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We will support recovery and discover new ways of being. We will do this Together because mental health is everyone's business.

### **Foreword**

Northern Ireland (NI) has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence than England<sup>1</sup>. It is estimated<sup>2</sup> that only 40% of people in NI who seek help are able to access effective mental health care, and that 79% of those do not receive the service that they need. Yet the mental health spend in NI remains approximately 31% less than England and 20% less than the Republic of Ireland (ROI). Aiming to address this gap, MindWise will campaign for increased spend on mental health in the years ahead.

There is no doubt that the enduring mental health needs of the NI populace have clear links to socioeconomic determinants of health and legacy issues of the 'Troubles'3. However, the global pandemic (COVID 19) has further exacerbated our mental health needs and shone a very bright light on systemic failings within the health care arena. Notably, for many people experiencing severe and enduring mental illnesses, like schizophrenia and bipolar disorder, the pandemic has made their condition worse. For many people who have been affected by trauma, maybe as a result of systemic failings, 'The Troubles' or adverse childhood experiences (ACEs), the pandemic has made their mental health condition worse. Many more people have found themselves experiencing a mental health condition for the first time due to money worries or homelessness while they are navigating the system, which further exacerbates mental health conditions.

In developing our strategic plan for the years ahead MindWise asked 'What can we do to support you?'. The people we work with and for told us many things. Importantly, you told us that mental health and wellbeing should be everyone's business and that everyone of all ages in Northern Ireland should have access to the support they need when they need it. You told us that if we work Together we can make this happen.

In response to what you have told us, our work will build on what we have achieved from inception in 1972. We will strengthen, consolidate and extend our presence in Northern Ireland, while also consolidating and building upon our partnerships across the UK, Republic of Ireland, and beyond.

Importantly, we will not pay lip service to what our clients (people with lived experience of mental health issues, their families, and carers) tell us. We will continue to listen, we will work together, we will create safe places to support each other and to reflect, learn, grow and connect across society. We will support recovery and discover new ways of being, and we will do this Together because mental health is everyone's business.

Low Haire

**Tom Haire** Chairperson









DoH Mental Health Strategy, 2021- 2031 Mental Health Strategy 2021-2031 | Department of Health (health-ni.gov.uk)

Mental Health Foundation (2016). Mental Health in Northern Ireland: Fundamental Facts 2016. https://www.mentalhealth.org.uk/sites/default/fles/FF16%20Northern%20ireland.pdf

<sup>&</sup>lt;sup>3</sup> O'Reilly, D., and Stevenson, M. Mental health in Northern Ireland: have "The Troubles" made it worse? Journal of Epidemiology and Community Health; 57:488-492; 2003

# MindWise supporting the state of Mental Health in Northern Ireland (NI)

The Department of Health's 10 Year Mental Health Strategy (2021 - 2031) and the Mental Health Foundation's 'The Fundamental Facts' provide key information on the state of mental health in NI. However, there remain significant gaps in research and data gathering on our mental health needs and without this, we, as a society, are unable to fully determine and subsequently deliver services effectively to meet those needs.

In this respect, The King's Fund<sup>4</sup> refer to population health management, defined as, 'An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies'.

Moving forward, MindWise will support the development of a population health management<sup>5</sup> approach, which we hope will be applied across the health care system. In doing so, we want the limited resources available to support our mental health to be directed responsibly and appropriately.

Moving forward, MindWise will continue to work with government departments, statutory and non statutory agencies, and alongside people directly affected by mental health issues, their families and carers. We will work Together in true partnership to enhance the mental health and wellbeing of the people living and working in NI, because mental health is everyone's business.

We know that mental health is a complex issue and that the people we work with and for experience a range of mental health issues. However, the social and economic conditions in which people are born, grow, live and work are important factors in determining the mental health of existing and future generations. We know that low-income groups<sup>6</sup> have higher rates of mental health conditions, particularly severe and enduring conditions, than high-income groups. People with mental ill health also have a higher risk of economic hardship, possibly resulting in employment difficulties, job loss and potentially homelessness.

<sup>4</sup> What does improving population health really mean? | The King's Fund (kingsfund.org.uk)

<sup>&</sup>lt;sup>5</sup> NHS England » Population Health and the Population Health Management Programme

<sup>6</sup> NICCY (2017). What to people think about child poverty in Northern Ireland? A Briefing Paper. Accessed at: https://www.niccy.org/childpoverty

Moving forward, MindWise wants to ensure that people live and work in mentally healthy environments, and that people have access to the welfare benefits and the money advice services desperately needed to support their mental health and wellbeing.

The legacy of the 'Troubles' in NI continues to significantly impact the mental health of our society as a whole, and is likely to do so for generations to come unless we take action Together. The concept that psychological or mental ill health is a communicable disease, which can be transmitted across and through generations, is a growing area of research<sup>7</sup>. In the context of NI, defining trans-generational psychological trauma<sup>8</sup> as a specific identifiable and treatable pathology remains a challenge. However two thirds of the NI population have experienced one or more traumatic events, and half of those are related to the "Troubles"9. Deprivation and high rates of mental and physical illness co-occur in areas most impacted by violence, while the multi-generational legacy of NI's conflict arguably means trauma still goes on through generational transmission<sup>10</sup>. It remains to be seen how the impact of the global COVID-19 pandemic compares between conflict, post conflict and non conflict societies. Arguably however, the NI populous is at significantly increased risk of infection, transmission and morbidity in the years ahead.

Moving forward MindWise commits to embedding trauma informed practice in everything we do. We aim to minimize the severity of the traumatic impacts<sup>11</sup>, achieve recovery and discover new ways of living and working to achieve our best lives.

Discrimination (often referred to as stigma) still shadows mental health. The Time to Change campaign had little to no effect in NI. Individuals with severe mental illnesses such as schizophrenia, psychosis and bipolar affective disorder still tell us that the impact of discrimination is worse than the illness itself.

Discrimination often results in loss of family, friends, social connectedness, isolation, as well as unemployment, homelessness and loss of life. In tackling discrimination, MindWise believe that public health policy<sup>13</sup> must accept that mental health is everyone's business. We must talk about our mental health - 'How are you feeling today?'. Thereby making mental health a part of everyday conversation (in the tea room and in the Board room, at the Assembly and at Westminster, in the Dáil, at the UN and in the EU). Together we will break down the discriminatory views and dispel the myths surrounding mental health. In doing so, individuals, families, friends, employers, colleagues, policy and decision makers will become better equipped to recognise, understand and respond to mental health issues.

Moving forward, Together, we will 'speak up', talk, challenge and address the often devastating impacts of discrimination on the lives of the people we know and love.

Adverse childhood experiences<sup>14</sup> (ACEs) account for 29.8% of mental health issues<sup>15</sup> in NI, yet they can be prevented if identified early and if the right support is provided16. For children, the family is a key focal point and evidence shows that working with families17for example applying Think Family<sup>18</sup> approaches - result in positive outcomes for the child, family and society as a whole. Beyond the family a key focal point for children is school. Evidence shows that school-based programmes for children and adolescents achieve a reduction in symptomatic depression of 50% or more a year after the intervention. Furthermore, anxiety disorders can successfully be prevented by strengthening emotional resilience, self-confidence and cognitive problem-solving skills in schools<sup>19</sup>.

Moving forward MindWise will enhance our work with families, local communities and schools in support of our children and young peoples' mental health and wellbeing. Young people who continue to need mental health treatment and care will transition (around the 18th birthday) from child and adolescent mental health services (CAMHS) to adult mental health services. However, there is currently no regional protocol in Northern Ireland for the transition of young people from CAMHS to adult mental health services, while transition pathways vary across the five health and social care trusts. Young people continue to report<sup>20</sup> that transferring to adult mental health services can be very difficult and that a gradual transition to adult services for those aged 16–25 years old would be preferable.

Moving forward MindWise will investigate the feasibility of designing a more integrated & collaborative Youth Mental Health Service.

Prevention and early intervention minimise the prevalence and incidence of poor mental health and the severity of the life time impact of mental health issues. It is estimated that half of all mental health problems have been established by the age of 14, rising to 75 % by age 24, with schizophrenia having its peak onset in late adolescence/early adulthood<sup>21</sup>. Additionally, up to 50% of those attending psychiatric outpatient clinics, 50% of those in psychiatric inpatient services and 80% of the prison population meet the criteria for a personality disorder (also referred to as Complex Post Traumatic Stress Disorder). 45% of those presenting at Emergency Departments with self-harm have a diagnosis of personality disorder and 9%-10% of those with a personality disorder die by suicide.

Early intervention in the treatment of psychosis has been shown to reduce the severity of symptoms, improve relapse rates and significantly decrease the use of inpatient care and specialist support<sup>22</sup>. NICE guidelines<sup>23</sup> on schizophrenia clearly support the development of both psychosis prevention services and first episodes psychosis services. Early intervention can also reduce the significant number of people experiencing mental health issues who are criminalised within the justice system.

The NI Forensic Managed Care Network commissioned a Rapid Review of Forensic Services in November 2021. Once in contact with the criminal justice system (CJS), people with mental health problems have poorer associated outcomes than the general population. Finding work can be more complicated when someone has a criminal history, limited education or work experience and/or ongoing mental health issues.

- 7 (Sotero, 2006; Bombay, Matheson & Anisman, 2009; Nissenbaum-Kahane, 2011; Downes, Harrison & Curran, 2012; Fargas-Malet & Dillenburger, 2016; Giladi & Bell, 2012; Fenton, 2018; Alexander, 2018; Brown-Rice, 2019).
- Fargas-Malet, M., & Dillenburger, K. (2016) 'Intergenerational transmission of conflict related trauma in Northern Ireland: A behavior analytic approach', Journal of Aggression, Maltreatment and Trauma. (PDF)
- <sup>9</sup> Tomlinson, M. (2007). The Trouble with Suicide: Mental Health, Suicide and the Northern Ireland Conflict
  a region of the oxidence University Publisher.
  - a review of the evidence. Unknown Publisher.
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- Bunting, L. (2017)'Responding to Trauma and Adversity-the Ace Pilot', Queen's University, Belfast. Report.
- <sup>12</sup> Time To Change | let's end mental health discrimination (time-to-change.ora.uk)
- Eriksson, M., Ghazinour, M., & Hammarstrom, A. (2018), 'Different uses of Bronfenbrenner's ecological theory in public mental health research: What is their value for guiding public mental health policy and practice?' Social Theory Health, 16; pp. 414-433.
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- Betts J, Thompson J. 'Mental Health in Northern Ireland: Overview, Strategies, Policies, Care Pathways, CAMHS and Barriers to Accessing Services'. Research and Information Service Research Paper Northern Ireland Assembly (2017). Accessed at: http://www.nias sembly.gov.uk/ globalassets/documents/raise/publications /2016-2021/2017/health/0817.pdf
- <sup>17</sup> Bowen, M. (1978). Family Therapy in Clinical Practice. New York: Jason Aronson. Brown, J. (1999). Bowen family systems theory and practice: Illustration and critique. Australian and New Zealand Journal of Family Therapy, 20(2), 94–103.
- <sup>18</sup> Think Family NI | Department of Health (health-ni.gov.uk)
- Scott, S. (2005). Do parenting programmes for severe child anti social behaviour work over the longer term, and for whom? 1 year follow up of a multicenter controlled trial. Behavioural and Cognitive Psychotherapy, 33(4), 403–421. https://doi.org/10.1017/S135246580500233X
- <sup>20</sup> NICCY Still Waiting: niccy-still-waiting-report-sept-18-web.pdf
- <sup>21</sup> Neale A and Kinnair D Early intervention in psychosis services. British Journal of General Practice 2017; 67 (6610)
- Working Together: 'A Pathway for Children and Young People through CAMHS'. Accessed at: http://www.hscboard.hscni.net/ download/PUBLICATIONS/ MENTAL%20HEALTH%20AND%20 LEARNING%20DISABILITY/you\_in\_mind/21122018-HSCB-CAM HS-Pathway-Document.pdf
- <sup>23</sup> Overview | Psychosis and schizophrenia in adults: prevention and management | Guidance | NICE

In the UK evidence has shown that specialist early intervention can reduce relapse and readmission to hospital, while improving quality of life<sup>24</sup>, <sup>25</sup>. Notably, the Department of Health's new 10 Year Mental Health Strategy (2021 - 2031) supports the need to develop specialist services in the areas of for example personality disorders, forensics and trauma.

Moving forward MindWise will continue to address the specific needs of people experiencing severe and enduring mental health needs and personality disorders (complex-PTSD).

Ultimately MindWise believes that early intervention and prevention is key to minimising the likelihood of offending and/or re-engagement in the youth and criminal justice system. MindWise do not underestimate the difficulties supporting this population, who have numerous complex needs.

Moving forward MindWise will consolidate and strengthen our approaches to working with people involved in the youth and criminal justice system.

Adults who experience severe and enduring mental ill health (approximately 1 in 100 people) often require enhanced care planning and interventions throughout the course of their illness or lifetime. The median reduction in life expectancy among those with mental illness alone is approximately 10 years<sup>26</sup>. Additionally, rates of mental illness for people from Black, Asian and Minority Ethnic (BAME) backgrounds can be greater than for white people as a result of the overlay of multiple inequalities and discrimination. More white people receive treatment for mental health issues than people from BAME backgrounds, and they have better outcomes.

Moving forward, through our partnership with Mental Health UK (MHUK), MindWise will begin to more fully investigate meeting the needs of BAME communities in NI.

MindWise want people with mental health issues - irrespective of their age, gender or ethnicity - to be supported to enjoy the same quality of life as the general population and have the same life expectancy. The physical healthcare of people with mental health needs is everybody's business.

Moving forward MindWise will support people affected by mental ill health to get the right support early and encourage everyone to take up physical health activities, healthy eating programs and physical health screening, where appropriate.

The provision of effective community based support for people experiencing severe and enduring mental health is an imperative. Being transferred from long inpatient stays to the community can often cause further harm in itself. For example, delayed discharge accounts for almost 10% of occupied beds on acute wards at any time, and difficulties accessing appropriate supported accommodation in the community is the single most important factor in these delays<sup>27</sup>.

Moving forward MindWise will build on our successes - we will consolidate and enhance our community support services specifically in the areas of supported accommodation, day opportunities, family support, information, advice, advocacy and psychological therapies. In later life we are all vulnerable to the full spectrum of mental health issues experienced in younger adults. Older adults typically have higher rates of mental illnesses associated with physical illness, frailty and dementia<sup>28</sup>. These issues are further compounded by social challenges which include isolation, bereavement and economic poverty. The world's older adult population is estimated to almost double from about 12% to 22% between 2025 to 2050<sup>29</sup>. In Northern Ireland it is estimated that a mental health problem is present in 40% of older adults seeing their GP, 50% of older adults in general hospitals and 60% of care home residents. Under-diagnosis is reported as a chronic problem. Older adults with mental illness are more likely to require domiciliary or institutional care. The needs of an ageing population present an unprecedented challenge to healthcare systems across the world. Yet in NI, evidence suggests that older adults receive proportionally less help than other age groups - for example, 85% of older adults with depression receive no help at all from the NHS (Mental Health Foundation). The aging population also means that more and more adults are caring for older adults while many carers are older adults themselves. The impact on carer health and the resulting economic impact of caring<sup>30</sup> demands an immediate whole system response.

Moving forward MindWise will build on its successes in supporting older people and those with carer responsibilities.

In recent years, MindWise has experienced a rise in the number of children, young people, adults and older people needing support for things that many of us take for granted – mental health and wellbeing. The pandemic has increased the likelihood of financial worries, homelessness and loneliness and has resulted in increased levels of anxiety, depression and stress (to include post traumatic stress disorders) across NI.

These devastating impacts could last for decades, resulting in trans-generational trauma affecting the lives of individuals, families and carers, communities and wider society going forward if we don't take action. We know our mental

health services were under pressure before the pandemic, and it is likely that the need for our services will continue to rise. More than ever, we need to ensure mental health and wellbeing is everyone's business and work together to create a society in NI and beyond which embraces mental health and wellbeing for all.

Moving forward MindWise will adopt a trauma informed life cycle approach to mental health and wellbeing aiming to more fully support existing and future generations with their mental health and well being.

In 2021, MindWise supported more than 12,000 people affected by mental ill health in NI alone and we expect the number of people we support to increase at a pace in the years ahead. We intend to grow as an organisation to meet their needs. We will do this in partnership with our clients, statutory, voluntary and community sector partners.

- <sup>24</sup> Craig TKJ, Garety P, Power P et al (2004) The Lambeth Early Onset (LEO) Team: randomised controlled trial of the effectiveness of specialised care for early psychosis. British Medical Journal 329:1067–1070.
- <sup>25</sup> Garety PA, Craig TKJ, Dunn G et al (2006) Specialised care for early psychosis: symptoms, social functioning, and patient satisfaction: randomised controlled trial. British Journal of Psychiatry 188:37–45.
- <sup>26</sup> DoH Mental Health Strategy, 2021- 2031 Mental Health Strategy 2021-2031 | Department of Health (health-ni.gov.uk) World Health Organization Social determinants of health https://www.who.int/health-topics/ social-determinants-of-health#tab=tab\_1
- <sup>27</sup> Royal College of Psychiatrists, The Commission to review the provision of acute inpatient psychiatric care for adults, Building on Progress, 2016
- <sup>28</sup> Butler, R., & Katrona, C. (Eds.). (2019). Seminars in Old Age Psychiatry (2nd ed., College Seminars Series). Cambridge: Cambridge University press. Doi:10.1017/9781108593946
- <sup>29</sup> Ageing and health (who.int)
- 30 Impact of caring Research | SCIE

## MindWise Services: A Trauma Informed Life Cycle Approach



All Ages: Mental Health and Money Advice; Family and Carer Support Groups; Information, Advice and Advocacy.

WorkWise: Supporting **Elderly: Adult Mental Employers** in all **Housing and Health Services** sectors to create Community (>18) mentally healthy (>55) work environments (>18) 18 25 55 80 **Next Generation** Housing, **Community and** Family and **Carer Support Psychological Therapies** (all ages) (>18) MindWise continues to innovate and expand our reach - this pictogram offers a flavour of what we do and how we do it. Please get in touch if you want to know more about our services

For further information contact info@mindwisenv.org

and activities in your area.

## Mental Health in NI - Some key facts

The Department of Health's (NI) Mental Health strategy (2021 - 2031) and The Mental Health Foundation's 'The Fundamental Facts' (2016) offer invaluable insights into the key facts around the state of mental health in NI, for example:-

Northern Ireland (NI) has the **highest** prevalence of mental health problems in the UK, with a

higher overall prevalence than England.



It is estimated that only

of people in NI who seek help are able to access effective mental health care and 79% of those do not receive the service they need.

**Good mental health** has a basis in physical health and positive relations with families, friends, community and society as a whole.

**35.3%** 

of LGB&/T individuals reported having self-harm, 25.7% had made a suicide attempt. while 46.9% experienced suicidal ideation, 70.9% report experiencing depression, and 64.7% had sought medical help for depression/ anxiety.

There is **minimal** uptake of mental health services by BAME communities.

80% of women have no access to specialist perinatal support.

people report feeling lonely.

One (11.9%) children and vouna people experience

Child health outcomes are amongst the poorest in Western Europe.

emotional

problems.



29%

of 16 year olds

reported serious personal emotional or mental health problems, with a much higher percentage (43%) from 'not well off backgrounds' doing so. 40%

of mental health patients

have been forced to resort to emergency or crisis services and one in ten people in distress end up in Emergency Departments.

An estimated

8.8%

of the Northern Ireland population

met the criteria for **Post-**

Traumatic Stress

**Disorder** at some point in their life.

4

**78%** 

of students struggle with their mental health.



Depression affects around

**22%**of men and

of women aged 65 years and over.



Up to 50%

of those attending psychiatric outpatient clinics, 50% of those in psychiatric inpatient services and 80% of the prison population, meet the criteria for a personality disorder. **45%** of those presenting at Emergency Departments with self-harm have a personality disorder and 9%-10% of those with a personality disorder die by suicide.

The ongoing impact of transgenerational trauma highlighted that children continue to suffer the consequences of poor mental health associated with conflict trauma and living under the ongoing threat of paramilitaries.



People with severe and enduring mental illness have a reduced life expectancy of

15 to 20 years

because of poor physical health.



**39%** 

of the population in Northern Ireland reported experiencing

a traumatic event relating to the Troubles.



64%

of arrest suspects in Northern Ireland currently or have previously identified as having a mental health issue.

## Who we are

MindWise is a leading membership based mental health charity in Northern Ireland. We have been working with and for people of all ages directly affected by mental health issues as well as families, carers, employers and teachers for over 50 years.

MindWise supports and empowers people experiencing mental health issues to live their best lives. We do this in true partnership with our clients, their families and carers and are supported by the Departments of Health, Communities, Justice and Education to do so. The vulnerable people we work with and for are affected by some of the biggest societal challenges, to include:

- Adverse Childhood Experiences (ACEs)
- Educational attainment/resiliency worries
- Poverty, money and debt problems
- Impact of living with a severe mental illness (Schizophrenia, Bipolar Disorder, Personality Disorder (Complex PTSD)
- Impact of caring for someone with mental health issues
- Workforce absences/employee wellbeing
- Housing and homelessness
- Loneliness and isolation<sup>31</sup>
- Managing the systems (Healthcare; Youth and criminal justice; welfare)
- Managing transitions<sup>32, 33</sup>

MindWise provide a range of services to meet these needs:

- Talking Therapies (a range of psychological therapies)
- Mums, dads, family and carer wellness services
- Youth<sup>34</sup>, criminal justice and forensic services to include delivery of the Northern Ireland Appropriate Adult Scheme.
- Adult Mental Health services (Housing, Community, Carers and Family Support Services)
- Information, Advice and Advocacy services to include Mental Health and Money Advice Service.
- Your Resilience and Bloom in Schools
- WorkWise (for training and bespoke support for employers)













We also influence decision makers and challenge discrimination. We do this by actively influencing policy and legislation through local, regional and national campaigns and by providing the secretariat role to the All Party Working Group on Mental Health in NI.

'In partnership with the Mental Health Champion's Office our 2021 campaign estimated that significant additional funding (34% more than the current budget) is required to enable us, Together, to support the needs of current and future generations. We will continue to campaign for increased funding in the years ahead'.

We also work in partnership and collaboration across the UK, ROI and beyond to affect positive change globally. We ensure we learn from others, continuously improve, sustainably develop and grow to meet the needs of some of the most vulnerable people in our society.

We place the people directly affected by mental health issues front and centre of everything we do. We promote positive mental health across a person's whole life and support those in need to recover and discover new ways of living and working to achieve their best life!

MindWise are very proud of the achievements we have made Together, should you wish to support us please do not hesitate to get in touch. <a href="mailto:info@mindwisenv.org">info@mindwisenv.org</a>

<sup>&</sup>lt;sup>31</sup> Boardman et al, 2010, Social exclusion and mental health - How people with mental health problems are disadvantaged: An overview. Ulster University, 2019, Review of Mental Health Policies in Northern Ireland: Making Parity a Reality.

<sup>32</sup> Lamb, C., and Murphy, M. (2013). 'The divide between child and adult mental health services: points for debate'. The British Journal of Psychiatry. Vol 202: (s41-s44).

<sup>33</sup> Leavey, G., McGrellis, S., Forbes, T. et al. (2019). Improving mental health pathways and care for adolescents in transition to adult services (IMPACT): a retrospective case note review of social and clinical determinants of transition. Social Psychiatry and Psychiatric Epidemiology 54, 955–963 (2019)

McGorry, P., Bates, T., & Birchwood, M. (2013). Designing youth mental health services for the 21st century: Examples from Australia, Ireland and the UK. British Journal of Psychiatry, 202(S54), S30-S35. doi:10.1192/bjp.bp.112.119214

## **Our Strategy** 2022 - 2027

We have developed our Strategic Plan with and for you – our clients, volunteers, staff, partners, commissioners and funders. In response to what you have said we will consolidate existing activities while strengthening our approaches to client engagement, trauma informed and rights based practices.

We will develop our early intervention and prevention activities and embed in a life cycle approach to mental health and wellbeing. We will grow to meet the increased demand for our services which aim to enhance the mental health and wellbeing of the NI population. In the years ahead, we will continue to reflect on what we are doing, ask your opinion on how we're doing and continuously improve our plan each year.



What we are trying to do (Our Mission)

'Supporting & empowering people affected by mental health issues to live their best lives.'

What we really want to achieve (Our Vision)

'A world where mental health and wellbeing is everyone's business'

### How we'll get there (Our Goals for 2022 - 2027)

#### Goal 1:

We will deliver services that support and empower people of all ages - as well as their families and carers - with their mental health needs.

Our Operations department will drive much of this work forward by delivering a range of services across NI, namely

- 1.1 Psychological/talking therapies for people of all ages.
- 1.2 Housing care and support services for adults with mild, moderate, severe and enduring mental health issues.
- 1.3 Community support services for adults with mild, moderate, severe and enduring mental health issues.
- 1.4 Family and carer support services.
- 1.5 Information, advice and advocacy services for people of all ages.
- 1.6 We will also develop our early intervention and prevention strategies and service provision. 'We want to create an organisation which supports people to access support early, thereby reducing the need for specialist or crisis intervention'.
- 1.7 We are creating an organisation where person-centred care and support focuses on recovery and discovery throughout the life cycle (ages 0 end of life).

#### Goal 2:

We will educate and influence decision makers and raise awareness of mental health conditions and mental health wellbeing.

Our WorkWise, Policy and Communications Department will drive much of this work forward by:

- 2.1 Delivering training and educational programmes to schools, colleges, employers and key decision makers. It is estimated that poor mental health costs the NI economy £2billion per annum<sup>35</sup>. Employers who invest in employee mental health secure, on average, £5 for every £1 spent<sup>36</sup>.
- 2.2 Ensuring mental health remains high on the public agenda by encouraging open dialogue, understanding and acceptance.
- 2.3 Influencing mental health policy, legislation and practice via mental health and wellbeing campaigns, for example: How to protect and maintain mental health and wellbeing; How to create a mentally healthy society where discrimination is not tolerated; How to address drivers for poor mental health across society.
- 2.4 We will also create an organisation where the people we work with and for are aware of and supported to access their rights under the United Nations (UN) Human Rights and UN Convention on the Rights of the Child (UNCRC).

#### Goal 3:

We will digitally transform so that we can reach more people in need.

Our Executive Office will drive much of this work forward by:

- 3.1 Enhancing the digital literacy of our clients, staff and volunteers.
- 3.2 Investing in our digital systems and processes.
- 3.3 Pilot and roll out digital services and offer new delivery approaches for existing services.
- 3.4 Developing our Impact Measurement Frameworks.



<sup>35 (</sup>NISRA) Northern Ireland Statistics and Research Agency: Mental health status of the Northern Ireland population in employment: occupations and industries, 29 September 2021

<sup>36 (</sup>https://www2.deloitte.com/content/dam/Deloitte/uk/ Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf)

<sup>&</sup>lt;sup>37</sup> Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., Davidson, G. & Forbes, T. (2018) Evidence Review - Developing Trauma-Informed Practice in Northern Ireland. Belfast: Queen's University Belfast.

<sup>&</sup>lt;sup>38</sup> Yehuda, R., & Lehrner, A. (2018) 'Intergenerational transmission of trauma effects: putative role of epigenetic mechanism', World Psychiatry, 17(3), pp.1-49.

#### Goal 4:

## We will sustainably develop and grow.

Our MindWise family, Together as a whole, will drive this work forward by:

4.1 Strengthening our approach to client engagement at every level in the organisation and beyond.

'We are creating an organisation which ensures meaningful and effective client engagement, co-production and co-design at every stage of our development. We involve our clients as equal partners'.

- 4.2 Strengthening our partnerships and collaborative approaches across NI, UK and ROI.
- 4.3 Developing an organisational culture, system and practice which is Trauma informed.

'We are creating an organisation, which is trauma informed<sup>37</sup>. An organisation which ensures our clients, staff and volunteers have the knowledge and skills to recognise the impact of trauma<sup>38</sup> on the system and environment we live and work in'.

- 4.4 Train, recruit and retain a highly skilled workforce which is flexible and adaptable and which can meet the ever changing and complex environment in which we work and live.
- 4.5 Evidence our value for money (cost, quality and impact) and client satisfaction by sustainably developing and growing as an organisation.
- 4.6 Retaining our quality markers (Investing in People (IIP), Investing in Volunteers (IIV).



## How we do things (Our Values)

MindWise does what it does well by living our values in practice everyday. From the bottom up to the top down, we expect all our staff, volunteers (to include our Board of Trustees) and our membership to live our values.

#### **Our values**



#### **Passion**

We are passionate about mental health and wellbeing



#### **Togetherness**

We believe that working together is the best way to achieve our goals, we involve, empower and lead collectively



#### Respect

We are respectful and value everyone in society, we work in partnership with you



## **Openness & Transparency**

We are open and transparent, we act with candour, honesty and integrity which are at the heart of everything we do



#### **Empathy**

We are empathetic, we listen and learn, we continuously improve everything we do and we support you when you need it

## The difference that MindWise makes

MindWise is contributing to a society where people affected by mental health issues can live their best lives. MindWise believe that we can support better outcomes for people affected by mental health issues if we all work together. Better mental health amongst the wider population can be evidenced by a reduction in the % of the NI population with GHQ12 scores greater or equal to  $4^{39}$  (signifying possible mental health problem).

MindWise aims to support better outcomes for the people of NI directly affected by mental health issues, their families and carers. How we measure this will differ dependent on who they are and what they want to achieve. Our commitment is to supporting mental health and wellbeing while creating mentally healthy environments. We will apply key organisational and person centred impact measurement tools to best meet the needs of the individuals we work with and for.

- In supporting people directly affected by severe and enduring mental illnesses and mental health issues, their families and carers will apply key person centred impact measurement tools like Recovery Star, Warwick Edinburgh Scale and CoreNet.
- In supporting volunteers and the organisations they volunteer in to maintain mentally healthy environments and to maximise volunteer engagement we will apply the Social Return on Investment (SROI) model.
  - I was suffering from depression and needed a space to get me back on the road again. MindWise has been a home from home from day one.

- In supporting students and academic establishments to maintain their mental health and wellbeing while creating mentally healthy environments, we apply key organisational and person centred impact measurement tools, for example the Short Warwick Edinburgh Mental Wellbeing Scale.
- We support employees and employers to create and maintain mentally healthy environments. We do this by supporting employers to achieve the standards laid out in the Mental Health Charter.
- In supporting people directly affected by severe and enduring mental illnesses and mental health issues within our Housing Support Services, we will ensure the personcentred support provided is linked to and meets the Supporting People Outcomes Framework and Measurement Tool.
- In supporting commissioners and funders, we commit to the principles of Best Value (cost, quality, impact).
- MindWise is a registered charity in Northern Ireland and therefore regulated by the Charity Commission. Our Annual Reports to the Commission offer unique insights into the difference we have made to the lives of people at risk or affected by mental health issues; our good governance systems, culture and practice and commitment to ensuring public confidence in the work we do.

## Conclusion

A clear definition of recovery is elusive and means different things to different people. But most people agree that a person 'in recovery' is working to take back control of his or her life and achieving her or his own goals and dreams

Mary Ellen Copeland

MindWise knows that mental health and wellbeing means different things to different people. We cannot dictate what this might mean to you. However in the spirit of recovery<sup>39</sup> MindWise aims to support you to discover what this means to you and empower you to achieve it as a means to living your best life.



## How you can help us

Having listened to you, we have set out our plan for the years ahead - however we cannot do this alone. Together<sup>40</sup>, with your support, we will develop and deliver services that support individuals with mental health needs to live their best lives, maintain their mental health and wellbeing, while managing their recovery and journeys of discovery.

You can help in a number of ways - for example by becoming a member, volunteer, become a client, employee, Trustee, partner, funder, commissioner or champion for MindWise or for mental health. If you don't know how to support us, then just give us a call and we'll work with you to discover how you can help.

Contact: info@mindwisenv.org or Tel: 02890 402323 www.mindwisenv.org











<sup>&</sup>lt;sup>39</sup> What is recovery? - Recovery Hub - Albury/Wodonga Mental Health & Wellbeing (awh.org.au).

<sup>&</sup>lt;sup>40</sup> Goodwin N, Smith J. 'The Evidence Base for Integrated Care'. Developing a National Strategy for the Promotion of Integrated Care. The King's Fund and the Nuffield Trust (2018). Accessed at: https://www.kingsfund.org.uk/sites/default/files/Evidence-base-integrated-care2.pdf

### **Our Mission**

Supporting and empowering people affected by mental health issues to live their best lives.



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