

DRAFT SPEECH

REVIEW OF MENTAL HEALTH AND LEARNING DISABILITY CONCLUDING CONFERENCE

TUESDAY 31ST OCTOBER 2006 AT STORMONT HOTEL

Ladies and gentlemen, I am delighted to be here today to give this keynote address and to be able to welcome you to what, I hope, will be an informative event for us all.

Most of you are already aware of the work which has been going on in the review of mental health and learning disability. Indeed some of you, I know, are closely involved in the committees connected with the review. I hope that you will bear with me while I outline briefly for the benefit of others in the audience the reasons for the review, which was commissioned by my Department and then go on to say what we have done and intend to do in response to the findings to date.

Tribute to David Bamford

It is only fitting that I start off my references to the review by paying tribute to the late Professor David Bamford. I did not have the privilege of meeting him, but the quality and ethos of the work undertaken by the review tells me a lot about the man. The openness of the review process and its bottom up approach tell me that he was a practical man who wanted to make a difference at grass roots level. The inclusion of service users and carers at the very heart of the review process also tells me that David was doing this review for the right reasons – to improve the quality of life for those of us who experience mental health problems or have a learning disability. As has been

said before, the outcome of this review is David's legacy to all of us and his vision will contribute hugely to helping us map out the future of mental health and learning disability services in Northern Ireland for years to come.

I want also to express my thanks to Roy McClelland for taking over the lead on the review and for the energy and drive he has shown in bringing the work to a conclusion. Thanks are also due to all of those who have played a part, either in leading or participating in committees. I want to say a special word of appreciation to the service users and carers who have given of their time and their own hard-won expertise in these areas. Your contributions have given a sense of reality to the work of the review and I will want to ensure that input from services users and carer continues as we move towards the Government response.

Reasons for the review

The law and protecting rights

I would like to take you back to the reasons why this review was commissioned. A primary driver for the review was the fact that current mental health legislation here – the Mental Health Order 1986 – is now over 20 years old and many of its provisions can be traced back much further to proposals made in the late 1950s.

Things have moved on since then. Both The Human Rights Act and the Disability Discrimination Act have been introduced since the Mental Health Order and are of considerable relevance. People with a mental health problem or a learning disability are particularly vulnerable groups. Compared with most other people, they are less likely to be able to take action to protect their own rights. Because of this, they depend heavily on other people to provide proper safeguards, and on legislation to ensure that those safeguards will be in place.

But it was also our intention in setting up the review that it would cover not just the law, but policy and practice too. We wanted to see policies in relation to care and support for people with a mental health problem or a learning disability being framed first and then the law being drafted to assist in the delivery of those policies and services.

Mental health and learning disability services

I am conscious that mental health and learning disability services in Northern Ireland are not good enough. For too long, mental health and learning disability have been regarded as the Cinderella services within our health and social services system. Services here have fallen well behind their equivalents in England and Scotland. There is still too much emphasis on the provision of service within specialist hospitals. As an indication, up to 54% of the total mental health budget is spent on hospital services compared to 40% in England. Likewise we still have large numbers of people with a learning disability remaining in hospital because there are not sufficient support mechanisms in the community to allow them to enjoy life in a more homelike environment. We have not developed the range of community based services which could better support the majority of people with mental health problems or a learning disability.

That is not to say that we are not investing anything in these services. There are a number of good news stories:

1. In relation to children and young people, from Jan 2007 additional in-reach teams will be available to support schools in identifying and addressing behavioural problems at an early stage.
2. Additional Crisis Intervention teams will also be available from January to provide same or next day assessments and short periods of support to children and young people in crisis.

3. Additional funding has been provided for early intervention services for autism
4. We are investing in additional Cognitive Behavioural Therapy training to promote the use of “talking therapies”.
5. A specialist eating disorder team has been established in each of the 4 Board areas.
6. And we are investing in the hospital infrastructure to ensure that it is fit for purpose in providing assessment and treatment in an environment that is therapeutic. I recently had the privilege of cutting the first sod for the new mental health inpatient unit at Craigavon. At a capital cost of £12m, this will provide 54 acute beds, but with flexibility to reduce that number and move to alternative uses over time, and a separate unit for older people – all within a brand new purpose-built unit designed to give patients privacy and dignity.
7. The new Assessment Unit at Muckamore Abbey hospital opened recently. The Forensic unit and Phase 2, which provides for people with continuing mental illness and challenging behaviour, are due to open shortly. Again the intention is to reduce the number of beds and to concentrate within the hospital on assessment and treatment, which will enable people to return to the community as soon as possible.

As you can see, we have been making some progress to move away from out-dated models of care, but we need to accelerate the process of change rapidly. We want to see better responses to people’s needs at primary and community care level. We want to see improved team working in community health and social services. We want to see promotion of recovery and rehabilitation services to ensure people do not remain in hospital unnecessarily and are able to live as normal a life as possible.

Link with Suicide Prevention

Better responses to mental health problems presenting at primary and community level are particularly relevant in our fight against the worrying numbers of suicide in Northern Ireland. Some of you will be aware of the

range of measures we are putting in place as part of the suicide prevention strategy, on which I provided an update yesterday. But the projects being put in place as part of that Protect Life strategy need to dovetail with improved mental health services, particularly our responses to crisis situations.

Mental Health Promotion

As well as providing mental health services, we need to promote positive mental health. Good mental health and emotional wellbeing are fundamental to our quality of life. Mental health problems are among the most common form of ill health and place a heavy burden on individuals, families and the wider community. But are we putting as much effort and resource into tackling mental health problems as into cancer and heart disease? I am pleased therefore to see that the review has addressed issues of mental health promotion as well as service provision.

Such work brings in a wide range of other agencies. Many factors affect our mental health – socio-economic deprivation, education, work, housing and our wider environment, family relationships, leisure and social pursuits. We therefore need a cross-sectoral approach to mental health promotion.

Social inclusion

The same is true when we consider the actions that need to be taken to ensure that people with a mental health problem or a learning disability are enabled to play their role in society. For too long, the HPSS has been seen as the sole provider of services for people with a mental health problem or a learning disability. We choose to ignore the fact that these people want a home, access to education, training and employment, social activities, access to public transport, just as you and I do.

I was particularly struck by one of the quotes in the Equal Lives report from a mother:

“I want my son to have a chance at education, to have friends, to get a job that he enjoys. Isn't that what you want for your children? Why should we be any different?”

Why indeed should so many men and women with a learning disability be denied opportunities to develop to the fullest extent they can? Because it poses problems for the way Government departments and agencies operate their systems? Because it would require some adaptation to the way things have always been done? That is no longer an acceptable excuse. We must change attitudes, not only in the HPSS, but throughout the public and private sectors.

Similarly we need to change public and institutional attitudes to mental health problems. Issues of stigma and media portrayal of people with mental health problems are among the areas we need to tackle.

Work Ongoing

Now to the primary purpose of my presentation to you today. I, like the review Committees, am keen to see things moving as quickly as possible on review recommendations and implementation issues. We now have a substantial number of the review reports with a few remaining ones to come in the next few months. My officials have therefore had opportunity to consider the range of recommendations emanating from these reports.

As I have alluded to already, many of the review's recommendations impact not only on the DHSSPS, but on all Northern Ireland Departments, thus having a bearing on all aspects of our society. Issues have arisen in relation to education, employment, training, housing and social security benefits as they impact on people with a mental health problem or a learning disability. For this reason, appropriate cross-sectoral working will be vital.

I am therefore establishing an Inter-Departmental Task Force to oversee the Government response to the review. This will be made up of senior representatives from Departments with responsibility for areas touched on by the review, the wider HPSS and service users and carers. My Ministerial colleagues have all agreed to the establishment of the Inter-Departmental

Task Force and work is in hand to finalise membership and get a first meeting of the group. The new Northern Ireland Director for Mental Health and Learning Disability will chair this task force.

The first key task for this Group will be to oversee the development of 2 Service Frameworks, one on mental health and the other on learning disability. These will set a Government wide agenda for promoting mental health and providing more responsive services for people with a mental health problem or a learning disability. For the HPSS, the frameworks will set the policy context and standards for the commissioning and delivery of mental health and learning disability services across the spectrum of needs and age groups of people requiring services. They will set longer term targets for the configuration of mental health and learning disability services, which can be used to measure progress.

The Service Frameworks will be supported by Action Plans, which will prioritise the work needed to deliver on the Service Frameworks and improve mental health and learning disability services over the next 10-15 years.

The Service Frameworks will need to dovetail with other relevant work being taken forward. Within my own Department, the suicide prevention strategy, the mental health promotion strategy and the New Strategic Direction for Alcohol and Drugs are all closely linked with the work in response to the Bamford review and need to be taken into account in our service frameworks and action plans.

NI Director for Mental Health and Learning Disability

I have mentioned that the new Northern Ireland Director for Mental Health and Learning Disability will chair the taskforce. The creation of such a post was first put forward by my predecessor Shaun Woodward, but I too am wholeheartedly behind the appointment. The Director will, I believe, play a

key role in raising the profile of mental health and learning disability across Government over coming years, in a way taking up the baton from where the review leaves off.

I am delighted to be able to tell you that this post has been advertised in the local press today and I aim to have someone appointed early in the New Year. In my opinion the new Director will be crucial in taking forward the Government's response to the Bamford review. The Director will act primarily as adviser to me and to other Ministers, networking with relevant mental health and learning disability leaders here and in other countries and working across all Departments to secure better responses to needs.

We are appointing a Director initially for a 3 year period. I am well aware that the commitment required to secure the changes being advocated by the review will stretch well beyond 3 years. But this is a new post and we are in a state of change arising from the Review of Public Administration. We will therefore take an opportunity after 3 years to reconsider the role of the Director and its location to ensure that we are achieving the desired effect in having such a post. Let me assure you that it is not the intention of my Department to let the Government's response to the review fall by the wayside after 3 years.

Resources – Finance

I am well aware of the financial implications arising from the review's recommendations. This presents me and my officials with enormous challenges, as we seek to improve services across the wide range of service pressures we face on a daily basis. We will have to consider the mental health and learning disability pressures alongside other health and social services needs as we enter into the Comprehensive Spending Review for 2008/09 onwards. And we will of course need to look critically at the £300m we are currently spending on HPSS services in the fields of mental health and learning disability to ensure that we are spending it effectively.

Workforce

I am also aware that securing additional funding is not the only challenge to be faced. We need the right people with the right skills to deliver the services. The workforce is a key resource in delivering better mental health and learning disability services and the review's recommendations have significant implications for the recruitment of staff and the re-skilling of existing staff to work in new ways.

My officials have been carrying out some analysis of workforce issues in collaboration with the review but we must appreciate and accept that there is a lot more to do. Without the appropriate workforce we will be unable to deliver on our promises and addressing workforce issues will be a key element of Government's response to the review.

Information

Much of the work in planning service developments to meet need and in ensuring that we have the staff to deliver those services, either within the statutory sector or in partnership with the independent sector, depends on having good information about our current service patterns, our workforce and assessments of need. We are currently exploring ways to improve on the information we currently have about mental health and learning disability services to allow us to plan properly and to enable changes in provision to be tracked as services are developed and realigned to new models of care.

Conclusion

To sum up then, the outcomes of this review will have far-reaching implications for people with a mental health or a learning disability. The recommendations made by the review Committees will help to shape mental health and learning disability policy and legislation for perhaps the next 20

years. It has given us a real opportunity to make a significant advance in the way we care for and promote the interests of people with a mental health problem or a learning disability. As the title for today's proceedings indicates, let us move forward now to make it happen.