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Barnardo's Northern Ireland

Barnardo's Northern Ireland

Response to the draft Mental Health Strategy 2021-31

March 2021

Barnardo's Northern Ireland is the largest children's charity in Northern Ireland. We work with approximately 12,000 children, young people and families annually across more than 40 different services and programmes. We are also a leading provider of schools-based child support services in Northern Ireland with a presence in approximately 250 schools, reaching more than 12,000 children in schools in Northern Ireland, and more than 11,000 children in schools in other parts of the UK through our NI-managed social and emotional literacy schools-based programmes.

We deliver a wide range of services across Northern Ireland, from providing family support and early intervention, to working directly with children and families who have experienced adversity and need our support. We believe that every child deserves the best possible start in life, and our service provision reflects that philosophy.

Barnardo's Northern Ireland welcomes the opportunity to provide comment on the draft Mental Health Strategy. Our comments are informed by our experience of supporting children's mental and emotional health and wellbeing services, reflecting an Adverse Childhood Experiences (ACEs)-aware approach and trauma-informed practice ethos.

Our range of services in the area of mental health and wellbeing include: early years services that promote good infant mental health, which also recognise the impact of maternal mental health; schools-based counselling services; bereavement support for children affected by suicide or traumatic death; psychological trauma support; support for young carers; therapeutic family support services, including for families affected by parental substance misuse; and a range of social and emotional literacy programmes delivered in schools. In addition, a number of our other services recognise mental health and wellbeing as a key element, including our work with children in or leaving care; children who have experienced or are at risk of child sexual exploitation; families affected by parental imprisonment; and refugee families and trafficked children who have been exposed to trauma.

1. General comments

1.1 Barnardo's Northern Ireland (NI) warmly welcomes the development of this Mental Health Strategy. We welcome the vision and holistic approach outlined, and we believe that with the right resourcing and the consideration of some further issues which we will highlight in this response, the Strategy could underpin an excellent model of provision.

1.2 We note that the draft Strategy, by its high-level nature, is lacking in specifics and more detail is needed to ensure it is implemented and understood effectively. Therefore, Barnardo's NI recommends that the Department consults with stakeholders on the implementation plan for the Strategy, allowing those details to be discussed.

1.3 While we support the aim and objectives of this Strategy, it must be well funded and resourced if it is to be implemented successfully. We are concerned that this Strategy is impressively ambitious but there is no ring-fenced budget for its implementation, neither in the short term nor for the life of the ten year Strategy. We urge that the Executive confirms its commitment to mental health by ensuring the Strategy is sufficiently resourced throughout its lifespan, with in-built flexibility to allow for responses to emerging need.

1.4 This Strategy must also take into consideration the cultural considerations of Northern Ireland's different communities. Adapting services to meet the needs of different cultures is essential to ensuing that mental health services are truly accessible to the whole population. In particular, whilst we welcome the recognition that the legacy of the Troubles remains a source of trauma for Northern Ireland's population, it is also important that the Strategy recognises and responds to other forms of trauma, including that of our growing refugee communities[1] (including victims of trafficking) who may be victims of torture, sexual violence or child exploitation. There is a risk that without explicit reference within the Strategy, the mental health needs of this group may be overlooked and unmet.

1.5 In addition, interpreters must be available for those accessing services who do not speak English as their first language. Barnardo's NI is concerned that some individuals are currently unable to access mental health support due to a lack of access to interpreting services. This can include children who have been trafficked into Northern Ireland,

[1] For more information on the integration experiences of refugee children and families, read our report 'A New Life for Me' (2020).

asylum seekers and refugees who may have experienced significant trauma and are in urgent need of mental health support.

1.6 Furthermore, Barnardo's NI recommends that the Department move away from references to "BAME groups", in line with current evolving discussions on racial equality, as this terminology encompasses diverse communities of people. In addition, with reference to page 28, Barnardo's NI notes that the Traveller community should always be capitalised when referenced in writing.

1.7 Barnardo's NI notes that the Strategy does not reflect a lot of the learning from the last year in terms of service adaptations and flexibility in response to the pandemic, as well as emerging need and the mental health legacy of the pandemic. As noted under Theme 2, many support services have adapted to engage with services users online; where appropriate and risk-assessed, this approach can be more accessible for some children and young people. While online engagement should not fully replace face-to-face support, Barnardo's NI recommends that the Department examines how learning from lockdown can be incorporated into service design and support moving forward.

1.8 Our report 'New Term, New Challenges, New Opportunities' (2020) indicates the pandemic will impact children's mental health. We surveyed education professionals in our partner schools across Northern Ireland to understand how schools supported children and young people with their mental health and wellbeing in light of Covid-19 and the 'lockdown' measures, and their concerns for the return to school. We found that the vast majority of respondents (approximately 90%) thought that the pandemic and lockdown was likely to have an impact on the mental health and wellbeing of pupils. Whilst every child will respond differently, the potential impact of the pandemic and of lockdown on the mental health and wellbeing of children is very concerning, and addressing this must be a priority for Health as well as Education.

1.9 In response to the pandemic, Barnardo's NI launched a service, 'See, Hear, Respond', which is a confidential service to support children, young people and families cope with the Covid-19 crisis. See, Hear, Respond is delivered online and over the phone, and anyone can access the service. Often we work with parents to support them in meeting their child's needs. In delivering this service we have found that parents have contacted us when waiting lists are too long elsewhere and they need support urgently. At other times, parents need support advocating for their child in accessing support or services

in other areas to prevent a situation escalating. We have also found that See, Hear, Respond can be an effective first step in help-seeking, allowing families to access support perhaps for the first time, due to the pressures and challenges Covid-19 has brought for them and changes in their circumstances.

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

2.1 Barnardo's NI welcomes this theme and the focus on prevention and early intervention in the Strategy. We have significant experience in early intervention to promote resilience and emotional literacy with children and young people and their families, as well as earliest stage intervention to prevent the escalation or development of mental health problems in the context of experiencing trauma. We are keen to work with the Department to share our expertise and work in partnership to inform the way forward.

2.2 Barnardo's NI welcomes the joint working approach across all Executive departments in improving society's mental health and wellbeing. In particular, we welcome joint commissioning of services in line with the Executive's commitments under the Children's Services Co-operation Act (NI) 2015. Cross-departmental co-operation will be essential to achieving real change in mental health outcomes for our population. We urge that this Strategy recognises and links in with other existing and developing strategies, including but not limited to: the Children and Young People's Strategy; Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use; A Life Deserved – A Strategy for Looked After Children; and the Northern Ireland Prison Service Strengthening Family Relations Strategy. It is important that this Strategy recognises and reflects the many complex contributing factors to poor mental health, which may be particularly experienced by vulnerable or marginalised groups, including alcohol/substance misuse, domestic abuse, and structural factors such as poverty and racism.

2.3 We are pleased to see the Department adopt the approach that all services are accessible to all young people. The current system of fragmented support adds complexity in delay in providing support to vulnerable children and young people.

Action 1:

2.4 We welcome the development of an action plan and recommend that stakeholders are consulted on this plan, particularly organisations which represent groups disproportionately affected by mental ill health or who struggle to access early intervention services. This should include engagement with people in those groups.

2.5 We recognise that loneliness is a key issue that impacts on mental health across all ages, including children and young people. As members of the Action Group on Loneliness Policy, we echo calls for a cross-departmental Loneliness Strategy, aligned to the Mental Health Strategy.

Action 2:

2.6 Whilst we welcome the expansion of sustainably resourced talking therapies to ensure Northern Ireland-wide coverage, it is important that other psychological therapies are explored too. This is particularly important for children and young people, and especially those with experience of trauma, as engaging with talking therapy in a formal setting can be off-putting and intimidating, preventing engagement. Instead, creative psychological therapies such as music, art and play therapy can be more effective and act as a stepping stone for young people to access support. A range of psychological therapies should be available to ensure the young person, or adult, can access the therapy most suited to their needs as this will improve outcomes. We recommend that creative therapies are explored alongside an expansion of talking therapies. It is also important that these creative therapies are appropriately resourced and accessible across Northern Ireland.

Action 3:

2.7 We warmly welcome the commitment to promoting positive and social and emotional development throughout the period of childhood. However, whilst we note that this includes pre-school settings, it is critical that the Strategy reflects the importance of the first 1,001 days (conception to age 2) and seeks to promote good infant mental health. We are very concerned that babies are neglected in this Strategy, given the importance of early years in a child's emotional, social and cognitive development and in forming healthy, secure attachment[2].

[2] For more information on this topic, please see our publications 'Connections: Parenting Infants in a Digital World' and 'Promoting Good Infant Mental Health' (both 2018).

This is skilled work that requires specialist expertise. It is important that the Mental Health Strategy explicitly recognises the need for services that meet the specific needs of babies and young children, and the workforce development required to achieve this; while there are links between this work and perinatal mental health, the two are quite distinct. As members of the Association for Infant Mental Health Northern Ireland (AIMHNI), we endorse its response to this draft Strategy which clearly highlights the need for infant mental health to be fully considered within this Strategy to avoid a "baby blind spot".

2.8 We welcome the recognition of the role of family in children and young people's mental health. Parental education and awareness of the role they play in nurturing and building resilience at home in the first years of life is key to good infant mental health. Furthermore, early intervention can begin before a child is even born, during pregnancy.

2.9 There is also a need for the Strategy to recognise the impact on children and young people affected by poor parental mental health, including for example parental substance misuse or post-natal depression. We promote a 'whole family' approach to service provision to address this, for example the 'Think Family' framework.

2.10 In particular, we recognise through our work with young carers that there is a specific need to support young carers to protect their own mental health and wellbeing. This group may experience loneliness and/or social isolation, and feel the pressure and responsibility of caring for parents or siblings with mental illness. It is important that the needs of these children and young people are considered and reflected within the Strategy.

2.11 Whilst we welcome the commitment to promoting positive social and emotional development throughout childhood including in school settings, we are concerned at the reference to providing "*new* evidence-informed interventions". We question the assumption that there is a need for <u>new</u> interventions and instead we recommend that the Department focuses on effective interventions that are evidence-informed, regardless of whether they are new. Instead, an assessment of current provision and sustained funding to effectively resource existing evidence-based interventions that are proven to be effective would be a better use of resources.

2.12 Barnardo's NI delivers a range of evidence-informed services and programmes, with a commitment to a whole system approach. The evidence base for these programmes has been developed through years of experience and expertise. We would encourage the

Department to recognise the value in that experience and knowledge and to work with Barnardo's NI to develop next steps.

2.13 We deliver a range of school-based evidenced programmes, with a presence in approximately 250 schools, reaching more than 12,000 children in schools in Northern Ireland, and more than 11,000 children in schools in other parts of the UK through our NI-managed social and emotional literacy schools-based programmes. Amongst these programmes is LifeSkills, a highly evidence based early intervention and prevention programme that improves children's emotional health and wellbeing in schools[3]. LifeSkills promotes resilience through the development of emotional literacy, critical thinking, problem solving, healthy relationships and strategies to prevent risk taking behaviour. We also deliver The PATHS® Programme[4], one of the most researched Social and Emotional Learning (SEL) programmes with over 30 years' of research across the world.

2.14 The PATHS® Programme is a manualised programme for teachers designed to facilitate the development of SEL skills in primary school aged children. The programme consists of a variety of lessons, additional materials and posters which reinforce the core components of SEL. The impact of The PATHS® Programme in Northern Ireland has been tested using a variety of quantitative and qualitative data collection methods. This includes pre and post teacher questionnaires, pupil voice surveys, senior leadership team (SLT) surveys, teacher surveys and case studies. Findings from the implementation of The PATHS® Programme for Schools in Northern Ireland (2014-2018)[5] show the efficacy of the programme, across areas including self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.

2.15 In particular, the Barnardo's Coaching and Implementation Support Plan ensures fidelity and sustainability of the programme's implementation, and enables Barnardo's to work with schools to develop a whole-school SEL ethos where The PATHS® Programme is at the heart of all they do. We found that 97% of principals would recommend PATHS® to other schools, and 94% of principals rated Barnardo's four year Coaching and Implementation Support Plan as

[3] For more information on LifeSkills, see 'LifeSkills - Findings from the implementation of Botvin LifeSkills within North Down and Ards' (2019)
[4] For more information on PATHS, see 'Using The PATHS Programme & Social Emotional Learning to mitigate the effects of ACEs' (2020)
[5] See Findings from the implementation of The PATHS Programme for Schools in NI 2014-2018' (2018)

more effective than other interventions/programmes they've delivered[6].

2.16 Both The PATHS® Programme and the Coaching and Implementation Support Plan provides resources, strategies and support to engage parents[7] too, to enable parents to have a better understanding of The PATHS® Programme and to increase parental capacity to support their child in developing SEL skills.

The PATHS® Programme Case Study

Child B had been described by his teacher as someone who struggles to manage his feelings and becomes easily angered, particularly during play and lunch breaks. As a result of his anger he struggles to communicate with the teacher or his peers, quite often refusing to do what is asked of him. He was regularly excluded during play times, due to rough, confrontational or violent behaviours.

Through supportive strategies from The PATHS® Programme, child B is now able to communicate his feelings with more ease, and is encouraged to show his feelings during different times of the day using the feeling face cards. He has also regularly been using the '3 steps for Calming down' as well as developing some calming strategies of his own.

His teacher reported that "PATHS® has given child B strategies and the vocabulary to begin to take control of his own feelings and behaviours…he realises he now has a choice, he can calm down and then react."

Taken from 'Findings from the implementation of The PATHS Programme for Schools in NI 2014-2018' (2018), page 16

2.17 We recommend that, as part of the commitment to promote positive social and emotional development throughout childhood including in school settings, the Strategy should reflect the powerful role of primary school based counselling. Over the past 13 years, Barnardo's NI has delivered counselling in more than 100 primary schools across Northern Ireland through our service 'Time 4 Me'[8]. By delivering the service within the school environment, we have found that increases engagement, helps the child feel safe, reduces stigma and promotes positive help-seeking behaviours at an early age.

As an indicator of our impact, during 2019-20:

[6] Ibid
[7] Ibid
[8] For more information on Time 4 Me including its evidence, see 'In Focus: 'Time for Me' primary school counselling and wrap-around support' (2016)

- More than 4,500 children, parents, school staff and other professionals accessed a Time 4 Me service during the year
- 550 accessed individual counselling interventions
- Children attended for an average of 8.6 counselling sessions to resolve their support issues
- The average age of a pupil was 8 years old
- Over 750 accessed the drop-in guidance service
- We use a standardised measure, the 'Child Outcome Rating Scale' (CORS), to measure impact in the service. In 2019-20, 64.10% of children accessing counselling began their intervention with a score in the range for 'clinical distress'; 88.28% attained a score within the 'normal range' by the end of the intervention.

The efficacy of primary school counselling has been proven. However, there is still no universal provision of primary school counselling, though there is for post-primary. This is a key barrier to effective early intervention and prevention, as many mental health problems begin before adolescence. We urge that this Strategy reflects primary school counselling as a key priority, and that the Department works with the Department of Education to ensure this is appropriately funded, resourced and accessible.

Action 4:

2.18 We welcome the specific reference to children and young people with disabilities in Action 4, in recognition of the need for specialist mental health services that can cater for and understand physical, sensory and learning disabilities. However, we urge that this Strategy also recognises the importance of ensuring effective transitions to appropriate adult services when young people with disabilities become adults, as our experience finds that this is often a disruptive period where the young person's needs are not met. Engagement with young people who have experienced this, and groups that support them such as Barnardo's NI, will be critical to developing a more effective model of transition that improves outcomes.

3. Theme 2: Providing the right support at the right time

Actions 5-7:

3.1 Whilst the intention to increase CAMHS funding is welcome, Barnardo's NI is disappointed that CAMHS funding will only increase to 10% of the overall mental health budget. As the draft Strategy states, current funding is inadequate and currently represents between 6.5% and 8.5% of the overall budget. We are concerned that this increase will not meet the needs of young people and long waiting lists and inadequate support will continue. This reflects our concern outlined at

the outset of our response, that this Strategy must be properly funded to meaningfully deliver on the commitments. This small increase in investment is not proportionate to the population of children and young people in Northern Ireland, nor does it reflect the draft Strategy's stated commitment to early intervention and prevention. To provide effective early stage intervention and prevent the escalation of mental health problems, there needs to be significant investment in addressing childhood mental health and responding to need. Investment should be strategic and evidenced to ensure that CAMHS is fit for purpose.

3.2 We warmly welcome the 'no wrong door' approach, and ask that information is provided on how that will work in practice.

3.3 While the draft Strategy recognises that transition between child and adult services can often be a critical point in a young person's mental health journey, the draft Strategy does not provide any detail on how this will be addressed. Many of the most vulnerable young people experience transitions in multiple services on the day of their 18th birthday, this includes care experienced young people, unaccompanied young people, and refugee and asylum seeking children and young people. This in itself is traumatic and the lack of support compounds this issue. Barnardo's NI recommends that support for young people already effectively engaging in CAMHS is extended to 25 years old and the transition to adult services should be planned with the young person involved, trauma informed, and person centred. This extension should be accompanied by sufficient resource to ensure effective delivery, and prevent longer waiting lists.

Action 11:

3.4 We welcome the commitment in the draft Strategy to working with voluntary and community partners and local access to services. However, more detail is needed on how the Department plans to include the sector in the discussion around the planning and delivery of mental health services. In particular, what mechanism will the Department use to engage with the voluntary and community sector to ensure meaningful collaboration? We also suggest that consideration be given to services developed and delivered by the voluntary and community sector be appropriately and sustainably funded to be available regionally, so that access to services is not a postcode lottery. Further, we welcome the focus on co-design and urge that this is appropriately resourced and funded.

Action 12:

3.5 Barnardo's NI welcomes the commitment to investing in psychological therapies alongside a medical approach; this is a more positive way of conceptualising mental health support. However, psychological therapies must be wide and broad, meeting the individual where they are.

3.6 As outlined above, Barnardo's NI recommends that a more flexible and imaginative approach to psychological therapies is adopted. Northern Ireland is behind the rest of the UK in adopting alterative psychological therapies, which can often be the more developmentally and culturally appropriate way to engage with many vulnerable children and young people – for example, creative therapies including music, art, play or animal therapy.

Action 13:

3.7 We cautiously welcome the commitment to developing and implementing a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care. We urge that any decision to deliver digitally is based on the person's needs, and not costs. We recommend that scoping is done to understand where digital engagement was used effectively during Covid, and where it was less effective. We would suggest that it may not be appropriate for all steps of care, but may be an effective tool for earlier steps. Barnardo's NI adapted our counselling provision, as well as many of our other services, for digital delivery over the past year; we would be happy to work with the Department to share our learning and experience.

Actions 21 – 24:

3.8 We welcome the focus on specialist interventions, and urge that strategic partnership with the voluntary and community sector is explored where relevant.

3.9 We warmly welcome the rollout of specialist perinatal mental health services, and the recognition of the need to support both mother and baby to develop secure attachment to improve long term outcomes. We urge that these services work closely with parent-infant teams, to ensure families get the right support at the right time.

3.10 Echoing the AIMHNI response to this consultation, it is imperative that community perinatal mental health teams and a Mother and Baby Unit include parent-infant support within their offer to families. There is clear evidence that perinatal mental illnesses can lead to difficulties in

early relationships which will not be resolved by focussing exclusively on mothers' mental health. Within these services, parent-infant therapies should be offered by professionals with specialist training and supervision.

3.11 Our service 'Attachment, Bonding & Communication Parent Infant Partnership' (ABC PiP) focuses on the parent-infant relationship and aims to form stronger bonds and positive relationships between parents and their infants using a range of approaches. The service has been developed through a strategic partnership between Barnardo's NI, South Eastern Health and Social Care Trust, PiP UK and TinyLife and is delivered across the South Eastern HSCT area. We would be happy to work with the Department to share our learning and expertise in this area.

3.12 Our recent research[9] on the experiences of integration for Syrian Refugee children and families highlighted how children's wellbeing and integration can be affected by poor parental mental health. This may be through children taking on caring roles and/ or experiencing fewer opportunities to socialise and build friendships. The research identified a need "holistic family support in order to mitigate any potential negative impact on [the child's] emotional wellbeing"'; however, "when a need for help with trauma related issues is identified, a lack of specialist mental health services for refugee children and adults makes signposting difficult" (p81). We recommend that an accessible and tailored specialist mental health service for refugee children and adults to address the legacy of their trauma should be explored within the Strategy.

3.13 In relation to action 23 on developing a personality disorder service, we are aware of an evolving discussion in psychology circles that this is becoming a contested diagnosis, with some discussion that personality disorder may be the presentation of trauma, particularly for victims of sexual trauma. The label of 'personality disorder' therefore acts as a negative label, suggesting to the person that there is something inherently 'wrong' with them rather than acknowledging that they may be the victim/survivor of something that happened to them. This has an impact on that person's recovery and how they view themselves. We urge that the Department explores this issue further and keeps abreast of the developing discussions about the use of this term and diagnosis, to ensure a fully trauma-informed mental health provision.

[9] 'A New Life for Me: Integration Experiences of Syrian Refugee Children and their Families', 2020.

4. Theme 3: New ways of working

Action 25:

4.1 Barnardo's NI supports the move to a regional mental health service to ensure mental health support will not depend on an individual's postcode. This regional approach must extend beyond the five HSC Trusts and incorporate the Ambulance Service and Police Service. The Ambulance and Police Service are often the first contact in a crisis situation; their response must be trauma-informed and person centred.

4.2 Further, in addition to emergency responders, we recommend that all health service contact points are supported, resourced and trained to become more trauma-informed in their day-to-day practice and engagement. We recommend this also extends to teachers, as they are often the first point of contact for children and young people experiencing mental distress.

4.3 We urge that the voluntary and community sector is involved in the development of a regional mental health service, and that commissioning, and funding, of the sector reflects the new way of working.

Action 26:

4.4 We welcome the proposed review of the mental health workforce. Workforce development must be a priority in the implementation of this Strategy. Barnardo's NI recommends the development of a robust workforce strategy which reflects the level of training needed to fully upskill the workforce. A true investment in the workforce must also be recognised in the pay and reward for the workforce across all professions and disciplines. Workforce development should also fully examine linkages with apprenticeships to ensure better utilisation of the skills apprentices bring.

4.5 In addition, commissioning of services must reflect the increased expertise and level of training needed for staff undertaking this work. Organisations must be appropriately funded to competitively recruit staff with the skills, experience and knowledge necessary to deliver these services.

4.6 It is also important that the workforce includes, or has access to, interpreters to ensure that language is not a barrier to anyone who needs to access mental health services.

Barnardo's NI welcomes the development of this Strategy and the opportunity to comment on the proposals. We are keen to continue to engage with the Department as this Strategy develops further.

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