

## **SECTION 2 – SERVICE FRAMEWORK FOR MENTAL HEALTH AND WELLBEING**

### **Introduction**

Mental illness is one of the major causes of ill health and disability in Northern Ireland. The aim of the Service Framework is to improve the mental health and wellbeing of the population of Northern Ireland, reduce inequalities and improve the quality of health and social care in relation to mental health. It is recognised that achievement of this aim goes beyond traditional health and social care boundaries and is strongly influenced by population and individual attitudes and behaviours and the contribution of other sectors including voluntary and community organisations.

Northern Ireland has a higher overall prevalence of mental health problems; that is 25% higher than in England<sup>2</sup>. Northern Ireland has a unique range of problems as a result of civil conflict known as ‘the troubles’. There is a high level of socio-economic deprivation which is worse in some geographical areas by the prolonged effect of ‘the troubles’<sup>3</sup>. Within the population there remains a great deal of hurt, anger, sadness and trauma problems that have affected the mental health and wellbeing of people in the Province.

The Northern Ireland Association for Mental Health in their publication ‘A Flourishing Society-Aspirations for Emotional Health and Wellbeing in Northern Ireland’ gives this positive statement; ‘Nevertheless there is a growing sense of optimism that NI will become a great place to live and work, a place where we can all live and work, a place where we can achieve a sense of positive wellbeing.’ It is hoped these standards will play a part in achieving this aim.

Other facts and figures in relation to mental health and wellbeing are set out in Appendix 1

The Service Framework for Mental Health and Wellbeing sets standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation of individuals and communities who currently have or are at greater risk of developing mental illness. The standards adopt a lifespan approach that will enable each

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<sup>2</sup> DHSSPS (2002) Effectiveness Evaluation: Health and Social Care: Final Report, Chapter 7 [http://www.dhsspsni.gov.uk/show\\_publications?txtid=13457](http://www.dhsspsni.gov.uk/show_publications?txtid=13457)

<sup>3</sup> DHSSPS (1997) The Regional Strategy for Health and Social Wellbeing 1997-2002

individual to be seen in their own context at their own point in life. Standards have been developed in relation to:

- Health improvement and mental health promotion
- Improving the experience of service users and carers
- Specific Conditions – Children and Young People
  - Conduct disorder
  - Depression
  - Attention deficit hyperactivity disorder (ADHD)
  - Transition to adult services
- Specific Conditions
  - Anxiety Depression - Adults
  - First episode psychosis
  - Schizophrenia and other psychoses
  - Obsessive compulsive disorder
  - Bipolar disorder
  - Addictions and substance misuse
  - Eating disorders
  - Mental Health Component of Asperger Syndrome
  - Dementia
- People with Specific Needs
  - Perinatal mental health
  - Older people's mental health
  - Older people's transition from adult services
  - Older people's assessment and early intervention
  - Post traumatic stress disorder
  - Personality disorders
  - Self harm and suicide
  - Brain injury
  - Deaf people with mental health needs
  - Gender dysphoria
  - Forensic mental health
  - Learning disability
  - Black and minority ethnic communities
  - Homeless people

This is a three year Service Framework and was not designed to be fully comprehensive of all mental health conditions. Those involved have highlighted the most important areas for mental health and wellbeing. It will be subject to review as new evidence becomes available.

## **Process for developing the Service Framework for mental health and wellbeing**

The development of Service Frameworks is overseen by a multidisciplinary Programme Board, which is jointly chaired by the Chief Medical Officer and Deputy Secretary of the DHSSPS. In addition the Mental Health Service Framework has been developed by a project team and regional reference group with representation from all aspects of the service including service users, carers, advocates, voluntary organisations and community groups. The project team is accountable to the Departmental Service Framework Programme Board. The full membership of the project team and regional reference group are set out in Appendix 3.

A total of 14 working groups were held between February and March 2008. Those attending were representative of the above partnership. Groups were led by people with a knowledge and expertise in the relevant specialist area (Appendix 4).

### **Equality Screening**

The Project Team has completed an equality impact screening to take account of Section 75 of the Northern Ireland Act 1998 and any potential impact that the Service Framework might have on human rights.

### **Value and Principles**

The values and principles that were developed for the Bamford Review following consultation and direct involvement with users and carers (Appendix 6) have been adopted in full in the development of the Service Framework for Mental Health and Wellbeing.

### **Recovery**

The development of the Service Framework for Mental Health and Wellbeing is underpinned by the ethos of 'recovery'.

Recovery focuses on a person's right to build a meaningful life for themselves with or without the continuing presence of mental ill health. Recovery is about a person's self determination and self management.

The recovery ethos should enable users to understand and cope with their mental health problems, build on their inherent strength and resourcefulness, establish supportive networks and pursue dreams and goals that are important to them and to which they are entitled as citizens<sup>4</sup>. It is essential for those who use services to be active participants in their own recovery rather than passive recipients of 'expert' care.

Implementing the recovery concept means supporting people to take greater control over the way they are treated. It means challenging stigma and discrimination much more assertively in communities. Mental health professionals and management need to work in a different way to assist service users to define their own priorities and their hopes for the future. Recovery focused services aim from day one to help people build a life for themselves.

Recovery has become the underlying principle on which mental health services are being delivered in New Zealand, United States of America, Ireland and Scotland. In England the recovery model is also supported by various Department of Health policies which aim to promote self management of long term conditions and choice.

In Northern Ireland, the Reform and Modernisation of Mental Health and Learning Disability Services Review<sup>5</sup> recommended that the recovery approach should be at the centre of all mental health services.

The concept of recovery is at the heart of the mental health Service Framework.

## **Family Focus**

Parents with mental health problems need support and recognition of their responsibilities as parents. The Crossing Bridges Family Model<sup>6</sup> is a useful conceptual framework that can help staff to consider the parent, the child and the family as a whole when assessing the needs of and planning care packages for families with a parent suffering from a mental health problem. The model illustrates how the mental health and wellbeing of the children and

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<sup>4</sup> Department of Health and Children (Ireland) (2006) A Vision for Change  
[http://www.dohc.ie/publications/pdf/vision\\_for\\_change.pdf?direct=1](http://www.dohc.ie/publications/pdf/vision_for_change.pdf?direct=1)

<sup>5</sup> The Bamford Review of Mental Health & Learning Disability (N. Ireland)  
<http://www.dhsspsni.gov.uk/bamford.htm>

<sup>6</sup> Falkov, A. (ed.) (1998) Crossing bridges: Training resources for working with mentally ill parents and their children – Reader for managers, practitioners and trainers.

adults in a family where a parent is mentally ill are intimately linked in at least three ways (see Appendix 7):

- parental mental health problems can adversely affect the development, and in some cases the safety, of children
- growing up with a mentally ill parent can have a negative impact on a person's adjustment in adulthood, including their transition to parenthood
- emotional, behavioural or chronic physical difficulties in children can precipitate or exacerbate mental ill health in their parents/carers.

The Model also identifies that there are risks, stressors and vulnerability factors increasing the likelihood of a poor outcome, as well as strengths, resources and protective factors that enable families to overcome adversity (A diagram of the model can be found in Appendix 7).

The family approach should be taken into consideration when implementing the standards framework.

## **Policy and Legislative Context**

- **The Reform and Modernisation of Mental Health and Learning Disability Services Review (Bamford May 2007)**

A review of policy, practice and legislation relating to Mental Health and Learning Disability was commissioned by DHSSPS in October 2002. The Review concluded in August 2007 and produced ten reports (see Appendix 2) that detailed the vision for promoting mental health and wellbeing at all levels of society and for the delivery of specialist health and social care for everyone who needs it.

The DHSSPS response to Bamford, 'Delivering the Bamford Vision' (2008), states "the Northern Ireland Executive accepts the thrust of the recommendations", and sets out proposals to take the recommendations forward over the next 10-15 years.

The standards in this document build on the approaches to mental health service provision proposed in the Bamford Review and subsequent Action Plan published in 2009.

- **Consistency with other documents**

The Mental Health Service Framework has also taken cognisance of reports and documents that have been or are being developed by DHSSPS and other regional groups, including:

- Personality Disorder: A Diagnosis for Inclusion. The Northern Ireland Personality Disorder Strategy
- A Northern Ireland Strategy for Nursing and Midwifery 2010-2015
- Living with Long Term Conditions – A Policy Framework (Consultation Document)
- Improving Dementia Services in NI – A Regional Strategy
- A Strategy for the Development of Psychological Therapy Services
- Think Child, Think Parent, Think Family project

- **Mental Health Order / Proposed Legislation**

The Mental Health Order (NI) 1986 is the legislation which currently applies in Northern Ireland. Whilst some elements are considered to work well it is evident that some aspects of the Order are outdated and may not comply with Human Rights legislation or good practice developments.

The Reform and Modernisation of Mental Health and Learning Disability Services Review<sup>7</sup> of legislation has suggested a rights-based approach as a guiding principle for the reform of legislation which should respect the decisions of all who are assumed to have capacity to make their own decisions.

The DHSSPS will introduce a single piece of legislation that will bring innovative long term legislative change to Northern Ireland and will make a real difference to people. The overall principle of the legislative reform will be 'autonomy' – which means individuals with mental capacity to make their own decisions will be allowed to do so.

The new legislation will be ready for consideration by the Assembly in 2012 and thereafter potentially in place during 2013. The Mental Health Service Framework has been developed within the

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<sup>7</sup> The Bamford Review of Mental Health & Learning Disability (N. Ireland)  
<http://www.dhsspsni.gov.uk/bamford.htm>

context of the Mental Health Order 1986 and will be reviewed and updated as and when required in order to reflect the new legislation.

- **Human Rights and Social Inclusion**

A key priority for health and social care services and the wider community is to tackle stigma, discrimination and inequality and to empower and support people with mental health problems and their families to be actively engaged in the process. This is underpinned by legislation from Europe and the United Kingdom. A summary of all the relevant legislation can be found in “Promoting Social Inclusion”<sup>8</sup> and “Human Rights and Equality” Report<sup>9</sup>

- **The Children (Northern Ireland) Order 1995**

The Children (Northern Ireland) Order 1995 is the primary domestic legislation in respect of children and is based upon a number of general principles.

The principles applicable to the standards in this document are:

- The welfare of the child is the paramount consideration
- Whenever possible children should be brought up and cared for within their own families
- Children should be safe and protected by effective intervention but such intervention should be open to challenge
- Children should be informed about and involved in decisions about what happens to them and able to participate in such decisions about their future
- Parents continue to have parental responsibility even when their children are not living with them. They should be kept

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<sup>8</sup> The Bamford Review of Mental Health & Learning Disability (N. Ireland) – Promoting the social inclusion of people with a mental health problem or a learning disability (August 2007) <http://www.dhsspsni.gov.uk/promoting-social-inclusion.pdf>

<sup>9</sup> The Bamford Review of Mental Health & Learning Disability (N. Ireland) – Human Rights and Equality of Opportunity (October 2006) [http://www.dhsspsni.gov.uk/human\\_rights\\_and\\_equality\\_report.pdf](http://www.dhsspsni.gov.uk/human_rights_and_equality_report.pdf)

informed and able to participate when decisions are made about their future.

- Parents of children in need should be supported to bring up their children and such support provided in partnership with parents/carers

The general principles are in keeping with both UN Convention on the Rights of the Child 1989 and Domestic and Human Rights Legislation.

The responsibilities for the implementation of these principles as outlined within the Children Order rest with the respective organisations and all the professional bodies and individual professional staff who may have contact with children and families.

## How to read the rest of this document

Each Service Framework follows an individual's journey from prevention through to end of life care taking into account the different health and social care needs of children, adults and older people.

Each standard is presented in the same way. Figure 1 shows the information that is included in each standard.

**Figure 1: Explaining the standards**

<b>Overarching Standard</b>			
This is a short statement that outlines what will be delivered.			
<b>Rationale</b>			
This is a short section that outlines why/how the standard will make a difference for people using mental health services.			
<b>Evidence</b>			
This includes brief references for the research evidence or guidance that the standard is based on.			
<b>Responsibility for delivery/implementation</b>			
This lists the health and social care organisations tasked with responsibility for delivering the standard. It will include partners in care such as other statutory agencies (e.g. education and housing) as well as voluntary organisations and community groups that have service level agreements with health and social care organisations.			
<b>Quality Dimensions</b>			
<ul style="list-style-type: none"> <li>• Person Centred</li> <li>• Timely</li> <li>• Effective</li> <li>• Efficient</li> <li>• Safe</li> <li>• Equitable</li> </ul>			
<b>Performance Indicator</b>	<b>Data Source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
This information will be monitored to show if the standard is being delivered.	This identifies where the information will be derived from.	This describes how well the service must perform against this indicator.	This specifies when the anticipated performance level should be reached.

Each standard sets out the evidence base and rationale for the development of the standard, the impact of the standard on quality improvement as well as the performance indicators that will be used to measure that the standard has been achieved within a specific timeframe.

The standards are colour coded for ease of reference, for example the standards relating to health prevention and mental health promotion are green.



The rest of this document is divided into the following sections:

- **Section 3** sets out standards in relation to health improvement and mental health promotion;
- **Section 4** sets out standards to improve the experience of service users and carers;
- **Section 5** sets out standards for children and young people with specific conditions
- **Section 6** sets out standards for specific conditions;
- **Section 7** sets out standards for people with specific needs.