



Royal College of Psychiatrists NI (RCPsych NI) Response to: DoH Consultation on Draft Budget 2025-2026 Equality Impact Assessment (January 2025)

1.0 Introduction about RCPsych NI:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Resident Doctors undergoing specialty training in Psychiatry) who provide the backbone of the local Psychiatric service, offering acute and community treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland.

2.0 Background Comments:

Before commenting on the Equality Impact of the Budget 2025 -2026 it is important to put the current financial position of mental health services in context.

Mental Health services are in serious crisis with major impacts on staffing across all mental health professions, leading to an impact on the provision and quality of services being provided.

With regard to **spend on health**, the figures in the Nuffield Trust Review [Report](#) commissioned by The NI Fiscal Council and authored by Appleby et al. entitled: "*Future funding and current productivity in Northern Ireland's health and social care system*" demonstrated that the trend per capita spend has been 7% higher in Northern Ireland than England and 4% lower than Scotland.

Historically there has been an increase of 63% per capita spend on health in Northern Ireland over the past 20 years, the highest in the UK.

Despite the aforementioned highest per capita increase in health spend in the UK - the Mental Health [Strategy](#) 2021–2031 states at page 15 that **Mental Health spend** in Northern Ireland is 27% less than England and 20% less than Ireland. This is also despite the fact that the Mental Health [Strategy](#) 2021–2031 earlier states at page 12 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.” Corrective fiscal action must be taken immediately, given these figures.

This longstanding neglect of Mental Health Services has led to the crisis that we are now in. We have extending waiting lists, restriction of services and high vacancy rates in mental health posts. In Psychiatry there is a 25% vacancy rate for substantive consultant posts and 29% vacancy rate for substantive SAS Doctors in Psychiatry. Northern Ireland, unlike the other countries of the UK, has not had any expansion in Resident Doctor posts for Psychiatry in the past 18 years. There has been no implementation of the DoH Medical Workforce [Plan](#) for Psychiatric Specialties 2022 to 2031.

In addition, the Mental Health [Strategy](#) 2021–2031 was completed with a funding Plan in 2021. Each year there is planning for the implementation of this Mental Health Strategy. However, the funding that is available annually falls radically short of what is needed. The total cost for the implementation of the Strategy over ten years is £1.206.8m in 2021 estimates. The budget needed for the first three years was £9.59m, £24.38m and £42.08m respectively – with £61.72m needed for 2025-2026, being the year being consulted upon herein. These sums are nowhere near being met by Department of Health funds. The result is that the main areas that are looked at for implementation are largely those that are budget neutral and this is obviously not addressing the serious deficiencies in Mental Health Services year after year.

3.0 Specific Comments:

We are focusing on the impact on people with a Mental Health and Learning Disability in this response. People with Mental Health and Learning Disabilities also often meet the criteria for other Section 75 groups and this must be borne in mind.

We fully support the aim to bring equality considerations into mainstream policy making. However, Mental Health Services have experienced very significant inequality of funding, on an historical basis, in Northern Ireland compared to the other countries of the UK. This has had a serious impact on the members of the population who need these services.

We note that the Department of Health in Northern Ireland has an increase of funding (2.6%) which is lower than the other countries of the UK – and as stated, this smaller increase will have serious consequences for Health and Social Services in Northern Ireland in general. This will clearly compound the impact on mental health services in particular.

- We welcome the commitment to Muckamore Bridging but this funding has been long overdue.
- Nowhere is there a financial commitment to the Mental Health [Strategy 2021–2031](#), which is badly needed and which is cited in the [Programme for Government 2024-2027 'Our Plan: Doing What Matters Most'](#).
- **Table 4 Breakdown of Assumed Savings:**
The amount of Assumed Additional In-year Barnett/ Allocations/ Slippage attributed to Mental Health Service development in England, should be specifically identified.
The proportion of Trusts Savings being taken out of Mental Health Services should be specifically identified.
- **Capital Budget:**
We welcome the ongoing Contractual commitment to the Northern Mental Health Inpatient Unit.

We also welcome the commitment to commence a Mother and Baby Unit (MBU) at Belfast City Hospital, but unfortunately it is not totally clear if there will be funding for this building. This should be more precisely clarified in the document. It would also need to be clarified if there is funding for Staffing and other ongoing running costs to ultimately service the MBU.

Section 5 Impact Assessment:

Disability Section 75 group: This is the main group into which people with Mental Disorders and Learning Disability fall. It is acknowledged that people with a Disability will experience a “major negative impact” from this Budget and the narrative gives an explanation about Cancer services. However, the impact on patients with a Mental Health or Learning Disability is not highlighted. Mental Health services are already in crisis and this Budget will therefore impact more seriously on these groups. In particular, people with a Mental Health and Learning Disability who also fall into other Section 75 groups - especially Age, Racial Groups and Dependents, will also have very significant additional negative impacts. There is no mention of the impact on Addiction Services. Mental Health and Learning Disability Services need to be protected from these cutbacks, but the lack of clarity on current funding is exacerbating the crisis.

Age Section75 group: There is little reference to Child and Adolescent Mental Health Services.

Student Mental Health Services for those going into higher education, which often means the Student leaving home, has not been addressed either.

There is no mention of increased complexities of Mental Health and Physical Health issues for the elderly. Northern Ireland is experiencing a very significant increase in population as well as in the number of elderly

people. Over-65s made up almost 18% of the population in 2023 compared to less than 14% in 2003 according to NISRA figures.

As the NI population ages, this poses particular challenges for Old Age Mental Health services. People with serious mental illness are living longer, but often with the added challenges of physical co-morbidity, increasing frailty, polypharmacy and often psychosocial difficulties associated with ageing. This specific group often require comprehensive multidisciplinary support and increased time and resource for assessment and management.

The latter elements are also established risk factors for various types of dementia. There were 14,646 people on the Dementia Register in Northern Ireland in 2019 (DOH NI, 2019d), which is an underestimation due to significant numbers of undiagnosed cases. This figure is projected to rise to 60,000 by 2051 (DHSSPS, 2011). It is important to note that dementia is not considered in the 10-year Mental Health Strategy and a strategy for Dementia remains under review as a separate entity at the present time. In context, the latter statistics clearly emphasise the importance of providing appropriate resource for development of Old Age Psychiatry services, and at present, there is significant unmet need in terms of service provision for those with dementia and/or complex mental illness in the older population.

There needs to be appropriate funding for Older Age services as identified above and for the Regional Dementia Project Board work regarding a Dementia Strategy.

The Potential Saving Measure: All of these measures will have an impact on Mental Health Services and as a result on people with a Mental Health and Learning Disability. This impact will be greater than on any of the other Disability groups. The suggestion in the page 32 Summary that “a pay rise lower than that implemented in England for HSC staff” will only affect Gender, must be challenged. This is because we already have evidence that Psychiatrists are leaving the HSC to move to the Republic of Ireland because of the better salaries available there through Sláintecare. If a differential in salaries arose between Northern Ireland and any of the other countries in the UK, it would inevitably lead to a further loss of staff. Loss of staff is having a significant impact on services for people with a Mental Health and Learning Disability in certain parts of Northern Ireland as it is, which is an obvious equality issue.

The development of MDTs has resulted in highly trained Mental Health staff leaving the Trusts, where they would be treating more severely ill patients – which leaves significant vacancies in the Trusts. This loss of multidisciplinary staff from secondary care to primary care is having a significant impact on Trust services for people with a Mental Health and Learning Disability in certain parts of Northern Ireland as it is, which is an obvious equality issue. There has always been the promise that there would be a careful evaluation of the development of MDTs and its impact on secondary care services, but none of this has happened, with roll out set to continue.

The summary of the additional impact of lack of mental health reform on Section 75 groups is described in a very superficial way and needs much more detail provided. We reiterate that the points we have already stated above need to be seriously considered in this particular context.

In addition, the Neurology Review needs to be funded as identified for people with a Learning Disability especially and also in respect of the development of Neuropsychiatry Services and related specialties for the general population.

Section 6 Mitigating Actions:

This consultation fails to seriously acknowledge the historical lack of funding for Mental Health Services in Northern Ireland in comparison to the other countries of the UK. This Budget will impact very negatively on these services.

The allocation of £9.1 million to support the final closure of Muckamore Abbey is welcome, but seriously overdue.

Our concerns about the impact on Trust Mental Health Services of the further development of MDTs, given the lack of evaluation of where new staff are coming from, has been described above.

Section 7 Monitoring:

More relevant evaluation of the impact on Mental Health and Learning Disability services needs to be implemented.

4.0 In Summary to Conclude:

This response outlines briefly the layers of neglect of Mental Health and Learning Disability Services in Northern Ireland over the years, in comparison to the other countries of the UK and helps explain the origins of the current crisis. None of this context is addressed in this EQIA.

We welcome the ongoing contractual commitment to the development of the Northern Mental Health Inpatient Unit and the commitment to Muckamore bridging. We would like more clarity on the commitment to the development of the MBU, both from a capital building aspect and from a service development aspect.

The failure to fund the Mental Health [Strategy](#) 2021–2031, the associated NI Mental Health Services Workforce [Review](#) 2022-2032 and the recommendations in the DoH Medical Workforce [Plan](#) for Psychiatric Specialties 2022 to 2031 is having a major impact on service provision and staff morale and is disproportionately affecting people with a Mental Health and Learning Disability. All of this needs urgently addressed from the equality perspective.

Dated: 9th April 2025

A handwritten signature in black ink, appearing to read 'Julie Anderson', followed by a period.

**Dr Julie Anderson Chair RCPsych NI & Vice President RCPsych
- on behalf of RCPsych NI**

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