Mental 2021-2031 Health Strategy

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Mental Health Strategy 2021-2031

Consultation Response Document

<table>
<tr><td colspan="3">Personal details</td></tr>
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<tr><td colspan="2">Are you responding on behalf of an organisation?</td><td>Yes</td></tr>
<tr><td>Organisation
(if applicable)</td><td colspan="2">The British Dietetic Association</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Vision and Founding Principles</td></tr>
<tr><td colspan="3">Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?

Fully Agree</td></tr>
<tr><td colspan="3">Please add any further comments you may have

BDA NI Board is supportive of the vision of the strategy to promote emotional wellbeing and positive mental health for everyone across the lifespan. We welcome the aspiration to focus on improving quality of life and enabling people to achieve their full potential. For a mental health system in NI which has the individual at the centre with access to the right help and treatment at the right time, in the right place. BDA NI Board is in full agreement with the need to reform the approach to mental health in NI, and create the foundation for a population with better mental health.</td></tr>
<tr><td colspan="3">Do you agree the founding principles set out provide a solid foundation upon which to progress change?

Mostly Agree</td></tr>
<tr><td colspan="3">Please add any further comments you may have

BDA NI Board agrees with all seven founding principles, however has some concerns on the reality and practicality of implementation for each of them. BDA NI Board recommends a clear commitment on how the principles will be executed and delivered, and the need to be unambiguously defined within the Strategy. For example, meaningful and effective co-</td></tr>
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production and co-design at every stage, is definitely something which should be embraced, however, how will this be delivered? What steps will be taken to ensure comprehensive co-production and co-design at every stage, guaranteeing the correct personnel/people with lived experience/stakeholders/partners with the correct and relevant expertise, are meaningfully and effectively involved and fully included at all stages?

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

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree

Please add any further comments you may have

BDA NI Board very much agrees with the proposed ethos and direction of travel under this theme. We recognise there is insufficient and uncoordinated systems for mental health prevention and early intervention in NI. The focus on *'early'* prevention and intervention is key. Unfortunately, up until now the focus appears to have been on the delivery of specific mental health services, with prevention and early intervention agendas often missed, disjointed and under resourced.

Do you agree with the actions and outcomes set out under this theme?

Mostly Agree

Please add any further comments you may have

Good mental health is intrinsically linked to good physical health. BDA NI Board requires assurance on how the Strategy will ensure recognition of the role of nutrition in mental health. We are concerned the Strategy overlooks the role of nutrition in NI's mental health.

There is a growing body of evidence indicating nutrition may play an important role in the prevention, development and management of mental health problems, including depression, anxiety, schizophrenia, attention deficit hyperactivity disorder and dementia[1] [2] [3] [4].

A Fitter Future for All - Framework for Prevention and Addressing Overweight and Obesity in NI[5], clearly and repeatedly acknowledges the impact obesity can have on mental health. Also provides evidence on the role of mental health in contributing to weight gain. The Framework highlights how obesity can have a significant impact on young people in NI and their future health and well-being, especially in relation to their mental health.

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[1] Westover AN, Marangell LB (2002) A cross-national relationship between sugar consumption and depression? Depression and Anxiety 16: 118-120

[2] Stranges, S., Samaraweera, P.C., Taggart, F., Kandala, N.B., & Stewart-Brown, S. (2014). Major health-related behaviours and mental well-being in the general population: The Health Survey for England. BMJ Open, 4(9)

[3] O'Neil, A., Quirk, S.E., Housden, S., Brennan, S.L., Williams, L.J., Pasco, J.A., & Jacka, F.N. (2014). Relationship between diet and mental health in children and adolescents: A systematic review. American Journal of Public Health, 104(10), e31–e42

[4] Luppino FS, de Wit LM, Bouvy PF, Stijnen T, Cuijpers P, Penninx BWJH, et al. Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. Archives of General Psychiatry 2010;67(3):220-9.

[5] https://www.health-ni.gov.uk/publications/obesity-prevention-framework-and-reports

BDA NI Board advises acknowledgement is needed and appreciation given to the convincing relationship between mental health and nutrition. The potential for good nutrition to promote and maintain good mental health and also the impact of poor nutrition on the cause and continuance of poor mental health.

Dietitians apply the science of nutrition to support people in making health maximising food choices throughout life. Dietitians focus on prevention, early intervention, supporting independence and wellbeing. Dietitians across NI are involved in the delivery of wellbeing initiatives from early years, throughout childhood and early adulthood, working and later life. These dietetic supported interventions encourage positive mental health by enhancing lifestyle behaviours, self-esteem and a healthy body image. Dietitians have extensive experience in delivering nutrition education and training. Such programmes include; Nutrition matters for the early years, Weigh to Healthy Pregnancy, Workplace weight management programmes. Specific school initiatives include; Healthy Breaks guidance for Primary, Special and pre-school, Pack lunch guidance for schools, Health Choices booklets for P1 parents.

Since the beginning of the Covid-19 pandemic, it has been reported that nearly five million adults are experiencing food insecurity[6]. Recent Ulster University research found between one in five and one in three householders in NI reported experiencing at least one symptom of food poverty[7]. Dietitians in NI see the impact of food insecurity and health inequality every day in their work with children, adults and older people. Poor diet increases risk of illness, and mental health problems, and reduces a person's quality of life. Such insecurity is not only caused by financial poverty, but a much wider range of issues including poor housing, social isolation and physical disability. Food poverty amongst children is of particular concern. Dietitians have the knowledge and skills to support people directly, working with PHA and HSC at a population health level to prevent and reverse food insecurity. Public Health Dietitians are commissioned by PHA to influence public health at a population level. They reach out to those facing food insecurity, using evidence-based nutrition inventions to assist people to shop wisely, cook healthy, and use food parcels appropriately. Dietetic led practical family focussed cooking skills and food budgeting programmes. Such programmes include; Food Values, Cook it, also practical guidance and support to food banks.

Dietetic assistance is provided to the Farm Families health check programme. This programme, supported by DoH and DAERA, very much recognises the challenges of mental and physical health faced by the farming and rural communities in NI. A Public Health Dietitian featured in videos and messages in relation to heart health and prevention of type 2 diabetes which have recently gone out via Farm Families and Rural Support social media platforms.

Public Health Dietitians work closely with Mental Health charities, providing training and support to staff. Public Health Dietitians across NI, as a result of the Covid-19 pandemic, have increased their use of technology, adapting to virtual platforms for nutrition education programmes, using pre-recorded recipes and live public webinars.

Malnutrition[8] is a very real and current problem in the NI population, particularly prevalent amongst older people. Malnutrition, especially undernutrition has a significant impact on

[6] https://foodfoundation.org.uk/new-food-foundation-data-food-insecurity-and-debt-are-the-new-reality-under-lockdown/

[7] UK food poverty now a public health emergency — Ulster University

[8] NICE defines a person as malnourished if they have any of the following:

- a BMI of less than 18.5 kg/m2
- unintentional weight loss greater than 10% within the last 3–6 months

the immune system, increasing vulnerability to the effects of Covid-19 and other infectious diseases. Malnutrition impacts on frailty through muscle wasting and cognitive impairment, leading to an increased risk of falls and an inability to go about typical daily tasks such as buying or preparing food. A parallel risk of anxiety and depression is also a concern. The vast majority are in the community, living at home, with many unknown to healthcare services. Loneliness is a significant risk factor for malnutrition[9] [10] [11]. A study showed that people over 65 living alone have a significantly lower body mass index compared with those living with their family. Socially isolated older people often experience reduced appetite, eat fewer meals in a day and have a lower intake of protein, fruit, and vegetables in their diet. During the Covid-19 pandemic, older people have been at increased risk of loneliness due to self-isolation, social distancing, shielding, and visiting restriction rules in hospital and care homes. Community day centres, places of worship, and lunch clubs have been temporarily closed as result of the restrictions. Older people staying at home may struggle with shopping and cooking but lack support to overcome these problems.

Dietitians have the expertise both at an individual patient and population health level to identify and treat individuals, and also train others to prevent and treat malnutrition. Preventing malnutrition will save healthcare resource and money. Strategies are needed that prevent, detect and treat malnutrition in the community. The Older People Specialist Group (OPSG) of the BDA is the group for Dietitians with an interest in older people's nutrition. One of the aims of the group is to champion the use of food as treatment in cases of malnutrition. OPSG have produced Guiding Food Principles[12] to demonstrate BDA and dietitians commitment to help keep older people nutritionally 'well' by highlighting the need to identify and act for people who are nutritionally vulnerable and advocating a food first approach to treating malnutrition.

BDA NI Board requests recognition within the Strategy on the essential role of Dietitians to accomplish the full potential for good nutrition to promote and maintain good mental health throughout life.

Theme 2: Providing the right support at the right time

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree

Please add any further comments you may have

BDA NI Board deems providing the right support at the right time crucial for the success of the proposed Strategy. We support the principles of the whole life approach which the Strategy takes. We agree with the need for smooth transition between childhood and adult services. BDA NI Board particularly appreciates the recognition within the Strategy of the under diagnosis and need for effective management of mental health problems amongst older people in NI. We commend the person-centred approach along with family focussed

- a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3–6 months

[9] Ramic, E., Pranjic, N., Batic-Mujanovic, O., Karic, E., Alibasic, E., Alic, A. (2011) The effect of loneliness on malnutrition in elderly population. Med Arh. 65(2):92-5

[10] Ferry, M., Sidobre, B., Lambertin, A., Barberger-Gateau, P. (2005) The SOLINUT study: analysis of the interaction between nutrition and loneliness in persons aged over 70 years. J Nutr Health Aging. 9(4):261-268

[11] Lizaka, S., Tadaka, E., Sanada, H. (2008) Comprehensive assessment of nutritional status and associated factors in the healthy, community-dwelling elderly. Geriatr Gerontol Int. 8: 24–31

[12] guidingfoodprinciples.pdf (bda.uk.com)

recovery which is highlighted, also the commitment to work with statutory, community and voluntary sectors who are seen as fully integrated partners.

Do you agree with the actions and outcomes set out under this theme?

Mostly Agree

Please add any further comments you may have

BDA NI Board welcomes the proposed actions and outcomes set out under this theme, however, has concerns on how implementation will be progressed that will be fully inclusive of the necessary services and partnerships. BDA NI Board seeks assurance that the essential roles of Dietitians as part of effective long-term solutions, are enabled to be established and sustained. Dietitians do see patients with mental health issues in core HSC services, but waiting times to see the dietitian are the same for patients with a similar referral but with no mental health issues. Long waiting times can exacerbate conditions, e.g., undernutrition linked to mental health, decline in weight can be rapid. Another barrier is the inability of dietitians to directly refer to psychology when they identify people with mental health issues. To quicken the process and reduce additional waiting times within GP surgeries, it would be beneficial to have an identifiable referral pathway between dietetics and psychology services.

Historically Dietitians have had minimal input into NI mental health services. BDA NI Board calls for this to be changed.

Dietitians use expert knowledge and skills to translate evidence-based practice to deliver patient centred and practical dietetic interventions. They use behaviour change techniques, mindfulness and motivational interviewing to provide nutritional interventions which support people to engage in regular healthy food and eating patterns which aid physical and mental health. Dietitians support people to understand why they make the food choices they do and work with them on lifestyle changes that will support them reach their nutrition and health goals. Dietitians have an important role in catering teams which should be utilised, leading on menu design, recipe analysis and food and nutrition policy development within mental health settings.

People with mental health issues are often overwhelmed with a range of nutritional challenges which Dietitians are well skilled and trained to assist with. The main nutritional problems as a result of mental health, associated medication and lifestyle choices are cardiovascular disease, high blood pressure, constipation, type 2 diabetes and obesity. There is a risk of malnutrition, in particular undernutrition in people with certain forms of mental illness.

Obesity and depression have a significant and bidirectional association. People living with obesity, even those who are seen for treatment of a condition unrelated to their weight, are at increased risk of suffering from binge eating disorder, but do not meet the access criteria for the eating disorder team. Dietitians working with weight management, are in a unique position to inquire about problematic eating patterns, loss of control related to eating, and weight control practices, including dieting, exercise, diet pills (prescribed, over-the-counter, and illicit), or various forms of purging after eating. It is important to help people living with obesity build self-esteem and encourage them to lead as full a life as possible, regardless of their weight and of whether they succeed in efforts at weight control. Dietitians are uniquely trained to provide the most up-to-date scientific nutrition advice, using behavioural modification techniques that have demonstrated to have significant gains in self-acceptance, even in the absence of weight loss. Enhancing self-acceptance may not only provide a more compassionate approach to what has proved a

refractory problem, but might also lead to more lasting reductions in weight by virtue of helping patients to accept only modest weight loss and improve compliance with health-relevant eating and exercise behaviours. Even though bariatric surgical intervention is a proven effective approach for treating chronic obesity, access and eligibility for bariatric surgery remains low. The reasons for this are multifactorial, but may include a lack of developed infrastructure for medical assessment and services, unclear referral procedures, as well as uncertainties regarding costs and long-term outcomes. There is no NHS bariatric surgery performed in NI. Obesity can have the same self-harm and destructive behaviours as recognised eating disorders, however often not recognised with the same intensity as lower weight individuals. Although dietitians use behaviour change techniques with patients living with obesity, many require psychology input to help them deal with their internal trauma. BDA NI Board asks for greater recognition of the need for additional mental health resource within the overweight population.

Diabetes and mental health are closely related. People with diabetes are two to three times more likely to have depression than people without diabetes. Known as diabetes distress, it can look like depression or anxiety. The overwhelming feelings cause people to slip into unhealthy habits, stop checking blood sugar, even skip doctor's appointments. Diabetes group education has been shown to help reduce diabetes distress. As dietitians primarily deliver diabetes group education, time is taken to help people understand their condition more and help them make changes to improve their outcomes. Greater promotion and uptake of diabetes prevention and diabetes education programmes are required.

BDA NI Board welcomes 'Action 14', to ensure that monitoring of the physical health of mental health patients becomes everyday practice in primary care. Currently there are no dietitians working as first contact practitioners in primary care in NI. BDA NI Board strongly recommends the establishment of first contact practitioner roles for dietitians. Having access to dietetic first contact practitioners and also dietetic advanced practitioners, would assist in early identification and treatment of patients with nutritional problems exacerbated by mental health. Positive impacts from this dietetic input would include; identifying those at risk and inputting solutions at a prevention level, enabling patients to self-manage their conditions; reducing demand on GP time; reducing need for expensive referrals to secondary care and need for hospitalisation.

Under Action 14, the Strategy states. 'Every part of the mental health system, at every opportunity, should be asking about smoking, weight, alcohol intake and exercise and supporting change - the physical healthcare of mental health patients is everybody's responsibility.' BDA NI Board have concerns with the focus on weight. Asking about body weight could exacerbate disordered eating patterns and aggravate existing eating disorders. Therefore, we recommend asking and/or weighing a patient should be undertaken only if appropriate. We appreciate this action may be trying to capture a measure of nutritional status and/or dietary intake. Rather than focussing on weight, we recommend another method is used to ask about food intake/nutritional status. There are a number of recognised nutrition screening tools which could be considered instead, e.g., Malnutrition Universal Screening Tool (MUST)[13], Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP) [14]. BDA NI Board recommends dietetic expertise should be sought when considering an appropriate simple nutrition screening tool.

BDA NI Board welcomes 'Action 15' in relation to screening of all mental health patients on admission to secondary care, for physical health issues. However, we wish assurance this will be an evidence based multi professional screening tool. We also strongly

[13] Introducing 'MUST' (bapen.org.uk)
[14] www.stampscreeningtool.org

recommend such a screening tool is not viewed in isolation but instead leads to timely appropriate intervention and support, provided by appropriately funded and resourced multi professional teams which includes dedicated Dietetic staff time. 'Action 15' also describes how all patients should also have a combined healthy eating and physical activity programme as part of medication initiation and as part of their recovery plan. BDA NI Board requests detail on how this will be managed and delivered. Ensuring a balanced dietary intake and an optimal nutritional status is about much more than healthy eating. BDA NI Board wishes assurance that dietetic expertise is sought in the implementation of this action. There is great potential for dietitians to be involved, particularly in having dietitians working with multi-disciplinary teams and support staff in the provision of nutrition education, training and development of appropriate resources and competency frameworks.

Of relevance to the physical health of people with mental health illness, BDA very much supports a parity approach. BDA is co-signatory on the Equally Well UK Charter[15]. The charter commits to prioritising physical health for people with mental health problems and work together to share what works. Therefore, BDA recommends cognizance is given within the NI Mental Health Strategy, to this Charter, with the aim of reducing physical health inequalities for people with mental health illness.

The positive impact of Dietitians working effectively in mental health are numerous. Dietetic interventions in mental health lead to reduced malnutrition, weight management, reduction in nutrition related side-effects of psychiatric medications, enhanced self-care and management of medical conditions, as well as improved health and nutritional status[16]. Dietetic interventions, support and encourage positive mental health by enhancing lifestyle behaviours, self-esteem and a healthy body image.[17]

BDA NI Board very much welcomes the creation of a regional eating disorder service. However, we need assurance that Dietitians will be key members of staff within this service, with adequate number of dietetic posts secured and funded. Nutritional and dietetic management is a key part of treatment and recovery for eating disorders and disordered eating[18] [19]. Research suggests that both people with eating disorders[20] and various health professionals[21] that treat people with eating disorders have poor nutritional knowledge. Dietitians have the expert knowledge and skills and have a multi-faceted role in addressing eating disorders. Dietitians are the experts in using evidence-based practice and behaviour change skills to work alongside individuals with eating disorders and disordered eating, developing personalised strategies to restore and maintain healthy body weight, as well as reordering beliefs and attitudes to food, weight and appetite.

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[15] Equally Well | We believe that if you have a mental health problem, that shouldn't mean you have any less right to good physical health.

[16] De Hert M, Dekker JM, Wood D, et al (2009) Cardiovascular disease and diabetes in people with severe mental illness. Position statement from the European Psychiatric Association. European Psychiatry. http://www.easd.org/easdwebfiles/statements/EPA.pdf

[17] NICE (2014) Schizophrenia Clinical Guidance 178.

[18] Royal College of Psychiatrists and Royal College of Physicians (2010) MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa.

[19] NICE (2004) Eating Disorders: Core Interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders.

[20] Beamont PJV, Chambers TL, Rouse L and Abraham SF (1981) The Diet Composition and Nutritional Knowledge of Patients with Eating Disorders. Journal of Human Nutrition, 35(4) pp.265-273.

[21] Cordy H and Waller G (2006) Nutritional Knowledge of Health Care Professionals Working in Eating Disorders. Eating Disorders Review (14) pp. 462-467.

In NI in the last 20 years, funded eating disorder dietetic posts commenced in Adult and Child & Adolescent Mental Health Services (CAMHS) for those with a defined Tier 3 eating disorder. Tier 3 Adults and CAMHS eating disorder services are also supported by dietetic core / elective services. These people accessing dietetic core / elective services are those in the earlier phases of a defined eating disorder (Tier 2). Dietetic core services also support people with mental health issues, that have disordered eating. Also, conditions like Avoidant Restrictive Food Intake Disorder (ARFID), and autism that can cause malnutrition - including both undernutrition and obesity. As part of dietetic core services, Tier 2 service is non-specialist, and patients from age 12 to 14 through to adults, can wait a long time for appointments. A more bespoke Tier 2 service, that included access and bespoke care pathways for those with disordered eating etc, would ensure care from more specialist dietetic staff. This would also assist in preventing onward referrals to Mental Health Services or Tier 3 Eating Disorder services, and reduce the risks associated with people needing these services. In addition, such a service is also required for patients who move from Tier 3 to Tier 2.

Anecdotal evidence suggests a noticeable increase in referrals to dietetic services for disordered eating, Tier 2 and Tier 3 eating disorders, from initial lockdown due to COVID-19 in April 2020. These are service pressures the BDA NI Board wish Department of Health NI to acknowledge and act on.

Some adults with a Tier 3 Eating Disorder diagnosis require inpatient admission, as do some adults awaiting a formal assessment with an eating disorder team. Both these categories of patients frequently require enteral feeding and some are detained. Dietitians working on a general hospital ward, will neither have the specific advanced skills in managing eating disorder admissions, nor do they have the workload capacity to provide the level of intense dietetic care required. Discharge of these patients may be delayed, as eating disorder services cannot accept the patients immediately.

BDA NI Board's ask is for Advanced Dietetic Practitioner roles to be established for those currently accessing dietetic core services for disordered eating and Tier 2 eating disorders. Also, for enhanced Tier 3 dietetic posts within eating disorder services.

BDA NI Board are keen to advocate for increased commissioning of services for patients with eating disorders that do not come under the broad category of anorexia nervosa or bulimia nervosa. Disordered eating is distinctly different and separate from eating disorders, for example Avoidance Restrictive Food Intake Disorder (ARFID)[22]. They are mental health issues which require attention and expert dietetic intervention. Dietitians see many people with disordered eating but because these individuals do not purge, they are not accepted into eating disorder services. Many people interacting with mental health services or potentially needing mental health services have disordered eating. Therefore, BDA NI recommends disordered eating is referenced in the Strategy.

Theme 3: New Ways of Working

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree

Please add any further comments you may have

[22] Avoidant/restrictive food intake disorder: what do we know so far? | BJPsych Advances | Cambridge Core

BDA NI Board fully agrees with the ethos and direction of travel set out under this theme. We are supportive of the proposal to develop a regional mental health service. We fully endorse the need to undertake a review of the mental health workforce including the consideration of increased training. BDA NI Board is in favour of a regional outcomes framework which is developed in collaboration with service users and professionals. We are also very much supportive of creating a centre for excellence for mental health research which has dedicated funding.

Do you agree with the actions and outcomes set out under this theme?

Mostly Agree

Please add any further comments you may have

Although BDA NI Board agrees with the actions and outcomes set under this theme, we do have concerns that Allied Health Professionals (AHPs) are not specifically mentioned as an essential part of the mental health workforce. We seek assurance that AHPs including Dietitians are suitably recognised within the Strategy as essential to the mental health workforce.

BDA NI Board strongly advises AHPs, including dietitians are included in the proposed review of the mental health workforce. We want credence to be given to guaranteeing adequate numbers of suitably trained AHPs, including Dietitians, to ensure Regional consistency in service delivery and development. The Strategy refers to the workforce of the future with increasing staff levels and training opportunities. BDA NI Board wishes for assurance that increased staffing and training opportunities is inclusive for all staff, including AHPs. In relation to increased training opportunities, we would like clarification on exactly what staff groups/professions are included, also clarification as to the level of training, i.e., undergraduate or postgraduate. We recommend funding needs to be identified and secured to ensure the continuation of a suitably trained workforce with the adequate AHP and Dietetic skill mix and staff numbers assured. Also protected funding to undertake postgraduate training and CPD specific to the role.

BDA NI Board advises that AHPs and Dietitians should have equal opportunity alongside other professionals to be involved in the development of the regional outcomes framework. Also, for AHPs and Dietitians to have equality of opportunity in the creation and function of a centre of excellence for mental health research.

Prioritisation

If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?

1	**ACTION 1** Create an action plan for promoting mental health through early intervention and prevention, with year-on-year actions covering a whole life approach
2	**ACTION 24** Create a regional eating disorder service that includes services for Tier 2 patients.
3	**ACTION 15** Ensure that all mental health patients are screened for physical health issues on admission. Across all mental health services, help and support should be provided to encourage positive health and healthy living
4	**ACTION 26** Undertake a review of mental health workforce, including consideration of increasing training places and training of existing workforce

5	**ACTION 9** Refocus and reorganise primary and secondary care mental health services around GP Federations to ensure person centred approach, working with statutory and community and voluntary partners to create local pathways within a regional system
Finally, is there any one key action which you feel is missing from the draft Strategy? Create a regionalised approach to managing disordered eating.	
Impact Assessments/Screenings	
Do you agree with the outcome of the Impact Assessment screening? Mostly Disagree	
Please add any further comments you may have BDA NI Board considers the Impact Assessment screening completed is accurate, however we have concerns on the feasibility of the Strategy, without a full and comprehensive assessment of the required additional and new funding to allow for effective implementation. BDA NI appreciates a separate Mental Health Funding Plan will be published alongside the full Strategy. However, as this spending plan will only be indicative and will require further prioritisation, workforce mapping and planning to ensure delivery, BDA NI Board are concerned the Strategy's actions and priorities may be greatly weakened and resulting activity halted/reshaped, primarily by the availability of funding. The consultation document describes how investment will be dependent on new funding becoming available. That any investment will be balanced against other service priorities. This causes apprehension for BDA NI Board as we are alarmed the full positive potential and impact of the proposed Strategy could be significantly destabilised due to funding constraints. We appreciate the Department of Health considers a full regulatory impact assessment is not appropriate, however, if impacts, in particular funding, are to be dealt with as suggested at the individual policy, project or service development level, there is a high risk of actions not being delivered on or not delivered fully. Surely a dominant strength of the Strategy is the co-ordination and joining up of services, the creation of a single mental health service. Without consideration of funding and necessary investment of the full set of Strategy actions, the result could be a fractured and disjointed system, not dissimilar to what we already have. The proposed Strategy is comprehensive and ambitious. A reform of mental health services in NI is very much needed. The Strategy describes the importance of consistency in service delivery and development to ensure regionality in service provisions. Without a full and comprehensive assessment of necessary additional and new funding, it would be very disappointing if the ambitious Strategy based on consistency and regionality of services, could not be delivered in its entirety.	

Thank you for taking the time to respond to the consultation. Please submit your completed response by **5pm on 26 March 2021** using the details below:

E-mail: mentalhealthstrategy@health-ni.gov.uk

Hard copy to:

Department of Health, Adult Mental Health Unit, Room D4.26, Castle Buildings, Stormont, Belfast, BT4 3SQ