

**Early Intervention and Prevention Plan**

**2022-25**

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**Introduction**

In recognition that mental ill health is one of the greatest challenges facing both society and services, the Department of Health published the **Mental Health Strategy**, 2021-2031, in June 2021.

The Strategy sets out 35 actions under three overarching themes:

Theme 1 - promoting mental wellbeing, resilience and good mental health across society;

Theme 2 – providing the right support at the right time; and

Theme 3 – new ways of working.

Actions 1 and 2 of the Strategy recognise the need to move to a model of prevention and earlier intervention in order to achieve better outcomes for both individuals and wider society. The creation of this Plan is noted as one of five stand out priorities for the overall Strategy.

Action 1

Increase public awareness of the distinction between mental wellbeing, mental ill health and mental illness, encouraging public understanding and acceptance of how life can impact upon mental wellbeing, and recognition of the signs of mental ill health and mental illness. Using public mental health education and effective awareness raising methods, increase public knowledge of the key measures that can be taken to look after mental wellbeing, increase understanding of mental ill health, and encourage public discourse and dialogue to reduce stigma.

Action 2

Create an action plan for promoting mental health through early intervention and prevention, with year on year actions covering a whole life approach, reaching from infancy to older age. The action plan must consider groups disproportionally affected by mental ill health who often struggle to access early intervention services and seek to reduce stigma associated with mental ill health.

There are other Actions within the Strategy which impact on early intervention and prevention, including the establishment of a peer support and advocacy model across mental health services, the development of an outcomes framework and the creation of a Centre of Excellence for mental health research. Four actions for specifically noting in the context of this work are:

Action 3: Increase the support available to individuals, families and communities to address the social factors that impact their mental health.

Action 4: Work with delivery partners across Government and the health and social care system to maximise the availability and use of a range of social well-being supports, including social prescribing, to encourage and support mental wellbeing and positive mental health.

Action 6: Further promote positive social and emotional development throughout the period of infancy and childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families and support to ensure that children and young people get the best start in life.

Action 16: Create a recovery model, and further develop and embed the work of Recovery Colleges, to ensure that a recovery focus and approach is embedded across the entire mental health system.

This Early Intervention and Prevention Plan has been developed by a cross-sectoral Steering Group (see Appendix 1 for membership), chaired by the Department of Health (DoH) and co-ordinated by the Public Health Agency (PHA). It covers the 3-year period 2022-25 and represents the discussion and agreed priorities of the Steering Group. It was drafted by a small writing group and agreed by the full Steering Group. It is a live document which is subject to change as work progresses over the lifespan of the plan. Partners to be involved in, and to lead on, specific actions will be confirmed by the end of year one of the plan.

In line with the priorities of the Steering Group this plan includes an initial focus on the development of the structure required to ensure societal change and effective cross government and sector working in the context of early intervention and prevention. These structures are in the process of being put in place and work has commenced on developing detailed actions to ensure delivery of the priorities and outcomes identified in this plan. There also need to be coordination at local level to ensure the delivery at HSC Trust, the Regional Single Mental Health Service, Integrated Care Systems and local council areas.

These structures will be integral to the continued development of specific actions which will deliver on the key elements of Action 1 and 2, namely increased public understanding, increased public empowerment & capability, a whole life approach and support for people who struggle to access services.

Within the time available to develop the plan it was not possible to fully engage with all stakeholders, including all population groups. A process to ensure this is systematically incorporated going forward will be included in the actions.

Through the development of this Action Plan, an initial mapping of existing actions and programmes of early intervention and prevention work being taken forward to improve the mental and emotional wellbeing of the population has been undertaken. This has demonstrated that there is already a wide range of work ongoing across Government Departments and sectors. This Action Plan does not attempt to reflect all of this work. The intention of this plan is to identify and focus on where there can be added value through making system wide connections on this shared agenda, which may include adapting structures, and identifying where collectively we can make the biggest difference in the given time period and by better utilising the resources available to deliver on Actions 1 and 2 in the Strategy.

Given the complex and wide-ranging nature of early intervention and prevention, the Steering Group acknowledge that all issues may not be covered directly at this stage but discussion will continue over the timeframe of this plan, including taking account of new and emerging policies which have opportunities to promote early intervention and prevention.

An early action of the Steering Group was to recognise the need to ensure understanding and consistency in the use of terms used in the context of early intervention and prevention and further to a review of relevant literature agreed to adopt the following definitions:

**Mental wellbeing**

“A state of wellbeing in which an individual can realise his or her own potential, cope with the normal stresses of life, work productively and make a contribution to the community.” (WHO)

**Mental illness**

“A broad range of problems with different symptoms. They are generally characterised by some combination of disturbed thoughts, emotions, behaviour and relationships with others. Examples are depressions, anxiety, conduct disorders in children, bipolar disorders and schizophrenia. Many of these disorders can be successfully treated.” (WHO)

**Mental ill health** is interpreted as **minimum wellbeing** and can occur **with/without a mental illness diagnosis**. (WHO)

**Prevention**

* **Primary** prevention: focuses on **stopping problems before they emerge**, targets the **whole population** and interventions or solutions aim to promote good mental health and are referred to as universal.
* **Secondary** prevention: focuses on **people who are at risk of developing a mental health problem** (e.g. due to social inequalities); solutions or interventions are referred to as selective or targeted. Universal approaches may not reach at-risk groups
* **Tertiary** prevention: focuses on **people with mental health problems**, solutions or interventions are indicated and aim to reduce symptoms and severity, risk of recurrence/relapse and to support self-management. This type of prevention is an adjunct to treatment and is not seen to be treating the mental health problem.

**This Implementation Plan is focused on Primary and Secondary Prevention.**

**Early Intervention,** our focus is to:

* promote good mental wellbeing and resilience by adopting and maintaining behaviours that support good mental health;
* taking early action with those who may be at greater risk;
* identify needs early in order to provide support as soon as problems arise.

**Background and Context**

The Mental Health Strategy (MHS) highlights that Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence of mental health problems than England.

Public mental health is shaped by the wide-ranging characteristics of the social, economic and physical environments in which people live. People on low incomes have higher rates of mental health conditions, particularly severe and enduring problems, than high-income groups. People with mental ill health also have a higher risk of economic hardship. It is the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, communities and individuals. Mental health is vital to public health and mental wellbeing is important to quality of life and the capacity to cope with life’s ups and downs. It is protective against physical illness, social inequalities and unhealthy lifestyles.

The impact of the Troubles is acknowledged in the Strategy as having a significant impact. We also know that economic crisis is linked to worsening mental health and that the impacts are greater for those facing housing, food and fuel insecurity.

Studies show that the substantial deterioration in mental health seen in the UK during the first lockdown did not reverse when lockdown lifted, and a sustained worsening was observed across the pandemic period. Mental health declines have been unequal across the population, with women, those with higher degrees, and those aged 25 to 44 years more affected than other groups[[1]](#footnote-1).

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Due to the wide range of determinants that impact on mental health it cuts across many policy areas in both government and nongovernment sectors, including health, social care, education, criminal justice, education, economy and environment, including housing. This means that understanding and preventing issues requires cross-cutting working across all sectors, particularly within government, to advocate for health, to support health promoting activities and to co-ordinate and maximise opportunities with all relevant policies, strategies and plans, including those highlighted in Appendix 2. Activities, actions and programmes to improve mental health and wellbeing and also likely to have positive impacts on related issues such as substance use and suicide prevention as many of the risk and protective factors for poor outcomes overlap – this means by better aligning commissioning of these services and interventions we can remove duplication and get better outcomes.

The HM Treasury, Social Impacts Task Force (SITF) Wellbeing Guidance for Appraisal, July 2021 ([www.gov.uk/official-documents](http://www.gov.uk/official-documents)), highlights that wellbeing is an important consideration throughout the entire policy-making process, from identifying areas requiring policy actions, to defining policy objectives to assessing and evaluating policies.

The following Priorities have been identified for Years 1 to 3 (2022-2025).

Actions 4 to 6 have been identified by the Steering Group as things which should underpin all areas of work, but these are not exclusive and may be adapted as the work evolves. The Reference Group will ensure that all activities add value and do not duplicate existing work. Some actions may be led by other existing, or emerging, structures.

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| **Action** | **Descriptor** |
| 1 | Establish a system to ensure, leadership, connectivity and collective impact, at both regional and local levels, for early intervention and prevention in the context of the MHS, including the following structures:   1. A Reference Group will be responsible for influencing relevant government policy, overseeing implementation of this plan and all work related to Actions 1&2, including ensuring links to other Actions within the MHS. 2. An Early Intervention and Prevention Co-ordination Team to provide backbone support to co-ordinate this work, to report to the Reference Group and link to other areas of early intervention and prevention work in other Public Health Strategies such as SUS and PL2 as well as other strategies which have an impact on early intervention and prevention, such as those highlighted in Appendix 2. 3. A Data and Outcomes group for early intervention and prevention to be established to ensure equal priority with service provision in the MHS Outcomes Framework, to develop datasets specific to early intervention and prevention, to co-ordinate the sharing of outcomes from other relevant areas, and to monitor effectiveness of this plan. 4. An Engagement Group to be established to develop, implement and monitor a user engagement and involvement strategy for this work based on coproduction and to link with other actions in the strategy. |
| 2 | Establish a Communication/Public Awareness Raising Group to oversee the development of a cross sectoral approach to increasing public awareness on mental health and to reducing stigma. This will include identifying priorities and models of good practice, developing a public messaging model (including increasing mental health literacy) and consider capacity in all sectors. Work will cover regional and local, total population plus targeting groups most at risk, consider digital implications and develop a cross sectoral brand for positive mental health. |
| 3 | Public Mental Health Learning Network to be established as a means to collate and expand the evidence base, including building evidence and understanding of how structural inequalities impact on mental health. The Network will support the development of reflective practice across all sectors and develop models peer support. It will enable all participants to share best practice on effectiveness of interventions (including cost effectiveness) and work collaboratively to sustain and scale solutions that work. This work will cover direct programme interventions as well as public awareness raising and will link with the Centre of Excellence for mental health which is to be established. |
| 4 | Oversee the development of, or expand an existing, system for capturing and sharing existing services which support early intervention and prevention in the context of mental health, including self-direct support resources and automated systems to help people self-help. |
| 5 | Training for early intervention and prevention across all sectors and at all levels (policy, workforce and community) should be assessed and considered in conjunction with existing and emerging opportunities, such as the Mental and Emotional Health and Wellbeing and Suicide Prevention Training Framework and the creation of a recovery model, including the work of the Recovery Colleges.  Capacity building approaches and models should be developed for public mental health interventions at both organisational and community level. Consideration should be given to how community organisations can be supported to access capacity building programmes.  Training guidance and standards will be shared and reviewed to ensure an emphasis on early intervention and prevention. The inclusion of Trauma Informed Practice should be given high priority for those who do not already have access to this. There should be an emphasis on self-care and reflective practice within all programmes. |
| 6 | Ensure social determinants and tackling inequalities with an emphasis on deprivation-based inequalities are key priorities which underpin this plan, including understanding the links with mental health and the opportunities for early intervention and prevention, considering and influencing the policies and strategies highlighted in Appendix 2 and increasing supports available to address the social factors that impact on mental health, including social prescribing.  This will require reviewing capacity across all sectors, ensuring that information on existing services is easily available and kept up to date. |
| 7 | Ensure collective responsibility for promoting and supporting the emotional wellbeing of all our infants, children and young people and those who support them, including families and carers; through development and implementation of a framework which identifies provision of age appropriate universal and targeted evidence-based programmes, and ensures quality assurance and measurement of collective impact across all prevention and early intervention activities in all settings, including the home.  Ensuring formal links are in place within Early Years and Families structures across the range of sectors and professions to ensure a collaborate approach to promoting positive social and emotional development throughout infancy and childhood. This will include a collaborative approach to identifying and targeting those individuals and families most at risk and identifying potential gaps in early intervention and prevention services. |
| 8 | Create supportive environments where people engage in daily activities, through a settings approach. This will include: workplaces, schools, colleges, universities, training establishments, communities, criminal justice, hospitals, primary care and homes. |

The next section sets out the key steps for implementation to ensure priorities are met.

**Action 1: Establish a system to ensure, leadership, connectivity and collective impact for early intervention and prevention in the context of the MHS**

Context

Due to the complex range of wider determinants of mental health it cuts across many policy areas in both government and nongovernment sectors, including health, social care, communities, education, criminal justice, education, economy and environment, such as housing and the Urban Village Initiative. This means that understanding and preventing issues requires cross-cutting working across all sectors, particularly within government, to advocate for mental health, to support health promotion activities and to co-ordinate and maximise opportunities with all relevant policies, strategies and plans, including those highlighted in Appendix 2.

In order to make this co-ordinated effort work in practice, it will be critical to identify key actions from all relevant strategies / policies along with key personnel to input to this plan.

Effective multiagency partnerships require leadership and support to both develop public mental health collaboratives, coordinate plans, allocate resources and evaluate success. Partnerships need to be at both regional and local levels. The interactions between partners in a complex collaboration is likely to change over time so the connectivity needs to be supported and evaluated in a structured and sustainable way to achieve sustainable change in public mental health outcomes. Connections and understanding need to be built and maintained over time between individuals, organisations and sectors.

The actions outlined below will ensure that Actions 1 & 2 in the MHS are co-ordinated, measured and evaluated and that links are made appropriately with other actions within the Strategy.

The commitment to structures should reflect implementation at both regional level and local level, and should include community and voluntary organisations who make a major contribution to early intervention and prevention.

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| **Action** | **Inputs** | **Outputs** | | **Outcomes** | | |
| **What we invest** | **What we will do** | **Who** | **By 31 March 2023** | **By 31 March 2024** | **By 31 March 2025** |
| 1.1 Regional Reference Group to be established. The Group will provide regional leadership and hold to account partners for the implementation of this plan and all work related to Actions 1&2, including influencing relevant government policy. | Representation from all relevant partners  Co-ordination and commitment  Knowledge and expertise | Establish a group with an agreed ToR and appropriate cross sectoral representation.  Facilitate the work of the Group. | DoH  PHA  HSCTs  SPPG  DfC  DE  DoJ  DfE  MHC  EANI  NICCY  MHF  Inspire  AMH  UU  QUB  NIADA | Regional Reference Group will oversee the establishment of the other structures / groups within this priority. | The Group will have identified key cross-cutting government policies that will influence early intervention and prevention of mental health problems. | Government policy and actions to improve the mental health and wellbeing of the population will be integrated to deliver the best outcomes possible.  The group will have engaged with the relevant Department or organisation and advocated for interventions that need to be embedded within these policies.    Additional resources will be sought, including increasing the % of spend for early intervention and prevention from the overall mental health budget  Investments across Government Departments will be better connected to maximise impacts achieved. |
| 1.2 Early Intervention and Prevention Coordination Team | Funding to employ dedicated staff  Management of the team | Appoint a small permanent team to coordinate this work and support each of the groups, accountable to the Reference Group.  The team will ensure links to other public health strategies such as Protect Life 2 (PL2) and Substance Use Strategy (SUS).  Also links to other relevant strategies, such as those highlighted in Appendix 2. | DoH  PHA | Agree staff requirements and identify funding. | Team fully embedded and supporting the work of all groups and actions around early intervention and prevention. | Strong regional co-ordination team in place providing professional support to the Regional Reference Group and local structures in delivering on Actions 1&2 of the MHS. |
| 1.3 Data and Outcomes group | Representation from all relevant partners  Co-ordination and commitment  Knowledge and expertise | Undertake public survey on early intervention and prevention as a building block for measuring outcomes.  Consider other prevalence surveys, such as alcohol and drugs.  Ensure equal priority with service provision in the MHS Outcomes Framework.  Establish tools and data sources for outcome measurement.  Provide information about the mental health of the population. | DoH  PHA  MHF  MHC  UU  QUB  DHCNI | Agreement will be reached on datasets that need to be developed specific to early intervention and prevention, including inequalities data.  Consideration to be given to potential to integrate with across SUS and PL2. | Outcomes Framework Agreed and reporting systems implemented. | Outcomes from other relevant policy areas, eg Programme for Government, Making Life Better relating to early intervention and prevention will be shared and monitored collectively. |
| 1.4 Engagement Group | Representation from all relevant partners  Co-ordination and commitment  Knowledge and expertise | Establish a Group including ensuring appropriate support and resources. | DoH  PHA  HSCTs  DfC  DoJ  DE  EANI  DfE  AMH  Inspire  MHF  DHCNI | Group will have agreed a ToR and received training as appropriate. | Development of a User Involvement Strategy.  Co-production of all actions under this plan. | Co-production will be fully embedded in line with DoH guidance. |

**Action 2: Establish a Communication / Public Awareness Raising Group**

Context

The work to date in developing this plan has established both the need and appetite for working across government and sectors to increase public knowledge and understanding of mental wellbeing, increase public knowledge of the key measures that can be taken to look after mental wellbeing, and encourage public discourse and dialogue to reduce stigma.

A Communication/Public Awareness Raising Group will be established to oversee the development of a cross sectoral approach to take this forward, including reducing stigma from the public and from service providers and staff. There is potential to align with work to reduce stigma in other areas, such as substance use or weight stigma which can also impact on mental health and wellbeing. These can also be co-occurring issues, thus increasing the stigma that individuals feel and making them more like to suffer poor outcomes. This will include identifying priorities and models of good practice, developing a public messaging model (including increasing mental health literacy) and considering capacity in all sectors. This will include regional and local level work, total population approaches plus targeting groups most at risk, considering digital implications and considering the development of a cross sectoral brand for positive mental health.

The work of the group will take a long-term approach to move from awareness raising towards behaviour change towards the measure that can be taken to look after mental health.

Evidence shows that consistent messaging from multiple sources increases the likelihood of action which highlights the added value of developing this partnership approach.

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| **Action** | **Inputs** | **Outputs** | | **Outcomes** | | |
| **What we invest** | **What we will do** | **Who** | **By 31 March 2023** | **By 31 March 2024** | **By 31 March 2025** |
| Establish a Communication / Public Awareness Raising Group | Representation from all relevant partners  Co-ordination and commitment  Knowledge and expertise | Establish a group with an agreed ToR and appropriate cross sectoral representation. | DoH  PHA  DfC  DE  EANI  DoJ  DfE  MHC  NICCY  MHF  UU  QUB  DHCNI | Group will have been established with agreed ToR and short-term actions agreed, for example scope and review current, and planned, public mental health campaigns across all sectors, including digital and social marketing. | Scoping exercise around current and planned campaigns completed.  Best practice review completed and learnings identified for NI.  Consideration / consensus around development of cross-sectoral brand and digital development programme underway.  Consider requirements around research available to reduce the experience of mental health stigma in Northern Ireland. | Multi-year campaign programme agreed and development underway.  Ensure all activities are underpinned by an understanding of how to reduce stigma.  A life course and inequalities approach will underpin all messaging and campaigns.  Increased public awareness of the distinction between mental wellbeing, mental ill health and mental illness.  Based on the evidence from the research, develop an anti-stigma programme to eliminate mental health stigma in NI.  Increased access to digital early intervention and prevention options to increase choice for individuals.  Increased public awareness of the measures that can be taken to look after mental wellbeing. |

**Action 3: Establish a Public Mental Health Learning Network**

A Public Mental Health Learning Network will be established as a platform for bringing together researchers, practitioners and others on a cross sectoral basis, to share knowledge with each other and jointly develop new knowledge. This will be an opportunity to develop connections across sectors, organisations and communities. The role of the Network will include to collate and expand the evidence base, including building evidence and understanding of how structural inequalities impact on mental health.

The Network will support the development of reflective practice across all sectors and advise on models of peer support. It will enable all participants to share best practice on effectiveness of interventions (including cost effectiveness) and work collaboratively to sustain and scale solutions that work. This work will cover direct programme interventions as well as public awareness raising and will link with the Centre of Excellence for mental health which is to be established.

The Network will support the work across Actions 1 & 2.

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| **Action** | **Inputs** | **Outputs** | | **Outcomes** | | |
| **What we invest** | **What we will do** | **Who** | **By 31 March 2023** | **By 31 March 2024** | **By 31 March 2025** |
| Establish a Public Mental Health Learning Network | Representation from all relevant partners  Co-ordination and commitment  Knowledge and expertise | Enable partners to share best practice on the effectiveness of interventions (including cost effectiveness) and work collaboratively.  Collate and expand the evidence base including building evidence and understanding of how structural inequalities impact mental health.  Support the development of reflective practice across all sectors and advise on models of peer support as required.  This work will cover direct programme interventions as well as public awareness raising work to be taken forward through this overall plan. | PHA  MHF  MHC  UU  QUB  DfC  HSCTs  EANI  DHCNI  AMH  Inspire | Existing evidence base will be collated and shared with other groups to inform their actions.  Knowledge of existing best practice will be shared with all relevant stakeholders. | Build local evidence and apply behaviour change methods to inform work associated with improving public understanding and behaviour.  Where gaps are identified in the evidence base, we will develop research proposals that will expand the evidence base.  Understanding developed and shared regarding the role of health literacy in early intervention and prevention.  The Centre of Excellence for Mental Health will take account of early intervention and prevention as a priority, including mental health literacy, and how structural inequalities impact on mental health in NI.  Better understanding on the relationship with co-occurring issues from a prevention and early intervention perspective. | Workforces, communities and individuals will have access to reflective practice and peer support as appropriate.  Plans will be in place to identify resources to fund research proposals. |

**Action 4: Database**

The Coordination Team will oversee the development of, or expand an existing, system / database / directory for capturing and sharing existing services which support early intervention and prevention.

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| **Action** | **Inputs** | **Outputs** | | **Outcomes** | | |
|  | **What we invest** | **Activities** | **Who** | **By 31st March 2023** | **By 31st March 2024** | **By 31st March 2025** |
| Oversee the development of, or expand an existing, system for capturing and sharing existing services which support early intervention and prevention in the context of mental health and alignment with co-occurring issues. | Coordination | Review and share the information on early intervention and prevention programmes collated as part of the process of developing this plan.  Review existing systems with the potential to adapt to total population services, eg, Family Support NI | PHA  CYPSP  DHCNI  DfC  MHF | Partner information on early intervention and prevention services collated and shared with the Reference Group.  Desktop review of existing systems undertaken.  A small task and finish group established to take forward this action. | Agreement on the information which should be captured in the system and how it will be used.  A process will be agreed for commissioning a new or revised system, including the process for maintaining the system, including greater alignment with related issues such as substance use or suicide prevention. | A system will be commissioned and in place. |

**Action 5: Training and capacity building for early intervention and prevention across all sectors and at all levels**

Context

Training for early intervention and prevention across all sectors and at all levels (policy, workforce and community) should be mapped and considered in conjunction with existing and emerging opportunities, such as the Mental and Emotional Health and Wellbeing and Suicide Prevention Training Framework, the Emotional Health and Wellbeing in Education Framework, the Alcohol and Drugs Workforce Development Programme and the creation of a recovery model, including the work of the Recovery Colleges, ensuring the work is inclusive of early intervention and prevention.

Capacity building approaches and models for public mental health interventions should be mapped at both organisational and community level. Consideration should then be given to supporting the development of, and access to, capacity building programmes if required. The group should define what is meant by capacity building in this context.

The Training Framework referenced above has been developed in consultation with a wide range of stakeholders, training providers and service users. It is for the whole population of those living and working in Northern Ireland. Standards have also been developed with a view to help and support all who contribute to the mental and emotional health and wellbeing and suicide prevention agenda. The standards focus on the pursuit of consistency, accuracy, competency and professional developments as ways to improve the quality of training delivered. Further information on these standards can be found by visiting: <https://standards.pharesourcehub.co.uk/> . Standards and guidelines should be reviewed to ensure specific inclusion of early intervention and prevention.

The inclusion of Trauma Informed Practice will be given high priority for those who do not already have access to this. There should be an emphasis on self-care and reflective practice within all programmes.

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| **Action** | **Inputs** | **Outputs** | | **Outcomes** | | |
| Undertake a desktop analysis of early intervention and prevention training and capacity building programmes available, or planned, across sectors. | **What we invest** | **Activities** | **Who** | **By 31st March 2023** | **By 31st March 2024** | **By 31st March 2025** |
| Coordination | Undertake analysis of training and capacity programmes available in relation to early intervention and prevention across relevant range of thematic areas, such as alcohol and drugs, relationships and sexual health.  Review quality standards for early intervention and prevention training and capacity programmes, including in NI, elsewhere. | Coordination Team  PHA  MHF  Inspire  AMH  DfC  MHC  DE | Scope out and review the opportunities for having a cross sectoral and cross-issue approach to the provision of early intervention training on protective factors through the development of a universal programme.  Review the NICE Guidelines on early intervention and prevention.  Training for health visitors on emotional health and wellbeing. | Explore the role of mental health literacy in early intervention and prevention through linking with the Learning Network.  Explore how community organisations can be supported to develop capacity-building programmes to reduce mental health problems and co-occurring issues in their communities.  Share the learning from the training within the Emotional Health and Wellbeing in Education Framework. | Cross sectoral approach to sharing training and capacity building resources embedded for all early intervention work, including a framework of universal standards of training which can be applied across all sectors. |

**Action 6: Ensuring social determinants and tackling health inequalities, with an emphasis on deprivation based inequalities, are key priorities which underpin this plan**

Context

Whilst great progress has been made in helping people to live longer lives, improvements in life expectancy are beginning to slow and over 20% of years lived are expected to be spent in poor health, with a social gradient to healthy life expectancy being clear.

As well as the wide range of determinants highlighted on page 6, inequalities also exist across a range of other dimensions, including ethnicity, gender, sexuality and having a disability. The underlying causes of these inequalities often cluster together, with people experiencing ‘multiple disadvantage’. There are also certain groups who experience poorer health outcomes than the wider population, such as people who are homeless, leaving care, and offenders in prison or in the community.

Poor mental health is the second most common cause of years lived with disability, with the most common conditions being depression and anxiety. Incidence is highest in the working-age population, and higher in women than men. Other groups at greater risk include: those living on low incomes, people with problem debt, and those identifying as LGBTQ+. Those who use substances are also more susceptible to poor mental health outcomes, and those with poor mental health may also be more likely to use substances to “self-medicate” to deal with their issues.

Factors which have a direct impact on our wellbeing include; physical and mental health, relationships, our environment, what we do (work, activities etc). Other factors may have an indirect impact on our wellbeing such as the economy, governance and the ability to influence the decisions which are important to us including in the workplace, community in government, education and skills.

Early intervention and prevention work must consider the external conditions which affect wellbeing, the choices people make alongside the options available, as well as people’s capacity and response to these factors.

Actions 3 and 4 in the MHS identify the importance of tackling social determinants, maximising access to support and the role of social prescribing in early intervention and prevention. The role of Mental Health Ambassadors and Connectors in the community to support others is important in the delivery of this plan and also delivery of actions 3 and 4. These links will be further explored in order to maximise the use and availability of a range of social wellbeing supports, such as social prescribing.

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Action** | **Inputs** | **Outputs** | | **Outcomes** | | | | Support all sectors to understand the impact of their work on mental health and to influence the policy making process to ensure early intervention and prevention is embedded at all stages. | **What we invest** | **Activities** | **Who** | **By 31 March 2023** | **By 31 March 2024** | **By 31 March 2025** | | Coordination  Expertise  Knowledge | Scope out policies which have can influence early intervention and prevention.  Review cross govt policy making processes | Coordination Team  Reference Group  Learning Network  Communications  Group | Map the provision and policy context of social prescribing in NI, across all sectors.  Scope the provision and policy context of community ambassadors and connectors across all sectors.  Work with the Learning Network to develop a mental health policy group that policy makers can engage with to support their learning and development.  Reference group to agree a priority area to demonstrate how wide-ranging policies can include approaches which are supportive of early intervention, eg physical activity. | Policies makers across all sectors will be given the opportunity to develop the skills to consider wellbeing in policy development.  Database of all relevant policies available. | All new relevant government policies will consider the wellbeing impact as part of the policy making process. | |
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Much work is already being done in this area, particularly in relation to the Children and Young People’s Strategy, which is the delivery plan for Programme for Government Outcome 12: “We give our children and young people the best start in life”. All other strategies and plans impacting on children and young people should flow from it. Links will be provided through Department of Education representation on the Reference Group for this Plan.  This plan presents an opportunity to coordinate a system wide perspective through the development of a common framework for early intervention and prevention, looking at both risk and protective factors. The development and implementation of a framework should identify the provision of age appropriate universal and targeted evidence-based programmes, and ensures quality assurance and measurement of collective impact across all prevention and early intervention activities in all settings, including the home.  During the consultation exercise with young people on this plan, the role of education in promoting and nurturing mental health and wellbeing came out very strongly and this was in keeping with similar exercises done with this age group on this topic area. It is important that all departments understand the relevance of their work to wellbeing and mental health, however, with respect to children and young people, it is particularly important for health and education to work closely together. Ensuring formal links are in place within Early Years and Families structures across the range of sectors and professions will ensure a collaborate approach to promoting positive social and emotional development throughout infancy and childhood. This will include a collaborative approach to identifying and targeting those individuals and families most at risk and identifying potential gaps in early intervention and prevention services.  There is considerable evidence that children living in poverty are more likely to experience poor mental health, with poverty putting additional strain on families and career which both increases risk factors and also impact the ability to implement preventative actions. Other at-risk groups include those who have suffered trauma, those living with hidden harm, adverse childhood experiences (ACES) and children looked after.  The economic benefits of early intervention and prevention in early years and children are well evidenced. These benefits are seen across many Government Departments and strategies.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Actions** | **Inputs**  **What we invest** | **Outputs**  **Activities Who** | | **Outcomes**  **31 March 2023 31 March 2024 31 March 2025** | | | | Coordinate a system wide perspective through the development of a common framework for early intervention and prevention, looking at both risk and protective factors across all 8 action areas. Actions should made child specific where possible. | Coordination  Knowledge  Expertise | Extend Parenting Programmes.  Develop and implement a framework which identifies provision of age appropriate universal and targeted evidence-based programmes, and ensures quality assurance and measurement of collective impact across all prevention and early intervention activities in all settings, including the home. | CYPSP  NICCY  EITP  PHA  HSCTs  DE  EANI  MCH  AMH  Inspire  MHF  Barnardos  Save the Children  NSPCC  Stronger from Start Alliance  Maternal Mental Health Alliance | A framework will be developed.  Connections will be made with the DE Emotional Health and Wellbeing in Education Framework.  Actions from the Still Waiting Action Plan will be considered in relation to this plan. | A collaborative approach to identifying and targeting those individuals and families most at risk.  Identify potential gaps in early intervention and prevention services.  Child Poverty Strategy has specific actions on preventing mental health problems through reducing child poverty.  A Childs Rights Proofing Exercise is carried out on actions within this plan.  A child friendly update to be produced, consulted on and disseminated. | A fully embedded cross sectoral approach to early intervention for infants, children and young people, and support families and carers  The impact of child poverty on mental health is evidenced within policy and practice in key government agencies |   **Action 8: Create supportive environments where people engage in daily activities through a settings approach** |   Building on the Ottawa Charter statement that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” a place-based approach should be supported to early intervention and prevention for mental health. This should incorporate a wide range of physical settings, including:   * Workplaces, schools, colleges, universities, training establishments, communities, criminal justice, hospitals, primary care, homes   Holistic, multi-component, whole setting approaches are more likely to be successful that isolated and fragmented activities. A settings approach recognises that wellbeing is connected with the wider wellbeing of places. |   Priority should be given to settings where those most at risk spend their time. There should also be a focus on older people, through building on existing programmes, including opportunities to reduce social isolation.  Consideration should be given to specific activities as well as whole system approaches, such as supportive cultures, brief interventions, Take 5 approaches and a culture of reducing stigma.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Action** | **Inputs** | **Outputs** | **Outcomes** | | | | | Create supportive environments where people engage in daily activities that will reduce mental health problems in communities. | **What we invest** | **Activities** | **Who** | **By 31st March 2023** | **By 31st March 2024** | **By 31st March 2025** | | Coordination  Community Development | Develop a model, or support the rollout of existing models, which illustrates how settings, partnerships and public health approaches can come together to create early intervention and prevention settings and can connect and contribute to the wider community they are part of.  Provide short term support through provision of cross sectoral small grant awards to support at risk groups that have been adversely impacted by recent unforeseen events such as Covid 19 and the economic crisis, resulting in increased levels of stress, anxiety and social isolation. | PHA  DfC  HSCTs  DE  EANI  DfE  MHF  MCH  Community Planning  DE  DfC  DfE  DoH  PHA  Local Councils | Resources available to support settings to implement whole system approaches to health and wellbeing.  Proposed model for administering a cross sectoral small grants programme agreed | Priority areas for settings-based approach:   * Workplaces * Schools * HE   Support a pilot(s) in each setting  Develop an evaluation and learning framework so that interventions can be evidenced and scaled.  Alignment with the work under the substance use strategy to look at an NI prevention model for substance use. | Priority areas for settings- based approach:   * Communities * FE * Hospitals * Primary care * Justice * Homes   Support a pilot(s) in each setting.  Systematic process is agreed to support settings to embed responsibilities and accountability for being a health setting.  Use the evaluation and learning framework to develop outcome measures which will evidence the benefit of this approach. | | Engage with DoF to review the opportunity to include the promotion of workplace based early intervention and prevention mental health initiatives as a core requirement when assessing social value in awarding public sector contracts. | Co-ordination  Knowledge  Expertise | Develop a policy paper that sets out the potential benefits to be realised from adopting a regional approach to including mental health and wellbeing as a core social value consideration | DfE  DoH  PHA  DoE | Initial discussions held with partners to consider potential for including workplace based Early Intervention and prevention initiatives as a core requirement under social value considerations in awarding public sector contracts. | Inclusion of Early Intervention and prevention initiatives as a core requirement under social value considerations in awarding public sector contracts. | All public sector contracts to consider including a requirement for employers to promote positive mental health through the provision of access to appropriate early intervention and prevention supports. | |

**Implementation process**

##  Reporting structure

The Early Intervention and Prevention Implementation Plan will be monitored by the Department’s Mental Health Unit, who will work closely with Population Health Directorate within DoH to ensure alignment with other relevant policies. The Strategic Reform Board will be the accountable body for the Mental Health Strategy and will meet 3 times a year.

##  Reporting arrangements

The Department will seek updates from Mental Health Strategy Action Leads every two months. This will take the form of a short Highlight Report which will be RAG rated, and will be monitored against the key actions set out in the Plan.

** Governance**

As the regional lead organisation for commissioning early intervention and prevention services that promote positive mental health and wellbeing, the Public Health Agency (PHA) will co-ordinate the implementation of this plan. The Department provides oversight of the work of the Public Health Agency through existing governance structures, and monthly meetings.

##  Resourcing the plan

A Mental Health Strategy Funding Plan was published alongside the Strategy, which estimated that the cost of implementation would be £1.2bn over 10 years.

The public consultation on the draft Strategy highlighted that early intervention and prevention was one of the top five priorities. There was also a clear call for investment in supporting people to stay emotionally and mentally well, reducing stigma associated with mental health, and intervening early in the lifespan to help delay or prevent the onset of any mental health difficulties.

Whilst at the time of writing this Plan a funding position has not been confirmed for 2022/23 and beyond, in line with consultation responses Actions 1 and 2 will remain priority actions and this will be reflected in the allocation of funds as they become available.

The priorities identified in this Plan will require further detailed costed plans to be developed to inform decisions around the investment of the funding made available for Actions 1 and 2.

Although the financial environment has become even more challenging since the publication of the Mental Health Strategy in 2021, early intervention and prevention remain high priorities.

**Regional Mental Health Crisis Service for NI Implementation Plan**



# Appendix 1 – Steering Group Membership

Alex Bunting, Inspire

Bryan Dooley, DoH

Christine Irvine, NICCY

David Babington, AMH

Darren Strawbridge, DoH

Dominic McSherry, UU

Fiona McCausland, DoH

Gary Maxwell, DoH

Gavin Davidson, QUB

Gavin Quinn, DoH

Glenn Phair, DoH

Hilary Johnston, PHA

Hugh Nelson, NHSCT

Ian McMaster, DoH

Jan McGall, SHSCT

Jenny McAlarney, DoJ

Jill Hawthorne, DoH

Karen Hall, MHF

Lorna Conn, SPPG

Lynn Woolsey, DoH

Maria McIlgorm, DoH

Maria Watson, DoJ

Mark O’Hara, DfC

Neil Goodwin, DoH

Nicola Topping, EANI

Paraic Hardy, DoH

Peter Cash, MHC

Peter Toogood, DoH

Ricky Irwin, DE

Shauna Houston, PHA

Siobhan O'Neill, MHC

Stephen McCourt, DoJ

Stephen Murray, PHA

**Appendix 2 – Relevant Policies and Strategies**

A Fair Start – Final Report and Action Plan

A Life Deserved, Children Looked After Strategy

A Skills Strategy

Active Ageing Strategy

Active Living – Sports and Physical Activity Strategy

Anti-Poverty Strategy

Building Inclusive Communities

Child Poverty Strategy

Children and Young People Strategy, 2020-2030

Children Services Co-operation (NI) Act

Community Safety Strategy and Framework

Culture, Arts and Heritage Strategy

Disability Strategy

Emotional Health and Wellbeing in Education Framework

Ending Homelessness Together Strategy

Equally Safe, The NI Strategy on Ending Violence Against Women and Girls

Fresh Start Agreement

Gender Equality Strategy

Healthy Child Healthy Future

HSC Digital Strategy : <https://www.health-ni.gov.uk/publications/digital-strategy-health-and-social-care-northern-ireland-2022-2030>

HSC Data Strategy : <https://www.health-ni.gov.uk/publications/hsc-data-strategy>

Making Life Better: Strategic Framework for Public Health

NIO Outcome Delivery Plan

Northern Ireland Innovation Strategy

Nurture Provision

People and Place Strategy (under review)

Preventing Harm, Empowering recovery – Northern Ireland Substance Use Strategy

Programme for Government

Protect Life 2

Race Equality Strategy

Refugee Integration Strategy

Restorative Justice Strategy

Sexual Orientation Strategy

Skills Strategy – Skills for a 10x economy

Special Educational Needs Framework

Stopping Domestic and Sexual Violence and Abuse

Support for Victims and Witnesses

The Local Government Act (NI)

Volunteering Strategy and Action Plan

Workplace Health Strategy

1. Patel K, Robertson E, Kwong AS, et al. Psychological distress before and during the COVID-19 pandemic among adults in the United Kingdom based on co-ordinated analysis of 11 longitudinal studies. JAMA Network open. 2022;5(4):e227629-e227629. [↑](#footnote-ref-1)