



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

**DRAFT SERVICE FRAMEWORK FOR  
MENTAL HEALTH AND WELLBEING**

**Consultation Response Questionnaire**

## CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: [serviceframeworks@dhsspsni.gov.uk](mailto:serviceframeworks@dhsspsni.gov.uk)

Written: Service Frameworks Unit  
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Castle Buildings  
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Tel: (028) 9052 8283

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**Responses must be received no later than 18<sup>th</sup> March 2011.**

I am responding: as an individual   
on behalf of an organisation   
(please tick a box)

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## Background

The Department of Health is developing a range of service frameworks which set out explicit standards for health and social care that are evidence based and are capable of being measured. The Service Framework for Mental Health and Wellbeing sets standards in relation to the prevention, assessment, diagnosis, treatment, care, and rehabilitation of individuals / communities who currently have, or are at greater risk of developing, mental illness. Each standard is supported by levels of performance to be achieved over 3 years.

## Purpose

This questionnaire seeks your views on the Service Framework for Mental Health and Wellbeing, and should be read in conjunction with the document which includes the draft standards. It is particularly important to know whether the proposed standards will ensure that health and social care services are safe, effective, efficient, accessible, patient/client centred and equitable.

## The consultation questionnaire

The questionnaire can be completed by an individual health professional, stakeholder or member of the public, or it can be completed on behalf of a group or organisation.





**Part A:** provides an opportunity to provide some general feedback on the service framework document and should be completed by all respondents.

**Part B:** provides an opportunity for respondents to give additional feedback relating to specific standards and/or sections of the service framework.


Please indicate which section(s) you are providing feedback on:

I am providing general feedback on the document and will complete Part A.

I am providing general feedback on the document with a focus on the specific section(s) indicated in the table below and will complete Part A and Part B.

Please tick which sections or subsections you are providing feedback on	
Summary of Standards	
Sections 1-2: Introduction, Background, and Basis for Development of the Service Framework	
Section 3: Standards for Promoting Good Mental Health and Wellbeing	
Section 4: Standards for Improving the Experience of Service Users and Carers	
Section 5: Standards for Specific Conditions – Children and Young People 5.1 Conduct Disorders	
Section 5: Standards for Specific Conditions – Children and Young People 5.2 Depression – Children and Young People	
Section 5: Standards for Specific Conditions – Children and Young People 5.3 Attention Deficit Hypertension Disorder	
Section 5: Standards for Specific Conditions – Children and Young People 5.4 Transition to Adult Services	
Section 6: Standards for Specific Conditions 6.1 Anxiety Depression - Adults	
Section 6: Standards for Specific Conditions 6.2 First Episode Psychosis – Early Interventions in Psychosis	
Section 6: Standards for Specific Conditions 6.3 Schizophrenia and other psychoses	
Section 6: Standards for Specific Conditions 6.4 Obsessive Compulsive Disorder	
Section 6: Standards for Specific Conditions 6.5 Bipolar Disorder	
Section 6: Standards for Specific Conditions 6.6 Addictions and Substance Misuse	
Section 6: Standards for Specific Conditions 6.7 Eating disorders	
Section 6: Standards for Specific Conditions 6.8 Mental Health component of Asperger’s Syndrome	
Section 6: Standards for Specific Conditions 6.9 Dementia	
Section 7: Standards for People with Specific Needs 7.1 Perinatal Mental Health	
Section 7: Standards for People with Specific Needs 7.2 Older People’s Mental Health	
Section 7: Standards for People with Specific Needs 7.3 Post Traumatic Stress Disorder	
Section 7: Standards for People with Specific Needs 7.4 Personality Disorders	
Section 7: Standards for People with Specific Needs	

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7.5	Self Harm and Suicide	
Section 7: Standards for People with Specific Needs		
7.6	Acquired Brain Injury	
Section 7: Standards for People with Specific Needs		
7.7	Deaf People with Mental Health Needs	
Section 7: Standards for People with Specific Needs		
7.8	Gender Dysphoria	
Section 7: Standards for People with Specific Needs		
7.9	Forensic Mental Health	
Section 7: Standards for People with Specific Needs		
7.10	Learning Disability	
Section 7: Standards for People with Specific Needs		
7.11	Black and Minority Ethnic Communities	
Section 7: Standards for People with Specific Needs		
7.12	Homeless People	

**Part A – General feedback on the document (all respondents please complete this part).**

**Q1.** Please indicate your views on the following statement (please circle response)

“In general the language and organisation of the document is easy to follow.”

**Strongly agree**                      Agree                      Neither                      Disagree                      Strongly disagree

Comments:

The framework is clearly laid out to introduce what will be covered in each standard. It would be helpful on page 64 to provide a list of standards covered in each section alongside the colour coding e.g. Health Improvement, standards 1-9.

**Q2.** Please indicate your views on the following statement (please circle response)

“The standards covered by the service framework are important for people with mental illness.”

Strongly agree                      **Agree**                      Neither                      Disagree                      Strongly disagree

IPH agree with this statement and highlight it is important the framework covers health promotion and health improvement alongside healthy services.

**Q3.** Please indicate your views on the following statement (please circle response)

“Overall this framework will provide an opportunity to help set priorities for commissioning services for mental health.”

Strongly agree

**Agree**

Neither

Disagree

Strongly disagree

Comments:

IPH supports the approach of the framework to help set priorities for commissioning. However performance indicators, data sources and anticipated performance levels are not available for all standards. This makes it difficult to assess performance and enable staff to be clear about what targets they are working towards. Evidence based performance measurement is an important component of quality improvement efforts in health care. Overall IPH believes the framework presents a good structure to enhance mental health services however greater attention needs to be given to the validity of the performance measurements to be used for monitoring. Good performance measures must be quantifiable, valid and useful, and they need to fit neatly within the larger context of clinical quality improvement efforts.

**Q4.** Which of these standards will have the greatest impact on the health and wellbeing of people who have, or are at a greater risk of developing, mental illness, and why?

Comments:

The framework needs to be implemented as a whole for it to be fully effective.

**Equality implications**

Before completing this section, please refer to Appendix 2 which relates to equality of opportunity, and the guidance regarding this produced by the Equality Commission for Northern Ireland.

**Q5.** Having considered the outcome of the screening exercise as set out in Appendix 2, do you think these standards will have any adverse impact(s) on any group of people in terms of the nine equality dimensions? If yes, please comment on how any adverse impact could be reduced.

Yes  No

Comments:

**Q6.** Are you aware of any indication or evidence that the standards may have an adverse impact on equality of opportunity or good relations? If yes, please state the reasons why and suggest how these might be mitigated.

Yes  No

Comments:

Equitable is one of the framework's values. IPH suggests that this is replaced with equity. We know there are inequalities in mental health outcomes across Northern Ireland and this framework needs to ensure that vulnerable groups are provided with the service they require. We welcome the approach to the framework as it does identify groups with specific needs however within these groups e.g. self harm and suicide area based need may require extra resources, and this is not reflected in the framework.

The Cardiovascular Service Framework was subject to a Health Impact Assessment (HIA) which identified that the Framework can positively impact on health inequalities but to protect particular vulnerable groups specific action is needed. IPH calls for a HIA to be undertaken on the Mental Health and Wellbeing Framework to assess its impact on health inequalities and health inequities.

**Q7.** Do the proposed standards afford an opportunity to promote equality of opportunity and/or good relations? If yes, please outline your reasons.

Yes  No

Comments:

**Q8.** Are there any aspects of these standards where potential human rights violations may occur?

Yes  No

Comments:

No comment

**Q9.** Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the Service Framework for Mental Health and Wellbeing.

Comments:

**Please continue and complete Part B, or return your response questionnaire.  
Responses must be received no later than 18<sup>th</sup> March 2011.  
Thank you for your comments.**

**Part B – Feedback relating to specific standards and/or sections of the service framework.**

*Please insert the specific section or standard you are reviewing in the box provided*

e.g.  
Section 5: Standards for Specific Conditions  
or  
Section 6.1 Conduct Disorders  
or  
Overarching Standard 26 A person attending an acute general hospital should have access to age appropriate psychiatry services and should include follow up arrangements if required such as the card before you leave scheme

Section 3 – Promoting good mental health and wellbeing

**Q(i).** Please indicate your views on the following statement (please circle response)

“It was easy to locate my specific standard/section of interest in the service framework document.”

Strongly agree

**Agree**

Neither

Disagree

Strongly disagree

Comments:

Overall there seems to be a good breakdown of issues identified and actions reflected in the standards. The introduction refers to the need to engage other sectors but this is not included as a specific standard. As it is one of the essential actions to improve overall health and wellbeing it is essential this is included as a standard. A HIA was conducted on the draft Northern Ireland Mental Health and Wellbeing Promotion strategy which identified seven government departments as having a responsibility to tackle mental health. The standards in this section of the framework need to recognise the work of others and provide guidance and targets for a structured and coordinated approach to health improvement for mental health.

**Q(ii).** Service frameworks are viewed as active documents which evolve over time to include new scientific evidence for improving care. Are you aware of any key evidence or other information which is missing, and which would alter the nature of this particular section/ standard?

Yes  No

Comments:

**Q(iii).** Please indicate your views on the following statement (please circle response)

“The performance indicators and the expected performance levels are reasonable, and they will help progress towards achieving the overarching standard(s).”

Strongly agree      Agree      Neither      **Disagree**      Strongly disagree

Comments:

Performance indicators, data source and anticipated performance levels are not available for all standards. This makes it difficult to assess performance and enable staff to be clear about what targets they are working towards.

**Q(iv).** Please indicate your views on the following statement (please circle response)

“I plan to use the/these standard(s) to improve my practice, or services for people with mental illness.”

Strongly agree

Agree

**Neither**

Disagree

Strongly disagree

Comments:

**Q(v).** Please use the box below to insert any further comments, recommendations or suggestions you would like in relation to this particular standard or section.

Comments:

The following comments have been extracted from the HIA undertaken on the Cardiovascular Service Framework. IPH recommend DHSSPS review suggestions arising from this work as there are similarities and lessons in relation to the health improvement standards.

Standard 1 – There needs to be clear identification who in Health and Social Care should be responsible for this standard. As this standard is aimed at young people, Education and Library Boards and the Department of Education are key delivery partners. It is also essential all organisations and everyone involved should communicate the same message to service users about smoking.

Standard 2 – The voluntary/community sector should be included as an implementation group due to support services and contact with people suffering mental health issues. Appropriate training needs to be provided for identified health and social care professionals to ensure staff can recognise if people are ready to stop smoking and be clear on their role to advise people. A data source has not been identified for monitoring the percentage of patients quitting.

Standard 3 – The voluntary/community sector and local government should be included as an implementation group as there are a range of good practice examples available across Northern Ireland. For example the North-West Cross Border Group is currently developing community allotments/gardens to support people with mental health problems and provide advice on healthy eating at a community level.

Standard 4 – The voluntary/community sector is a key delivery body. A performance indicator does has not been included for those at risk from developing an eating disorder and the link to mental health. This standard should be supported by connecting the implementation to PfA targets.

Standard 5 - The voluntary/community sector and local government should be included as an implementation group. The data source 'audit' is not clear. Establishing a baseline by 2012 will make it difficult to measure this standard in the interim.

Standard 6 – Alcohol is a major contributor to mental illness in Northern Ireland. Of particular concern is the role that alcohol may play in affecting the mental health of people recently affected by adverse socio-economic conditions caused by economic downturn including unemployment, poverty and debt. There is a need for the DHSSPS to support the Department for Social Development in a move to regulate alcohol promotion and pricing to protect mental health. Evidence also suggests that alcohol is often a factor in increasing levels in suicides. There is a need to build capacity within primary care to identify and support people. Timely needs to be included as a quality dimension to ensure services will be provided in a timely manner to increase uptake and result in a positive outcome. Again a baseline will not be established until 2012.

Standard 7 – It is essential that all support systems available to parents and those in a parental role are appropriately integrated and linked. Again a baseline will not be established until 2012.

*Please insert the specific section or standard you are reviewing in the box provided*

*e.g.*

*Section 5: Standards for Specific Conditions*

*or*

*Section 6.1 Conduct Disorders*

*or*

*Overarching Standard 26 A person attending an acute general hospital should have access to age appropriate psychiatry services and should include follow up arrangements if required such as the card before you leave scheme*

Section 4 – Improving the experience of service users and carers

**Q(i).** Please indicate your views on the following statement (please circle response)

“It was easy to locate my specific standard/section of interest in the service framework document.”

Strongly agree

**Agree**

Neither

Disagree

Strongly disagree

Comments:

No comment

**Q(ii).** Service frameworks are viewed as active documents which evolve over time to include new scientific evidence for improving care. Are you aware of any key evidence or other information which is missing, and which would alter the nature of this particular section/ standard?

Yes  No

Comments:

**Q(iii).** Please indicate your views on the following statement (please circle response)

“The performance indicators and the expected performance levels are reasonable, and they will help progress towards achieving the overarching standard(s).”

Strongly agree      Agree      Neither      Disagree      Strongly disagree

Comments:

As previous comments

**Q(iv).** Please indicate your views on the following statement (please circle response)

“I plan to use the/these standard(s) to improve my practice, or services for people with mental illness.”

Strongly agree

Agree

**Neither**

Disagree

Strongly disagree

Comments:

**Q(v).** Please use the box below to insert any further comments, recommendations or suggestions you would like in relation to this particular standard or section.

Comments:

No reference has been given to the different communication methods required to engage and interact with different groups. Communication practices should ensure that written information is understandable and tailored to the needs of different population groups such as young people, or the marginalised. Consideration needs to be given to those with literacy difficulties and information needs to be provided and communicated in different languages.

The HIA on the Cardiovascular Service Framework identified a range of suggestions which would enhance communication practices. IPH suggest this framework reviews these suggestions and adopts as appropriate.

*Appendix 1*

**FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS**

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided

the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature

acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>). For further information about this

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particular consultation please contact John Maguire (contact details are shown on page 1).

## *Appendix 2*

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

In keeping with the above statutory obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland, the Department has carried out a preliminary equality screening exercise to determine if the standards proposed in the Service Framework for Mental Health and Wellbeing are likely to have a significant impact on equality of opportunity and should therefore be subjected to an Equality Impact Assessment (EQIA). The Department has concluded that an EQIA is not appropriate for a number of reasons, for example,:

- The preliminary screening showed no evidence of higher or lower participation or uptake by different groups;
- Interface meetings, and consultations with key stakeholders were already established as a key component in the development of the service framework;
- The standards outlined in the Service Framework for Mental Health and Wellbeing appear to promote equality of opportunity and good relations.

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