

Written evidence submitted by Action Mental Health (AMH), relating to the funding and delivery of public services in Northern Ireland inquiry (FPC0018)

Introduction

1. Action Mental Health (AMH) is one of NI's leading disability and mental health charities with over 200 staff working from 14 sites and in the community to deliver recovery, resilience, and counselling services, in 2021/22 they supported over 50,000 people across NI.
2. A variety of resilience-building techniques are also pivotal to our range of services delivered to school children and young people in further and higher education. Services provided also include a full range of therapeutic counselling for children, young people, adults, families including services for the deaf community.
3. The charity also offers a whole gamut of services for young and old alike, designed to promote mental wellbeing for those in work and currently unemployed; those affected by chronic pain or debilitating long-term illnesses; people living with eating disorders and also a dedicated service in Bangor for people with learning disabilities.
4. AMH had been operating European Social Fund (ESF) disability services since 1997 with c.100 staff employed across 10 locations. Under the previous ESF programme (which ended in March 2023) AMH was funded to support around 1,500 recovery clients annually with diagnosed mental health issues to transition back into community or employment. These services provided direct referral routes for statutory sector partners within the local health trusts. Many of our clients have severe and enduring mental health issues and as such, these referral routes are vital.
5. ESF funding has not been suitably replaced and there is now a significant funding gap across the community and voluntary sector in Northern Ireland. This has led to a significant funding shortfall and all providers are now grappling with adjusting their delivery of support whilst dealing with fewer resources.
6. AMH led a consortium of organisations under the umbrella of SkillSET, and successfully secured 2 years of funding to deliver employment and training support for people with disabilities. However, this new type of support under the Shared Prosperity Fund is very different to previous provision, delivered under the ESF programme, and as a result we have grave concerns that those most in need and furthest from the workplace will be unsupported. Alongside this change in support there is also
7. Significant efforts were made by AMH and a range of partner organisations, to raise the issue of the funding cliff edge engaging with politicians and officials to highlight the consequences of a funding shortfall. This proved challenging with newly elected MLAs unable to perform any legislative functions and during the post-election period, the caretaker Executive's remit was limited. Whilst, there was positive engagement with the Department of Health, officials were reluctant or unable to make decisions in the absence of a Minister.
8. The absence of an Executive has had a direct impact on our ability to have local decision-making and representation to UK Government Departments. The lack of a budget has also had a dire impact on public finances and limited the ability of Departments and Health Trusts to innovate and find new ways to fund the former ESF programmes.
9. As you will be aware, some providers were unsuccessful in their bids for the limited funding that was available, and have had to close their doors and others have already made the

difficult decision to start the process of redundancies for their staff and are currently engaging with vulnerable clients, who will no longer receive support from these services, to identify alternative pathways of support.

10. Without any sign that there will be additional funding for AMH's ESF services, we are currently providing statutory services from our reserves as we prepare to reconfigure our services. This will mean the majority of clients being referred back to the local Health Trusts, who have no capacity, further compounding the Mental Health crisis in Northern Ireland.
11. A more subtle impact of Northern Ireland funding being delivered via DLUHC has been that, unlike the NIO and local public authorities, it is not subject to the same Northern Ireland Act 1998 [Section 75](#) duties.

The impact of the lack of a functioning Executive on budgetary management and strategic decision-making across Northern Ireland Departments;

12. The impact of the lack of a functioning Executive has been felt by AMH and other organisations across a number of fronts, including but not limited to the loss of ESF funding. Furthermore, the roll out of a number of key strategies has been halted, leaving no budget to continue their progression and expansion.
13. A recent review into suicide statistics has shown that Northern Ireland has the highest suicide rate in the UK.¹ In 2021 Northern Ireland had an age standardised rate of 14.3 suicides per 100,000 population compared to Scotland at 14.0.² The rate for England & Wales is lower at 10.5 suicides per 100,000 in 2021.³
14. Despite the heightened prevalence rates in Northern Ireland a recent report from Ulster University states that, in Northern Ireland, only 5.5% of the overall health budget is spent on mental health services, representing the lowest allocation amongst UK regions.⁴
15. It was highlighted recently by the Northern Ireland Mental Health Champion Professor Siobhan O'Neill that on a per capita basis funding for mental health services in NI was 31% below England.⁵
16. In 2021, Health Minister Robin Swann launched the Mental Health Strategy 2021-2031, it was estimated that the cost of implementation would be £1.2bn over the course of 10 years. However, in July 2022, in a delivery plan published by the Department of Health, it was announced that:
*"In light of the significant financial challenges across the Health and Social Care stem, it is not possible to fund this level of implementation from within the Department of Health's existing resources. A significant level of additional and sustained funding is therefore required in order to implement the strategic improvements outlined in the Strategy and to address the challenges facing mental health services."*⁶
17. Furthermore, of the planned funding for Year One (£9.59m), only £2.5m was allocated, which leads to questions around the viability of funding being delivered for Year 2, which requires £24m, making up approximately 2.5% of overall funding.

¹ NISRA, Finalised Suicide Statistics in Northern Ireland, 2015 -2021, 30th November 2022, p.1

² Ibid

³ Ibid

⁴ University of Ulster Economic Policy Centre, Maximising potential: A review of labour market outcomes for people with disabilities in Northern Ireland, 2022, p.66

⁵ University of Ulster Economic Policy Centre, Maximising potential: A review of labour market outcomes for people with disabilities in Northern Ireland, 2022, p.66

⁶ <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-mental-health-strategy-delivery-plan-2022.PDF>

18. The Suicide Prevention Strategy Protect Life 2 (PL2), is facing a £3 million funding deficit for the upcoming financial year.⁷
19. Prior to the collapse of the Executive, Minister Swann revealed in correspondence to the NI Assembly All Party Group on Suicide Prevention that he informed Executive colleagues that the full implementation of the Mental Health and Protect Life 2 strategies would require substantial additional funding.⁸
20. In the same letter, Minister Swan revealed that PLT2 would not be delivered fully due to no available additional funding, and an additional £1.8m would be required in this financial year and a further £2.6m in 2024/25.⁹ There is no funding for a number of areas such as: the commission of new postvention services, and the expansion of existing areas such as self-harm and ensuring services are delivered fairly across Northern Ireland.¹⁰
21. In relation to the Mental Health Strategy, the Health Minister said there are some areas dependent on additional funding such as a mental health liaison service and progress with new crisis and intervention services and the roll out of the Multi Agency Triage Team (MATT) programme to all the Trusts.¹¹
22. A useful driver for cross departmental working in the area of mental health has been the work of the Executive Working Group on Mental Wellbeing Resilience and Suicide Prevention which has been halted in the absence of an Executive.
23. Action Mental Health delivers positive outcomes across a number of Departments, including, Health, Communities, Economy, Justice and Education. In the absence of an agreed PfG the latest draft was published in 2021, AMH directly delivers on commitments across 3 different indicators in relation to:
 - Improving Economic inactivity rates
 - Percentage of the population with improving GHQ12 scores
 - Percentage of school leavers achieving level 2 or above

The financial situation facing Northern Ireland’s public services, including the police, health, education and children’s social care, and the consequences of budgetary pressures on the delivery of those public services;

24. For over three decades, the ESF Programme, funded by the EU, has been a vital source of funding to the disability sector across NI, aiming to equip the most vulnerable in our society with the necessary skills to enter the workforce.
25. ESF has helped over 76,000 people since 2018 with over 11,000 participants moving into employment and another 11,000 into further education and training. The loss of this funding for statutory services will be deeply felt by the most vulnerable in society and it is still unclear what provisions will be made for those who will need this support going forward.
26. The various partner organisations are often able to provide this support at a more cost-effective way and often in more appropriate settings. The programmes have continued to be innovative and exceed their targets by tackling the UK’s lowest disabled employment rate at

⁷ Robin Swann, Letter to APG on Suicide Prevention, 3rd October 2022

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

¹¹ Ibid

38.1% and the largest disability employment gap of any UK region at 42.2%, compared to a gap of 27.9% for the whole of the UK.¹²

27. Worse still, we aren't just talking about these services being taken in-house, there is nothing close to a coherent plan on how these services will continue to be delivered now that the ESF funding has ended.
28. Many ESF disability providers (including AMH) receive match funding from the Health and Social Care Trusts and provide vital referral routes for people with serious mental health issues, learning disabilities and a range of other disabilities.
29. Without adequate resourcing there will be a detrimental impact on our already struggling health service, which relies heavily on these services as a referral route for clients (16,747 last year) with their occupational, economic, and health benefits.
30. A report carried out by the Mental Health Foundation and LSE, found that diagnosable mental health problems cost the Northern Irish economy £3.4 billion, which in monetary value is equivalent to about 12% of Northern Ireland's national income.¹³

Effectiveness of the Barnett formula in calculating the amount of money the UK Government makes available to Northern Ireland for providing essential services;

31. One issue faced by providers is issues around the ring-fencing of funds secured via Barnett formula. For example, increased mental health expenditure in England that results in a Barnett consequential for NI goes to the block grant and there's a lack of transparency as to where the funding has gone. This can distort public perceptions of mental health funding, as a publicised announcement of increased spending on Mental Health in England, doesn't impact local services in Northern Ireland.
32. The legacy of the Troubles in NI has created a complex mental health landscape on top of this with high levels of transgenerational trauma affecting the population. Being a post conflict society, people in Northern Ireland experience 20-25% higher levels of mental health illness compared to the rest of the UK, and around 1 in 5 adults have a diagnosable mental health condition at any given time.¹⁴
33. Given the higher prevalence of mental health issues in Northern Ireland, we would appreciate the opportunity to make the case that certain needs-based funding should be allocated to mental health services in Northern Ireland to provide specialist mental health support.

Conclusion

34. The financial situation faced by public services in Northern Ireland is at breaking point and this is compounded by the lack of functioning Executive with Ministers taking decisions around budgets and policy. This has exacerbated the financial strain already felt by the Mental Health sector which has been neglected and underfunded for several decades as illustrated above.

¹² NISRA, "Disability Employment Gap Northern Ireland 2020" Labour Force Survey, October 2021, p.2 <https://www.nisra.gov.uk/system/files/statistics/Disability-employment-gap-NI-2020.pdf>

¹³ David McDaid, A-La Park, The economic case for investing in the prevention of mental health conditions in the UK, Mental Health Foundation and London School of Economics and Political Science, p.10-11

¹⁴ Dr Lesley-Ann Black, Suicide: Northern Ireland, Northern Ireland Assembly Research and Information Service Research Paper, 14th April 2021 p.5

35. With the highest suicide rates in the UK, properly funded mental health and suicide prevention services are needed now more than ever as we are dealing with the consequences of the pandemic, with recent figures showing that one in 10 children in Northern Ireland experience anxiety or depression, which is around 25% higher than in other UK jurisdictions.¹⁵
36. Fully funded Mental Health and Suicide Prevention strategies are vital in tackling these deep-rooted systemic issues in our health care system.
37. We agree with the statements made by the Permanent Secretaries from the Department of Finance and the Department for Economy around the UK Shared Prosperity Fund. Due to Northern Ireland's unique circumstances, the funds should be managed locally where effective existing structures for delivery already exist, as opposed centrally from Westminster.
38. The UKSPF isn't fit for purpose as a replacement for ESF as the funding and purpose of UKSPF only covers a small proportion of what ESF programmes were set out to achieve. In a paper commissioned by the Equality Commission in 2022 on the effect of Brexit on S75 Equality Groups, authors Professor Rory O'Connell and Dr Tim Cunningham noted that, "*The Shared Prosperity Fund should recognise the role of soft outcomes and distance travelled metrics as well as more tangible outcomes.*"¹⁶
39. We would welcome the opportunity to present to the Committee along with sector colleagues when it starts receiving oral evidence so please do not hesitate to get in touch if you would like to arrange a briefing for Committee members.

April 2023

¹⁵ Ibid p.6

¹⁶Prof Rory O'Connell and Dr Tim Cunningham, Impact of Brexit on Section 75 Equality Groups in Northern Ireland: EU Funding, Equality Commission for Northern Ireland, April 2022 p. 8