

INTRODUCTION

BACKGROUND

1. A Review of the policy, practice and legislation relating to mental health and learning disability was commissioned by the Department of Health, Social Services and Public Safety (DHSSPS) in October 2002. The main factors influencing the decision to establish the Review were:
 - recent reviews of mental health legislation in neighbouring jurisdictions;
 - the need to ensure that law, policy and practice is in keeping with human rights and equality law; and
 - the need to reflect current evidence of best practice.

HUMAN RIGHTS AND EQUALITY PRINCIPLES

2. Everyone has human rights and must be valued for his/her self-worth. Moreover, States and international organisations have a duty to uphold and protect these rights.
3. However, since people live in social settings, the human rights of any individual have to be considered in the context of relevant and often competing rights and interests, for example, the right not to have one's liberty restrained carries with it a potentially opposing right of another individual not to be endangered.
4. Human rights, including the rights of people with disabilities or mental disorder, should not be arbitrarily diminished. There are circumstances, however, when it may be appropriate to curtail a person's human rights, but this should be limited to the minimum extent necessary, and a person whose rights have been curtailed should be entitled to appropriate care and treatment.
5. Those who deliver health and social care must uphold these human rights and equality duties in performing their functions. Ultimately, law and decision-makers, including members of this Review, have to strike the appropriate balance in relation to the relevant rights and interests.

6. Rights are useless unless people enjoy the protection offered by human rights in their daily lives. It is crucial that people know about their rights and, where these appear to have been breached, are able to enforce their rights.
7. To enable people with a mental health problem or a learning disability to exercise the same rights as others, additional support, information and training may be required to maximise understanding and participation. Ensuring equality of opportunity can also mean making structural changes, tackling discrimination and addressing the assumptions and attitudes of others about learning disability or mental health.
8. Putting human rights and equality principles at the centre of the law, policy and delivery of these services under review is a legislative imperative because of international and domestic law. These principles also need to be taken into account in professional codes of conduct and practice.
9. The principles on which the Mental Health (NI) Order 1986 should be interpreted are contained in the relevant Code of Practice 1992. These include reference to:
 - dignity;
 - individual background;
 - resources;
 - least degree of control and segregation commensurate with individual safety and the safety of others;
 - least restrictive alternative; and
 - treatment and care that promotes self-determination and responsibility.
10. While the clearest outworking of this Review's deliberations on human rights and equality issues will be seen in future reports from the Social Justice and Citizenship and Legal Issues Committees, human rights and equality considerations are reflected in all of the Review's work, including this report.

STRUCTURE OF REVIEW

Steering Committee

11. To oversee the Review, a Steering Committee was established under the chairmanship of Professor David Bamford. The Committee has representation from a wide range of professional interests, the voluntary sector and from service users and their carers. Three members come from neighbouring jurisdictions.
12. Details on the Committee membership are at Annex 1. The Terms of Reference agreed by the Committee are at Annex 2.

Expert Working Committees

13. Work on specific aspects of the Review has been delegated to 10 Expert Working Committees, which were established in two phases during 2003. Brief details on these are at Annex 3.
14. Conscious that the workforce is a key resource, the Steering Committee has been collaborating with DHSSPS on a workforce planning group on mental health and learning disability services under the chairmanship of Mr David Bingham, Director of Human Resources in that Department. The Steering Committee is anxious to see not just an increase in the numbers of staff working in the mental health and learning disability fields, but also that these staff are equipped with the appropriate skills for the models of service delivery envisaged in the future.
15. The Steering Committee decided that reports would be made to Government in stages, as the work of the Committees was completed. This report represents the first major report from the Review, and deals with adult mental health services across primary, community and hospital sectors. Other reports will follow over the next 15 months.

VALUES AND PRINCIPLES

16. One of the Steering Committee's first tasks was to agree a set of values and principles to underpin its work. Key among these are:
- Involvement and Open Access;
 - Inclusivity;
 - Quality;
 - Existing Excellence; and
 - Research and Information.
17. Fuller details on these values and principles are at Annex 4.

THE VIEWS OF STAKEHOLDERS

18. At the outset of the Review, Professor Bamford wrote to over 200 stakeholder organisations in the statutory and voluntary sector, seeking their views on priority areas which the review should examine. A series of meetings with stakeholders was held and a policy of open access to the Review and its work has been maintained. The comments received from both written responses and the stakeholders meetings has informed the work of the Committees.
19. Working Committees are also engaging with stakeholders as their work progresses. The Review operates an open access policy, in that any individual or organisation can present their views to the Steering Committee or any of the Working Committees.
20. A website has been established to keep stakeholders and the general public informed on progress and with the work of the Review (www.rmhdni.gov.uk).

SERVICE USERS AND CARERS

21. The views of service users, carers and families, are central to the Review. The Steering Committee and Working Committees have user and carer representation within their membership.

22. User and carer reference groups have been established in respect of both mental health and learning disability services. Each of these groups has a membership of about 15-20 people. With their help, consultation events have been held in various locations to allow a wide range of people to voice their opinions and tell their experiences. A freephone message line (0800 3284260) was also established to enable service users and carers to make their views known, in an anonymous way, if they wished.

THE EVIDENCE BASE

23. One of the principles informing the Review is that it should be grounded on the best available evidence base. As part of defining the quality and appropriateness of evidence due consideration has been given to relevance, applicability, reliability and validity. While noting these various dimensions, for the Review as a whole the following classification has been adopted:
- (A) An expert user group or carer group opinion
 - (D) Descriptive surveys of client groups; Evaluation of client needs and services; Systematic user surveys
 - (N) Interventions studies – non –randomised trials
 - (R) At least one randomised controlled trial
 - (S) Systematic reviews including at least one randomised controlled trial
24. It should be noted that the optimal evidence for particular issues may be quite different, for example, descriptive analysis for community mental health morbidity. The various dimensions of evidence need to be considered with the emphasis on fitness for purpose. That said, the adequacy of the evidence base in a number of areas is still relatively weak and the Review emphasises the importance of strengthening this with new research and service evaluation initiatives.

THE ADULT MENTAL HEALTH EXPERT WORKING COMMITTEE

25. This Committee first met in February 2003. Details on its membership, and its remit and work plan are respectively at Annexes 5 and 6.

STRUCTURE OF THE STRATEGIC FRAMEWORK FOR ADULT MENTAL HEALTH

26. The report recognises and follows the natural division of our Health and Social Services into Community and Primary Care (Chapter 3) and Secondary Care (Chapters 4, 5 and 6). It also considers the requirement for regional level services because of the expertise required for people with particular mental health needs (eg people with eating disorders) (Chapter 6). While general consideration of the nature and size of mental health problems (psychiatric morbidity) is considered in Chapter 2, the particular epidemiology of the disorders considered in Chapter 6 are, for convenience, considered alongside the service considerations and recommendations for each of these groups.

INTERFACE ISSUES

27. The Framework for adult mental health is part of a review of the whole system of provision for people with mental health problems and people with learning disability embracing services, policy and legislation. The Framework, therefore, must be seen in the context of the entire Review. The success of any reform of adult mental health services is dependent upon the successful reform of the system as a whole. There are many interfaces between adult mental health services and other services. This Framework reflects these interfaces and, where appropriate, gives detailed consideration to them. That said, because of the phasing of the work of the Review there may be issues in the interface areas which are identified subsequent to the drafting of the Framework and may need to be incorporated. Services in several areas outwith adult mental health have historically been less well developed, notably child and adolescent services, forensic services and specialist services within Adult Mental Health.
28. While the emphasis of the Framework is the service needs of people with mental health problems, a holistic approach to the issues of mental ill-health also requires a robust strategy for prevention and mental health promotion. Issues surrounding secondary prevention and the needs of families and carers have been considered core

to the service reform proposals within this Framework. The broader requirements of a strategy for mental health promotion are the subject of a separate report.

29. The Review includes reform of legislation driven by principles and priorities underpinning policy and service reform. This we believe is the right way round. Nevertheless, the review of mental health legislation is likely to have an impact on service development and provision. Again, as with other interface issues, the Strategic Framework for adult mental health will need to consider the impact of legislative reform on service requirements.

