

**RESPONSE OF THE COUNCIL FOR PUBLIC AFFAIRS OF THE
PRESBYTERIAN CHURCH IN IRELAND TO THE DEPARTMENT OF HEALTH
CONSULTATION ON A DRAFT MENTAL HEALTH STRATEGY 2021-2031**

MARCH 2021

Background

1. The Presbyterian Church in Ireland (PCI) has over 217,000 members belonging to 535 congregations across 19 Presbyteries throughout Ireland, north and south. The Council for Public Affairs is authorised by the General Assembly of the Presbyterian Church in Ireland to speak on behalf of PCI on matters of public policy. Through its Council for Social Witness the Church seeks to deliver an effective social witness service on behalf of PCI, and to the wider community, through the provision of residential care, nursing care, respite care and supported housing for vulnerable people including the elderly, those with disabilities and those transitioning from the criminal justice system.
2. The topic of mental health has become more prominent in media and wider society, and as we reflect on the impact of a year responding to the global pandemic we are aware of the incredible impact this has had physically, emotionally and mentally. In February 2020 PCI's denominational magazine, the "Presbyterian Herald" was devoted entirely to the subject of mental health under the title "Mental Health Matters". The editorial introducing this edition included the following:

"Keeping good mental health all of the time is probably an impossible task; all of us will stumble at some point and the effects and severity of this will vary from person to person. Mental health matters, not only because it affects the functionality of the individual concerned, but also because it can dramatically impact their physical wellbeing, not to mention cause distress and worry to their loved ones and/or themselves".¹⁹

¹⁹ [Presbyterian Herald February 2020 by Presbyterian Church in Ireland - issuu](#)

3. PCI therefore welcomes the opportunity to respond to this consultation on the draft Mental Health Strategy 2021-31. While we recognise that some do not see the church as a 'safe space' to open up and seek help on mental health matters, there are many others for whom churches, and engagement with church-related activities, provide a primary environment for people to build meaningful relationships, have an opportunity to talk and receive pastoral support. This might be through prayer or other means, including the substantial rehabilitation and healing which can take place within the context of a worship service.
4. In recent years PCI has sought to better equip clergy and others involved in leadership through its pastoral care training, resources made available to ministers and elders, and encouraging attendance on mental health awareness and first aid courses. Most recently at the 2019 General Assembly those attending heard a presentation about mental health services and support available for children and young people within the statutory and voluntary sectors.
5. More locally, at congregational level, pastoral support is provided in different and creative ways, often on a voluntary basis, to church members and the wider local community. While most often pastoral care is provided by the minister, an increasing number of congregations have trained teams of volunteers as part of a network of pastoral support, while other activities and programmes delivered by local churches, or church volunteers, provide pivotal points of contact through which poor mental health, low mood or lower levels of wellbeing can be observed, support provided, and suitable interventions signposted. This might be through parent and toddler groups; youth leaders engaging young people and then with parents during drop-off and pick-ups; morning coffee times, lunch clubs or befriending groups for older people; through Christians Against Poverty offering support for people experiencing debt, courses in life skills and job clubs; or specific groups providing care to children and young people with disabilities and their families. There are countless other examples.
6. On a wider scale the "Bangor Cares" week, held in September 2019, was an initiative which began because a prayer space provided for a local primary school highlighted mental health concerns in young children. That led to a discussion between the PCI minister involved and two school principals, one primary and one secondary. Recognising that the mental health needs identified were not just the concern of those two schools and one church but of wider society was the catalyst for a week-long series of events involving the whole community including: most Primary and Secondary schools, congregations, statutory and voluntary agencies, local community groups, businesses, AND Borough Council and the PSNI. "Bangor Cares" demonstrated that it is possible to encourage a whole community approach to raising awareness about good mental health.

7. A significant aspect of clergy support to local communities is in relation to bereavement, and while no experience of death is easy, sudden bereavements through murder, suicide, or accidental death often have a significant impact with a wide ripple effect. Funerals, while providing an opportunity to remember and give thanks for the life of the person who has died, also offer space for people to meet and share this experience together, talk with one another and receive support. These are just some of the reasons why the restrictions on funerals have been difficult for so many over the past year. Flourish!²⁰ is a specific PHA-funded resource designed to support clergy and churches on suicide prevention, supporting people bereaved by suicide and promoting positive mental health. The experience of Flourish! demonstrates how training and response can be tailored to specific sectors. Just one example of church and community working well together would be in Ballynahinch where the church led initiatives of 'The Edge' and 'The Hub' (with the support of the EA and the South Eastern Health and Social Care Trust) have had a significant effect on the mental health and well-being of young people and adults in the market town and surrounding area.
8. PCI welcomes the proposal from the Minister for "better integration between statutory and community and voluntary sectors". PCI would encourage both the Minister and departmental officials to be mindful of churches and other organisations in the faith sector as key partners in promoting better mental health. Some Presbyterian ministers are also active in social services response teams and chaplaincy support in a range of contexts including in local universities, prisons and hospitals, youth activities and sport which play an important part in church/community relationship building, leading to positive networks in which people can share and talk.
9. We would encourage the Department of Health to pro-actively engage with strategies and initiatives from other NI Departments in order to better understand some of the causes of poor mental health and wellbeing. For example, the decision to provide free school meals to children and young people outside of school term time was an acknowledgement of the importance of diet and nutrition not only for their wellbeing, but also their ability to engage with education. For adults, issues of food poverty and fuel poverty, sometimes referred to as the decision to "eat or heat", can have a significantly detrimental impact on mental health. The development and implementation of an anti-poverty strategy by the Department of Communities therefore has a bearing on improved mental health for the people of Northern Ireland.

²⁰ [Flourish! Training Pathway for Clergy | A training pathway for churches on suicide prevention, supporting people bereaved by suicide and promoting positive mental health \(wewillflourish.com\)](https://www.wewillflourish.com)

Theme 1 – Promoting wellbeing and resilience through prevention and early intervention

10. Good mental health and wellbeing are not static throughout our lives and it is vital that measures to promote prevention and early intervention are available from early years through to childhood, adolescence and adulthood. Different life stages and experiences as adults may impact our mental health for example through the experience of bereavement or grief, childbirth, changed personal circumstances due to redundancy, a relationship breakdown or diagnosis of serious illness.
11. Throughout this draft strategy document a number of specific groups are identified as requiring particular interventions. In drilling down to specific instances, it is crucial that sight of the bigger picture is not obscured. However, whilst recognising that there is no “one-size-fits-all” approach and different experiences must be acknowledged, it is important that attention is not diverted from the fact that more than two-thirds of all suicides between 2015 – 2018 were registered in the bottom half of the NI Multiple Deprivation Measure Decile²¹. This again highlights the relationship between economic deprivation and poor mental health, with many and varied associated causal factors. Similarly of the suicides registered by sex between 2010 – 2018 more than 75% were male. These statistics are reinforced by multiple stories told by members and ministers, serving on the ground in areas of deprivation and need.
12. We would note that there a number of other groups which are not specifically referred to in the strategy including those in the criminal justice system, adults with learning disability, students, people with addictions including drugs, alcohol, gambling and others. There is also a deficiency in the lack of acknowledgement, understanding and importance of dual diagnosis. There is also a lack of recognition of the wellbeing of staff who work in this area. We recognise that it is not possible to list every single group or sector which should be included in the Mental Health Strategy. This again emphasises the importance of getting the foundational principles of the strategy right.
13. In a strategy, it is important to recognise the mental health and wellbeing of the staff who work in this area. It is also critical to ensure that the strategy is people-focused, rather than task-focused. This this highlights the need for regular training, access to tools including counselling and support from external organisations like Inspire. Similar provision should be considered for carers, not least in light of the significant challenges faced by those who have caring responsibilities during the pandemic.

²¹ [Suicide statistics | Northern Ireland Statistics and Research Agency \(nisra.gov.uk\)](https://www.nisra.gov.uk/suicide-statistics)

14. As discussed above local church congregations often provide services to the local community on a voluntary basis and we have offered some excellent examples of the benefits of working in partnership with local churches in prevention and early intervention. Therefore, PCI supports initiatives that seek to encourage and develop statutory and voluntary partnerships as well as mental health literacy amongst those volunteers and pastoral care providers, including mental health first aid training. This empowers volunteers and organisation leaders to more confidently identify when someone may be experiencing poorer mental health and wellbeing, and equip them with the right skills and information to be able to help appropriately or signpost to other organisations and interventions.
15. Focusing on prevention and early intervention is not only crucial with regard to the efficient use of scarce resources, but more importantly timely assistance and intervention, no matter how small, is of much greater benefit to the individual concerned, and their family. Some early interventions are incredibly simple like the Men's Shed movement which provides a place for men to talk and contribute, and share practical skills and knowledge. Or a parent and toddler group might provide the space for a new mother to receive support, encouragement and guidance.
16. PCI welcomes the recognition in the document that children's mental health and emotional wellbeing is nurtured primarily in the family with a key priority to support parents and carers. This is another reminder that mental health and emotional wellbeing are impacted by a wide variety of factors, and that circumstances within a family may change over time. Some interventions may be required on a short-term basis, while others may be needed for a longer term. Supporting courses which equip parents and carers in their parenting skills is a low-cost preventative measure which could be rolled out through local schools, or informal settings.

Theme 2 – Providing the right support at the right time

17. PCI welcomes the commitment to increase funding for Child and Adolescent Mental Health Services (CAMHS) to 10% of adult mental health funding. Investing the right resources and providing the right support at this stage for children and young people may in turn alleviate pressure on adult mental health services at a later stage. The two should not be seen in competition with each other, but rather proper investment and intervention at a younger age can reduce costs and pressure on essential services when older.

18. PCI supports the creation of a regional approach to urgent, emergency and crisis services to children and young people. PCI's experience as a service provider in other areas of health and social care has identified the difficulties which arise when approaches vary across the five health and social care trust areas, and even at times within trusts themselves. A regional approach provides the parameters for greater consistency and transparency between those in need of services and the service provider.
19. Specifically, PCI welcomes the intention outlined in ACTION 11 to "fully integrate community and voluntary sector in mental health service delivery across the lifespan including the development of a protocol to make maximum use of the sector's expertise". The statutory sector cannot, and should not, solely shoulder the responsibility of the mental health and wellbeing of the population of Northern Ireland. Often the most innovative and cost-effective approaches happen at grassroots level. An example of this is the Active Listening²² project which allows emergency services to refer adults in the midst of crisis to confidential listening and signposting. This support is provided on a voluntary basis, and frees up scarce resources and time within the emergency services.
20. Of particular concern to PCI is the need to find the right response and support for communities in the event of significant trauma like a sudden death through murder, suicide or an accident. At present there is no statutory response to community trauma, and often as discussed elsewhere in this document clergy and those connected to church communities are often called upon to step in.
21. With regard to providing the right support at the right time we would suggest a number of areas that are omitted from this strategy and would recommend that this require some further consideration. These include:
 - a. Specialist gender-specific services, particularly those related to trauma and sexual abuse;
 - b. Residential trauma services;
 - c. Firmer commitments for a residential maternal mental health unit for mothers and their babies, and a specialist eating disorder unit;
 - d. How services might be adapted to accommodate the needs of people with disabilities.

²² [Home - Active Listening](#)

Theme 3 – New ways of working

22. PCI supports the proposal for a regional mental health service which will go some way to address the challenges of different approaches being taken across each of the trust areas. It is expected that this will strengthen unified access and provide more consistency. It is also important that there is mutual recognition of professional qualifications and training between similar roles in the statutory and voluntary and community sectors.
23. PCI also supports the creation of a centre of excellence for mental health research with dedicated funding. Again, it is important that such a centre also takes account of work undertaken in the voluntary, community and faith sectors including highlighting good practice and opportunities for collaboration. It is also vital that as a society we better understand the issues and circumstances that negatively impact on mental health and wellbeing. For example, recent research from Christians Against Poverty (CAP) has demonstrated the link between debt and mental health. CAP's 2019 Client Report for Northern Ireland²³ found that 85% of their clients felt lonely or isolated, 77% said their mental health had deteriorated because of debt worries, with more than 40% prescribed medication or counselling after visiting their GP. This highlights the need for a response that is broader than health and social care, and which takes the most comprehensive view of the factors that impact on mental health and wellbeing.



**Rev Daniel Kane
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²³ [Client-Report-2019-NI-WebDP.pdf \(capuk.org\)](https://www.capuk.org/Client-Report-2019-NI-WebDP.pdf)