

## Public Accounts Committee - Report on Mental Health Services in Northern Ireland

### Recommendation Index

RECOMMENDATION	DESCRIPTION	STATUS
1	<p>The Committee recommends that the Department takes this opportunity to review the deliverability of the strategy. Where necessary, it should develop revised plans and timescales for the transformation of mental health services, to ensure maximum progress as soon as possible. As part of this, the Department should develop actions plans focused on actions that are deliverable and publish performance against these actions annually.</p>	Completed
2	<p>As a critical enabler of the mental health strategy and in addressing mental health needs, there is a clear need to grow the mental health workforce. Now, already three years into the strategy, is the time to invest. Otherwise, given the time lag between recruitment to training and introduction to the workforce, the envisaged transformation of services is unlikely to be achievable.</p> <p>The Department needs to urgently implement the recommendations of the mental health workforce review, developing plans for the required expansion of the workforce within 6 months. This should include setting out how and over what timescale it intends to do this, together with the estimated cost of doing so. This should include the identification and cost estimate of the future number of training places needed.</p>	On track to complete with some delay
3	<p>There are significant levels of mental health need in Northern Ireland, and despite being a stated priority, mental health continues to be underfunded. Alongside the moral imperative to reduce suffering, there are clear economic arguments to increase funding levels. More funding for mental health represents an 'invest to save' opportunity in terms of reducing the impact on wider society, together with its potential to reduce future demand for (and cost of) services in both mental health and physical healthcare.</p> <p>The Committee recognises the benefits of multi-year budgets in facilitating effective long-term planning and development. However, even in the absence of these budgets, the Committee recommends that the Department outlines how it can increase the mental health budget by setting out a target and timeframe over which to grown funding towards the 10-11 per cent suggested by the Mental Health Champion.</p> <p>The Department should also set out how it intends to grow the CAMHS budget towards a 10 per cent share of the overall mental health budget.</p>	Ongoing
4	<p>In light of the importance of data on the outcomes of mental health services in demonstrating value for money, the Committee expects to be updated on the progress in collecting outcome data in 12 months' time. At that stage, we expect all Trusts to be</p>	Progress update completed.

	able to provide full, consistent and reliable information on mental health services and outcomes in a format that allows for effective regional comparability.	On track for Phase 1 Implementation
<b>5</b>	The Committee recommends that the Department reviews and considers how best to use the data it will collect to improve the services it provides. This should be commenced now so that it is completed when Encompass is fully rolled out.	Completed with ongoing work continuing
<b>6</b>	Alongside providing a roadmap of how and when it intends to roll out the newly developed outcomes framework, the Committee believes that it is essential that the Department outlines how it will publish mental health data to bring transparency to the services.	Completed with ongoing work continuing
<b>7</b>	We recommend that the Department engage with CAMHS services to identify common areas and themes around failed referrals and any other barriers to access appropriate support. This information should be used to inform and improve the quality and number of referrals.	Completed
<b>8</b>	The Committee recommends that the Department carries out a review within 12 months to examine whether it is providing sufficient, early support to those children in need. It should put a strong focus on providing additional support to those in need to prevent conditions escalating and ultimately becoming more challenging to treat.	On Track for completion with some delay
<b>9</b>	<p>Waiting lists and waiting times in mental health services are unacceptable, and are contributing to increased acuity in presentation, making conditions harder and more costly to treat. While there is a general need to reduce the numbers on waiting lists and improve performance against waiting times, there is particular need to address the numbers waiting for psychological therapies.</p> <p>We recommend, therefore, that the Department develops an action plan setting out how it intends to address waiting lists in mental health. The Committee views the need to improve waiting lists as so urgent, that the Department should report back to the Committee in 6 months' time on its progress in reducing waiting lists.</p>	Ongoing
<b>10</b>	The Department should urgently implement planned regional crisis services. In addition, the Department should learn lessons from pilot schemes including the Western Trust pilot, and Multi Agency Triage Teams, with the aim of providing alternative safe places within Emergency Departments and improved access to crisis services across the region as a matter of urgency.	Partially completed
<b>11</b>	The Committee expects better and stronger collaboration across government. In this case, it is clear that the mental health needs of children in Northern Ireland will only be addressed through genuine partnership working between Health and Education. We recommend that the Department builds on the work it has undertaken to date and increase collaboration with the Department of Education to support emotional wellbeing.	Ongoing

12	The Committee recommends that the Department and PSNI speed up consideration of proposals and bring forward an appropriate model that ensures those in mental health crisis can be seen by the most appropriate professional. We firmly believe that better services can be delivered by better collaboration.	On track to complete with some delay
13	The Committee recommends that the Department reviews its reliance on the voluntary and community sector. It should know how many referrals there are to, and from, that sector; how many people are reliant on the services carried out by the voluntary and community sector; and the value of those services provided. It should use this to engage with and carry out a review of how best to provide greater funding certainty to this sector.	Completed
14	The Committee expects that the Department reassesses its engagement with the voluntary and community sector. As part of this, the Department should set out more clearly how it intends to improve engagement with the voluntary and community sector. It is crucial that any barriers to having a more mature conversation are overcome and the expertise that exists is fully harnessed.	Completed
15	The Committee expects that the Department's review of the deliverability of the strategy also incorporates an identification of key gaps in services, including regional disparities across Northern Ireland. The Department should begin to plan now for addressing key gaps, rather than allow these challenges to build to a stage at which they are unsustainable. The Department's review should consider areas where working with health services across the island could result in better outcomes for patients.	On track to complete
16	The Committee recommends that the Department urgently implement services for those with co-occurring mental health and substance use issues. It is not acceptable that the pace of change in this area is so slow.	Completed

**RECOMMENDATION 1 –The Committee recommends that the Department takes this opportunity to review the deliverability of the strategy. Where necessary, it should develop revised plans and timescales for the transformation of mental health services, to ensure maximum progress as soon as possible. As part of this, the Department should develop actions plans focused on actions that are deliverable and publish performance against these actions annually.**

**Departmental Commitment:** At the Mental Health (MH) 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.

**Target Date:** June 2025

**Status:** **Completed**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

The Northern Ireland Mental Health Strategy Review of the Deliverability of the Strategy’s Actions 2026–2029 was published on 9 October 2025.

The purpose of the review was to provide a focus and to prioritise in light of the funding constraints faced, whilst recognising that the Strategy in its entirety is still needed.

The report acknowledges that, due to significant resource limitations and little expectation of additional funding in the short to medium term, the mental health system must concentrate on fewer priorities. It proposes a phased approach to the Strategy’s deliverability, contingent on the availability of additional resources.

Mental Health Workforce development and the Regional Mental Health Crisis Service have been identified as immediate priorities for 2026/27.

The review also identifies four medium-priority actions, proposed for phased implementation. Two actions: Action 14 (relating to mental health and older people), not yet commenced, and Action 30 (Digital mental health) already commenced are proposed to be prioritised in 2027/28.

This recommendation was to produce the Review of Deliverability Report which has been completed.

A further two actions - Action 10 (focused on funding for Child and Adolescent Mental Health) and Action 23 (supporting individuals with severe and enduring mental ill health)—are recommended for prioritisation in 2028/29. Together, these actions represent the next critical steps in progressing beyond immediate priorities.

Some MHS actions already receive a small amount of recurrent funding, and this will continue.

Planning for the 2026/27 Delivery Plan is currently underway. The Plan will: focus on the priority areas identified through the Review of Deliverability including what could be achieved if further funding is secured; outline next steps for implementing low or zero cost actions identified through the review; and outline the approach to delivering on the overarching priority principle of addressing inequities in mental health services.

IN common with previous plans, the 2026/27 Plan will be co-produced in collaboration with a broad and diverse range of stakeholders. It will outline what can be delivered for each relevant action within the scope of this existing funding allocation across the 2026/27 financial year.

Addressing the social determinants of mental health also remains critical, and the Department/Minister will continue to work with Ministerial colleagues through the Executive Working Group on Mental Wellbeing, Resilience and Suicide

**RECOMMENDATION 1.1 - Committee recommends that the Department takes this opportunity to review the deliverability of the strategy. Where necessary, it should develop revised plans and timescales for the transformation of mental health services, to ensure maximum progress as soon as possible. As part of this, the Department should develop actions plans focused on actions that are deliverable and publish performance against these actions annually.**

**Departmental Commitment:** 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.

<b>Target Date: June 2025</b>	<b>Status: <span style="color: blue;">Completed</span></b>
<b>ACTION TAKEN TO DATE &amp; CURRENT POSITION</b>	<b>HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION</b>
<p>The Mental Health Strategy 25/26 Delivery Plan was published in October 2025.</p> <p>Planning for the 2026/27 Delivery Plan is currently underway. The Plan will focus on the priority areas identified through the Review of Deliverability including what could be achieved if further funding is secured; outline next steps for implementing low or zero cost actions identified through the review; and outline the approach to delivering on the overarching priority principle of addressing inequities in mental health services.</p> <p>A workshop is planned for mid-April 2026 to co-produce the Plan with key stakeholders. The Plan will outline what can be delivered for each relevant action within the scope of this existing funding allocation across the 2026/27 financial year.</p>	<p>The Review of Deliverability has identified the priorities for the next three Delivery Plans (2026/27, 2027/28 and 2028/29) and work is underway in relation to 2026/27.</p>

**RECOMMENDATION 2 – As a critical enabler of the mental health strategy and in addressing mental health needs, there is a clear need to grow the mental health workforce. Now, already three years into the strategy, is the time to invest. Otherwise, given the time lag between recruitment to training and introduction to the workforce, the envisaged transformation of services is unlikely to be achievable.**

**The Department needs to urgently implement the recommendations of the mental health workforce review, developing plans for the required expansion of the workforce within 6 months. This should include setting out how and over what timescale it intends to do this, together with the estimated cost of doing so. This should include the identification and cost estimate of the future number of training places needed.**

**Departmental Commitment:** 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 proposed workforce profile has been identified as a priority and will be taken forward as part of the implementation plan for 2024-25.

**Target Date:** Revised from June 2025 to February 2026

**Status:** On track to complete with some delay

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

An implementation plan for the Mental Health Workforce Review was developed in Q4 2024, based on feedback from a number of stakeholder workshops held in November 2023 and March 2024. The implementation plan identified a number of priority actions to be progressed in the short to medium term including:

- Recommendation 1: An evaluation of the cost of the future workforce profile with funding allocations confirmed to plan the phased delivery of the workforce review.
- Recommendation 2: A prioritisation of service developments and planning of the recruitment of key appointments and other team members. This will include agreement on the number of pre-registration training places and number of posts to be recruited through normal recruitment processes.
- Recommendation 3: An assessment of the capacity and capability available within the Community and Voluntary Sector to inform optimisation of existing structures and ways of working to co-deliver the full range of Mental Health services required.

The findings of the deliverability review support this recommendation. One of the main priorities identified for 2026/27 is 'Workforce' which also includes the contribution of the Community and Voluntary Sector.

Work to progress Recommendations 1 and 2 is nearing completion, led by an associate appointed through the HSC Leadership Centre in June 2025 (to note, there was some delay in identifying an individual with the required expertise to lead this work, which has impacted on timescales to complete the work.) A final draft report was received by the Department in mid-December 2025, and is going through factual accuracy checks prior to being finalised in February 2026.

Recommendation 3 to undertake a review of the capacity and capability of the C&V sector has been progressed through the C&V Review undertaken to deliver Mental Health Strategy Action 17.

**RECOMMENDATION 2.1 – As a critical enabler of the mental health strategy and in addressing mental health needs, there is a clear need to grow the mental health workforce. Now, already three years into the strategy, is the time to invest. Otherwise, given the time lag between recruitment to training and introduction to the workforce, the envisaged transformation of services is unlikely to be achievable.**

**The Department needs to urgently implement the recommendations of the mental health workforce review, developing plans for the required expansion of the workforce within 6 months. This should include setting out how and over what timescale it intends to do this, together with the estimated cost of doing so. This should include the identification and cost estimate of the future number of training places needed.**

**Departmental Commitment:** 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.

<p><b>Target Date:</b> Revised from June 2025 to February 2026</p>	<p><b>Status:</b> <b>On track to complete with some delay</b></p>
<p><b>ACTION TAKEN TO DATE &amp; CURRENT POSITION</b></p>	<p><b>HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION</b></p>
<p>As outlined above, work is nearing completion on implementation of Recommendations 1 and 2 of the Workforce Review. A final draft report was received by the Department in mid-December, and is going through factual accuracy checks prior to being finalised in February 2026.</p>	<p>As above</p>

**RECOMMENDATION 3** –There are significant levels of mental health need in Northern Ireland, and despite being a stated priority, mental health continues to be underfunded. Alongside the moral imperative to reduce suffering, there are clear economic arguments to increase funding levels. More funding for mental health represents an 'invest to save' opportunity in terms of reducing the impact on wider society, together with its potential to reduce future demand for (and cost of) services in both mental health and physical healthcare.

The Committee recognises the benefits of multi-year budgets in facilitating effective long-term planning and development. However, even in the absence of these budgets, the Committee recommends that the Department outlines how it can increase the mental health budget by setting out a target and timeframe over which to grown funding towards the 10-11 per cent suggested by the Mental Health Champion.

The Department should also set out how it intends to grow the CAMHS budget towards a 10 per cent share of the overall mental health budget.

**Departmental Commitment:** 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.

**Target Date:** Revised from March 2025 to April 2026

**Status:** Ongoing

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

The priority this year has been to reduce the £600m funding deficit but in tandem work is continuing to review/reduce the cost base of the Health & Social Care (HSC) going forward, which will help shape the longer-term plan. DoH has sought 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. The Department therefore has made plans to increase funding levels subject to funding being available.

The review clarified the amount of funding allocated to date to implement the Mental Health Strategy and how that funding had been allocated. It highlighted the lack of funding that has gone into mental health services which the Committee has referenced in this recommendation.

**RECOMMENDATION 4, 4.2 and 4.3 – In light of the importance of data on the outcomes of mental health services in demonstrating value for money, the Committee expects to be updated on the progress in collecting outcome data in 12 months' time. At that stage, we expect all Trusts to be able to provide full, consistent and reliable information on mental health services and outcomes in a format that allows for effective regional comparability.**

**4. Departmental Commitment:** 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.

**4.2 Departmental Commitment:** The plan for the Mental Health Outcomes Framework (MHOF) implementation is that this first phase will be completed by Quarter 1 2026.

**4.3 Departmental Commitment:** 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.

**Target Date:** June 2025 for progress update

Phase 1 MHOF implementation– Q1 2026

**Status:** **Progress update completed**  
**On track for Phase 1 implementation**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

The Outcomes Lead was appointed in August 2025 following an earlier unsuccessful recruitment round. Significant cultural change is required to ensure meaningful use of clinical outcome measures, as many mental health clinicians in Northern Ireland have not routinely used outcome measures outside a small number of specialist services. Work is underway with Trusts, service users, carers, professional bodies, and the encompass team to embed a regionally consistent approach.

Training workshops and early engagement have been delivered across sectors and specialist services. Outcome measures have been added to encompass, with licensing and functionality agreed and aligned to support system compatibility.

Notwithstanding the priorities identified in the review, the Department has recognised that those actions in the Mental Health Strategy which are already receiving a small amount of recurrent funding, such as this one, must continue. Therefore the implementation of the Mental Health Outcomes framework

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is now the default adult mental health Patient Reported Outcome Measure (PROM), with multiple pilot sites operational and reporting structures being developed in conjunction with encompass team. The Children & Adolescent Mental Health Services (CAMHS) outcome measure pilot is also live and being piloted in NHSCT. This pilot progressing well with further roll out planned across NHSCT in first instance.

will continue to be progressed at pace.

**RECOMMENDATION 4.1 – In light of the importance of data on the outcomes of mental health services in demonstrating value for money, the Committee expects to be updated on the progress in collecting outcome data in 12 months' time. At that stage, we expect all Trusts to be able to provide full, consistent and reliable information on mental health services and outcomes in a format that allows for effective regional comparability.**

**Departmental Commitment:** The first phase of the implementation of the 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.

**Target Date:** Reporting activity and performance data by 30 June 2026.

**Status:** **On track to complete**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

A Regional Reporting Group (RRG) has been created and in operation over 12 months – facilitation led by South Eastern Health and Social Care Trust.

Terms of Reference establish that this is the oversight group for priority statutory reporting, SOMs and to centralise key decisions that will inform MH / CAMHS / Psychology workflow. It is a central forum for information sharing and updating strategically.

It will expand with ongoing stabilisation and optimisation of system for operational reporting aligning with regional pathways.

It is accountable to the MH Executive/Expert Decision Group which is becoming MH Pathway Council.

A separate regional Task & Finish subgroup has been agreed for specific workflow and design to ensure accuracy & consistency in specific Report Logic.

Notwithstanding the priorities identified in the review, the Department has recognised that those actions in the Mental Health Strategy which are already receiving a small amount of recurrent funding, such as this one, must continue. Therefore the implementation of the Mental Health Outcomes framework will continue to be progressed at pace.

**RECOMMENDATION 5 –The Committee recommends that the Department reviews and considers how best to use the data it will collect to improve the services it provides. This should be commenced now so that it is completed when Encompass is fully rolled out.**

**Departmental Commitment:** 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.

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 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.

**Target Date:** June 2025

**Status:** Completed with ongoing work continuing

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

RMHS Business Support Unit has been partially established with a number of priority posts filled.

The appointment of the Mental Health Outcomes Lead has been completed (from August 2025)

Implementation of the new Mental health Outcomes Framework is ongoing with 95% of measures embedded into the encompass system and patient reported outcomes measures (PROMS) can now be assigned via MyCare.

Data collation and analytics underpins a range of priority RMHS workstreams including:

- Establishment of Area Mental Health Collaborative in Southern Trust
- Establishment of Local Community Collaborative in Belfast Trust
- Work commenced to refresh mapping work previously completed on mental health provision across primary, secondary and C&V sectors to identify current areas of unwarranted variation and inconsistencies and levels of investment.

Notwithstanding the priorities identified in the review, the Department has recognised that those actions in the Mental Health Strategy which are already receiving a small amount of recurrent funding, such as this one, must continue. Therefore the implementation of the Mental Health Outcomes framework will continue to be progressed at pace.

Several reviews completed to build on availability of data to inform decision including report on inequalities in mental health and mental health care	
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**RECOMMENDATION 6 – Alongside providing a roadmap of how and when it intends to roll out the newly developed outcomes framework, the Committee believes that it is essential that the Department outlines how it will publish mental health data to bring transparency to the services.**

**Departmental Commitment:** 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)”.

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 are addressed before Encompass is fully embedded.

**Target Date:** Revised from June 2025 to October 2025

Status: **Completed with ongoing work continuing**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

DHCNI is leading the establishment of a Data Institute, and an Analytics and Insight Group has been formed to develop its work programme.

A series of data visualization tools and regional dashboards have been developed including Mental Health Inpatient Occupancy, Patient Level Information Costs (PLICS), Mental Health Primary Care data (as part of MDT programme).

Work has been completed on developing regionally consistent templates for reporting mental health clinical outcomes data (as part of implementation of the Mental Health Outcomes Framework) and initial reports are being tested at this time. Ongoing work progressing regards increasing amount of teams and clinicians using clinical outcome measures on system.

The Health and Social Care Data Strategy falls outside of the remit of the review of deliverability of the Mental Health Strategy. However, this recommendation is linked to Recommendations 4 and 5 above and the work to embed the Mental Health Outcomes Framework continues.

**RECOMMENDATION 7- We recommend that the Department engage with CAMHS services to identify common areas and themes around failed referrals and any other barriers to access appropriate support. This information should be used to inform and improve the quality and number of referrals**

**Departmental Commitment:** 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 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.

**Target Date:** Revised from December 2024 to August 2025

**Status:** **Completed**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

**Data Submission**

- All Trusts submitted audit data; BHSCT returned data on **14 March 2025** after SPPG queries.

**Audit Scope**

- **6,050 unaccepted referrals** were audited across five Trusts.

**Analysis**

- SPPG collated data into **16 themes**; commentary on trends due by **31 March 2025**.

**Key Findings**

- **53% (3,167) referrals signposted elsewhere** as they did not meet CAMHS criteria.

**Identified Barriers**

- Limited understanding of CAMHS criteria among referrers.
- Inadequate referral information, often missing baseline mental state.
- Leads to duplicate referrals and delays in access.

**Next Steps**

- Data enables Trusts to engage with referrers to improve threshold understanding and referral quality.
- All data has undergone final quality checks with Trusts.
- Re EWTS, offer programme to remaining 100 post primary and EOTAS settings across the current academic year (2025-2026) and next (2026-2027)

The review of deliverability does not impact on this specific action to carry out an audit of unaccepted CAMHS referrals.

Refine EWTS programme model based on learning in preparation for implementation beyond the current four-year cycle.	
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**RECOMMENDATION 8 – The Committee recommends that the Department carries out a review within 12 months to examine whether it is providing sufficient, early support to those children in need. It should put a strong focus on providing additional support to those in need to prevent conditions escalating and ultimately becoming more challenging to treat.**

**8 Departmental Commitment:** 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 (EI&P) Plan will be taken forward to assess its effectiveness in meeting its objectives.

**8.1 Departmental Commitment:** 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.

**8.2. Departmental Commitment:** Work is being led by the Strategic Planning and Performance Group within DoH to develop a DoH Children & Young People's Emotional Health & Wellbeing Framework. This draft framework is in the final stages of development and will be subject to public consultation.

**Target Date:** Timeframe for publication of Framework revised from June 2025 to April 2026. Implementation plan will be approved and published in July 2026. (slight delay due to staff resources)

**Status:** **On Track for completion with some delay**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

**8.** The Early Intervention and Prevention (EI&P) Steering Group is a multi-agency forum bringing together a range of partners from across government, academic and service providers. The purpose of this group is to address Actions 1 and 2 of the Mental Health Strategy which focuses on awareness raising about emotional wellbeing and mental health among the general public and with high risk groups; addressing stigma and encouraging help-seeking. The various organisations represented on the Steering Group have programmes of work within their own organisations on which they are tasked to deliver.

The EI&P group has an action plan covering the life course. The action plan does not specify actions of the various partners but rather focuses on collective efforts that can be taken to add value to individual partners' work. Action 7 specifically relates to Children & Young People and states:

Notwithstanding the priorities identified in the review, the Department has recognised that those actions in the Mental Health Strategy which are already receiving a small amount of recurrent funding, such as Actions 1 & 2 (Early Intervention & Prevention), must continue.

*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.*

The EI&P steering group met in March 2025 along with other stakeholders to discuss progress against Action 7.

Through those discussions it was identified that;

- It is important to ensure that the DoH draft EH&WB framework for C&YP is consulted on and finalised to provide all partners with clear direction in relation to EI&P for C&YP
- The EI&P Steering group should support the framework's implementation and help ensure a collaborative approach to its implementation

A position paper summarising work underway by various stakeholders and outcomes data in relation to EH&WB of infants, children and young people has been developed. This paper will be taken into consideration when the EI&P group is developing its new Action Plan for 26-29

**8.1** The draft DOH EH&WB Framework was published for consultation in May and closed on 26 September 2025

Engagement events with key stakeholders including Community and Voluntary (C&V) organisations and service users were completed. Consultation also took place with Autism Reviewer, CiNI and Mental Health Champion. Barnard's were asked to engage specifically with children and young people within the context of this consultation.

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&P Steering group will be involved in the development of this implementation plan

Clinical Leads Group has been formed to consider ADHD and ASD referral pathways for children. Specific pathways for each condition will be explored initially and then consideration will be given to a combined inclusive, needs-based neurodevelopmental pathway.

**8.2** Draft framework was published for consultation in May and closed on 26 September 2025.

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

<p>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>	
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**RECOMMENDATION 9 - Waiting lists and waiting times in mental health services are unacceptable, and are contributing to increased acuity in presentation, making conditions harder and more costly to treat. While there is a general need to reduce the numbers on waiting lists and improve performance against waiting times, there is particular need to address the numbers waiting for psychological therapies.**

**We recommend, therefore, that the Department develops an action plan setting out how it intends to address waiting lists in mental health. The Committee views the need to improve waiting lists as so urgent, that the Department should report back to the Committee in 6 months' time on its progress in reducing waiting lists.**

**Departmental Commitment:** 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.

**Target Date:** December 2025 for progress report.

**Status: Ongoing** - SPPG will continue to review validity of data provided via encompass in conjunction with Trusts

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

PSSID data for the last 5 years (March 2019 to March 2024) shows a 13.9% increase in waiting times data in Mental Health Services (MHS) and 47.1% in Psychological Therapy Services (PTS)

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:

- workforce recruitment
- workforce sickness rates

The review identifies Workforce as a key priority for delivering the MH Strategy and emphasises that by filling vacancies and making full use of the existing workforce, as well as the C&V Sector, improvements in waiting times should begin to follow.

- reporting delays due to encompass
- as these Trusts transition to completely digitised records, their data is undergoing extensive validation. Until this process is complete, there may be gaps in the data they are able to submit for reporting purposes
- acuity levels
- investment

It is clear that the lack of available investment in the 2024-25 budget allocated to DoH did not facilitate any significant reduction in waiting lists over the last 12 months.

SPPG internal meetings indicated the requirement for direct meetings with Trusts. SPPG has met with Trusts to discuss specific actions to address waiting times.

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:

- targeted recruitment drives to address workforce shortages
- enhanced service improvement plans / review service model to increase productivity
- work to develop interim reporting mechanisms to overcome Encompass-related data gaps
- 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
- Consider use of contracted agency
- Increase access to groups for individuals
- Development of group sessions prior to commencement of therapy to manage expectations
- Review number of sessions made available to individuals
- Reduce DNAs – extracting data from encompass remains an issue

Use of video to target expectation of therapy and support readiness for therapy

**RECOMMENDATION 10 - The Department should urgently implement planned regional crisis services. In addition, the Department should learn lessons from pilot schemes including the Western Trust pilot, and Multi Agency Triage Teams, with the aim of providing alternative safe places within Emergency Departments and improved access to crisis services across the region as a matter of urgency.**

**Departmental Commitment:** 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.

<b>Target Date:</b> Revised from March 2025 to Summer 2025 (for working definition and establishment of PHA/SPPG regional crisis team)	<b>Status:</b> <b>Partially Completed</b>
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<b>ACTION TAKEN TO DATE &amp; CURRENT POSITION</b>	<b>HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION</b>
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<p>A working definition of crisis has been agreed regionally with key stakeholders.</p> <p>SPPG and PHA have established a core team to progress the regional crisis work. Additional staff to be recruited by PHA as part of this regional crisis team.</p> <p>A draft crisis pathway has been shared and remains open to amendments.</p> <p>A Mental Health Liaison and Crisis Response Home Treatment care network has been stood up to progress necessary work on standardisation.</p>	<p>More work is needed to improve access to crisis services and implement regional crisis services. The review identifies crisis services as a key priority within the MH Strategy Delivery Plan for 2026/27.</p>
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**RECOMMENDATION 10.1 – Department should urgently implement planned regional crisis services. In addition, the Department should learn lessons from pilot schemes including the Western Trust pilot, and Multi Agency Triage Teams, with the aim of providing alternative safe places within Emergency Departments and improved access to crisis services across the region as a matter of urgency.**

**Departmental Commitment:** With respect to the Multi Agency Triage Teams (MATT) (currently only operational in two Trust areas) and the NI Ambulance Service pilot. Hear and Treat 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 monitoring from MATT to consider how best to proceed with this regionally. Any implementation however of these crisis services will be dependent upon evaluation and data monitoring which indicate positive outcomes and available investment for regional roll out.

**Target Date:** Hear and Treat evaluation – target date revised from March 2025 to March 2026. MATT data is being monitored on an ongoing basis, with an evaluation previously undertaken in 2021

**Status:** On track for completion with some delay

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

Two pilots are in operation MATT and Hear and Treat which will respond to calls and crisis needs from individuals. These services are currently limited in scope and scale. An evaluation of MATT was completed in 2021, although the model has changed since the initial MATT with no current input from NIAS. Dataset for MATT service was revised by BHSCCT and SEHSCT with input from PHA to improve data collection and analysis. An evaluation of Hear and Treat is expected by March 2026. Data collection and evaluation will allow analysis to consider continuation or any scale and spread.

The review is fully aligned with this recommendation. Crisis services are identified as one of the two top priorities for 2026/27. The 2026/27 Delivery Plan will focus on this and Workforce as a priority.

Any implementation of these crisis services will be dependent upon data analysis/evaluation which indicate positive outcomes and available investment for regional roll out.

**RCRP**

The RCRP places of safety subgroup has presented an options paper to RCRP silver setting out the preferred approach to having one identified place of safety in each Trust area where resources can be pooled. On 16th December 2025 members of the Places of Safety subgroup visited Derbyshire to view their 136 suites and Emergency Departments.

Members have met to collate findings which will be presented to RCRP Silver with recommendations. This is how England provide their places of safety under the equivalent to Art 129 / 130 of the Mental Health Order.

In parallel, Trusts have been exploring how they can better provide safe places within their ED or close by their EDs in acknowledgement that there is no additional funding to provide places of safety. The 5 HSCT's are working on identifying alternative Places of Safety within or close to their Emergency Departments

The proposal includes a recommendation that the safe places would be used for mental health services to undertake assessments with mental health patients in crisis situations in addition to the places of safety situations under Art 129/130

**RECOMMENDATION 11 - The Committee expects better and stronger collaboration across government. In this case, it is clear that the mental health needs of children in Northern Ireland will only be addressed through genuine partnership working between Health and Education. We recommend that the Department builds on the work it has undertaken to date and increase collaboration with the Department of Education to support emotional wellbeing.**

**Departmental Commitment:** Increased collaboration between Departments of Health and Education.

**Target Date:** Ongoing programme of work

**Status:** Ongoing

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

There continues to be collaboration between the Department of Health (DoH) and the Department of Education (DE) to support the emotional wellbeing of children and young people. Both Departments remain committed to working in partnership to oversee the implementation of the Children and Young People’s Emotional Health and Wellbeing in Education Framework, while navigating the challenges presented by constrained budgets in the 2024/25 and 2025/26 financial years. Additionally, DE have collaborated on the Health and Social Care Children and Young People’s Emotional Health and Wellbeing (EHWB) Framework. Both Departments have collaborated in recent months on joint Ministerial visits in recent months.

The Department of Education has scheduled to undertake a comprehensive review of the Framework and its associated projects during the 2025/26 academic year.

The Regional Integrated Support for Education (RISE) teams received funding across the 5 Trusts in 2007 as part of the Children & Young People’s Package 2006-2008, following a report from Peter Hain, to tackle inequalities and address barriers to learning. This initiative is emblematic of the commitment to cross departmental collaboration in the interface between Health and Education.

The review supports this recommendation as CAHMS is listed as one of the four medium-priority areas that the Department intends to take forward during 2027–2029.

The RISE teams are a multi-professional health service that support all mainstream pre-school and primary educational settings in Northern Ireland up to and including children enrolled in Key Stage 1 (P4). These teams deliver a transdisciplinary model of support, involving Speech and Language Therapists, Occupational Therapists, Physiotherapists, Behavioural Therapists, Clinical Psychologists and Therapy Assistants.

This service works directly in the mainstream school environment to support the holistic needs of children by promoting a positive and integrated service around the needs of the child, family and school.

Given the preventative focus adopted by RISE from the outset, it was agreed that this service would operate within the mainstream classes - both in the nursery and primary school sectors. The range of Specialist Provisions within mainstream schools (SPIMS) had and continue to have access to the diverse range of RISE training and strategies developed at a universal level. Children attending SPIMS who have a Statement of Special Educational Needs (SEN), and who require specialist support from health and social care practitioners are predominantly supported by core community services. This approach to SPIMS was deemed most appropriate at the time RISE was first established to ensure the wide range of health and social care needs were met that existed in the child's home and school environment, and as such required very close working with the child's parents/carers.

In addition to the initial funding provided to establish RISE in 2007, non-recurrent funding was provided by DE to the 5 Trusts under their Emotional Health and Wellbeing in Education Framework to extend RISE into mainstream classes Key Stage 2 (KS2) - i.e. from Primary 5 - 7.

This expansion aligned with the overarching principles of the pre-existing RISE programme, however, had a specific focus on supporting children with established social and emotional behavioural needs. It included the delivery of universal training, targeted advice alongside group and whole-class interventions.

Significant inter-departmental work between Health and Education is also being progressed in respect of those children and young people assessed to have Special Education Needs, (SEN) as well as co-occurring requirement for service provision as a result of assessed mental health need.

Specific work has been carried forward and is ongoing with the regional Middletown Centre for Autism, (sponsored by Department of Education) in developing a programme of introductory training for professional and voluntary sector personnel in respect of neurodiversity, it is envisaged that this work will expand into the provision of more specialist training for personnel functioning in the clinical domain in 2026.

<p>The Department of Health also provide leadership and direction within the context of the SBNI Committee on Children's Mental Health. This interdepartmental forum has secured input from a broad community of statutory agencies and affiliated stakeholders from the community and voluntary sectors. Agencies represented in this committee include, Police, Youth Justice and Department of Education.</p>	
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**RECOMMENDATION 12 - The Committee recommends that the Department and PSNI speed up consideration of proposals and bring forward an appropriate model that ensures those in mental health crisis can be seen by the most appropriate professional. We firmly believe that better services can be delivered by better collaboration.**

**Departmental Commitment:** 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.

**Target Date:** Revised from April 2025 to June 2026

**Status:** On track to complete with some delay

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

Significant progress has been made to address the findings of the Coroner’s report on the Cawdery inquest. Since establishment of the Cawdery Task & Finish Group in March 2024, an implementation plan has been agreed, setting out key actions and delivery timeframes across 3 workstreams, which is setting a framework to monitor and report on progress. In particular, considerable work has been progressed across workstream 1 (to undertake a review of the Serious Adverse Incident (SAI) action plan into the Cawdery case and workstream 2 (to undertake a comprehensive review of mental health legislation and guidance).

Workstream 1 has produced a Rapid Review draft report which recommends a way forward to ensure that the learning identified and associated recommendations from the Cawdery case which are included in the Action Plan are implemented effectively and in a timely way across the HSC and ultimately reduce the likelihood of a recurrence of a similar tragic event.

Workstream 2 has carried out a significant level of engagement with multi agency professionals, legal and operational stakeholders as well as people with lived experience and carers to produce a revised draft Code of Practice which focuses

The Cawdery Task & Finish Group was established to address the Coroner’s recommendations at the Cawdery Inquest. It does not fall within the remit of the review.

on Articles 129 and 130 of the Mental Health (NI) Order 1986. The revised draft Code of Practice was issued for public consultation on 30 September 2025 and closed on 29 December 2025. The sections of the Code that have been updated include those concerned with:

- Police Powers under the Order Articles 129/130 and warrants;
- Human Rights and the interface with the Order;
- Regulation and Quality Improvement Authority roles and responsibilities in relation to the Order;
- Northern Ireland Ambulance Service roles and responsibilities in relation to the Order;
- Socially accepted terms to refer to people with lived experience;
- Guidance that was contained within the Guide to the Order documents and regional conveyance protocol that were not within the Code, including flow charts and diagrams to aid understanding including a jointly agreed risk matrix to assist decision making;
- Newly designed and tested best practice recording forms that support effective communication and recording of decision making between and within organisations.

Progress on Workstream 3 is very much dependent on the finalised outcomes of Workstream 2; however, an assessment of existing Mental Health training provision across agencies has concluded and the Public Health Agency has delivered Mental Health First Aid training to PSNI District Trainers so that the training can be rolled out across the PSNI.

The T&F Group met again in January 2026.. A further meeting will be held following the launch of the Revised Code of Practice, a date for which is to be confirmed to decide when the Group will be formally stood down, with any remaining recommendations to be progressed through RCRP structures.

**RECOMMENDATION 12.1 - The Committee recommends that the Department and PSNI speed up consideration of proposals and bring forward an appropriate model that ensures those in mental health crisis can be seen by the most appropriate professional. We firmly believe that better services can be delivered by better collaboration.**

**Departmental Commitment:** DoH will continue to work closely with PSNI counterparts as the Right Care Right Person is shaped and delivered in the coming months.

**Target Date:** Timescales for implementation of RCRP to be determined in partnership with DoJ, PSNI & HSC partners.

**Status:** **On track to complete**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

In order to ensure that the approach to RCRP implementation is planned and developed through cross-agency partnerships a RCRP Strategic Group has been established, chaired jointly by senior officials in Justice and Health, working with senior representatives from PSNI, and health and social care. The first meeting of this group was held in October 2024 and provided an opportunity to discuss the scope and membership of the Group, with further meetings held on 15 April, 9 July, and 9 December 2025.

Right Care, Right Person is a specific PSNI policy. This will continue to be taken forward outside of the review.

A 'Silver' Operational Group to take forward the implementation, co-chaired by the PSNI and DoH, had its first meeting in December 2024. Further meetings have been held in February, April, June, August, October, 4 December 2025 and 2 February 2026 when the focus of the discussions was on a draft Regional Partnership Agreement.

There have been 10 subgroups established which report to the Right Care Right Person (RCRP) Silver Operational Group. Each subgroup is considering the implications and preparing for the introduction of RCRP, and subgroup leads provide updates on the progress of their work Silver meetings. The subgroups are Interagency working arrangements; Walk Out and Missing from Healthcare; Use of Restraint; Acute Care Network; Places of Safety; Approved Social Work (ASW) Service; Medical Assessments Capacity; Evaluation/Outcomes; Mental Capacity Act (MCA) considerations and Training.

**RECOMMENDATIONS 13 & 14**

**13 - The Committee recommends that the Department reviews its reliance on the voluntary and community sector. It should know how many referrals there are to, and from, that sector; how many people are reliant on the services carried out by the voluntary and community sector; and the value of those services provided. It should use this to engage with and carry out a review of how best to provide greater funding certainty to this sector.**

**13. Departmental Commitment:** 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 implement Actions 17, 31 and 32 of the MHS.

**14 - The Committee expects that the Department reassesses its engagement with the voluntary and community sector. As part of this, the Department should set out more clearly how it intends to improve engagement with the voluntary and community sector. It is crucial that any barriers to having a more mature conversation are overcome and the expertise that exists is fully harnessed.**

**14. Departmental Commitment:** 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.

**Target Date:** Revised from March 2025 to January 2026

**Status:** **Completed**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

Action 17 of the Mental Health Strategy commits to “fully integrate the community and voluntary sector in mental health service delivery with a lifespan approach, including the development of a protocol to make maximum use of the sector’s expertise”.

Recommendation 13/14 have been completed and align to one of the review’s main priorities for 2026/27:

<p>The Strategy envisages the C&amp;V sector as true partners who are fully integrated in ensuring improved outcomes for the population and fully included in the planning, development and delivery of mental health services. In addition, the Mental Health Workforce Review (MHS Action 32), which was focused on statutory mental health services and published in July 2023, included a recommendation (Recommendation 3) to assess the capacity and capability of the C&amp;V sector to support the delivery of statutory mental health services.</p> <p>In response to both these Actions, and to inform the role of the C&amp;V sector in the delivery of the Regional Mental Health Service (MHS Action 31), Ernst &amp; Young (EY) LLP was appointed in December 2024 to undertake an independent review of the scope, scale and capacity of the C&amp;V sector, targeting those organisations that have a 'constitutional mandate' to operate in the mental health care arena. The aim of the review was to identify how best the C&amp;V sector can be fully integrated in the development and delivery of mental health services, ensuring improved outcomes for the population. While the C&amp;V Review was completed prior to the publication of the HSC Reset Plan in July 2025, the outworkings from the review are aligned to the Reset Plan's commitment to the development of a neighbourhood model of care, which aims to have the C&amp;V sector working in partnership with primary and secondary care partners to provide integrated care within communities.</p> <p>The review, which was conducted over a 3 month period from December 2024 to March 2025, built on the findings and recommendations from an earlier report by Brenda Kelly Consulting in March 2023 on harnessing the collective voice of the sector to inform delivery of the MH Strategy.</p> <p>The final report was approved by the Minister and published on 30 January 2026.</p>	<p>Workforce. This will be taken forward in the MH Strategy Delivery Plan 2026/27</p>
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**RECOMMENDATION 15 – The Committee expects that the Department's review of the deliverability of the strategy also incorporates an identification of key gaps in services, including regional disparities across Northern Ireland. The Department should begin to plan now for addressing key gaps, rather than allow these challenges to build to a stage at which they are unsustainable. The Department's review should consider areas where working with health services across the island could result in better outcomes for patients.**

**Departmental Commitment:** 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.

**Target Date:** Gaps identified by June 2025 & Full delivery of the RMHS implementation plan by April 2029.

**Status:** **On track to complete**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

**ROI Collaboration:**

The Department of Health and the Health Service Executive (ROI) collaborate to share policy, learning and best practice with a view to strengthening child and youth mental health services in both jurisdictions.

This collaboration enables both jurisdictions to highlight strategic priorities, such as improving access through single points of entry and integrated crisis pathways. Both jurisdictions are addressing workforce challenges and implement outcome frameworks to ensure quality and consistency.

Cross-border initiatives, including PeacePlus-funded projects and CAWT (Co-operation and Working Together) programmes, further support emotional wellbeing and service integration. This partnership aims to reduce waiting times, enhance transitions, and deliver more effective, coordinated care for children and young people.

The review does not impact on continuing plans to collaboration with ROI. It does, however, highlight the need to tackle inequities in service provision, which is being addressed in response to this recommendation.

**Regional Disparities:**

RMHS Team have recently completed a data capture exercise to update and refresh mapping work previously completed on mental health provision within secondary care (community and inpatient). Work has begun to triangulate this information with data on provision being delivered across primary care and community and voluntary sectors to identify current areas of unwarranted variation and inconsistencies including levels of investment.

As part of the priority workstream to develop a regionally consistent community mental health model, the current focus is data gathering and analysis to inform decision-making and model development. Work is underway to map provision against professional standards, mapping of patient pathways which includes thresholds and criteria for services as well as developing regionally agreed data definitions for common terminology in relation to CMHS. The triangulation of investment data, patient level costings and performance metrics will also provide a comprehensive evidence base for the model.

**RECOMMENDATION 16 - The Committee recommends that the Department urgently implement services for those with co-occurring mental health and substance use issues. It is not acceptable that the pace of change in this area is so slow**

**Departmental Commitment:** 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) post specifically to scope current service challenges and facilitate service improvement. It is anticipated that recruitment will be completed by August 2024.

**Target Date:** September 2025

**Status:** **Completed**

**ACTION TAKEN TO DATE & CURRENT POSITION**

**HOW WILL THE REVIEW OF DELIVERABILITY IMPACT ON THIS RECOMMENDATION**

A co-occurring Mental Health and Substance Use Project Manager was appointed within the SPPG Mental Health team May 2025.

A comprehensive work programme has been developed which focuses on;

- Prevention and Early Intervention
- Interfaces Tiers 2 and 3 Services
- Crisis
- Recovery
- Children and Young People

A Task and Finish (T&F) Group co-led by SPPG and PHA continues to scope person centered pathways between mental health and addiction services.

Surveys have been sent to a range of stakeholders including:

- Community & voluntary Sector

Notwithstanding the priorities identified in the review, the Department has recognised that those actions in the Mental Health Strategy which are already receiving a small amount of recurrent funding, such as Action 28 (Co-occurring mental health and substance use), must continue.

- Statutory services
- Primary Care
- PBNI

A Regional Workshop was held 14th October 2025 with stakeholders across the sector,

- Main themes identified
- Improve service integration across sectors with regional consistency
- Enhance workforce capacity & training
- Expand peer support & lived experience roles
- Neighbourhood model of delivery
- Improve data collection & data sharing
- Increase accessibility & early intervention

Working relationship established with Health Improvement Scotland (HIS) on use of the '4 quadrant model' in decision making re accessing most appropriate services for people with co-occurring issues, and the use of the Co-Occurring Toolkit to bring whole system change at locality level. Scottish Mental Health & Substance Use Toolkit

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

Links have been established re role of Primary Care MDTs in relation to Co-Occurring issues – currently scoping additional training required.

Co-occurring substance use and mental health remains within the Regional Think Family Leads group to ensure that family focused practice is embedded across Mental Health Services and Addiction Services.