



Royal College of Psychiatrists
in Northern Ireland Manifesto
for the NI Assembly Election 2022
CLOSE THE GAP

Close The Gap

We welcome the focus by all parties on the mental health of everyone in Northern Ireland and the commitments made in the New Decade New Approach agreement. The publication of the 10-year Mental Health Strategy in 2021 – supported by all parties is a great first step. But we still need to close the gap to ensure parity of esteem between mental and physical health. We ask you to ensure that you continue to build on the momentum that you have created to deliver real change.

The Mental Health Strategy is ambitious and recognises that treating mental illness and achieving parity of esteem are among the greatest challenges facing us today. Whilst understanding the scale of the challenge is one thing, understanding the scale of the solution is another, which is why funding and delivering on the actions are essential. Without funding, the Mental Health Strategy will remain a vision. To deliver real change for people with mental illness and turn the positive vision into a reality needs political will from everyone.

Although it is essential that we do everything possible to improve wellbeing in society it does not prevent some people developing mental disorders and severe mental illness. The patients that we work with as psychiatrists are those with severe mental illness and it is vital that their voice is heard in the development of mental health policy and services.



Ahead of the Northern Ireland Assembly Elections in 2022, we're calling on parties to ensure:

Parity for people with mental illness.

We believe that every person with mental illness should have **access to effective services on an equal basis.**

To achieve this, we need **equity of funding, parity between mental health and physical health and strong community connections.**

Funding

RCPsych NI continues to campaign for parity between physical health and mental health services to improve the lives of people living with mental ill health. Parity here can only be established when there are appropriate levels of funding for mental health services, both capital and resource, and investment in the mental health workforce.

We call on all parties to make a commitment to ensure that funding supports parity between mental and physical health services.

For the first time ever, we have a fully costed Mental Health Strategy for Northern Ireland. We call on all parties to make a commitment to securing the funding for the full implementation of the Mental Health Strategy.

There are currently a very significant number of consultant psychiatrist posts vacant in Northern Ireland:



This is not including the full impact of future retirements and expansion of posts which will be required to meet the needs of the 10-year mental health strategy.

We welcome the commitment in the Mental Health Strategy to carry out a workforce review. However, it is already evident in the vacancy rates (not just in psychiatry but across other mental health professions) that there is a need to increase training places now to meet the existing demand.

There are many areas that contribute to mental health workforce planning, but in particular multiyear funding commitments are needed to allocate training places and to offer competitive terms and conditions.

We call on all parties to make a commitment to funding additional core and speciality training places for Psychiatry immediately.

As widely acknowledged by professional groups the pandemic has had a significant impact on the wellbeing of staff across the health and social care sector. More than ever, it is imperative that staff are able to access appropriate support.

We call on all parties to make a commitment to continue resourcing wellbeing support for health and social care professionals.



Mental and Physical Health

Parity for people with mental illness and learning disability will only be achieved if there is a reduction in health inequity, premature mortality rates and an increase in healthy life expectancy and life expectancy for this population.

The premature mortality rates and health inequalities for people with mental illness and learning disability are well documented. Access to physical health monitoring and effective treatment in a timely way are vital in reducing these inequalities.

We call on all parties to ensure people with mental illness and learning disability have access to physical health services that meet their needs.

We advocate for more early intervention services which have demonstrated improved outcomes for people with a mental illness.

Investment in rehabilitation services for those patients who have a significant disability as a result of a severe and enduring mental illness e.g., schizophrenia, bi-polar affective disorder and other psychosis, would reduce the need for long-term inpatient care.

We call on all parties to support the development of early intervention and rehabilitation services for patients who have severe and enduring mental illness.

As psychiatrists we see that there is a specific need for specialist services for some groups of patients to ensure they will have access to the best range of treatment and care. For example, specialist services for children and young people, learning disability, older people, addictions, forensic, medical psychotherapy, liaison psychiatry, eating disorders, neuropsychiatry, perinatal mental health services and rehabilitation psychiatry.

We call on all parties to ensure that people have access to specialist services, treatment and support that will meet their needs.

It is not just funding for services that is required. Funding is needed to provide a good quality healthcare environment for patients in the healthcare estate.

Whilst there has been investment in the mental health estate, the gross antiquity of some parts of it needs to be addressed. It is not just the inpatient estate that needs investment, but also community, outpatient, acute settings and emergency departments.

We call on all parties to make a commitment to capital funding to improve the mental health estate.

Community Connections

People with mental illness are part of our communities. We need to improve services in the community, and we need to develop community infrastructure that supports people with mental illness to participate more fully in society.

There are particular groups that should have access to services that will meet their specific needs. We welcome that the Mental Health Strategy has recognised the needs of some groups, but we believe that focus needs to be placed on those experiencing homelessness, people seeking asylum and our student population. Many of these populations are transitory and specific services that meet their needs must be developed.

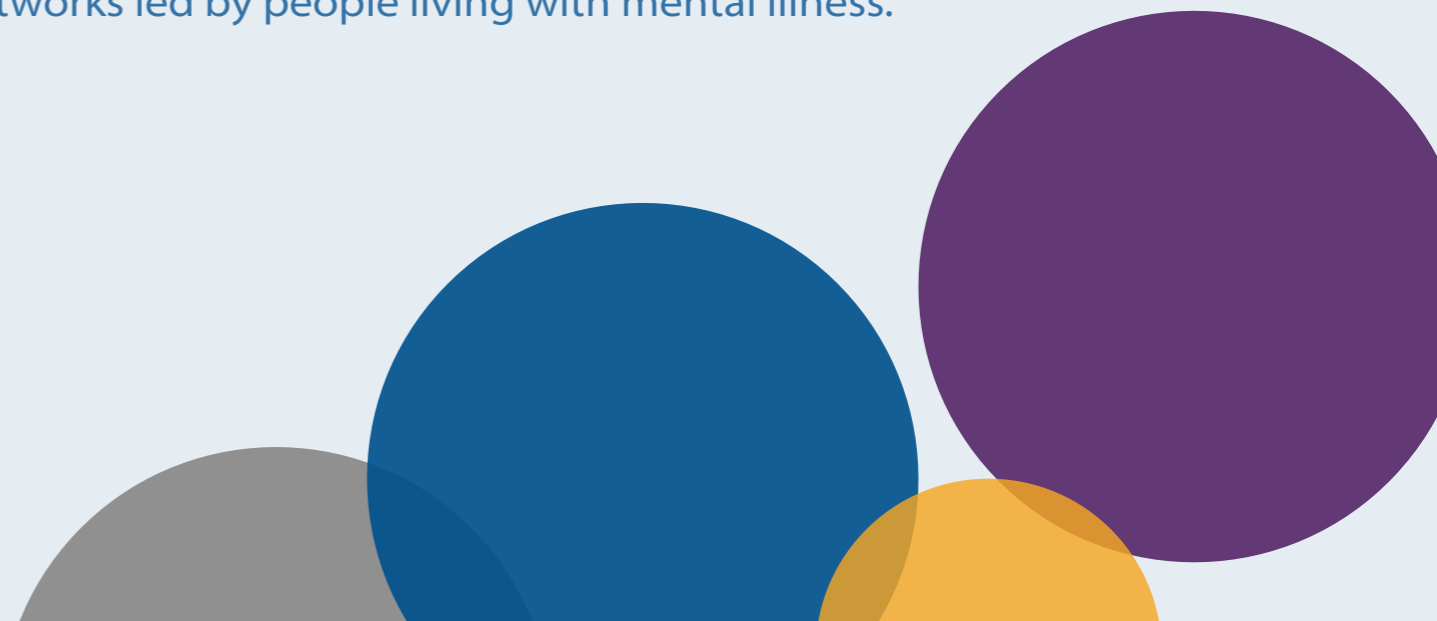
We call on all parties to support the commissioning of community services for those most at risk from falling through the gaps in existing service provision.

As professionals we see the benefits of non-statutory services in supporting the people we work with in the community. Whether this is access to support for alleviation of poverty, housing, employment, or community outreach services we all see how these services support people to live and contribute to their communities.

We call on all parties to provide reliable funding for community and voluntary groups who support people with mental illness and build resilience in communities.

Through our work and engagement with patients we know that mental illness can result in social isolation due to the breakdown in relationships and community connections. We also know that those people with a strong network of support in their community have better outcomes.

We call on all parties to support the development of peer support networks led by people living with mental illness.



About the College

RCPsych in Northern Ireland works to secure the best outcomes for people with mental illness, learning disabilities, and developmental disorders by promoting excellent mental health services, supporting the prevention of mental illness, training, setting standards and being the voice of psychiatry.

The College has approximately 440 members in Northern Ireland (including Doctors in training) who provide the backbone of the local psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

For further information please contact:

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