lakewood Secure Care centre, with a dedicated Youth Rights Worker attached to the centre.

○ **Participation**

- We facilitate Participation Forums in each HSCT on behalf of the HSCB.
- We also deliver a range of programmes for young people with a shared experience of care to come together, explore their care identify and take part in social actions projects to affect change.
- Our Young Leaders programme provides training and support to young people to take on more responsibility within the organisation, working more closely with our team of Youth Rights Workers to support their peers.

- In 2019-2020:
 - 72 young people took part in Participation Forums;
 - we delivered 176 group work sessions, involving 381 young people;
 - we delivered 24 activity days;
 - 65 young people attended a summer camp; and
 - 36 young people took on a leadership role within the organisation.

- Influencing Change

- We amplify the voices of children and young people with lived experience of care on issues related to care experience.
- We listen to the views and opinions of children in care and care leavers, and support them to have their voice heard at all levels.
- We work in partnership with young people to design campaigns and social actions, to bring about real and lasting change for the care experienced community in Northern Ireland.

VOYPIC was a member of Mental Health Strategy- Children and Families Working Group.

In preparing this consultation response we reviewed recent engagement with children and young people involved with VOYPIC on the subject of mental health and emotional wellbeing. Previously, young people had expressed a sense of frustration regarding the multiple instances of being asked their experiences of mental health and their views on the provision of mental health services in Northern Ireland, with a lack of progress beyond the consultation.

In October 2020, VOYPIC noted this concern while responding to the launch of the Youth Wellbeing NI Report, sharing one young person's take on the results:

- *'That's really interesting, but we've told you all that before. So, what are they going to do about it?'*

It is our hope that this strategy will form the basis of the answer to his question. It sets out a framework for development over the next decade, which has the potential to transform how we promote positive mental health, provide early intervention for those in need, and support the recovery of those who experience mental ill health.

We strongly welcome the publication of this draft strategy, acutely aware of the challenges facing our community, particularly at this time. The impact of the Covid-19 pandemic, and associated restrictions to limit the spread of the virus, cannot be over-stated. Mental health has been consistently raised as an area of key concern over the past twelve months, as it had been previous to the onset of the pandemic.

Before Covid, we were facing a mental health crisis. This was highlighted by numerous studies across the sector, including [*Elephant in the Room: Exploring Young People's Awareness of Mental Health in Northern Ireland*](#) (Northern Ireland Youth Forum, 2019) and [*Still Waiting; A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland*](#) (NICCY, 2018).

Additionally, [*The Mental Health of Children and Parents in Northern Ireland: Results of the Youth Wellbeing Prevalence Study*](#) (Youth Wellbeing NI, 2020) shed light on the situation here, showing that at any time, one in ten children and young people in Northern Ireland is experiencing anxiety or depression. Of great concern was the finding that about 10% of young people (11-19 years old) reported self-injurious behaviour, and nearly one in eight has thought about suicide.

A difficult situation has been made worse by the pandemic, with the negative impact on mental health repeatedly raised by young people supported by VOYPIC. Our study, in partnership with Queen's University, [*The Voices of Young People Leaving Care During Covid-19 in Northern Ireland*](#) (2020) identified the mental health challenges faced by young people as a key concern. In interviews, young people noted:

- *'It was like mental health was almost forgotten about... because a big focus was on all that there [protection from the virus], so there's no focus on the impact on people's mental health, and the people who had mental health struggles before even a crisis came about.'* (Bronagh*, 18, left care during Covid-19)
- *'So obviously lockdown wasn't the best for me like because I have no family and I live in a one bedroomed flat... The best support I have is friends, but obviously I couldn't see them for a very long time, so I did feel quite alone, and it was just sort of me and*

the walls and there wasn't much else to do... I felt like there was no escape. It was always just the white walls around me.' (Phil*, 18, left care before Covid)

- *'Because of that period of time I got into a very dark place and I could've done with more support.'* (Michelle*, 18, left care before Covid-19)
- *'It just made it a lot worse... because I already had my own struggles. So when the whole world is struggling, it doesn't really help.'* (Bronagh*, 18, left care during Covid-19)

*Names have been changed to protect participants' identity.

We are pleased to note that this draft Strategy acknowledges and seeks to address these concerns.

Vision and Founding Principles

1. VOYPIC agrees with the vision laid out in the draft Strategy.
2. We welcome the commitment to the promotion of emotional wellbeing and positive mental health across our society, alongside support for recovery and challenge of stigma.
3. We recognise the continued negative attitudes associated with mental ill health, and support ongoing efforts to tackle this.
4. We strongly welcome the commitment to person-centred, needs-based care for those experiencing mental ill health, based on real evidence of what works. This ethos must be at the core of provision across Northern Ireland, where service is shaped to respond to the specific needs of the individual.
5. We broadly agree with the seven founding principle which underpin the draft Strategy.
6. We are encouraged to note 'Choice' as a founding principle, but seek assurance that individuals will be properly supported to make an informed choice on their treatment and care.
7. We recommend the inclusion of a principle acknowledging here the need for intervention 'at the right time'.
8. For some, 'at the right time' may mean accessing services when they are ready to do so, recognising that the recovery journey does not start only when intervention is sought.
9. For others, it may mean taking account of practicalities of their lives, scheduling appointments at times that are suitable for them. While consulting young people on the development of the [*Our Minds Our Future Youth-Led Mental Health Charter for Services*](#) (NCB, 2021), almost half of young people who had received support from CAMHS told VOYPIC that it was not 'at a time that suited me'.
 - *Young people have school, which they can't miss.*
 - *Services shouldn't just be 9-5.*
 - *It was at 10 or 11 on a week day, and I had school*
 - *It was always in the morning*
 - *They always made them early in the morning*
 - *All my appointments were during school*

○ *I would prefer it if I could pick a time*

10. VOYPIC remains concerned that mental health support is seen as a service to be delivered during '*normal office hours*'. Our experience is that mental health crises are much more likely to happen at night or on the weekends.
11. As such, thought should be given to how this can be reflected in the Founding Principles.

Theme 1: Promoting wellbeing and resilience through prevention and early intervention

12. VOYPIC agrees with a strong focus on prevention and early intervention to promote wellbeing and resilience.
13. We welcome the recognition in the draft Strategy of the impact of social, economic, cultural and environmental factors on people's mental health, as well as that of the Troubles.

Access to green and blue spaces – play and leisure

14. We are encouraged by the commitment to preventative measures that seek to address these issues more widely, acknowledging the knock-on effect this can have on improving wellbeing and mental health across the population.
15. The United Nations Convention on the Rights of the Child (UNCRC) established the right of children to relax and play. Provision of suitable space, including green and blue spaces for recreation, are essential for the enjoyment of this right, and for promoting positive wellbeing and mental health among children and young people.
16. In conversations with young people with lived experience of care on their enjoyment of their UNCRC rights (July 2020), all could identify a park, playground, woodland or other outdoor space within a short walk from their home. Most felt they could make use of such facilities for exercise and leisure. However, some of the young people felt they would not be comfortable going to the local park because of anti-social behaviour. When asked, they did not know who they could talk to about their concerns around anti-social behaviour in their local area.

Mental health in schools

17. We recognise the ongoing work across the sector on adverse childhood experiences (ACEs), and welcome the commitment to trauma informed practice.
18. We must acknowledge the vital role schools play in supporting young people's emotional wellbeing and positive mental health. We welcome the recent publication of the Department of Education and Department of Health's [Framework for Children and Young People's Emotional Health and Wellbeing in Education](#).

19. This framework provides the basis for universal promotion of positive mental health among pupils, as well as supporting the early identification of young people at risk of mental ill health.
20. The draft Strategy does not address the provision of the [Independent Schools Counselling Service](#) in post-primary schools (98%) and for pupils of post-primary age in special schools (100%). This service provides an essential support for many pupils across the region, and will be particularly needed as part of the next phase of the educational restart programme following the most recent Covid-19 school closures.
21. We call for cross-departmental commitment to the continued provision of the Independent Schools Counselling Service, and urgent consideration be given to its expansion in primary schools.

Actions and outcomes

22. VOYPIC supports the four actions and associated outcomes laid out in this section of the Strategy.

Theme 2: Providing the right support at the right time

23. VOYPIC strongly supports the vision for mental health services, putting the person and their needs at the centre and ensuring people have access to the support that they need at the right time and in the right place.
24. We strongly support the 'no wrong door' approach, ensuring young people do not fall between gaps in service provision.
25. We are encouraged by a commitment to collective working between professionals where young people have a dual diagnosis of mental ill health and an addiction.

Child and adolescent mental health

26. Unacceptably long waiting times for CAMHS for young people in care had been a concern for VOYPIC for a number of years.
27. In conversations with young people with lived experience of care on their enjoyment of their UNCRC rights (July 2020), access to CAMHS was again raised as an area requiring urgent attention:
 - *The young people also noted the ongoing difficulties in accessing mental health services, particularly CAMHS. They were concerned that mental ill health has increased throughout the pandemic, and are worried that young people will not be able to get the help they need. A few young people argued that more support was needed at community level, perhaps through schools, noting that access to a school counsellor was limited to a few sessions that 'didn't really help'.*
28. While consulting young people on the development of the *Our Minds Our Future Youth-Led Mental Health Charter for Services* (NCB, 2021), young people commented:
 - *I waited a couple of months to use CAMHS. After referral from social worker it took 2-3 month!*
 - *I was put on a waiting list and only got seen because of a crisis*
 - *I wanted help when I asked for it!*
29. We welcome the draft Strategy's focus on the needs of the young person, seeing them as individuals with a unique set of needs.

30. We agree with the commitment to increase funding for CAMHS to (at least) 10% of the overall mental health budget. However, given the forecast challenges to public finances in the wake of the Covid-19 pandemic, we seek assurance that funding for CAMHS will be guaranteed at a minimum of 10% of the current mental health budget, rising at least in line with inflation over the life of this Strategy.
31. Investment in CAMHS is critical to the long term sustainability of positive mental health across the population.
32. We welcome the acknowledgement of the disadvantage of children and young people in care when it comes to accessing services, making them more likely to experience mental ill health.
33. We would ask that the Strategy is mindful of language. While this group is often referred to as 'looked after children', young people supported by VOYPIC have identified this term as problematic. In accordance with their wishes, we use the terms 'children and young people in care' and 'children and young people with lived experience of care'.
34. Accessing the right service is often challenging for young people in care, with many referred between services that do not respond to their individual needs.
35. Regionally, we are aware of inconsistencies of service between the five Health and Social Care Trusts, which can lead to confusion and frustration for young people and the adults that support them.
36. Attempt to access services to support mental health needs is not the beginning of their recovery journey. For many, this attempt represents a significant step, requiring a high degree of courage. Therefore, it is essential that young people are greeted with support and welcomed with compassion. Taking this step only to be told you are 'not in the right place' or passed on to another service is demoralising for young people in need, and likely to discourage further help-seeking behaviour.
37. As such, we strongly welcome Action 6, putting in place a 'no wrong door' approach.
38. We note the lack of reference within the draft Strategy to the ongoing development of an [Integrated Therapeutic Care Framework for Looked After Children and Young People in Northern Ireland](#), and recommend consideration be given to the links between this work and CAMHS for young people in care.

39. We are concerned, but unsurprised, that a quarter of referrals to CAMHS are emergency or urgent. This is symptomatic of the long waiting times and lack of lower level support provision within the community.
40. We welcome the creation of regionally consistent urgent, emergency and crisis services for children and young people.
41. We note the commitment to 'the right provisions at the right time', and would again state this must mean suitable resource being made available 24/7, acknowledging that mental health crises are not limited to normal working hours.
42. We note previous work by the Trusts to establish and improve transition pathways between CAMHS and adult services.
43. We remain deeply concerned by evidence of persistent poor experience of young people transitioning to adult services following their 18th birthday. Our experience supporting young people in and leaving care aligns to the findings of the IMPACT study, which found that none of the young people transitioning experience an 'optimum transition'.
44. Young people have described the transition point as a 'cliff edge', with no real knowledge or understanding of what support is available, or will be provided, on the other side.
45. We note the ongoing review of transitions and are actively involved in informing this review. To have a lasting impact, the review must take a 'blank page' starting point, allowing the design of a transition process that properly meets the needs of young people, and is not limited to making amendments to current practice.

Community mental health

46. VOYPIC strongly supports the desired outcome of '*a mental health system that is person centred, where the system adapts to the needs of the person*'.
47. For all young people, and particularly for young people with lived experience of care, relationships are of utmost importance in achieving positive outcomes. For many young people, this is the 'golden thread' the runs through a positive experience of care.
48. As such, we welcome the focussing of mental health services around the GP, with primary care as the hub for mental health support.

49. We agree that this development will enable easier access for those who need mental health support, particularly within their local area. This also provides opportunity for better ongoing support from multidisciplinary teams, based on consistent relationships.
50. Provision of support in general practice will also go some way to reducing the stigma around mental health, placing it alongside physical health in the local GP surgery.
51. We welcome the acknowledgement of the critical role played by the voluntary and community sector in the promotion of positive mental health and provision of service in local communities.
52. The Covid-19 pandemic has highlighted the need for closer partnership working between these sectors and the statutory sector, recognising and valuing the different approaches and roles they each play in supporting our communities.
53. However, to be fully effective, community and voluntary sector organisations must be appropriately resourced to meet the needs of those they support. Consideration should be given to funding arrangements across the sector, to ensure such organisations have the ongoing financial security to carry out their activities.

Psychological therapies

54. Over the past year, organisations across Northern Ireland and around the world have had to adapt practices, in light of the Covid-19 pandemic. For many, this has involved the use of communication technology to deliver services.
55. While necessity has uncovered more fully the potential to integrate telecommunications into ongoing practice, recent experience has highlighted the limitation of their use.
56. Young people have told us about 'Zoom fatigue', expressing an urgent desire to return to face-to-face support as soon as possible. While virtual connections were welcomed in the first wave of the pandemic, this view has changed dramatically, particularly over the past three months.
57. Expansion of home-learning, with many classes being delivered via online video conferencing, has made the use of Zoom, MS Teams, Webex and other such platforms over-familiar, with young people now craving real-world interactions.

58. As such, while we welcome to consideration of how digital technology can be better used in the provision of mental health services, these must be delivered alongside physical contacts and not viewed as a replacement for real world interactions.

In-patient mental health services

59. VOYPIC supports the actions set out in this section.
60. We are concerned that no reference is made in the draft Strategy to in-patient mental health services for children and young people.
61. VOYPIC currently provides independent advocacy support to young people in Beechcroft Child and Adolescent Mental Health Unit. In 2019-2020, we provided such support to 78 young people.
62. Demand for in-patient care at Beechcroft often exceeds capacity, where there are currently 29 general beds and 2 ICU beds.
63. We acknowledge the desired impact of increased provision of community based intervention on reducing the demand for in-patient care for children and young people.
64. We note the recent consultation on the proposed establishment of a [Regional Care and Justice Campus](#). This proposal did not extend to children who require to be compulsorily admitted and detained for treatment for their mental health. However, it must be highlighted that children and young people who do not meet the criteria for detention may be referred to the new secure care centre. Consideration must be given as to how their needs may be best met within the new centre or through alternative provision and support.
65. Discussions with young people admitted to Beechcroft, and their families, have highlighted the challenges posed by the siting of the sole in-patient unit for children and young people in Belfast. Families from outside Belfast, particularly Fermanagh, west Tyrone and Derry-Londonderry, find it difficult to visit their children and provide a continuity of support.
66. As such, we believe the Strategy should commit to a review of the provision of in-patient mental health services for children and young people, to be undertaken during the life of the Strategy.

Crisis Services

67. The urgent need for the development of crisis services has been highlighted by young people supported by VOYPIC for some time.
68. We are acutely aware of pressure on Emergency Departments, particularly during the winter months. Therefore, it is concerning to note that one in ten people in distress 'end up in Emergency Departments'.
69. We note with interest the Multi Agency Triage Team (MATT) pilot, and the impact this has had on de-escalation of crisis and reduction in presentations to Emergency Departments.
70. While we agree that the development of crisis response services should be integrated within the wider mental health system, such response services must also have clear links to the emergency health provision. It is likely some in distress may continue to present at Emergency Departments, making such links essential.
71. As noted previously, such services must operate 24/7, meeting the needs of those in crisis at the right time.

Co-current mental health issues and substance use (dual diagnosis)

72. VOYPIC welcomes the commitment to collective working to address issues related to both mental health and substance use.
73. Young people have repeatedly voiced frustration at a lack of such joint support, with access to mental health support dependent on completion of intervention for substance use. This has led to many disengaging from both services, thus impeding recovery.
74. This need was identified in the Department of Health and Department of Education joint strategy [*A Life Deserved: A Strategy on 'Caring' for Children & Young People in Northern Ireland*](#) (February 2021):
 - *There is also a need to explore the potential for new services or facilities to accommodate young people who have a dual diagnosis of a serious mental health problem and an addiction. This will include the need to build on current joined up working between therapeutic support services, CAMHS and Drug & Alcohol and Adult Mental Health Services to address dual diagnosis. A review*

of current provision will help inform improvements to these services. Informed by the comprehensive health & well-being holistic assessment, on entry to care and thereafter, HSC Trusts should continue to develop a range of interface protocols and care pathways to improve access to all children's services including CAMHS at different steps of the service model.

75. For such co-working to be effective, structures must be put in place to ensure communication across services. Further consideration should be given to the role of GPs in facilitating this.

Specialist interventions

76. VOYPIC supports the continued rollout of specialist perinatal mental health services, supporting expectant and new mothers with mental health concerns, and in turn increasingly likelihood of improved outcomes for their babies.
77. We note this includes in-patient services for mothers, but does not specify this will include facilities to accommodate their child alongside them. This should be clarified before final publication of the Strategy.
78. VOYPIC supports other actions outlined in this section.

Theme 3: New ways of working

79. VOYPIC supports the vision which sets out a desire to ensure consistency and equity of access across Northern Ireland.

A regional mental health service

80. Inconsistency of service across the five Health and Social Care Trusts has led to confusion and frustration for young people, with some having to navigate multiple different models of service across the region.

81. VOYPIC supports the development of a regional mental health service, to ensure consistent service provision across Northern Ireland.

82. This is particularly important for young people who spend time in, and access services through, regional facilities, including Beechcroft Child and Adolescent Mental Health Unit, Lakewood Secure Care Centre and Woodlands Juvenile Justice Centre.

Workforce for the future

83. We are concerned that 20% of mental health nursing posts are vacant, and 22% of psychiatrist posts are either vacant or filled by locum staff.

84. The importance of consistency, including consistency of staff, has been highlighted previously, therefore such vacancy rates and use of locum staff does not best meet the needs of the young people requiring support.

85. While we support Action 26, and advocate increasing training places and training for the existing workforce, such a review must go further. It should consider how to best recruit and retain staff within the service, looking not just at pay and conditions, but with reference to the draft [Programme for Government](#) outcome '*People want to live, work and visit here*'.

Data and outcomes

86. VOYPIC supports the development of a regional outcomes framework to underpin service development and delivery.

87. We welcome the commitment to co-production of this framework, involving service user in its development. However, further consideration must be given on how to meaningfully engage service users in this process in a safe and supported manner.

Innovation and research

88. VOYPIC welcomes the proposal to establish a regional centre of excellence for mental health research with dedicated funding.

89. VOYPIC has supported three young people with lived experience of care to engage in the Youth Advisory Group of the [TRIUMPH \(Transdisciplinary Research for the Improvement of Youth Mental Public Health\)](#) network.

90. It is important that young people are supported to actively engage with academics, health practitioners and policy-makers to find new ways to improve youth mental health and wellbeing, including involvement in mental health research.

Prioritisation

91. VOYPIC supports and recognises the value of the 29 actions outlined in the draft Strategy.

92. Areas of critical concern to VOYPIC, in the support of children and young people with a lived experience of care, include:

- Action 5 – increased funding for CAMHS (and review of transitions to adult mental health services)
- Action 6 – putting in place a ‘no wrong door’ approach
- Action 7 – creating clear and regionally consistent urgent, emergency and crisis services for children and young people
- Action 20 – creating a managed care network with experts in dual diagnosis, supporting and building capacity in both mental health and substance use services
- Action 25 – developing a regional mental health service, operating across the five HSC Trust areas

Impact Assessments / Screening

93. VOYPIC notes the associated screening and impact assessments.
94. We note the failure to include children and young people in care in the list of groups considered at higher risk in the Children's Rights Screening and Impact Assessment.
95. It is our opinion that the delivery of this Strategy will have a positive impact on children and young people with lived experience of care.
96. The outworking of the draft Strategy must be mindful of the statutory duty to uphold the Rights of the Child, for example:
- The 'best interests' principle (Article 3, UNCRC);
 - right of the child to be heard and to participate in decision making (Article 12, UNCRC);
 - right to freedom of expression, including the right to seek, receive and impart information (Article 13, UNCRC; Article 19);
97. VOYPIC notes the Equality and Human Rights Screening and Impact Assessment, and the inclusion of children and young people in care in this exercise.
98. We recommend further consideration of the impact of actions under this draft Strategy on the rural community, particularly with regards to in-patient mental health services and access to GP surgeries.