

**MENTAL HEALTH SERVICES IN NORTHERN IRELAND  
DEPARTMENT OF HEALTH MEMORANDUM OF REPLY: ACTION PLAN  
UPDATE: AUGUST 2025**

Rec	Departmental Commitment	Action taken (to August 2025)	Target date	Status
1.	At the Mental Health Strategic Reform Board meeting in May 2024 there was agreement on the need to take a longer review and several pieces of work were commissioned. This will be used to review and take a wider look at the overall deliverability of the Strategy.	<p>In March 2025, building on the work done to date, officials engaged an external resource to carry out a review of deliverability of the MHS to determine the feasibility of delivering the Strategy, given current financial limitations, and to establish key implementation priorities based on projected resource availability, including potential phasing of actions.</p> <p>The scope of this work was to:</p> <ul style="list-style-type: none"> <li>➤ review the current progress of the MHS against current and projected financial resources</li> <li>➤ conduct stakeholder consultations to inform prioritisation decisions</li> <li>➤ identify cost-effective measures within the strategy; and</li> <li>➤ develop a prioritised implementation plan for the strategy.</li> </ul> <p>This review concluded at the end of June 2025, and the report, which includes a review of the status of</p>	June 2025	Completed – a draft of the Review Report was submitted to the Department in mid-July following a peer review. Factual accuracy checking is almost complete with a view to sharing the Report with the Strategic Reform Board and key stakeholders in early September before advice is submitted to Minister for consideration. The Health Committee will also be briefed on 9 <sup>th</sup> October 2025.

		<p>commenced and non-commenced actions, a prioritised list of MHS actions with supporting justifications and financial impact analysis, is currently being peer-reviewed. The findings will be presented to the MHS Strategic Reform Board and other key stakeholders for consideration and will inform advice to Minister about the priorities for the remainder of the life of the Strategy.</p> <p>Findings will be considered in August/September 2025 for delivery of MHS actions 26/27 onwards.</p>		
1 cont.	<p>There are a number of action plans with timescales in place for key Mental Health Strategy (MHS) enabling actions with work already ongoing to develop others which will be finalised this year. All of the action plans will be reviewed and revised if necessary to ensure that the actions being committed to are deliverable within the funding and resources available.</p>	<p>Work has taken place and action plans and activities have been developed for 2025/26 in line with anticipated funding. The MHS Delivery Plan for 25/26 is being finalised and will be published in due course.</p> <p><b>Plan to facilitate achievement of this recommendation:</b> Stakeholder workshops and ongoing engagement with action leads and the Strategic Reform Board to inform proposed activities in 2025/26.</p>	June 2025	Revised date of September 2025 for publication of MHS Delivery Plan for 25/26. The delay was due to resourcing challenges which have now been resolved.
2.	<p>Work to inform the development of a coproduced implementation plan to deliver the recommendations in the Workforce Review is underway. The requirement to fully cost the</p>	<p>There has been some slippage in commencing the delivery of Recommendations 1 and 2 of the Workforce Review, due to a delay in securing additional resource to</p>	June 2025	Revised date of October 2025 for completion

	<p>proposed workforce profile has been identified as a priority and will be taken forward as part of the implementation plan for 2024-25.</p>	<p>progress this work. However, an individual was appointed in early June 2025 and the work is now well underway, with a revised timeframe of October 2025 for completion. The supporting Task &amp; Finish group has been established and had its first meeting on 10 July, when the proposed approach and methodology was discussed and agreed. Considerable work has already been progressed on addressing the requirements of Recommendation 1 to produce an initial costing of the future mental health workforce profile, with that work due to be completed by early August, at which stage the focus will be on a prioritisation exercise to agree priority posts and recruitment plans (Recommendation 2) through extensive discussion with key stakeholders.</p> <p>In parallel, a separate task &amp; finish group has been established specifically to oversee delivery of a range of agreed psychiatry workforce actions in order to address significant regional pressures in the short to medium term. Delivery of those actions is ongoing.</p> <p><b>Plan to facilitate achievement of this recommendation:</b></p>		
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		Project methodology agreed to deliver Recs 1 and 2 of MH Workforce Review. Task & Finish group and supporting project structures established to oversee delivery within revised timeframe.		
2 cont.	While it is anticipated that the general Workforce Review Implementation Plan will be in place by early Autumn 2024, some of the more detailed elements of the Committee's recommendation on costs and agreement of training places, which coincide with delivery of recommendations 1 and 2 of the Workforce Review, as outlined above, will take some further time to deliver. DoH is however in the process of establishing a task & finish group to progress this work by June 2025 as indicated above.	As outlined above, work is now well underway on implementation of Recommendations 1 and 2 of the Workforce Review, with a revised timeframe of October 2025 due to the delay in commencing the work.	June 2025	Revised date of October 2025 for completion
3.	It is DoH's intention to look at longer term planning for the HSC sector as a whole to consider how best services can be delivered to bring them onto a sustainable footing and enable unmet need to be addressed. Planning for mental health spending will be an integral part of this process.	DoH will seek to secure additional recurrent funding for mental health services as part of the multi-year budget exercise and this will also be incorporated within the Department's 5-year plan. Given the £600m funding deficit in 2025/26, work is continuing to review/reduce the cost base of the HSC going forward, which will help shape the longer-term plan.	March 2025	Revised date of Autumn 2025 for completion of this action which is wider than the Mental Health Strategy.

4.	DoH would be pleased to update the Committee on the progress of the first phase of this work (collection of outcome data) in 12 months' time.	The Regional Mental Health Service Team have continued to provide updates on progress on implementation of the mental health outcomes framework as part of regular (quarterly) reporting to the PAC. The last substantive update was provided in April 2025 with an interim update provided in June 2025 in relation to MH Outcomes.	June 2025 for update	Completed
4 cont.	The first phase of the implementation of the Mental Health Outcomes Framework (MHOF) is currently ongoing and involves two key objectives: embedding the MHOF in the design and build of Encompass, the new regional digital patient record system; and establishing the capacity to report robust regional data on mental health service activity.	<p>95% of the outcomes measures have now been embedded within the Encompass System, with remaining ones due to be in place by the end of August 2025. Given this progress, engagement has begun with Managed Care Networks and relevant clinicians to begin to use the measures in place. To support this work, guidance is currently being developed to ensure these are being used consistently across the region.</p> <p><b>Plan to facilitate achievement of this recommendation:</b>  Work will continue to embed the remaining outcomes measures on the Encompass system. Engagement will also continue with clinicians and Managed Care Network leads to finalise protocols for gathering and reporting on data to ensure this is completed consistently across the region.</p>	Target date for reporting activity and performance data is by 30 June 2026	On track to complete

4 cont.	The plan for the MHOF implementation is that this first phase will be completed by Quarter 1 2026.	<p>As referenced in previous updates, there have been some delays to rolling out of the framework although remedial work has been undertaken to address these and the Encompass team have provided assurances that work is on track to ensure timescales will be met.</p> <p><b>Plan to facilitate achievement of this recommendation:</b> Work will continue to embed the remaining outcomes measures on the Encompass system. Engagement will also continue with clinicians and Managed Care Network leads to finalise protocols for gathering and reporting on data to ensure this is completed consistently across the region.</p>	Target date for reporting activity and performance data is by 30 June 2026.	On track to complete
4 cont.	The second phase of the implementation of the MHOF involves supporting mental health professionals and services in the use of the outcomes measures embedded in the Encompass build under phase 1. It is through this primary use of outcomes measures by mental health staff in supporting their clinical practice, that data is generated which can be collated into regional reports on outcomes for mental health service users.	<p>The Regional Mental Health Outcome Lead assumed their role on 7th August. A key priority for the role holder will be supporting Trust MH services in the use of outcome measurement in mental health services. This will include continuing to engage directly with clinicians and the development of associated guidance and training material.</p> <p><b>Plan to facilitate achievement of this recommendation:</b> A regional protocol for using and agreeing outcomes measures will be</p>	Target date for this is (i.e. regional reporting of outcomes data) is by 31st December 2026	On track to complete

		finalised and rolled out. This work will involve Managed Care Networks and relevant clinicians identifying suitable measures relevant to their service areas and agreeing arrangements for how these will be used consistently across HSC trusts.		
4 cont.	The further roll out of the MHOF will be progressed by the Regional Mental Health Service, through a programme codesigned and agreed with clinical leadership and service users through to the fourth quarter of 2029.	No change from previous update.	Timeframe for this will follow on from phase 2 date of 31st December 2026 through to 31st March 2029	On track to complete
5.	<p>The establishment of the Regional Mental Health Service (RMHS) under Action 31 of the MHS sees the creation of a RMHS Business Unit. The Business Unit will have devolved to it regional responsibility for the MHOF with a key role in the collation, analysis and presentation of data and intelligence across the Regional Mental Health system to support assurance and inform decision-making by the RMHS leadership Collaborative Board and the HSC Integrated Care System.</p> <p>Funding has been identified by DoH to progress the establishment of the RMHS Business Unit in this current financial year and initial work has recently commenced to scope how the new reporting</p>	<p>The Mental Health Outcomes Lead took up post on 7 August. Recruitment to fill other key posts within the Business Unit have also recently been completed. Subject to normal HR processes, it is anticipated these posts will be filled by end of August 2025.</p> <p><b>Plan to facilitate achievement of this recommendation:</b> Work will be completed to induct recently recruited staff including identifying and agreeing initial priorities. Engagement will also continue with the Encompass and PSSID teams as the mental health outcomes framework is being rolled out. This work will include identifying and addressing any emerging gaps in the outcomes data.</p>	June 2025 for completion of review	<p>Recruitment to fill other key posts within the Business Unit has recently been completed, with the RMHS Programme Lead and one of two Project Leads taking up their roles in August 2025. A start date for the other Project Lead role has been agreed for September 2025.</p> <p>Aim to complete this work by a revised target date of October 2025</p>

	arrangements being put in place via Encompass will support the work of the Unit. This work will include identifying and addressing any gaps in relation to mental health outcomes data so that these are addressed before Encompass is fully embedded.			
6.	<p>The Health and Social Care Data Strategy NI 2022-2030 includes a commitment to the establishment of a HSC Data Institute (HSCDI) with a mission that “HSC will make health and care data easily available to our population, our people and policy makers, facilitated and governed by a new Health and Social Care Data Institute (HSCDI)”.</p> <p>The RMHS Business Unit will work with the HSCDI and Digital Health and Care NI in developing technical solutions for reporting requirements, including automation of reports and processes, and the development of data visualization tools, outcomes-based accountability reporting and regional dashboards</p>	No change from previous update.	June 2025	Some delay due to key posts required to progress this work not being filled; aim to complete by revised target date of October 2025
7.	DoH is committed to improving the quality of referrals and ensuring that referrals are made where appropriate, whilst reducing the number of inappropriate referrals by supporting potential referrers to	All the data relating to the audit has now been collated and is undergoing final quality checks and follow up with Trusts being actioned.	December 2024	August 2025

	<p>have a common understanding of the threshold criteria. DoH accepts that referral rates vary across HSC Trusts and will request that each Trust undertakes an 18- month audit of referrals not accepted from January 2023 - June 2024.</p>	<p><b>Plan to facilitate achievement of this recommendation:</b>  A final review of the composite report to be completed before end of August 2025  This will remain part of the agenda for the CAMHS Assistant Director group to ensure on-going learning.</p>		
8.	<p>DoH is committed to ensuring that these programmes and initiatives are providing sufficient, early support to those children in need and that they are making a difference. Therefore, a review of the MHS Early Intervention and Prevention Plan will be taken forward to assess its effectiveness in meeting its objectives.</p>	<p>The Early Intervention &amp; Prevention (EI&amp;P) Steering Group has an action plan covering the life course.</p> <p>The EI&amp;P Steering Group met in March along with other stakeholders to discuss progress against Action 7. Through those discussions it was identified that:</p> <ul style="list-style-type: none"> <li>- It is important to ensure that the DoH's draft Emotional Health &amp; Wellbeing framework for Children &amp; Young People (C&amp;YP) is consulted on and finalised to provide all partners with clear direction in relation to EI&amp;P for C&amp;YP.</li> <li>- The EI&amp;P Steering group should support the framework's implementation and help ensure a collaborative approach and clarity on roles and responsibilities in its implementation.</li> </ul>	June 2025	<p>Some delay - the Framework including an implementation plan will be approved and published in April 2026</p>

		<ul style="list-style-type: none"><li>- There are opportunities to improve and join up reporting on work already underway across partners in relation to Emotional Health &amp; Wellbeing of infants, children and young people. A position paper summarising work underway and outcomes data in relation to EH&amp;WB of infants, children and young people is being developed. This paper will be taken into consideration when the EI&amp;P group is developing its new Action Plan for 2026-29.</li></ul> <p><b>Plan to facilitate achievement of this recommendation:</b></p> <ul style="list-style-type: none"><li>- Draft framework launched for consultation in May and closes on 26 September.</li><li>- Based on feedback from the consultation, it is intended that an implementation plan will be developed – led by SPPG, which will be included in the final version of the Framework. The EI&amp;P Steering group will be involved in the development of this implementation plan</li><li>- Position paper summarising work underway and outcomes data in relation to EH&amp;WB of infants,</li></ul>		
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		children and young people to be complete by Dec 2025		
8 cont.	DoH will consider whether any additional support could be put in place to prevent conditions escalating and ultimately becoming more challenging to treat as highlighted by the Committee.	<p><a href="#">Public consultation on Children’s and Young People’s Emotional Health and Wellbeing Framework   Department of Health</a> was launched on 22 May 2025 and will run until 26 September 2025.</p> <p>The Framework outlines a move towards a more needs-based assessment pathway and once consulted upon and finalised the implementation plan will outline the steps to implement the needs based pathway.</p> <p>A key component of the Framework is the implementation of a regionally standardised needs-based referral form for all childhood neurodevelopmental or mental health concerns. These referrals will be centrally triaged through a single Children and Young People’s Referral Service (CYPRS), which will use referral information to determine the most appropriate early intervention—emphasising the presenting needs. To make this viable, there will be a need for an expansion of early intervention programmes, particularly in partnerships with voluntary and community-sector organisations.</p>	June 2025	Some delay - The Framework including an implementation plan will be approved and published in April 2026.

		<p><b>Plan to facilitate achievement of this recommendation:</b> Engagement events with key stakeholders including V&amp;C organisations will take place.</p>		
8 cont.	<p>Work is being led by the Strategic Planning and Performance Group within DoH to develop a DoH Children &amp; Young People's Emotional Health &amp; Wellbeing Framework. This draft framework is in the final stages of development and will be subject to public consultation.</p>	<p>The Public consultation on Children's and Young People's Emotional Health and Wellbeing Framework was launched on 22 May 2025 and will run until 26 September 2025 (following requests for an extension).</p> <p>The Framework is shifting toward a needs-based assessment pathway, moving away from reliance on diagnostic or condition-specific referral categories (such as MH, ASD, ADHD). At present, referrals are tracked and reported through these labelled pathways, which fails to reflect the child's presenting needs or facilitate timely early intervention. According to NICE guidelines, early intervention options should be embedded in care pathways.</p> <p>The Framework seeks to identify and define everyone's roles and responsibilities in promoting children's and young people's emotional health and wellbeing (EHWB).</p> <p>A key component of the Framework is the implementation of a regionally standardised needs-based referral</p>	June 2025	<p>Substantially achieved</p> <p>It is anticipated The Framework will be completed and approved by April 2026.</p>

		<p>form for all childhood neurodevelopmental or mental health concerns. These referrals will be centrally triaged through a single Children and Young People's Referral Service (CYPRS), which will use referral information to determine the most appropriate early intervention—emphasising the presenting needs. To make this viable, there will be a need for an expansion of early intervention programmes, particularly in partnerships with voluntary and community-sector organisations</p> <p>A meeting with the Autism Reviewer took place in July 2025 to ensure implementation of the Framework will comply with requirements of the Autism Bill and Strategy. This also provided an opportunity to respond to queries and inform their response.</p> <p><b>Plan to facilitate achievement of this recommendation:</b> A meeting has been arranged with the Mental Health Champion in August 2025.</p> <p>Specific engagement with children and young people to solicit their views on the Framework and capture their views as part of the public consultation will take place.</p>		
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		Engagement events with V&C organisations will take place.		
9.	DoH will review the data regarding waiting times in mental health and psychological therapies services across all five Trust areas and engage with each of the Health & Social Care Trusts to understand the reasons for patients waiting longer than the extant Ministerial maximum waiting time targets in order to identify and agree specific actions required to address and reduce waiting times in mental health. While DoH is content to report to the Committee in six months' time on any progress in reducing waiting lists, DoH would wish to highlight that at this stage it is clear that the 2024-25 budget allocated to DoH will not facilitate a reduction in waiting lists within the next twelve months.	<p>SPPG data for the last 5 years shows a 13.9% increase in waiting times data in Mental Health Services and 47.1% in Psychological Therapy Services from March 2019 to March 2024. Waiting times data for 2024-25 is not available across all Trusts. Encompass rollout is cited as the reason for reporting challenges and Trusts have been working hard to develop their reporting systems accordingly. Other challenges in relation to meeting waiting times targets include:</p> <ul style="list-style-type: none"> <li>• workforce recruitment;</li> <li>• workforce sickness rates;</li> <li>• reporting delays due to encompass;</li> <li>• acuity levels;</li> <li>• investment.</li> </ul> <p>As Trusts continue to transition to completely digitised records, their data is undergoing extensive validation. Until this process is complete, there are gaps in the data they are able to submit for reporting purposes.</p> <p>It is clear that the 2024-25 budget allocated to DoH did not facilitate any significant reduction in waiting lists over the last 12 months, with SHSCT the notable exception (primarily</p>	December 2025	Some delays due to funding constraints and encompass implementation

		<p>attributable to the introduction of its Steps to Wellness).</p> <p>SPPG internal meetings indicated the requirement for direct meetings with Trusts. SPPG has met with Trusts to discuss specific actions to address waiting times.</p> <p>The position in terms of allocation of funding to reduce waiting lists remains an issue. If additional investment were to be provided, then the actions which have been identified to address would include:</p> <ul style="list-style-type: none"><li>• targeted recruitment drives to address workforce shortages</li><li>• enhanced service improvement plans / review service model to increase productivity</li><li>• work to develop interim reporting mechanisms to overcome Encompass-related data gaps</li><li>• While funding constraints continue to limit the ability to make significant reductions in waiting lists, the SHSCT Steps to Wellness programme has shown promising results, and similar initiatives are being explored for regional rollout</li><li>• Consider use of contracted agency</li><li>• Increase access to groups for individuals</li></ul>		
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		<ul style="list-style-type: none"> <li>• Development of group sessions prior to commencement of therapy to manage expectations</li> <li>• Review number of sessions made available to individuals</li> <li>• Reduce DNAs – extracting data from Encompass remains an issue</li> <li>• Use of video to target expectation of therapy and support readiness for therapy</li> </ul> <p><b>Plan to facilitate achievement of this recommendation:</b>  SPPG will continue to review validity of data provided via Encompass in conjunction with Trusts.  SPPG will scope options as per above regarding potential solutions to reduce waiting lists and await further funding (which if provided) will allow solutions to be activated.</p>		
10.	A working definition of crisis has been agreed regionally and a regional meeting held with all key stakeholders to plan the next steps. DoH (in cooperation with the Public Health Agency) is establishing a regional crisis team to lead this work and a regional workshop will be held in October 2024 to begin to standardise regionally consistent solutions and services.	Completed as per actions but further work is ongoing in terms of further standardisation of solutions and services.	March 2025	Completed
10 cont.	With respect to the Multi Agency Triage Teams (currently only	<b><u>Hear &amp; Treat</u></b>	March 2025	Some delay in achievement.

	<p>operational in two Trust areas) and the NI Ambulance Service pilot initiative to include mental health professionals in their control rooms, DoH needs to await the receipt of the evaluation of Hear and Treat, and data collection for MATT to consider how best to proceed with this regionally. Any implementation however of these crisis services will be dependent upon this evaluation and data collection/analysis which indicate positive outcomes and available investment for regional roll out.</p>	<p>Evaluation of the Hear and Treat Pilot is in progress. It was due to be completed by Q4 of the 25/26 financial year, but the aim is to bring this forward if possible to end of Q3 to enable decisions to be made by SPPG regarding funding for 26/27, noting that the current funding stream is only available until March 26. PHA has been tasked with carrying out the evaluation and is currently working with NIAS and SEHSCT to ensure appropriate data collection and ensuring the necessary Information Governance arrangements are in place to enable sharing of this data with the PHA.</p> <p><b><u>MATT</u></b> PHA has worked with MATT service providers to improve data collection to ascertain service usage and outcomes of the services. Data is now available for a 5 month period February 2025 – June 2025. This data is showing lower activity than anticipated. Options are currently being considered for optimisation of activity in year.</p>		<p>Hear and Treat evaluation: new target date of Dec 25.</p> <p>MATT evaluation date – TBC, subject to a decision on extension of the pilot.</p>
11.	<p>Increased collaboration between Departments of Health and Education.</p>	<p>There continues to be significant close collaboration and engagement between DoH and DE to support the emotional wellbeing of children and young people, with both Departments working in partnership to manage the implementation of the Children and</p>	<p>Ongoing programme of work.</p>	<p>Ongoing</p>

		<p>Young People’s Emotional Health and Wellbeing in Education Framework, within the constraints of reducing budgets in 2024/25 and 2025/26.</p> <p>The Department of Education plans to carry out a review of the Framework and associated projects during the 25/26 Academic year.</p>		
12.	<p>In March 2024, DoH, working alongside DoJ, established a multiagency task and finish group to coordinate the response to the Coroner’s findings with regards to tragic deaths in 2017, with a view to ensuring a coordinated, focused response that addresses each of the recommendations made by the Coroner and ensures that vital lessons are learned from the case. The work of the task and finish group is expected to be completed by April 2025.</p>	<p>The Cawdery Task and Finish (T&amp;F) Group met most recently in June 2025, when the focus of discussion was on (i) progress across each of the three supporting workstreams, and (ii) the proposed end date for the Group, on the basis that any remaining actions would be progressed through the Right Care Right Person structures.</p> <p>The Group agreed that, although significant progress has been made against the Coroner’s recommendations, it would not be appropriate to stand down the T&amp;F Group at that time, primarily to allow due consideration of the outcome of a public consultation process: The T&amp;F Group plans to meet again in late August to discuss the revised Mental Health Order Code of Practice prior to a planned 12 week public consultation on the revised Code, and then again in late November/December to consider the outcome of the consultation and to</p>	April 2025	<p>Revised date of January 2026 for completion, due to the requirement to carry out a public consultation on the revised Mental Health Order Code of Practice.</p>

		<p>endorse the publication of the revised Code, if appropriate.</p> <p>A review of outstanding Coroner's recommendations will be considered at that point, in order to inform a decision on when the T&amp;F Group should formally be stood down.</p> <p><b>Plan to facilitate achievement of this recommendation:</b>  Delivery of the three supporting workstreams is continuing, with progress monitored on an ongoing basis. As above, the T&amp;F Group will formally review the position in late November/ December in order to decide when the Group will be formally stood down, with any remaining recommendations to be progressed through RCRP structures.</p>		
12 cont.	DoH will continue to work closely with PSNI counterparts as the Right Care Right Person is shaped and delivered in the coming months.	Preparations for the implementation of the RCRP model are ongoing through close co-operation between DoH, DoJ, PSNI and HSC organisations. The RCRP Silver Operational Group met again on 10 June and 12 August with further discussion on (i) the draft terms of reference; (ii) draft National Partnership agreement; and (iii) draft governance arrangements paper. The subgroup leads provided an update on their respective working groups, setting out progress to date in addressing key workstreams. The	Planning for RCRP ongoing. Timescales for implementation of RCRP to be determined in partnership with DoJ, PSNI & HSC partners.	On track to complete

		<p>Silver Group is to develop a communication strategy to provide an update on work that is currently ongoing and to address any operational concerns.</p> <p>The RCRP Strategic Group met again on 9 July. The focus of that discussion included the terms of reference for the Strategic Group and proposed governance arrangements for future implementation.</p> <p>A key agenda item was a presentation on the draft National Partnership Agreement, an important foundational document for future implementation which mirrors a similar approach to implementation of RCRP in England and Wales. It is anticipated that a site visit to England to see RCRP operating in practice will be organised in the coming weeks to ensure that Northern Ireland is learning from best practice.</p>		
13.	DoH is planning to commission a review of its engagement with the community and voluntary (C&V) sector in early Autumn 2024. This work will sit alongside other work DoH is carrying out to ensure that it is engaging with the sector across a range of key areas in an optimal way and specifically in order to	The draft report on the review of the Community & Voluntary (C&V) sector, covering PAC Recommendations 13 and 14, was received by the Department at the end of March 2025. Since then, the draft report has undergone factual accuracy and quality assurance checks before being shared with a number of Mental Health C&V organisations for comment by the	March 2025	Substantially complete  Final publication expected October 2025, subject to formal approvals being obtained

	implement Actions 17, 31 and 32 of the MHS.	end of July. It is anticipated that the report will be published once it has gone through formal approval procedures within the Department.		
14.	DoH will shortly commission an exercise to assess the skillset, capacity and knowledge within the Community & Voluntary sector to support the delivery of mental health services, and as part of that exercise, relevant actions and recommendations of the MHS will be revisited in order to ensure timely and effective implementation. As part of this exercise, DoH will consider and set out how it can improve its engagement with the C&V sector and ensure that the knowledge and expertise that exists is fully harnessed.	See update 13 above.	March 2025	Substantially complete
15.	Initial review of deliverability of the strategy including gaps completed by June 2025 and exploration of options for collaboration with health services in the Republic of Ireland where this is possible.	The review of deliverability is addressed at recommendation 1 above.  Liaison with colleagues in Republic of Ireland is ongoing.	Gaps identified by June 2025 and full delivery of the RMHS implementation plan by April 2029	On track to complete
16.	Audit of current challenges in relation to service provision and action plan on service improvements required. In order to improve current service provision, DoH is in the process of recruiting a fixed term (one year)	<ul style="list-style-type: none"> <li>Co-occurring Mental Health and Substance Use Project Manager appointed within the SPPG Mental Health team.</li> <li>Task and Finish (T&amp;F) Group co-led by SPPG and PHA has been established to scope person</li> </ul>	September 2025	On track to complete

	<p>post specifically to scope current service challenges and facilitate service improvement. It is anticipated that recruitment will be completed by August 2024.</p>	<p>centered pathways between mental health and addiction services – the focus of this group is on the interface between Community Mental Health Teams and Community Addictions Teams (CATs), but also on coworking relationships with Community and Voluntary sector.</p> <ul style="list-style-type: none"><li>• Audit of current challenges has been drafted and with the T&amp;F Group for consideration.</li><li>• Future plans for service improvement include consideration of '4 quadrant model' in decision making re accessing most appropriate services</li><li>• T&amp;F Group is currently scoping the relevance of recent Scottish Pathway recommendations for service development in NI context</li><li>• SPPG is also scoping current MHAP activity in relation to Prevention, Early Intervention, Crisis and Recovery in relation to Co-Occurring issues and ensure consideration given to this issue</li><li>• Co-occurring substance use and mental health has also been placed within the Regional Think Family Leads group to ensure that family focused practice is embedded across Mental Health Services and Addiction Services</li></ul>		
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