

Mental Health Strategy Action 17:
Community and Voluntary Sector Review

Department of Health Northern Ireland

EY



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1. Table of Abbreviations

Abbreviation	Term
ACE	Adverse childhood experiences
AMH	Action Mental Health
BACP	British Association for Counselling and Psychotherapy
BITCNI	Business in the Community Northern Ireland
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioral Therapy
CCNI	Charity Commission for Northern Ireland
CORE	Clinical Outcomes in Routine Evaluation
CVS	Community & Voluntary Sector
CYP	Children and Young People
DAERA	Department of Agriculture, Environment and Rural Affairs
DfC	Department for Communities
DoH	Department of Health
ED	Emergency Department
EY	Ernst & Young LLP
HCPC	Health and Care Professions Council
HLC	Healthy Living Centre
HSC	Health and Social Care
IIP	Investors in People
IIV	Investors in Volunteers
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer plus/ and others
LPMHSS	Local Primary Mental Health Support Services
MH	Mental Health

Abbreviation	Term
MHOF	Mental Health Outcomes Framework
MHS	Mental Health Strategy
NDNA	New Decade New Approach
NGO	Non-Governmental Organisation
NI	Northern Ireland
NICE	National Institute of Health and Care Excellence
NICVA	Northern Ireland Council for Voluntary Action
NISCC	Northern Ireland Social Care Council
PHA	Public Health Agency
RMHS	Regional Mental Health Service
RQIA	Regulation and Quality Improvement Authority
RTN	Regional Trauma Network
SENI	Social Enterprise NI
SPPG	Strategic Planning and Performance Group
UK	United Kingdom
UKCP	United Kingdom Council for Psychotherapy
WHO	World Health Organisation
WTE	Whole Time Equivalent

2. Executive Summary

2.1 Introduction

Mental health is a pressing public health concern in Northern Ireland (NI), where one in five adults experience a diagnosable mental health condition at any given time. NI has some of the highest rates of mental health challenges in the United Kingdom (UK), with significant prevalence of depression, anxiety, and suicide. Approximately 26% of adults in Northern Ireland report symptoms of depression, compared to 19% across the UK, while anxiety disorders affect 17% of the population, exceeding the UK average of 13%. The suicide rate in Northern Ireland stands at 15.4 per 100,000 people, significantly higher than the UK average of 9.6 per 100,000 (Mental Health Foundation, 2023)¹. Contributing factors include the legacy of The Troubles, socioeconomic inequalities, and ongoing economic uncertainty, which have exacerbated mental health issues. The Community and Voluntary Sector (CVS) plays a crucial role in addressing these challenges by providing a range of services that complement statutory mental health provisions (Tomlinson, 2016)². However, the integration of the CVS into the broader mental health system remains inconsistent, hampered by fragmented service delivery and short-term funding cycles.

2.2 Review

The Department of Health Northern Ireland (DoH NI) commissioned Ernst & Young LLP (EY) to conduct a comprehensive review aimed at integrating the CVS into mental health service delivery as part of the Mental Health Strategy (MHS) 2021-31. The review focused on organisations with a constitutional mandate to operate in the mental health care domain. It builds on the findings and recommendations from the Brenda Kelly Consulting Report on harnessing the CVS's voice to support the delivery of the Mental Health Strategy and influence the shaping of mental health services.

2.3 Methodology

The review of the CVS's role in mental health service delivery was conducted over three months, from December 2024 to March 2025, and was structured into three distinct phases: As-Is Assessment, Future-Back, and Gap Analysis & Implementation Plan. The As-Is Assessment focused on understanding the current operations of the CVS in delivering mental health services, gathering data through a comprehensive desk review and survey to create an overview of the existing landscape. The Future-Back phase envisioned the desired future state for mental health services, exploring innovative approaches and best practices through workshops with approximately 50 CVS organisations. Finally, the Gap Analysis & Implementation Plan phase identified discrepancies between the current state and the envisioned future, examining scope, scale, and capacity in detail. Actions identified during the review were mapped onto a prioritisation matrix, culminating in a comprehensive implementation plan aimed at enhancing the CVS's role within the mental health system. Workshops were also held with statutory organisations including Public Health Agency (PHA), Trusts and Strategic Planning and Performance Group (SPPG) to conduct feasibility checks on the proposed recommendations.

2.4 Scope

The "scope" of a CVS organisation encompasses its activities, operations, and influence, particularly in areas such as mental health promotion, prevention, early intervention, and service provision. Currently in Northern Ireland, there are over 6,800 voluntary and community organisations, with approximately 1,200 focused on health and well-being services (NICVA, 2023)¹⁰. However, funding gaps and delays in commissioning hinder service sustainability, with only £10 million allocated for overall MHS implementation in the first three years of the Mental Health Strategy (MHS), resulting in a £24 million shortfall (Northern Ireland Assembly, 2024)⁷⁵. 70% of the organisations surveyed as part of this review receive short to medium term funding i.e. 0-3 years (*Appendix 1, fig 8*). The reliance on short-term funding creates instability, particularly for smaller organisations, which struggle to secure sustainable funding. Currently, the most common activities of CVS organisations to deliver mental health services include community-based programmes, support services like counselling, and partnerships with other organisations.

To address the existing gaps, i.e. access to funding; funding timescales; and administrative burdens, statutory services should evaluate current procurement processes and funding allocation methods to identify opportunities for increased efficiency, streamlining, and transparency. This may involve creating a cross-departmental or DoH framework for the CVS to simplify the tender application process. Additionally, the DoH should provide guidance on proportionate monitoring requests and a standardised template for contract reviews to ensure consistency. Collaboration with the Regional Mental Health Service (RMHS) is essential to develop an outcomes framework that incorporates the CVS effectively. Optimising the role of CVS organisations in achieving Steps 1 and 2 of the Stepped Care Model is crucial, along with researching the value of referring more cases to the non-statutory sector (where suitable) to avoid duplication of efforts. Further engagement with the Public Health Agency (PHA) is necessary to clarify the CVS's role in promoting early intervention and prevention initiatives.

Looking forward, the envisioned future state includes the provision of longer-term (4-5 years) and recurrent funding where possible, along with providing the CVS with a clear understanding of health and social care needs and upcoming tenders, supported by regular communication. This future scenario emphasises transparent decision-making and proportionate procurement processes that correspond with the funding amounts. Implementing a model that allows CVS organisations to focus on early-stage interventions while the statutory sector addresses higher and more specialised care needs will ensure all parties understand their roles and how they integrate into the overall healthcare system.

2.5 Scale

The "scale" of an organisation within the CVS encompasses its size and reach, taking into account factors such as the number of employees and volunteers, the range of services provided, financial resources, and geographical coverage. Many surveyed organisations reported a limited workforce, with 61% having fewer than 10 employees and 72% relying on fewer than 40 volunteers (*Appendix 1, fig 14*). CVS organisations noted a common oversight regarding the underestimation of costs associated with recruiting, managing, and training volunteers, especially when there is no long-term

commitment from them, which can lead to financial losses. Additionally, the valuable skills that volunteers bring, often rooted in relevant lived experiences, are frequently overlooked despite their potential to benefit communities significantly. Currently, CVS organisations are fairly evenly distributed across the five Health Trust areas, with regional organisations partnering with local CVS entities to enhance community outreach and understanding, reflecting a strong commitment to collaboration and integration. However, service provision for users from diverse cultural and linguistic backgrounds remains inconsistent, with only 53% of CVS organisations reporting that they have the necessary mechanisms in place to support these users effectively (*Appendix 1, fig 31*).

To effectively bridge the existing gap, tender processes must find a harmonious balance between valuing the lived experiences of staff and volunteers whilst also recognising formal qualifications. Workshops conducted with CVS organisations highlighted the 'Investing in Volunteers' qualification as a recognised UK quality standard for best practices in volunteer management, which the statutory sector could benefit from exploring and endorsing. It is essential that Trust areas ensure equitable access to mental health services provided by both the CVS and the statutory sector. Achieving this requires the establishment of equitable funding for CVS organisations across all Health Trusts. Furthermore, it is recommended that the RMHS undertakes an assessment to identify best practices within NI and facilitate their broader implementation. The DoH, in collaboration with the PHA, should consider whether better integration/ access to culturally sensitive mainstream services is required to meet the needs of minority communities and vulnerable groups in Northern Ireland, as outlined in Section 75 of the Northern Ireland Act⁷⁶, and actively engage CVS organisations to address those needs. By partnering with mental health CVS organisations and minority groups, the DoH can develop culturally appropriate service provisions tailored to these communities.

The review envisioned a future where statutory services actively recognise and incorporate the value of volunteer time in project commissioning, acknowledging that the experiences and contributions of volunteers are as significant as those of paid staff with formal qualifications. In this ideal scenario, funding for CVS organisations would be equitably distributed across all Trust areas, and effective practices established in one Trust would be expanded and replicated at scale, thereby eliminating the risk of geographical inequities. Additionally, this visionary future would ensure equitable service provision for users from diverse cultural and linguistic backgrounds.

2.6 Capacity

The "capacity" of an organisation within the CVS refers to its ability to effectively leverage its resources to achieve its goals and objectives. This encompasses physical resources, such as facilities and equipment; human resources, including skills, expertise, and qualifications; and financial resources, such as budgets and funding. In NI, the CVS employs approximately 44,000 individuals, with around 12% of organisations dedicated to health and well-being, including mental health services (NICVA, 2023)¹⁰. The survey revealed that the CVS possesses a wealth of skills and knowledge that the public sector could effectively utilise. Most CVS organisations independently train their staff, resulting in varying levels of training quality and consistency. Currently, there is a lack of data-sharing capabilities between the CVS and the statutory sector, alongside varying levels of digital service delivery. CVS

organisations are collaborating to manage waiting lists effectively, often referring service users to other organisations with availability. There is a shared consensus within the sector that receiving some assistance is preferable to none, particularly regarding mental health issues. While public waiting lists continue to grow, CVS organisations are managing their mental health waiting lists efficiently, with 74% of service users receiving support within three months or less (*Appendix 1, fig 27*). Among the surveyed CVS organisations, 80% indicated that they possess significant capacity to assist the DoH in implementing the MHS, contingent upon the allocation of appropriate funding (*Appendix 1, fig 28*). However, a lack of consistent communication between the statutory sector and the CVS hampers collaboration and integration, highlighting the need for improved dialogue and partnership to enhance service delivery.

To effectively address pressures/demand on statutory services the skills available within the CVS should be aligned to help to meet these needs. By leveraging CVS expertise where possible, in relevant areas e.g. in the area of psychotherapeutic interventions (recognising that there may be different thresholds for entry to statutory versus CVS services), statutory services could potentially reduce long waiting times. One suggestion includes the statutory sector offering places on training courses to CVS organisations and vice versa, fostering collaborative learning, increasing efficiencies, and enhancing networking opportunities. In addition, establishing a central CVS database would improve integration, communication, and collaboration by providing essential information about organisations, their expertise, and contact details. A dynamic framework should be developed to actively engage CVS organisations in response to health and social care needs, supported by an effective communication plan to promote collaboration and clearly convey requirements. To bridge the gap in data sharing between the CVS and statutory services, there is potential to replicate the Regional Trauma Network (RTN) model to facilitate the exchange of referrals and outcome information. Finally, the survey data suggests that the CVS already play a significant role in Steps 1 and 2 of the Stepped Care Model and are skilled in providing care at this level. Their role in the early stages of the Stepped Care Model should be maximised where possible to free up statutory sector services to focus on the later stages of the Stepped Care Model, to ensure that all staff across both statutory and CVS services are able to operate to the full extent of their abilities and capabilities.

The workshops and broader research indicated that an ideal future state would see the statutory sector recognising and leveraging the valuable skills within the CVS to collaboratively address service priorities and reduce waiting lists, rather than relying solely on internal staff recruitment. This future vision includes increased collaborative training initiatives between CVS and statutory services, aimed at being innovative and responsive to community needs. Enhanced collaboration across digital platforms is also envisioned, allowing the CVS to provide digital service delivery where applicable. A more integrated approach would facilitate joint management of waiting lists, with adequately funded referrals from statutory bodies to the CVS. Regular communication between the statutory sector and CVS would support the achievement of MHS outcomes by facilitating the exchange of information on upcoming tenders, priority areas, and data collection, thereby promoting effective two-way communication.

2.7 Implementation Plan

The actions identified from the gap analysis have been assessed based on their feasibility and potential impact. It is important to note that to take forward the actions as

listed in the implementation plan, the necessary budget and resources will be required to support effective implementation. Each action has been arranged into a priority matrix, resulting in a ranked list from high to low priority. This prioritisation may be useful to direct efforts as funding becomes available.

3. Background, Scope and Methodology

3.1 Background

Mental health remains a critical public health issue in Northern Ireland, with one in five adults experiencing a diagnosable mental health condition at any given time. The prevalence of mental health challenges in the region is among the highest in the UK, with rates of depression, anxiety, and suicide significantly above the national average. Data taken from the Mental Health Foundation (2023) stated that approximately 26% of adults in NI report experiencing symptoms of depression, compared to 19% in the UK as a whole. Similarly, the rate of anxiety disorders in Northern Ireland stands at 17%, compared to 13% in the UK. The suicide rate in Northern Ireland is 15.4 per 100,000 people, which is notably higher than the UK average of 9.6 per 100,000. In NI, approximately 26% of adults report experiencing symptoms of depression, compared to 19% in the UK. Similarly, the rate of anxiety disorders in NI stands at 17%, compared to 13% in the UK. The suicide rate in NI is 15.4 per 100,000 people, which is notably higher than the UK average of 9.6 per 100,000 (Mental Health Foundation, 2023)¹. Factors such as the legacy of The Troubles, socioeconomic inequalities, and ongoing economic uncertainty have contributed to widespread mental health issues across the population. In recent years, the pressures on Northern Ireland's mental health services have intensified. The system faces growing demand, long waiting lists, and underfunding relative to need, further straining public services. Against this backdrop, the CVS has played a pivotal role in bridging gaps in mental health provision (Tomlinson, 2016)².

The CVS in Northern Ireland is a cornerstone of mental health support, delivering a wide range of services that complement statutory provision. These include counselling, crisis intervention, peer support, and programmes addressing the social determinants of mental health, such as poverty, housing, and community isolation. With its deep-rooted connections to local communities, the sector is well-positioned to deliver person-centred and culturally sensitive care, particularly to underserved and marginalised groups. Despite its significant contributions, the integration of the CVS into the wider mental health system remains inconsistent. Challenges such as fragmented service delivery, short-term funding cycles, and a lack of formalised partnerships with statutory bodies hinder the sector's ability to operate effectively.

The *New Decade, New Approach* (NDNA) document outlined a commitment to creating both a Mental Health Action Plan and a MHS. The Action Plan, published by the Minister on 19 May 2020, laid the groundwork for the MHS, which was published in June 2021. The strategy aims to reform mental health services, but its successful delivery depends on sustained funding. A Funding Plan was published alongside the strategy to outline the financial requirements needed for its implementation.

The Mental Health Strategy 2021-2031 (MHS) acknowledges that the full integration of the CVS is essential to delivering effective mental health services. The sector plays a crucial role in supporting mental health promotion, prevention, early intervention, and complementing statutory mental health services.

For the implementation of the MHS to be effective, it is vital to fully assess and understand the skills, capacity, and expertise of the CVS. To support this, Brenda Kelly Consulting was commissioned in 2022 to review the best mechanism for integrating the

sector's collective knowledge and skills into the MHS implementation. The review was completed in March 2023.

Action 17 of the MHS focuses on fully integrating the CVS into mental health service delivery, across the lifespan, and developing a protocol to make the best use of the sector's expertise. This is closely linked to Actions 1 and 2, which focus on early intervention, promotion, and prevention. Action 31 aims to develop a Regional Mental Health Service (RMHS) to ensure equitable access to high-quality mental health services that are regionally consistent yet locally based, incorporating the CVS across primary and secondary mental healthcare. A RMHS Implementation Plan has been developed, and the Head of the RMHS Collaborative Board has been appointed to oversee this work.

As part of Action 32 focusing on the future mental health workforce, a Workforce Review⁸⁴ was published in July 2023, making 18 recommendations on areas including maximising the CVS's contribution.

The MHS Delivery Plan for 2024/25 included key actions:

- ✓ **Action 17:** Integrating the CVS into statutory mental health service delivery and developing a protocol to fully utilise its expertise and resources.
- ✓ **Action 31:** Continued development of the RMHS to ensure regional consistency in mental health provision.
- ✓ **Action 32:** Prioritising workforce development as a foundation for delivering many actions within the Strategy.

The DoH Departmental Business Plan for 2024/25 also included actions to advance both Actions 17 and 31.

3.2 Scope of the Review

With a view to delivering on the strategic aim of the MHS 2021-31, which seeks to fully integrate the CVS into mental health service delivery, the DoH NI commissioned Ernst & Young LLP (EY) to conduct a comprehensive review.

This review assessed the scope, scale, and capacity of the CVS, aiming to enhance its role within the mental health system. This document explores mental health services in Northern Ireland and how the CVS can be more effectively integrated into service delivery. The review focused on organisations with a constitutional mandate to operate in the mental health care domain. It builds on the findings and recommendations from the Brenda Kelly Consulting Report on harnessing the CVS's voice to support the delivery of the Mental Health Strategy and influence the shaping of mental health services. Additionally, the development of a protocol will be explored to ensure the most effective utilisation of the sector's expertise and resources.

3.3 Methodology

The review was conducted over a three-month period, spanning from December 2024 to March 2025. It was structured into three distinct phases: Phase 1: As-Is Assessment, Phase 2: Future-Back, and Phase 3: Gap Analysis & Implementation Plan. This approach is grounded in EY's Future-back methodology, which outlines the ideal future

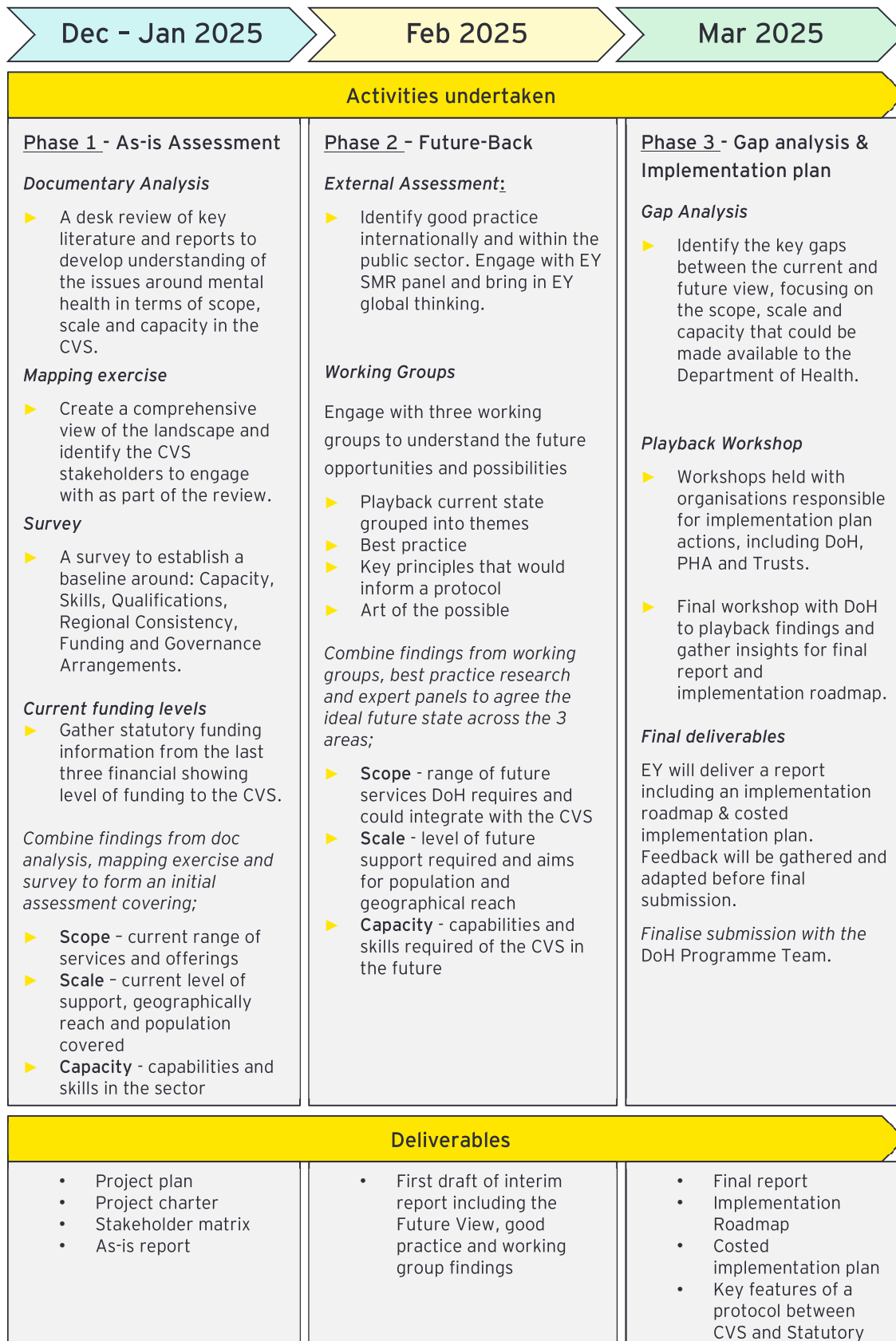
state and employs both an outside-in and inside-out perspective to identify and bridge the gaps between the current and desired future. The mobilisation phase of this methodology is integrated into the implementation plan, ensuring that the results needed to reach the envisioned future state are effectively delivered.

In the first phase, the As-Is Assessment, the focus was on understanding the current operations of the CVS in delivering mental health services. This involved identifying the existing scope, scale, and capacity within the sector. Data and insights were gathered through a comprehensive desk review and survey, creating a detailed overview of the current landscape.

The second phase, Future-Back, aimed to envision the desired future state for mental health services. This phase explored innovative approaches and best practices that could be implemented to enhance service delivery and address the evolving needs of NI communities. This was facilitated through three workshops that engaged approximately 50 CVS organisations involved in mental health services.

Finally, the Gap Analysis & Implementation Plan phase sought to identify the discrepancies between the current state and the envisioned future. Throughout each phase, three critical areas were examined in detail: scope, scale, and capacity. The actions identified during the review were mapped onto a prioritisation matrix, leading to the development of a comprehensive implementation plan. Workshops were also held with statutory organisations including PHA, Trusts and SPPG to conduct feasibility checks on the proposed recommendations.

Figure 1: Detailed methodology



4. Desk Review (Phase 1)

4.1 Desk Research and Analysis

EY reviewed documents to understand the strategic context of mental health service provision in Northern Ireland, current CVS working arrangements, and the scope, scale, and capacity of CVS organisations in delivering mental health services. The analysis also aimed to understand the current working arrangements between statutory services and the CVS, exploring opportunities for enhanced collaboration and addressing any identified gaps or barriers to effective service delivery.

Documents were identified from a range of sources as detailed below, with findings set out in subsequent sections:

- ✓ **Government Publications:** Key documents from the Department of Health (DoH) Northern Ireland, including the RMHS Implementation and Communication Plan (DoH, 2024)³, the MHS Implementation Plan 202/425 (DoH, 2024)⁴, Substance Use Strategy⁸⁵ and Protect Life 2⁸⁶. These reports outline strategic objectives, funding challenges, and policy directions for mental health services.
- ✓ **Independent Reviews:** Research conducted by leading organisations, including the Mental Health Foundation's Fundamental Facts on Mental Health in Northern Ireland (2023)¹, offers statistical insights into the prevalence of mental health conditions, associated risk factors, and existing inequalities.
- ✓ **Sector Evaluations:** Assessments of the role and impact of the CVS, including the CVS Review (2022)⁵, which examines how voluntary organisations contribute to mental health support through service delivery, advocacy, and community engagement.
- ✓ **Reports from Umbrella Bodies:** Publications from key sector representatives, such as the Northern Ireland Council for Voluntary Action (NICVA), Social Enterprise Northern Ireland (SENI), and Chief Officers Third Sector (CO3), highlighting challenges faced by voluntary organisations in sustaining and expanding mental health services.

4.1.1 Key strategies relating to the role of the CVS in Mental Health

The CVS plays a crucial role in enhancing mental health by fostering collaboration and promoting holistic approaches to mental health care. The CVS is also involved in the delivery of mental health services, supplementing statutory provision, thus addressing gaps in accessibility and community-based support.

To ensure the effective delivery of mental health services and the integration of the CVS, a range of key strategies and action plans have been identified. The table below outlines various strategies and strategic priorities which have been set out in NI, detailing the specific actions required to achieve them, the responsible stakeholders, and the anticipated outcomes. These measures are designed to support a more inclusive and sustainable mental health system, reinforcing the vital role of the CVS in complementing statutory services.

Figure 2: The table below highlights the different key strategies and action plans

Strategy	Key points emerging
<p>Department of Health (2021) Mental Health Strategy 2021-2031 (including associated funding plan and implementation plan and delivery plan for 2024/25)</p>	<p>The Strategy sets the future strategic direction of mental health services in Northern Ireland for the next decade. The Strategy is person centred, takes a whole life approach and a whole system focus, and the key aim is to ensure long term improved outcomes for people’s mental health. The Strategy recognises that the effective delivery of mental health services is not possible without the full integration of the CVS, with the sector having an important role to play in supporting mental health promotion, prevention and early intervention and statutory mental health services.</p> <ul style="list-style-type: none"> ▶ This Strategy builds upon its vision and core principles to set out 35 actions to bring about change to mental health services in Northern Ireland. The actions are set out under three overarching themes. Within these themes, the strategy states “We need to stop people falling through gaps in services by putting the foundations in place for true collaboration and integration, working together with and supporting our partners in the CVS to provide high quality support and services on the ground.” <p>The CVS is specifically referenced in Action 17 of the MHS, which highlights the importance of collaboration with the CVS to support mental health service delivery at the local level (Department of Health, 2021)⁴. Action 17 aims to fully integrate the CVS in mental health service delivery and aligns with Actions 1 and 2 on early intervention, prevention, and stigma reduction, as well as Actions 31 and 32 on establishing a RMHS and conducting a workforce review. In addition, the CVS plays a key role, alongside statutory mental health services, in the delivery of many of the MHS Actions.</p>
<p>Department of Health (2021) Preventing Harm, Empowering Recovery - Substance Abuse Strategy (2021-31)</p>	<p>The Substance Use Strategy aims to reduce harm caused by alcohol and drug misuse, focusing on prevention, treatment, and recovery. It was produced as a specific commitment arising from the NDNA agreement and was prioritised by DoH in response to this and in the overarching Programme for Government. It links to the Executive’s strategic framework for public health, Making Life Better, and the MHS.</p> <p>The strategy sets out a vision that “people in Northern Ireland are supported in the prevention and reduction of harm and stigma related to the use of alcohol and other drugs, have access to high quality treatment and support services, and will be empowered to maintain recovery.” It then sets out five key outcomes to improve services for and tackle the harms around substance use. These include prevention and reduced availability of substances; reducing harms caused by use; access to high quality treatment and support; empowering and supporting people on their recovery journey; and effective implementation and governance, workforce development and evaluation & research.</p> <p>CVS is acknowledged for its role in “identifying issues, proposing solutions, holding the public sector to account, and advocating for their local communities and clients” and will be involved in the governance structures for this strategy. In addition, the CVS is identified as a key player in delivering upon a number of outcomes/ associated actions, including</p>

Strategy	Key points emerging
<p>Department of Health (2019) Protect Life 2 – Suicide Prevention Strategy (and associated Action Plan: Report and Recommendations from 2024)</p>	<p>Action B1 on intensive outreach services; and Action C1 on co-production and joint working to support an outcomes-focused strategic plan to replace the Alcohol and Drugs Services Commissioning Framework.</p> <p>Protect Life 2 is a long-term strategy for reducing suicides and the incidence of self-harm with action delivered across a range of Government departments, agencies, and sectors. The Strategy is geared towards addressing the needs of groups at higher risk of suicide, including young people, lesbian, gay, bisexual, transgender, queer and other (LGBTQ+) individuals, and those in rural areas. It seeks to empower local communities to develop tailored, grassroots suicide prevention plans, whilst also promoting resilience and emotional well-being through awareness campaigns, education, and training programmes.</p> <p>The Strategy has been extended until the end of 2027, with a review and action plan having been completed in 2024. In this most recent review, the report and associated Action Plan sets out 10 objectives and 44 actions to progress these objectives. Importantly, the Review highlights that in relation to Principle 8 (Promoting sustainable funding for suicide prevention), there are funding pressures across health, and specifically for CVS organisations, and therefore sustainable investment in the CVS is needed, given that the sector understands, and can sustain, what is already working well. Recommendation 6 also highlights that “streamlining of monitoring returns for delivery partners, especially those in the CVS [should occur and] cost relating to this data collection, monitoring and the related measurement should be taken account of and included.”</p>
<p>HSC Public Health Agency (2014) Making Life Better - A Whole System Strategic Framework for Public Health 2013-2023</p>	<p>This framework is the strategic framework for public health in NI which aims to improve the health and wellbeing of people in NI and reduce health inequalities. The framework aligns with the Programme for Government for 2016-21, Community Planning and the transformation Plans set out in Delivering Together. The framework sets out six themes, from Giving Every Child the Best Start through to Empowering Communities and Developing Collaboration.</p> <p>The CVS is recognised within this strategy as a vital partner in delivering community-based health promotion and tackling health inequalities. The sector is highlighted as playing a role in actions such as: planning and shaping services (including Community Planning); contributing to governance structures; collaborating locally; improving public health and social wellbeing; supporting vulnerable groups; partnership working at grassroots level. The CVS is named as a key partner in the delivery of a range of outcomes, including Outcome 8 on improved mental health and wellbeing, reduction in self-harm and suicide.</p>

Strategy	Key points emerging
Department of Health (2022) Mental Health Outcomes Framework	<p>A number of recent reports by the Office of Statistics Regulation (2021) and NI Audit Office (2023) have pointed to a need for improved data around mental health services. As a result, work has been ongoing to develop a Mental Health Outcomes Framework (MHOF), to standardise data collection and performance measurement across services, including those provided by the CVS. Using an outcomes-based accountability approach and international good practice, a co-produced regional MHOF was approved for implementation by the Health Minister in October 2022. Implementation is ongoing, with work expected to be complete during 2029.</p>
Brenda Kelly Consulting (2023) A report on the review to consider the most effective mechanism/structure by which the CVS can come together	<p>Brenda Kelly Consulting was commissioned to undertake a review to consider the most effective mechanism/structure by which the CVS can come together to use its collective experience, knowledge, skills, and backgrounds to shape the implementation of the MHS and the development of mental health services. The review highlights the challenges and opportunities for integrating mental health services with the CVS, and ways to enhance service delivery and collaboration. The report advocates for more robust collaboration between statutory services and the CVS. It recommends removing barriers to integration, ensuring that CVS organisations are adequately funded and equipped to meet the increasing demand for mental health services, setting out 14 recommendations and also implications for implementation of recommendations if it is the case that no funding is available to support this work (with many recommendations remaining the same). This report also suggests policy changes that would facilitate better coordination between statutory health services and community organisations.</p>
Department of Health (2023) Mental Health Workforce Review (2022-2032)	<p>This report is based on Action 32 of the MHS, which committed to a comprehensive workforce review as a key enabling action setting the foundation for the wider implementation of the MHS. The Workforce Review sets out a number of recommendations to ensure there is a mental health workforce fit for the future. In particular, the report makes 18 recommendations on a future workforce profile for both Child and Adolescent Mental Health Services (CAMHS) and adult services over the next decade, including increasing current staffing levels and expanding the workforce to include some new professions. The recommendations take account of projected demand for services and best practice approaches adopted elsewhere, as well as planned service developments, including improvements and reforms being progressed as part of the wider MHS. This review is an important part of understanding the capacity of NI's MH services (within the statutory sector), and gaining insight into the breakdown of the workforce, its strengths, and weaknesses.</p> <p>The CVS is acknowledged in this strategy as a key partner whose inputs should be maximised in the delivery of MH services. In addition, the review suggests that the CVS can support workforce development through the provision of training opportunities and delivering community-based mental health services, promoting partnership working between statutory, community, and voluntary sectors to deliver integrated care.</p>

Strategy	Key points emerging
HSC Public Health Agency/ HSC Board (2014) You in Mind – Regional Mental Health Care Pathway	<p>This Mental Health Care Pathway was developed to enhance the quality-of-service experience and promote consistency of service delivery across Northern Ireland. The pathway sets out five “steps” to describe how mental health services are ordered, as follows:</p> <ul style="list-style-type: none"> • Step 1: Self-directed help and health and wellbeing services • Step 2: Primary Care Talking Therapies • Step 3: Specialist Community Mental Health Services • Step 4: Highly Specialist Condition Specific Mental Health Services • Step 5: High Intensity Mental Health Services <p>The pathway recognises the role of independent CVS organisations, and their ability to be commissioned as part of the mental health service landscape. While the framework primarily describes the levels of care provided by statutory services, the CVS sector is likely to be more involved in the lower levels of care, particularly Step 1 (Self-care and community support) and Step 2 (Primary care support). Higher levels of care, such as Step 3 (Specialist mental health services), Step 4 (Highly specialised care), and Step 5 (Secure and forensic services), are generally managed by statutory bodies within the Health and Social Care (HSC) services.</p>
Department of Education (2021) Children and Young People’s Strategy (2020-2030)	<p>This strategy focuses on improving the health and wellbeing of children and young people (CYP) in Northern Ireland. The Strategy sets out eight core outcomes for CYP, including that they are physically and mentally healthy. Within this, the Strategy highlights that “ensuring that our children and young people experience the best possible standard of health and well-being will require effective co-operation between departments and local government, the HSC sector, the education and further/higher education sectors, other statutory partners, employers and the CVS.” In addition, the CVS are identified as a key partner across the range of outcomes.</p>

4.2 Scope

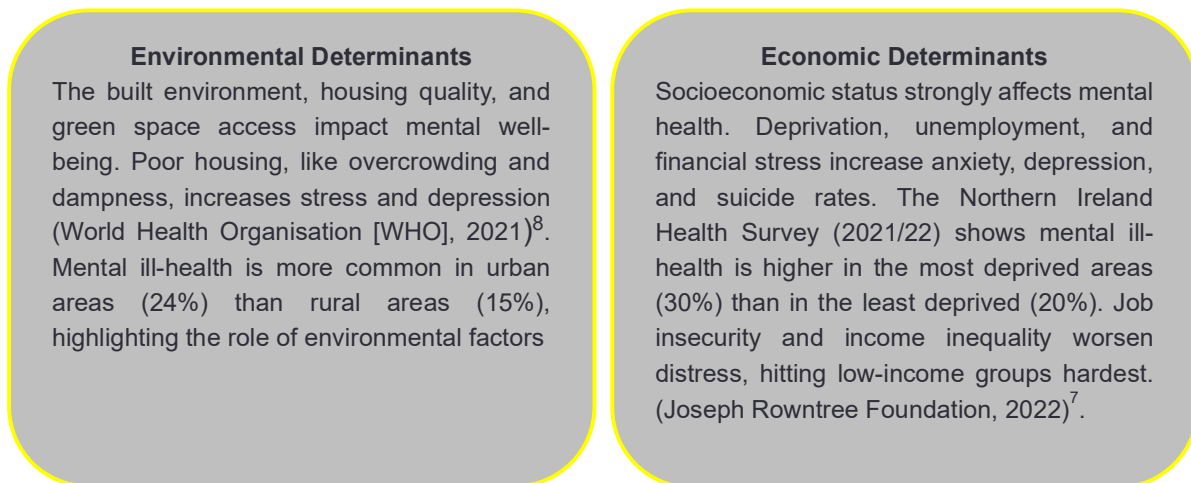
The mental health sector encompasses a broad range of activities and services aimed at promoting health improvement and well-being; preventing mental illness; and supporting individuals experiencing mental health conditions. The DoH's MHS (2021-2031), was themed into 3 areas.

- ▶ Promoting mental wellbeing, resilience and good mental health across society
- ▶ Providing the right support at the right time
- ▶ New ways of working

These components collectively contribute to a comprehensive approach to mental health, addressing both individual and societal factors to improve overall mental well-being.

Mental health is shaped by a complex interplay of social, economic, and environmental factors, influencing both individual well-being and broader community mental health outcomes. These determinants can exacerbate or mitigate mental health inequalities, requiring a multi-sectoral approach to intervention (Mental Health Foundation, 2023)¹. Effective mental health support requires collaboration between multiple sectors, ensuring a holistic and integrated approach to prevention, intervention, and long-term care. The diagram below illustrates the key factors influencing mental health, highlighting the complex interplay between social, economic, environmental, and intersectional determinants. These factors collectively shape individual well-being and broader community mental health outcomes.

Figure 3: Key factors that shape mental health



Social Determinants

Social factors like education, relationships, and community support significantly impact mental health. Adverse childhood experiences (ACEs) such as neglect, abuse, and household adversity increase the risk of adult mental health disorders (Hughes *et al.*, 2017)⁶. Social isolation and loneliness also lead to poor mental health, in adults and marginalised communities.

Intersectionality of Determinants

Mental health inequalities worsen when multiple risk factors intersect. Ethnic minorities, LGBTQ+ communities, and people with disabilities face extra barriers to accessing services. Tackling these requires tailored interventions addressing structural and systemic challenges (Public Health England, 2021)⁹.

4.2.2 Scope of the CVS in NI Mental Health

The CVS in Northern Ireland refer to non-governmental organisations (NGOs), charities, social enterprises, and grassroots initiatives that provide essential mental health support services. These organisations operate independently from statutory health services but often work in partnership with the DoH, PHA, and Health and Social Care Trusts (HSC Trusts). Key characteristics of CVS organisations include non-profit status, community-led governance and service diversity.

According to NICVA, there are over 6,800 voluntary and community organisations in NI, with approximately 1,200 directly involved in health and well-being services (NICVA, 2023)¹⁰ (therefore note that a proportion of these will be directly or indirectly involved in delivering MH services). 257 groups on NICVA's member database lists mental health as part of their objectives. Additionally, SENI identifies social enterprises that provide mental health support through employment initiatives and peer-led programmes (SENI, 2022)¹¹.

The **funding and commissioning** of CVS mental health services in Northern Ireland is managed by a range of public health bodies and statutory agencies, including the DoH (which sets policy direction and allocates funding to statutory and non-statutory providers), the Strategic Planning and Performance Group (SPPG) (responsible for commissioning of health and social care services across NI) and PHA (which commissions preventative mental health programmes, public health campaigns and promotes health improvement and wellbeing in NI). HSC Trusts also provide contracts and funding for voluntary sector services within their specific geographic areas. While health services are often at the forefront of commissioning mental health services, other statutory organisations - such as councils, housing associations (including the NI Housing Executive), and wider government departments (such as Education, Communities and Justice) also commission or work in partnership with the CVS sector to address the mental health needs of different populations. Please see Section 5.2 for further information.

Funding for CVS mental health services in Northern Ireland comes from multiple sources, including:

Funding from Government/ Statutory Sector Sources:

- ▶ **PHA Grants & funding schemes:** The PHA funds suicide prevention initiatives, community counselling services, and peer support programmes through contracts with CVS. In the financial year 2022/23, 364 CVS projects aimed at improving mental health and emotional wellbeing across NI benefitted from over £1.6 million investment by the PHA. In the financial year 2023/24, this was expanded to 438 funded projects with more than 29,000 people benefiting from involvement in the projects (HSC Public Health Agency, 2024)¹⁴.
- ▶ **Health and Social Care Trust (HSCT):** HSCTs are commissioned by SPPG. In 2019-2020, mental health expenditures represented 5.7% of the nearly £6 billion total health and social care spending. Out of the £340 million allocated, approximately £323 million was dedicated to mental health services provided by Trusts. This funding was divided into £120 million for hospital services and £110 million for community-based mental health provisions. However, there is a notable lack of information regarding services offered by the CVS, aside from those that are integral to Trust services provided under contract (NIAO, 2023)¹⁵.

DoH Budget Allocation: The DoH in Northern Ireland allocated £1.8 million in core grant funding for the 2025/26 fiscal year to support 25 CVS organisations with their core operating costs. This funding covered a range of Health CVS organisations, not just Mental Health. This allocation maintains the funding level of the previous year, despite significant financial pressures on the health budget. However, the demand for funding far exceeds the available resources, with 259 applications received totaling over £13 million. This disparity highlights the ongoing challenges faced by CVS organisations in meeting the increasing need for mental health services (DoH, 2025)¹².

Funding from other Non-Statutory Sector Sources:

Non-governmental funders, including Comic Relief, The National Lottery Community Fund, and The Community Foundation NI, collectively provide grants estimated at between £10 million and £15 million per annum, with a focus on mental health initiatives in underfunded areas such as rural regions (Big Lottery Fund, 2023)¹⁶ (The Community Foundation NI, 2023)¹⁷.

- ▶ **The National Lottery Community Fund:** The National Lottery Community Fund has been instrumental in supporting CVS organisations with grants for innovative mental health initiatives. For instance, in 2023, the National Lottery funded projects like youth mental health support programmes and initiatives for older adults experiencing loneliness and isolation. Such grants empower CVS organisations to address gaps in statutory provision and deliver bespoke community-led solutions (National Lottery Community Fund, 2023)¹⁸.
- ▶ **Corporate sponsorships and private donations:** Some CVS organisations receive funding from private sector partnerships. Corporate entities contribute through sponsorships, employee-led initiatives, or Corporate Social Responsibility (CSR) programmes. For example, mental health charities like Action Mental Health (AMH) have partnered with local businesses to fundraise for early intervention services and educational workshops (Action Mental Health, 2023)¹⁹.

- ▶ **Public donations and community fundraising:** Public donations and community fundraising events are a significant source of income for CVS organisations. Campaigns such as “Mind Matters” and local charity walks have raised considerable funds to sustain services like peer support groups and mental health awareness campaigns (Mental Health Foundation, 2023)¹.

Funding allocation remains inconsistent and below expected levels – for example, only £10 million was allocated for overall MHS implementation in the first three years of the MHS’s implementation, leaving a £24 million shortfall (DoH, 2024)⁴. In addition, funding is often short-term, creating instability in service provision, and the competitive grant system limits the ability of smaller organisations to access sustainable funding. These funding challenges can impact upon service delivery, delaying innovative mental health interventions and reducing the capacity of CVS organisations to meet growing demand.

Quality assurance is undertaken by regulatory bodies as well as internal quality measures within funded organisations. Key regulatory organisations include the Regulation and Quality Improvement Authority (RQIA), which is the independent health and social care regulator for Northern Ireland, ensuring that mental health services meet statutory quality standards. RQIA inspects registered providers offering residential care, supported living, and community-based services to assess compliance with minimum standards and best practice guidelines (RQIA, 2022)²². Beyond this, organisations that commission CVS services, such as the DoH, PHA and HSC Trusts require robust service monitoring and evaluation arrangements to be in place. This includes outcome reporting, financial audits, and service user feedback mechanisms (DoH, 2021)²³. Many CVS providers adhere to national quality frameworks such as the Charity Commission for Northern Ireland (CCNI) standards for governance and accountability (CCNI, 2022)²⁴, National Institute for Health and Care Excellence (NICE) guidelines for evidence-based mental health interventions (NICE, 2021)²⁵, and Investors in People (IIP) or Investors in Volunteers (IIV) accreditation, which ensures good leadership, training, and workforce well-being within CVS organisations (Investors in People, 2022)²⁶. Despite these measures, challenges remain, including variation in oversight levels, resource limitations for quality improvement, and unequal service evaluation across different regions.

4.3 Scale

The CVS delivers a diverse range of mental health services, filling key service gaps and complementing statutory provision. Examples to demonstrate the scale of CVS activity in Mental Health Services include:

- ✓ **Early Intervention and Prevention:** AMH’s *Healthy Me* programme delivers mental health education to CYP in schools, aiming to build emotional resilience and promote positive mental health (AMH, 2023)²⁷.
- ✓ **Peer Support and Recovery Services:** AWARE NI runs peer-led support groups across Northern Ireland for individuals living with depression, offering structured sessions that promote self-management and social connection (AWARE NI, 2023)²⁹.
- ✓ **Community-Based Counselling:** Relate NI offers community-based counselling services, providing therapeutic interventions to individuals experiencing relationship difficulties and associated mental health challenges (Relate NI, 2023)³⁰.

- ✓ **Specialist Services for Marginalised Groups:** The Rainbow Project delivers mental health support services for LGBTQ+ individuals, addressing the unique challenges faced by this community (The Rainbow Project, 2023)³¹.

These examples demonstrate the breadth of CVS activity within the mental health landscape, highlighting the sector's capacity to deliver targeted, community-based interventions that support mental health promotion, prevention, and recovery.

4.3.1 Prevalence

Approximately 21% of adults in Northern Ireland exhibit signs of probable mental ill-health, with males disproportionately affected by suicide (DoH, 2024)³². This statistic underscores the urgent need for targeted mental health interventions and support systems, particularly for vulnerable male populations. Substance misuse remains a critical issue, with deaths at the highest level in 2020, emphasising the connection between addiction and mental health. The co-occurrence of substance misuse and mental health problems presents a complex challenge that requires integrated treatment approaches and robust support networks.

Children and adolescents are also affected by mental health issues. Rates of anxiety and depression are around 25% higher in the child and youth population in comparison to other UK nations (Youth Wellbeing Prevalence Study, 2020)³³. Early intervention and targeted support for children and adolescents are crucial to prevent the escalation of mental health problems into adulthood. The mental health of CYP has been a growing concern, necessitating dedicated services and resources to address their specific needs. CYP in Northern Ireland experience significant mental health challenges, with recent studies providing key insights into prevalence:

- ✓ **Mood and Anxiety Disorders:** The Youth Wellbeing Prevalence Study found that one in eight (11-19-year-olds) (12.6%) met the criteria for a mood or anxiety disorder (Youth Wellbeing Prevalence Study, 2020)³³.
- ✓ **General Mental Health Concerns:** The Young Life and Times (YLT) Study reported that 45.2% of 16-year-olds showed signs of probable mental illness, with a higher prevalence among females (52.9%) compared to males (32.8%) (YLT, 2023)³⁴.
- ✓ **Well-being Decline:** The Kids' Life and Times (KLT) Survey indicated that well-being among 11-year-olds in Northern Ireland has declined to its lowest recorded level since 2016 (KLT Survey, 2023)³⁵.
- ✓ **Stress and Help-Seeking Barriers:** Over one in five young people (22% of 11-year-olds, 21% of 16-year-olds) did not know who to talk to about stress or worry. Additionally, more than a quarter (26.2% of 11-year-olds, 31.2% of 16-year-olds) worried about their parents finding out about their mental health, while 32.3% of 11-year-olds and 53.7% of 16-year-olds would not want anyone to know if they were struggling (Mental Health Foundation, 2023)¹.

4.3.2 Regional Disparities across NI

CAMHS Access Inequalities: Whilst all five Trust areas adhere to regionally agreed access criteria for CAMHS, there is significant variation in CAMHS referral acceptance rates between Trusts, with 70% in some areas compared to 82% in others (Northern Ireland Assembly, 2024)³⁶. As of September 2024, the number of children and

adolescents waiting for a CAMHS assessment also varies across Trusts. The Western Trust had 415 individuals waiting, with 299 of these waiting for more than nine weeks, while the Southern Trust had 220 individuals waiting, with none waiting longer than nine weeks creating uneven access to care (DoH, 2024)³². Across HSC Trusts, there is ambiguity around the reason for differences in waiting list times, such as varying levels of need.

Socio-economic inequalities: The Mental Health in Northern Ireland Fundamental Facts (2023)³⁷ report highlights the stark socio-economic inequalities present in the region. Individuals residing in the most disadvantaged areas are significantly more prone to mental health issues compared to those in wealthier communities. A major contributor to this problem is child poverty, with one in four children affected. Additionally, stable housing is crucial, as nearly 70% of those facing homelessness have been diagnosed with a mental health condition.

Geographic Inequalities: The Mental Health Foundation has found that individuals living in urban settings (24%) experience higher levels of probable mental ill health than those in rural areas (15%), reinforcing the need for targeted interventions. In particular, urban areas such as Belfast, Derry/Londonderry, and Newry report higher levels of mental ill health, while rural areas, including parts of County Fermanagh, County Armagh, and County Down, generally report lower prevalence but face challenges related to service accessibility (Mental Health Foundation, 2023)¹.

4.4 Capacity

4.4.1 Current workforce

According to NICVA's State of the Sector report, the CVS employs approximately 44,000 people across Northern Ireland, with around 12% of organisations focusing on health and well-being, including mental health (NICVA, 2023)¹⁰. Reliance on volunteers is another key feature of the sector. For instance, AWARE NI's peer-led support groups and PIPS Charity's suicide prevention initiatives utilise trained volunteers who provide emotional support and awareness training.

The Northern Ireland Audit Office's report on Mental Health Services highlighted critical workforce challenges that impact service delivery. The report identified significant vacancy rates across various mental health professions, including a 25% vacancy rate for consultant psychiatrists and a 30% vacancy rate for psychologists. These shortages hinder the ability to meet the growing demand for mental health services. Notably, the report points out that while the statutory sector's workforce needs have been assessed, there is a lack of evaluation regarding the capacity and requirements of the CVS (Northern Ireland Audit Office, 2022)³⁸.

In October 2022, Health Minister Robin Swann announced the creation of a Regional Mental Health Service as a pivotal action within the Mental Health Strategy 2021-2031. This service aims to provide equitable access to high-quality, regionally consistent, yet locally delivered mental health services. A significant aspect of this initiative is the full integration of the CVS into HSC services, ensuring that the CVS is not viewed as a separate entity but as a core component of mental health service delivery. This integration is facilitated through a range of mechanisms including Local and Area Collaboratives, Care Network and Regional Mental Health Collaborative Board, which

includes representation from the CVS, thereby promoting co-design and collaboration in service development and delivery (DoH, 2022)³.

4.4.2 Level of expertise within the CVS workforce

The CVS workforce brings a range of skills and often have staff with similar qualifications and experience as can be found in statutory sector services, for example:

- ✓ **Formal qualifications & Accreditations:** Many CVS organisations employ staff with professional qualifications in counselling, psychology, or social work. For instance, AMH requires professional accreditation for their counsellors and therapists (AMH, 2023)³⁹. However, it must be noted that there can be differences in level of qualifications/ accreditations.
- ✓ **Training Initiatives:** Organisations like Inspire Wellbeing and AWARE NI provide in-house training for their staff, such as Mental Health First Aid and suicide prevention (Inspire Wellbeing, 2023)⁴⁰ (AWARE NI, 2023)⁴¹. PHA commission these organisations to deliver this training.
- ✓ **Peer support skills:** CVS organisations heavily utilise lived experience as a resource. For example, Recovery Colleges deliver peer-led mental health workshops, empowering those with lived experience to guide others. While there is a solid foundation of expertise, challenges persist in terms of access to specialised training and clinical supervision, particularly for smaller organisations (Recovery Colleges, 2023)⁴².

4.4.3 Strengths and Challenges of the CVS in Mental Health

CVS organisations frequently draw on lived experiences to build trust and relatability, while also advocating for improved mental health policies and funding (Lived Experience, 2023)⁴³. However, CVS organisations also face significant challenges that impact their ability to sustain and expand their services. Funding constraints remain a persistent issue, limiting staff retention and service provision. High demand for mental health support, particularly in crisis settings, contributes to workforce burnout, while smaller organisations often struggle with workforce development and professional training. Additionally, disparities in funding accessibility mean that rural CVS organisations frequently encounter greater difficulties in securing necessary resources compared to their urban counterparts (Rural Mental Health Network, 2023)⁴⁴.

The diagram below highlights the key strengths and challenges of the CVS in mental health service delivery.

Figure 4: The strengths and challenges of the CVS.

Strengths of the CVS	Challenges facing the CVS
Community-centred approach	Funding constraints
Lived experience as a resource	High demand and burnout
Innovation and flexibility	Workforce development
Strong advocacy role	Unequal access to funding and resources

4.4.4 Registrations with Professional Bodies

The workforce within the CVS includes staff registered with various professional bodies. The following provides an overview of relevant registrations:

- ▶ **Northern Ireland Social Care Council (NISCC):** NISCC registers social care professionals in Northern Ireland. As of 2024, there are over 47,000 registrants, including social workers, social care managers, and other support staff (Northern Ireland Social Care Council, 2024)⁴⁵. CVS organisations delivering mental health services often employ registered social workers to oversee care delivery. For example, Inspire Wellbeing and AMH list NISCC registration as a requirement for certain roles (Inspire Wellbeing, 2024)⁴⁶ (AMH, 2024)⁴⁷.
- ▶ **British Association for Counselling and Psychotherapy (BACP):** The BACP maintains a searchable register of over 58,000 accredited counsellors and psychotherapists in the UK (BACP, 2024)⁴⁸. Within the CVS in Northern Ireland, organisations such as AWARE NI and AMH employ BACP-accredited counsellors to deliver therapeutic interventions. (AWARE NI, 2024)⁴⁹(AMH, 2024)⁵⁰.
- ▶ **Irish Council for Psychotherapy (ICP):** The ICP accredits psychotherapists across Ireland. While exact numbers for Northern Ireland are unavailable, several CVS organisations include ICP-accredited professionals in their workforce (Irish Council for Psychotherapy, 2024)⁵⁰.
- ▶ **Other Professional Bodies:** Professionals within the CVS may also be registered with organisations such as the UK Council for Psychotherapy (UKCP) or the Health and Care Professions Council (HCPC), depending on their specific roles (e.g., art therapists or clinical psychologists) (UK Council for Psychotherapy, 2024)⁵² (Health and Care Professions Council, 2024)⁵³.

4.5 Identified learning and best practices regionally and internationally

Drawing insights and learnings from other countries across the UK and Ireland along with international examples provides valuable lessons in addressing mental health challenges, fostering collaboration with the CVS, and improving service delivery. The examples below demonstrate good practices in mental health programmes involving both statutory and CVS sectors, both regionally and internationally.

Figure 5: Good practices, programme and initiatives

<p>Scotland - The Distress Brief Intervention (DBI) Programme</p> <p>The DBI Programme operates through a two-level intervention model, consisting of:</p> <ul style="list-style-type: none">• Level 1 support: Trained frontline staff from statutory bodies - including Police Scotland, the Scottish Ambulance Service, Accident and Emergency Departments, and Primary Care – who can refer individuals to Level 2 support.• Level 2 support: Upon referral, trained staff from third-sector organisations contact the individual within 24 hours. CVS organisations involved include Richmond Fellowship Scotland; Lanarkshire Association for Mental Health in South Lanarkshire; Lifelink; Penumbra in Aberdeen; Support in Mind in Inverness; and the Scottish Association for Mental Health (SAMH) in the Scottish Borders. These organisations offer community-based problem-solving support, develop distress management plans, and connect individuals to additional services as needed over 14 days, connecting individuals to additional services as needed. <p>The programme was initially piloted from 2017 to March 2021. In April 2020, the Scottish Government announced funding to extend the programme nationwide, particularly to support individuals distressed during the COVID-19 pandemic through until 2024. As of November 2024, approximately 75,000 individuals have received support through this initiative (Scottish Government, 2022)⁵⁴ (Police Scotland, 2024)⁵⁵.</p>
<p>Wales – Implementation of the Together for Mental Health Strategy and Local Primary Mental Health Support Services (LPMHSS)</p> <p>The Together for Mental Health Strategy is the Welsh Government’s 10-year cross-government strategy, launched in 2012, to improve mental health and wellbeing in Wales. The strategy aims to provide an integrated, person-centred approach to mental health services, emphasising prevention, early intervention, and recovery. The Welsh Government funds the strategy through the Mental Health Service Improvement Fund, which allocated £50 million in 2022-23 to improve community mental health services (Welsh Government, 2023)⁵⁶. Additional funding is provided through the Integrated Care Fund and third-sector grants. The strategy involves a collaborative partnership between statutory health services, community organisations, and voluntary sector partners to deliver mental health services. Key organisations involved include:</p> <ul style="list-style-type: none">• Welsh Government: Provides policy direction and funding oversight.• Local Health Boards (LHBs): Deliver mental health services through NHS Wales.• Mind Cymru: Offers community-based support for mental health challenges.• Platform: A mental health and social change charity supporting recovery-focused services.• Hafal: A charity supporting people with serious mental illness and their carers. <p>CVS play a critical role by providing peer support groups, befriending services, and mental health awareness campaigns. Volunteers contribute by running local community activities and offering one-to-one support for service users.</p> <p>Another aspect of mental health support available in Wales, which involves collaboration between statutory organisations including Local Health Boards (LHBs) and local authorities as mandated under the Mental Health (Wales) Measure 2010 are Local Primary Mental Health Support Services (LPMHSS). These services have been commissioned from CVS</p>

organisations in a number of different ways, for example in West Wales, support is commissioned through charities such as Mind, Hafal, and West Wales Action for Mental Health (WWAMH). These organisations provide services like advocacy, information and advice, healthy lifestyle support, and operate initiatives such as Twilight Sanctuaries for out-of-hours assistance. By March 2024, the LPMHSS across Wales had received 6,021 referrals for assessments. Of these referrals, 66.8% of assessments were completed within 28 days, and 75.4% of therapeutic interventions began within 28 days after assessment (Welsh Government, 2024)⁵⁷.

Scotland - See Me

See Me is Scotland's Programme dedicated to tackling mental health stigma and discrimination. It is funded by the Scottish Government (in September 2021, See Me was awarded £5 million in funding over five years) and managed jointly by the Scottish Association for Mental Health (SAMH) and the Mental Health Foundation. The initiative collaborates with various CVS organisations, statutory bodies, and community groups to promote mental health awareness and inclusivity. CVS organisations collaborate with See Me to implement action plans that address mental health stigma and discrimination across various settings, including workplaces, educational institutions, healthcare facilities, and communities. In 2022, 96% of Scots reported being willing to help someone struggling with their mental health, suggesting a broad impact of See Me's efforts (Scottish Government, 2021)⁵⁸.

New Zealand - All Right?

All Right? is a collaboration between the Canterbury District Health Board (CDHB) and the Mental Health Foundation of New Zealand (MHF). The campaign works closely with a variety of stakeholders, including community groups and non-governmental organisations, to ensure its initiatives are culturally appropriate and resonate with diverse populations. The collaborative works with several statutory and non-statutory organisations to deliver services, including:

- ✓ **New Zealand Red Cross:** offering emergency and recovery support in the community.
- ✓ **Mental Health Foundation of New Zealand:** promoting mental health awareness and providing resources for communities.
- ✓ **Health Promotion Agency (HPA):** Supporting wellbeing campaigns and promoting mental health resources.

All Right? has collaborated with various community groups to translate the "Five Ways to Wellbeing" into multiple languages, making mental health resources accessible to a broader audience. The campaign's impact is evident, with evaluations indicating that 77% of respondents reported increased awareness of their well-being due to All Right? messages, and 47% took positive actions as a result (Canterbury District Health Board and Mental Health Foundation of New Zealand, 2024)⁵⁹.

Australia – Headspace

Headspace, Australia's National Youth Mental Health Foundation, collaborates extensively with CVS organisations to deliver mental health services to young people aged 12 to 25. Headspace centres collaborate with local CVS organisations to tailor services that meet the specific needs of their communities. In the 2023 reporting period, Headspace operated 154 centres across metropolitan, regional, and rural Australia. The organisation provided 403,362 service episodes to young people, indicating a substantial reach within the community. E-headspace offered counselling services to 13,303 young people, and the Headspace website received 7 million visits, reflecting its significant digital engagement (Giving Guide, 2023)⁶⁰. Headspace employs 522 FTE staff and is supported by 180 volunteers in the delivery of their services.

Canadian Mental Health Association (CMHA) Ontario's Community Mental Health and Addictions Services

This programme is supported by partnerships between CMHA and various statutory and community organisations, including the Ontario Ministry of Health and Local Health Integration Networks (LHINs) which offer regional oversight and ensure resources are allocated effectively. The Canadian Mental Health Association (CMHA) Ontario Division serves approximately 500,000 Ontarians annually through its local branches and community-based services. Services are delivered through a range of Community Partners, such as:

- **Addiction Services for York Region (ASYR):** Collaborates on addiction support programmes.
- **Housing First initiatives:** Address housing needs for those dealing with mental illness or addictions.
- **Peers and Community Volunteers:** CVS organisations actively engage community volunteers to support peer-led initiatives, including mental health advocacy and outreach programmes (CMHA Ontario, 2024)⁶¹.

5. Current View (Phase 1)

5.1 Overview of Survey

An online survey was distributed to CVS organisations to gain insights into their status regarding scope, scale, and capacity. The survey was conducted from January 20th to February 3rd, 2025, utilising the Qualtrics platform. It featured a total of 40 quantitative questions and 8 qualitative questions, providing a comprehensive assessment of the participants' insights. The survey was open for completion by any CVS organisation that felt that they play a role in providing mental health services or support to people in Northern Ireland, recognising that many CVS organisations may have a broader remit (e.g. Food Banks or groups set up to target particular groups or communities).

5.1.1 Methodology

To effectively expand the survey reach, a stakeholder mapping exercise was conducted to understand the landscape of Mental Health organisations across Northern Ireland. This process identified over 100 relevant organisations and a direct link to the survey was emailed to these organisations. To enhance the survey's dissemination, support was provided by key umbrella organisations, including NICVA, CO3, SENI, and Business in the Community NI (BITCNI). These organisations supported the survey distribution through their email communications and newsletters. Additionally, the DoH promoted the survey across its social media channels.

The survey primarily employed a quantitative approach to minimise the time and effort required from respondents, thereby streamlining the analysis process. However, several questions included open-text options, allowing respondents to elaborate on their answers, which were subsequently thematically analysed for qualitative insights.

5.1.2 Overview of Survey Questionnaire

The survey achieved a robust response rate, with 92 CVS organisations completing it in full. The survey was structured into the following key areas:

- ✓ **Baseline Questions:** These provided foundational insights into the responding organisations, including their focus on mental health activities, primary organisational functions, and details about their target service users.
- ✓ **Scope:** This section addressed organisational funding, budget allocations for mental health services, monitoring and evaluation practices, and collaborations with other CVS organisations.
- ✓ **Scale:** Questions in this area focused on the number of employees and volunteers, service delivery emphasis, and the geographical distribution of the organisations.
- ✓ **Capacity:** This section assessed the professional qualifications, certifications, and registrations with professional bodies within the CVS. It also explored mental health training, digital capabilities, resources for supporting users from diverse cultural and linguistic backgrounds and waiting times/lists. Additionally, it evaluated the sector's capacity to assist the DoH in implementing the MHS.

- ✓ **Mental Health Landscape:** Organisations were asked to prioritise key areas needing attention in mental health and to identify their position within the stepped care model.
- ✓ **Collaboration with the DoH and beyond:** This section investigated which organisations were currently commissioned or had previously been commissioned by any government department or health trust. It also included a qualitative question inviting suggestions for enhancing collaboration with the DoH.

5.1.3 Findings

5.1.3.1 Baseline Questions

Of the 92 organisations that responded to the survey, 72% have a constitutional mandate to operate in the area of mental health (*Appendix 1, fig 1*). The presence of a constitutional mandate provides a formal framework for operations, ensuring that mental health remains a priority in their organisational activities. 60% of organisations confirmed that over 75% of their organisational activities are focused on mental health which aligns their interest with the work of the MHS 2021-2031 and Delivery Plan (*Appendix 1, fig 2*).

92
organisations
responded to
the survey

63%
of organisations
provide services to
adults & children

When survey respondents were asked about the demographics of individuals to whom their organisations provide mental health services, the results revealed a diverse focus on different age groups. Specifically, 30% of organisations indicated that they primarily serve adults, highlighting a significant commitment to addressing the mental health needs of this population. In contrast, only 7% of organisations reported that their services are directed exclusively towards children and adolescents, suggesting that this demographic may be underserved, or the survey didn't reach as many CAMHS organisations. However, 63% of the organisations indicated that they provide mental health services to both adults and children (*Appendix 1, fig 3*). This dual focus reflects an understanding of the interconnectedness of mental health across different life stages and the importance of addressing the needs of families as a whole.

5.1.3.2 Scope

The "scope" of an organisation within the CVS refers to the range and extent of its activities, operations, and influence e.g. is the focus on mental health promotion, prevention, early intervention, and/or service provision.

When respondents were queried about the primary activities undertaken by their organisations, the results highlighted a clear focus on community engagement and support services. The top three responses were as follows:

Community/Place-Based Programmes (18%): This reflects a commitment to addressing mental health issues at the grassroots level, where interventions can be tailored to the specific needs and characteristics of local populations. (*Appendix 1, fig 4*).

Support Services (e.g., Counselling) (16%): This underscores the critical role that direct mental health services play in the overall landscape of mental health care. By

offering professional counselling and support, these organisations help individuals navigate their mental health challenges, providing them with the tools and resources necessary for recovery and resilience.

Partnerships and Collaborations with Other Organisations (15%): This indicates a recognition of the importance of collective action in addressing mental health issues. By working together with other entities (be they governmental, non-profit, or community-based), organisations can leverage shared resources, expertise, and networks to enhance the effectiveness of their programs and reach a broader audience.

The survey included a question regarding the annual number of service users that organisations provide mental health support to, revealing a diverse range of engagement levels among the respondents. 34% of organisations reported that they support over 900 service users each year. This figure indicates a significant capacity for outreach and service delivery, suggesting that these organisations play a vital role in the mental health landscape (Appendix 1, fig 5). In contrast, 20% of organisations indicated that they support between 1 and 100 service users annually. This smaller scale of engagement may reflect a more specialised or targeted approach to mental health services, where organisations focus on providing in-depth support to a limited number of individuals.

The survey posed a question regarding the percentage of service users referred to organisations by public bodies, such as Health Trusts, providing insight into the referral dynamics within the mental health support landscape (Appendix 1, fig 6). A small but notable 9% of organisations indicated that all their service users are referred by a public body. This suggests a strong partnership and reliance on public health systems for client intake. This relationship can also facilitate integrated care, where services are coordinated between public bodies and the organisations, ultimately enhancing the quality of care provided to service users. In contrast, nearly 30% of organisations reported that they receive less than 10% of their referrals or none at all from public bodies. This low percentage may reflect a more independent operational model, where organisations rely on alternative means of outreach and engagement to connect with service users e.g. community-based approaches, self-referrals, or referrals from other non-profit entities.

10%
of organisations
receive less than 10%
or no referrals from
statutory bodies.

When asked how their organisation is funded, 26% of organisations indicated that their funding or grants originate from sources other than government departments. This was closely followed by 25% of organisations reporting that their funding comes from

35%
of organisations
receive less than
10% of funding or
no funding from
statutory bodies.

government grants. The close proximity of these two percentages suggests a competitive funding environment where organisations must navigate both public and private funding sources (Appendix 1, fig 7). When organisations were surveyed about the how much of their funding for mental health activities is public sector funded, a significant portion indicated a limited reliance on the public sector. Specifically, 35% of organisations reported that they receive less than 10% of their funding or no funding at all from public sector sources

(Appendix 1, fig 9). In stark contrast, 13% of organisations reported that their entire funding for mental health activities comes from the public sector. The survey explored

the funding landscape for CVS organisations in greater detail by examining the allocation timelines of their funding, a critical concern for these entities. Findings revealed that 70% of organisations receive funding primarily for the short to medium term, spanning 0 to 3 years (Appendix 1, fig 8). In contrast, only 4% of organisations benefit from long-term funding, defined as 4 to 5 years, while the remaining organisations have a mix of funding arrangements. In light of the current funding challenges faced by the Northern Ireland government, the public sector is developing annual budgets. This situation has made it difficult to allocate recurrent funding, which is essential for ensuring consistency and stability for many CVS organisations.

70%
of organisations
are funded in the
short to medium

82%
of organisations are
working collaboratively
with each other to
deliver mental health

82% of CVS organisations reported that they are actively collaborating with other CVS entities to deliver mental health services. This existing collaboration and integration within the sector suggests that lessons can be learned from these partnerships and effectively applied to strengthen the relationship between CVS organisations and the DoH (Appendix 1, fig 11).

The final question under the 'scale' category focused on the mechanisms that CVS organisations employ to monitor and evaluate the effectiveness of their mental health services (Appendix 1, fig 12). 95% of organisations reported having established monitoring processes in place. The most prevalent methods include the use of the CORE (Clinical Outcomes in Routine Evaluation) database¹, which assesses clinical outcomes related to client risk and was cited by 16 organisations. Additionally, 9 organisations mentioned using pre- and post-counselling surveys to gauge the impact of their services. Others utilise assessment sheets, surveys, or questionnaires following training sessions, while several have developed their own scoring systems tailored to specific interventions (Appendix 1, fig 13). For instance, play therapists often employ Goodman's Strengths and Difficulties Questionnaire to evaluate their effectiveness. Overall, the commitment of CVS organisations to implement robust monitoring and evaluation mechanisms accentuates their dedication to providing effective mental health services. By leveraging data and feedback, these organisations can continuously refine their practices, ensuring that they meet the needs of their clients and contribute positively to the broader mental health landscape. This proactive approach not only enhances service delivery but also fosters trust and transparency among stakeholders, including clients, funders, and regulatory bodies.

5.1.3.3 Scale

The "scale" of an organisation in the CVS refers to its size, and reach. It includes factors such as the number of employees/volunteers, the volume of services offered, financial resources and geographical coverage.

¹ A range of terminology was used around CORE including CORE10, COREnet, CORE-OM & CORE34

The survey requested organisations to provide information on the number of whole-time equivalent (WTE) employees, where a WTE of 1.0 represents a full-time employee, as well as the number of volunteers within their ranks. (*Appendix 1, fig 14*). The findings revealed that 61% of organisations employ fewer than 10 individuals, while 21% have between 11 and 40 employees. Only 10% of organisations reported having over 101 WTE employees, which corresponds to a total of 9 organisations. Regarding volunteer participation, 38% of organisations reported having between 11 and 40 volunteers, while 34% indicated that they have fewer than 10 volunteers. Additionally, 13% of organisations stated that they do not have any volunteers at all (*Appendix 1, fig 16*). These results paint a picture of a diverse workforce landscape among organisations, characterised by the predominance of small teams and varying levels of volunteer engagement. Understanding these dynamics is essential for identifying potential areas for growth, collaboration, and support within the sector, as organisations strive to enhance their service delivery and community impact.

61%
of organisations
employ fewer
than 10 staff

Of the staff noted above, organisations were asked to specify the percentage of their staff dedicated to service delivery as opposed to support roles, such as HR and Finance. 48% of organisations reported that between 76% and 99% of their staff are primarily focused on delivering services (*Appendix 1, fig 17*). This finding suggests that many of the surveyed organisations may have a limited number of staff members who are taking on dual responsibilities, balancing both support functions and direct service delivery.

To gain insights into the geographical distribution of the organisations surveyed, the survey inquired about the specific Health Trust areas in which they operate. The results, illustrated in Figure 1, reveal a relatively balanced dispersion of organisations across the various Health Trust regions, indicating that each area is well represented. Notably, 28% of the respondents indicated that they operate regionally across all Health Trust areas (*Appendix 1, fig 18*). The equal distribution of organisations across Health Trust areas stresses the importance of localised service delivery in addressing the unique challenges faced by different communities. By having a presence in various regions, organisations can tailor their services to meet the specific needs of the populations they serve, ensuring that interventions are relevant and culturally appropriate.

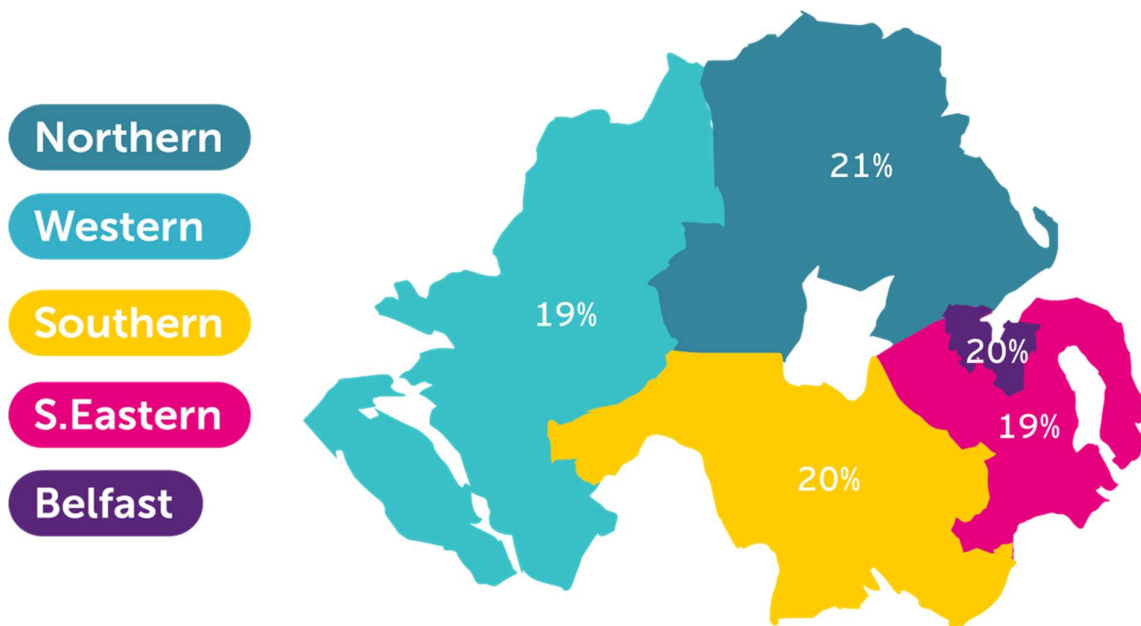


Figure 6: Which areas in Northern Ireland does your organisation operate in?

Among the organisations that participated in the survey, 78% reported that they operate exclusively within Northern Ireland (*Appendix 1, fig 19*). The remaining organisations, totaling 20, were asked to specify any additional jurisdictions in which they operate. Of these, 47% indicated that they also have a presence in the Republic of Ireland, while 22% reported operating in England, making it the next most common jurisdiction for these organisations (*Appendix 1, fig 20*).

5.1.3.4 Capacity

The "capacity" of an organisation in the CVS refers to its ability to effectively utilise its resources to achieve its goals and objectives. This includes their physical resources (such as facilities and equipment), human resources (skills, expertise & qualifications) and financial resources (budget and funding).

The survey requested organisations to provide information on the formal qualifications and certifications held by their staff. The findings revealed that a total of 435 individuals across 37 organisations possess an accredited counselor qualification, while an additional 329 individuals from 38 organisations hold a degree in counselling or psychotherapy. Other notable qualifications include degrees in psychology (148 individuals), registered social workers (127 individuals), and certificates or master's degrees in Cognitive Behavioral Therapy (CBT) (108 individuals). (*Appendix 1, fig 21*).

Although the question was presented as multiple choice, respondents were also given the opportunity to specify any additional qualifications or certifications. Many relevant credentials were mentioned, including PGCE in Education, MA in Childhood Development, degrees in Community Development, as well as diplomas and foundational degrees in various counselling disciplines. This diverse array of qualifications underscores the depth of expertise present within the organisations surveyed.

When organisations were asked about the number of their staff registered with professional bodies, the results were impressive. A total of 1,020 individuals across 17 organisations are registered with the Northern Ireland Social Care Council (NISCC). The next most notable professional body is the British Association for Behavioral and Cognitive Psychotherapists (BABCP), which has 279 registered members across 29 organisations. However, it's important to note that the response rates were somewhat limited, with only 64 out of 92 organisations responding to the questions regarding professional qualifications, and just 60 organisations providing information on registrations with professional bodies (Appendix 1, fig 22). This may suggest that the survey does not fully capture the extent of skills and knowledge present within the CVS. Nevertheless, the data collected highlights a significant reservoir of expertise that the public sector could leverage to support the goals of the MHS.

82% of organisations provide mental health training to their volunteers, reflecting a strong commitment to equipping individuals with the necessary skills and knowledge to support mental health initiatives effectively (*Appendix 1, fig 23*). Among the various training programmes offered, several courses were mentioned. For instance, Safe TALK, Mental health first aid, suicide first aid, Connections Link Life programme & ASIST.

82%
of organisations
provide mental
health training to
their volunteers

57% of organisations reported possessing the digital capabilities necessary to deliver mental health services remotely (*Appendix 1, fig 24*). This capability extends to various formats for online workshops and training, including the use of tools like Canva Live. Additionally, many organisations are leveraging apps and platforms such as Microsoft Teams, telephone, and Zoom to conduct counselling sessions effectively. The impact of COVID-19 has accelerated the advancement of digital capabilities within the CVS, enabling organisations to adapt and innovate in response to the changing environment. However, the survey revealed varying levels of digital proficiency among organisations, highlighting a broad spectrum of capabilities. This diversity in digital skillsets highlights the need for ongoing support and training to ensure that all organisations can fully harness technology to enhance their service delivery.

The survey inquired whether organisations had waiting lists. Among the 59% of organisations that confirmed they did, respondents were asked to provide details on the number of service users awaiting access to their services and the average waiting time (*Appendix 1, fig 25*). Notably, 50% of organisations reported having between 1 and 50 service users on their waiting lists (*Appendix 1, fig 26*), while 74% indicated that the average waiting time is three months or less (*Appendix 1, fig 27*). Although these figures are an improvement compared to public service waiting lists in the mental health sector, the waiting times remain a significant concern.

80%
of organisations have
'significant' or 'some'
capacity to support
statutory services

When organisations were surveyed about their capacity to support the DoH and HSC Trusts in delivering mental health services throughout the duration of the MHS, provided funding is available, 80% indicated that they possess either 'significant' or 'some' capacity. Only 3% reported having no capacity at all (*Appendix 1, fig 28*).

5.1.3.5 Mental Health Landscape

Organisations were asked to rank the key areas that need to be addressed in terms of priority for Mental Health in Northern Ireland (*Appendix 1, fig 29*). The findings are depicted in *Figure 2*.

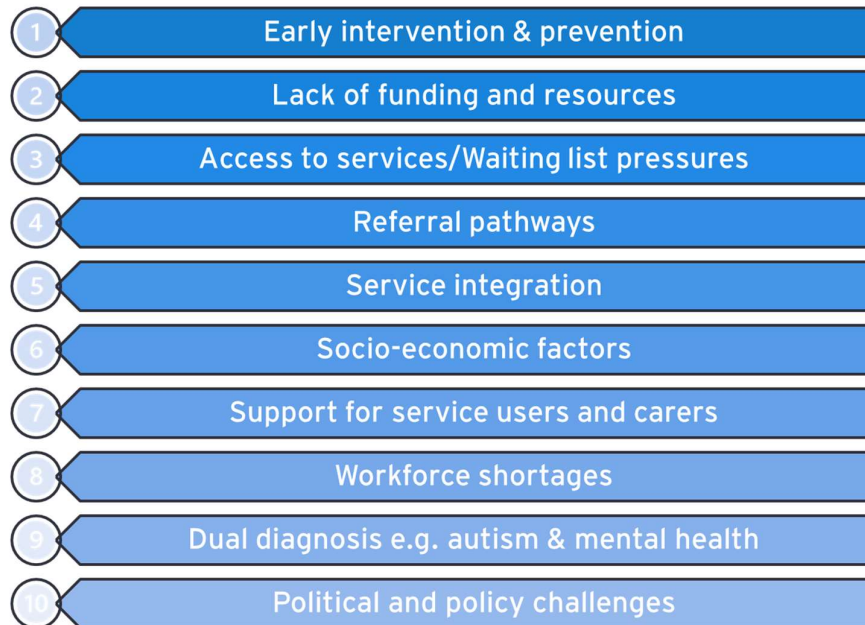


Figure 7: Ranking of priority areas

When organisations were asked about services that should be developed to enhance the delivery of the MHS and support mental health in Northern Ireland (*Appendix 1, fig 30*), a diverse array of responses was collected, as illustrated in *Figure 3*.

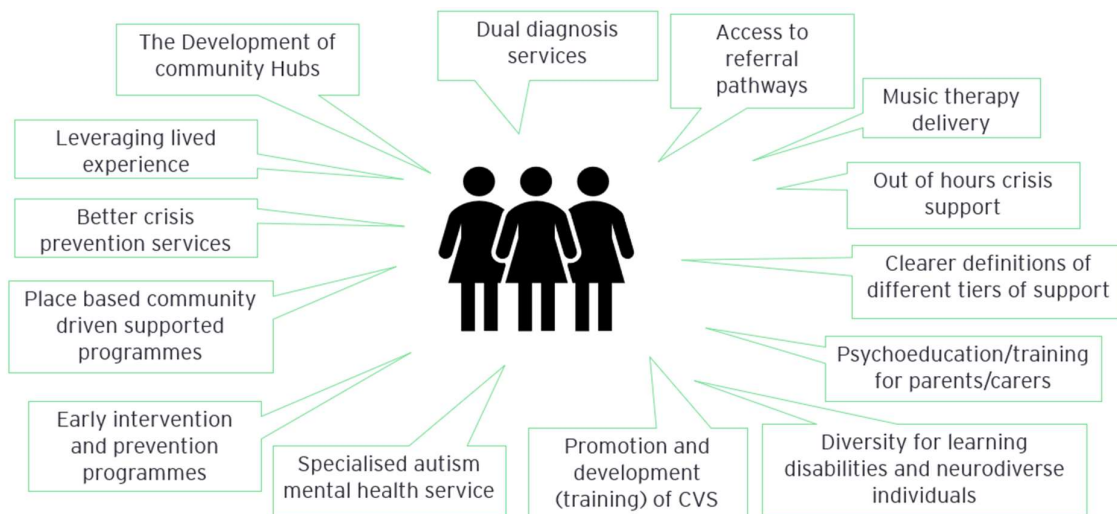


Figure 8: Services that need to be developed

5.1.3.6 Collaboration with the statutory sector

Among the organisations surveyed, 59% are not currently commissioned by the statutory sector to deliver mental health services or support (Appendix 1, fig 34). Of these organisations, 89% have never received commissioning from the statutory sector for mental health services. (Appendix 1, fig 35).

Finally, organisations were posed the qualitative question: "What suggestions do you have for the DoH to collaborate more effectively with your organisation in the future to support the implementation of the MHS 2021-31?" The majority of responses emphasised the need for improved communication and co-design (Appendix 1, fig 39). A variety of the collected responses are illustrated below in Figure 4.

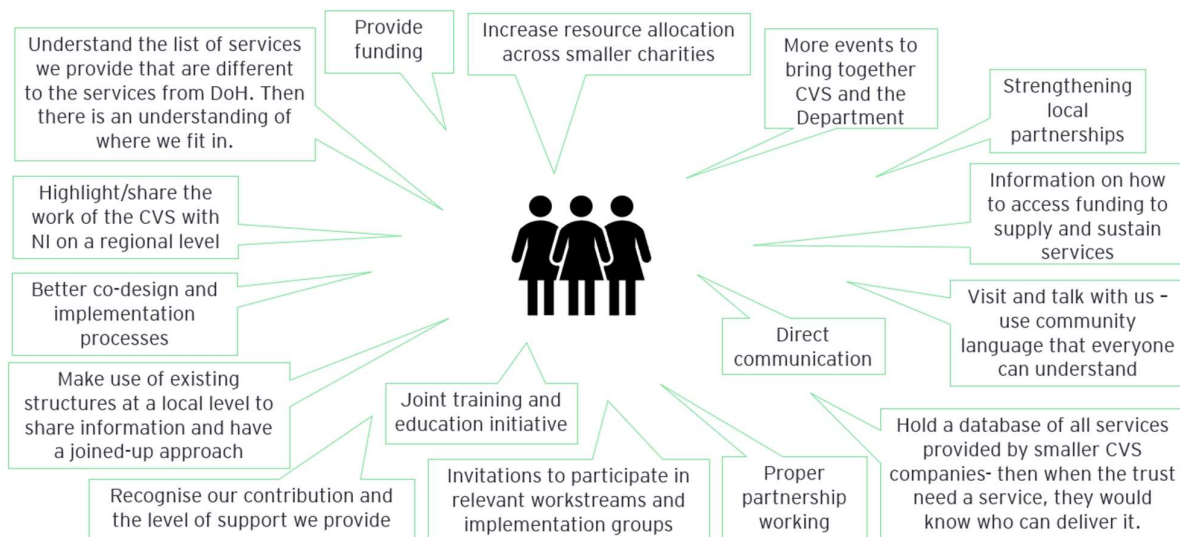


Figure 9: Suggestions on better collaboration with the DoH

5.2 Statutory Sector Funding Responses

The survey requested insights into CVS organisations' funding situations, with many indicating support from various statutory bodies beyond the DoH. As part of this review, several statutory organisations were asked to compile data on the funding allocated to CVS organisations over the past three financial years (2022/23, 2023/24, and 2024/25). These organisations include the PHA, Strategic Planning and Performance Group (SPPG), all HSC Trusts, the Department for Infrastructure, the Department for Economy, the Department of Agriculture, Environment and Rural Affairs (DAERA), the Department for Communities, the Department of Education, the Department of Finance, The Executive Office, and the Department of Justice.

It is essential to acknowledge that the returns received may not encompass all funding provided to CVS organisations during the last three financial years. Additionally, the term "Mental Health Services" encompasses a broad range of funding initiatives.

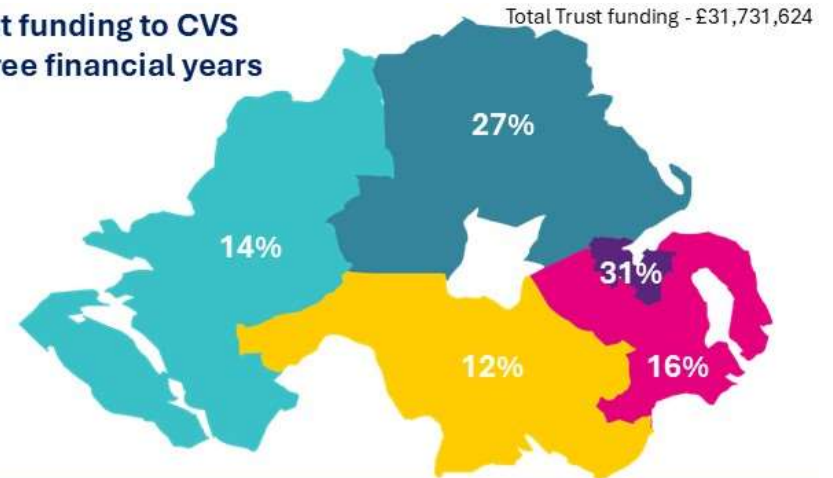
Based on the information received, the following fact file was generated.

% split of CVS MH Services funding by Government Departments over the last three financial years

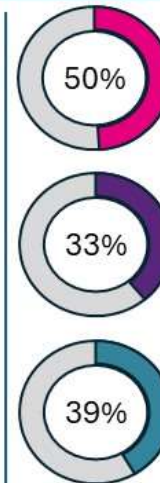
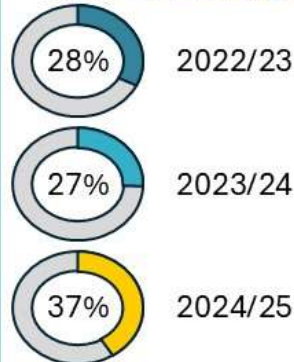


% split of Trust funding to CVS over the last three financial years

- Northern
- Western
- Southern
- S.Eastern
- Belfast



Statutory funding to CVS weighted over the last three financial years



Of CVS MH Services funding in the last three financial years was allocated to 8 CVS organisations

Of CVS MH Services funding in the last three financial years is considered to be **recurrent**

Of CVS MH Services funding in the last three financial years is considered to be **non-recurrent**

6. Future View (Phase 2)

6.1 Workshop Analysis

The workshop sessions, held in February 2025, adopted a participatory approach, ensuring all attendees had the opportunity to contribute their perspectives, share expertise, and engage in problem-solving discussions. Representatives from approximately 50 CVS organisations participated across two in-person and one online workshop, each lasting three hours.

The workshop sessions were structured to:

- ▶ Consolidate understanding of current state and delve deeper into the survey insights.
- ▶ Explore the art of the possible in the future delivery of mental health services.
- ▶ Explore how this future state could be delivered more collaboratively between the CVS and statutory bodies, including discussion around key features of a protocol for effective working between statutory and CVS services.
- ▶ Highlight good practices across Northern Ireland and key critical success factors.

6.2 Key priority areas from the perspective of the CVS

6.2.1 Early Intervention & Prevention

Many representatives from the CVS highlighted place-based approaches, community hubs, and the scaling up of social prescribing services as essential elements of effective early intervention strategies. It was emphasised that these services should be co-designed with users, ensuring that the needs of the community or population remain central to service development.

However, several challenges were noted in the current landscape. There remains limited public awareness of preventative services, particularly among marginalised communities, which can hinder engagement. Additionally, many successful early intervention programmes, such as the Health Matters Social Prescribing Project, have been discontinued due to short-term funding cycles. There is also a noticeable gap in health promotion around therapies, prevention strategies for youth, perinatal mental health, which further exacerbates the need for early intervention.

Looking ahead, there is a clear vision for the future of this area. Community-based models are expected to expand, with increased investment in peer-led support groups, befriending services, school support initiatives, and crisis cafés, all as place-based preventative interventions. Tailored outreach efforts would be directed towards vulnerable groups, such as minority ethnic communities, LGBTQ+ individuals, and carers, to ensure that early intervention is accessible to those who need it most. Mainstreaming early intervention services as a core part of the mental health service model is a priority, alongside investment in community anchor organisations to deliver holistic, locally tailored services. Training would be required to ensure these services are inclusive and meet the needs of minority and vulnerable communities.

6.2.2 Funding and Resources

According to the CVS, limited funding and resources have posed as a huge barrier to not only delivering services but the sustainability of those services. The absence of consistent and reliable funding has led to workforce instability, with staff redundancies becoming common as organisations struggle to maintain service levels. A future model should aim to eliminate these concerns by ensuring long-term, secure funding for mental health services. This would not only support the continuation of existing services but also encourage the growth of innovative, sustainable programmes that do not rely on the uncertainty of short-term grants. Furthermore, the administrative burden associated with funding applications and reporting is seen as a major challenge, deterring many organisations from applying for support.

The lack of investment in non-clinical, community-based interventions addressing the social determinants of health is another pressing issue, one that limits the effectiveness of preventative services. To address these concerns, a new funding model should be developed in collaboration between the DoH and CVS organisations. This model would focus on flexible, multi-year core funding for CVS organisations, and a system that enables full-cost recovery. This approach would provide equitable support across the sector, ensuring that both large, well-established organisations and smaller, community-driven initiatives receive the resources they need to thrive. A more transparent, sustainable, and equitable funding system would ultimately lead to a better distribution of resources across the country.

6.2.3 Access to Services/Waiting List Pressures

Increasing number of referrals to mental health services, compounded by funding issues, has created significant challenges in access to services in both statutory and CVS services. Many CVS representatives voiced concern over inconsistent or unclear referral pathways, which can mean that referrals are sent by default to statutory/ HSC Trust services leading to long waiting times. Rural communities, in particular, face greater access challenges due to geographic disparities. In the future, the CVS see a more integrated, early approach to triage. A single point of access where statutory and CVS services collaborate to assess and triage service users would improve service efficiency and user experience. Additionally, the expansion of community-based crisis response teams and walk-in services would help address immediate needs, while a real-time, user-friendly digital directory of available CVS services would ensure individuals can easily find appropriate support or education prior to a referral being made. Peer navigation, with community-based navigators assisting users in accessing the right support at the right time, would further streamline access to care and improve service user outcomes.

6.2.4 Recognition, Referrals, Service Integration and Digital Innovation

One of the recurring challenges highlighted by the CVS is the lack of formal recognition for its role in service delivery, particularly in handling referrals. Many organisations are expected to absorb increasing numbers of referrals without formal acknowledgment, funding, or adequate infrastructure to support this responsibility. The absence of a centralised database further complicates the process, making it difficult for statutory

bodies and CVS organisations to refer service users seamlessly or communicate efficiently.

A significant barrier to service integration is the lack of a system for sharing client information between services, which results in fragmentation, duplication, and inefficiencies across different providers and regions. Additionally, partnerships between statutory services and the CVS are often perceived as secondary rather than integral to the wider health and social care system. This lack of equity in decision-making creates further silos, limiting the potential for meaningful cross-sectoral collaboration across health, education, and community sectors.

To address these challenges, a future model should prioritise integrated care hubs where statutory and CVS services are co-located to provide holistic, wraparound care. Establishing a shared outcomes framework, supported by a unified approach to data-sharing agreements, would ensure that service impact is consistently measured across sectors. A joint commissioning framework, developed in collaboration with the CVS from the outset, would help streamline service provision and eliminate duplication. Additionally, creating two-way referral pathways would enable seamless referrals between statutory services and CVS organisations, enhancing continuity of care.

The role of digital innovation must be carefully considered in these developments. Instead of creating duplicate systems, existing digital solutions should be integrated to enhance coordination and service delivery. A central data-sharing platform between statutory services and the CVS would significantly improve patient handovers, reducing service fragmentation and ensuring better continuity of care. However, while expanding digital access is important, it must not come at the expense of human-centred care. Additionally, a cultural shift is required to ensure that statutory services and the CVS operate on an equitable basis. This includes establishing clear definitions of partnership, ensuring collaborative decision-making, and adopting pooled funding arrangements that promote cooperation rather than competition. User-led commissioning processes would also ensure that services remain responsive to local needs, empowering communities to shape the support they receive.

6.2.5 Capacity building and workforce development

Another critical issue raised was the limited capacity of the CVS, particularly in relation to workforce development. Many organisations face significant challenges due to underinvestment in training and a lack of structured career progression pathways. Despite the invaluable contributions of staff with lived experience, their expertise is often overlooked, and opportunities for professional growth within the sector remain limited. One of the main barriers to capacity building is the complexity of tendering processes, which many CVS organisations struggle to navigate due to limited resources and expertise. The lack of collaborative training opportunities between statutory and CVS staff further exacerbates this issue, creating a disconnect between the sectors and reducing the potential for shared learning and best practice development. The CVS highlighted Investing in Volunteers as a key framework for capacity building and workforce development, emphasising the need for funding and resources to support its implementation. Given the significant role that volunteers play in delivering mental health services, increased investment would enable more organisations to strengthen their volunteer workforce, enhance service delivery, and improve overall sustainability within the sector.

To build a more sustainable workforce, investment in joint training and workforce development programmes is essential. A collaborative approach between the DoH and the CVS would help ensure that staff across both sectors receive the necessary training to meet current and future service demands effectively. Establishing clear career pathways within the CVS would enhance staff retention, providing employees with opportunities for progression and professional growth.

Additionally, greater collaboration between sectors would help bridge skill gaps, enabling organisations to share expertise and adopt best practices that enhance service delivery. Workforce training should also align with policy changes and technological advancements to ensure that staff remain equipped with the necessary skills to deliver high-quality, responsive care. Training in digital transformation should be provided to build capacity within the CVS, enabling organisations to effectively deliver online services while maintaining a personalised approach.

By investing in workforce development and capacity building, the CVS will be better positioned to deliver sustainable, high-quality mental health and social care services. Strengthening partnerships, improving access to training, and ensuring that policy on training remains within the remit of the CVS. This approach will help build a resilient and skilled workforce capable of meeting evolving challenges in the sector

6.3 Examples of collaboration identified in Northern Ireland

During the workshops, participants from CVS organisations were provided with the opportunity to reflect on collaborative initiatives within Northern Ireland which have been included in *Appendix 2*. These initiatives have proven effective in addressing specific community needs, with a focus on promoting mental health, well-being, social inclusion, and independence for vulnerable populations. The Regional Trauma Network (RTN) stands out as an example of leveraging technology to foster integration and collaboration with the CVS. This initiative is dedicated to delivering essential services in Northern Ireland, specifically aimed at addressing the long-term mental and physical health consequences stemming from the Troubles and ongoing conflict.

6.3.1 Case Study: Regional Trauma Network

The Regional Trauma Network (RTN) was established in Northern Ireland to address the long-term mental health consequences of the Troubles/conflict. This initiative connects Troubles-focused services across the HSC Trusts and CVS services, with dedicated teams within each Trust area to enhance capacity and enable those who need support to access it at the right place at the right time. The Department of Health, alongside TEO, oversees the RTN's implementation and strategic direction. Meanwhile the Health and Social Care (HSC) Trusts employ dedicated teams including the CVS to enhance capacity and ensure timely access to support. The RTN has provided support to over 9,000 individuals since becoming fully operational in February 2023 (Irish News, 2024)⁷³.

The structure of the Regional Trauma Network (RTN) system features a dedicated RTN Trauma Team within each Trust, focusing on adult services. Each team comprises a team lead, a psychology lead, an outreach worker, specialist trauma therapists, psychiatric support, and administrative assistance. Additionally, each trust is equipped with a consultant psychologist or psychotherapist specifically for children and young people.

To foster inter-departmental and cross-sector collaboration while engaging various stakeholders, the Regional Trauma Network Partnership Board was established. This board includes representatives from the Department of Health (DoH) – Policy and Strategic Planning and Performance Group (SPPG), the Executive Office (TEO), the Victims and Survivors Service (VSS), the Health and Social Care (HSC) RTN Management Team, HSC Trusts, and six Community and Voluntary Organisations (Cunamh, Ely Centre, Ashton Centre, Relatives for Justice, SEFF, and Wave).

The Partnership Board is supported by a secretariat from DoH and TEO, with meetings held in person four times a year. A Coordination Team, comprising representatives from RTN and VSS management, is responsible for preparing reports and coordinating documents for the Partnership Board.

To effectively showcase the range of ongoing separate and joint activities, a dashboard has been developed and presented by the chairs of the Coordination Team at the Partnership Board meetings. Additionally, the Learning and Growth Group, which encompasses Training and Development, Workforce Wellness, and Compassionate Leadership initiatives, along with research efforts, serves as essential pillars to support the aims and objectives of the RTN. This collaborative approach promotes continuous quality improvement and the delivery of high-quality, evidence-based services.

The delivery of the remit of the Regional Trauma Network happens in a variety of ways, always with a partnership model as the central tenet. Referrals come to both CVS organisations and HSC arms of the RTN via their normal referral routes. In addition, the bespoke portal allows smooth transition directly between both arms to access the right support at the right time. The support available includes health and wellbeing support, financial advice, complementary therapies, outreach work, group work, individual counselling, therapies such as CBT, Trauma Focused CBT, EMDR, Compassionate Focused Therapy and others (RTN structures, 2025)⁶⁷.

6.4 Critical success factors identified for a protocol.

At the beginning of the review, the intention was to develop a protocol — a document outlining guiding principles and expectations for collaboration between the statutory sector and the CVS. However, subsequent discussions with various government departments revealed that a Partnership Agreement is already being formulated for work between the statutory sector and the CVS, led by the Department for Communities (DfC). Each department, along with the CVS, has contributed to the development of this Partnership Agreement.

To prevent duplication of efforts, features of an effective protocol were discussed, to confirm with the CVS the essential elements that should be included in the protocol. This initiative aims to enhance collaboration, transparency, and effectiveness in service delivery between the CVS and the statutory sector. The key features emphasised in the workshops included trust, partnership, accountability, communication, and workforce development. It is suggested that these features are reviewed against the Partnership Agreement (once finalised) so that there is alignment between this work and that of the DfC.

Features of a Protocol between statutory and CVS sector services

1. Trust

A core principle of the protocol is the cultivation of trust between CVS and statutory sector. CVS organisations will be entrusted to utilise funding responsibly, enhancing service delivery and fostering the improvement of their communities. Monitoring and reporting processes will be proportionate to minimise administrative burdens while ensuring accountability.

2. Recognition & Equity in Partnership

This feature focuses on fostering a balanced and cooperative relationship, the CVS will be formally recognised as a core service provider, with clear frameworks implemented to support the co-design and co-production of services, ensuring inclusive participation in service delivery.

3. Roles and Responsibilities

This feature is key in refining and clarifying roles which is essential to maintaining accountability and efficiency; specific roles, responsibilities, and expectations of each party involved, along with defined goals such as improving outcomes and increasing accessibility to services for all stakeholders, will be outlined in advance of service delivery to ensure clarity and accountability.

4. Communication

This vital principle establishes clear, open, and consistent communication channels to foster understanding and alignment between statutory bodies and CVS organisations. Ensuring transparent and regular communication with CVS regarding departmental goals should align efforts and objectives across the sector.

5. Workforce Development & Capacity Building

This feature is essential in identifying training opportunities to enhance mutual understanding of roles and improve service quality across sectors, alongside ongoing capacity building to equip all stakeholders with the necessary skills, resources, and adaptability to respond to evolving needs, technologies, and service demands.

6. Transparency

Transparency plays a key principle in this protocol as it focuses on openness and honesty in decision-making, funding allocations, and the sharing of information.

Transparency plays a key principle in this protocol as it focuses on openness and honesty in decision-making, funding allocations, and the sharing of information.

7. Impact

This core principle focuses on long-term outcomes and ensures that impact measurement shifts from outputs to outcomes and service improvements.

8. Service Accessibility and Inclusivity

This feature focuses on making services more accessible, particularly for underrepresented or vulnerable groups, by improving language and translation services, ensuring cultural competency, and addressing accessibility barriers for people with disabilities, older adults, and minority communities.

9. Flexibility & Adaptability in Service Delivery

Quality services should be able to quickly adapt to changing needs and circumstances, particularly in times of crisis or evolving community needs, by adopting more flexible delivery models such as digital platforms, mobile services, or remote support, ensuring continuity even during disruptions (e.g., pandemics). This feature integrates this essential principle as part of the protocol.

10. Innovation & Research

There is a need to foster a culture of innovation, encouraging both statutory bodies and CVS organisations to experiment with new models of service delivery, including digital solutions, peer-led support, and community-based interventions, while investing in research on effective mental health care to further inform best practices. This feature of the protocol seeks to encourage this culture and promote continuous learning.

7. Gap Analysis (Phase 3)

Reflecting on the findings regarding the current and future states, a comprehensive gap analysis has been conducted to outline the necessary steps for achieving the envisioned ideal future state. This analysis is structured into three key sections: 'As-Is State,' 'Gap Analysis' and 'Future State/To Be.' It delves into the identified gaps across scope, scale, and capacity.

7.1 Gaps in scope

7.1.1 Funding

As-Is: The current funding landscape presents significant challenges for CVS organisations, with only 70% receiving support for the short to medium term. Additionally, the CVS feel that there could be greater transparency regarding the tendering process and the criteria used for contract awards. Compounding these issues, the funding application process is often overly complex and time-consuming, particularly for small funding allocations.

Gaps: To address the existing gap, statutory services must evaluate their current procurement processes (in line with existing legislation) and funding allocation methods to uncover opportunities for increased efficiency, streamlining, and transparency. This could involve establishing a cross-departmental or Health Departmental framework aimed at simplifying the application process for each tender and encouraging CVS involvement. Furthermore, the Department of Health should continue to advocate wider government for longer-term funding, ensuring that such support is effectively channeled to the CVS where appropriate. Consideration should also be given to consolidating the oversight of Statutory commissioning to the CVS to avoid duplication of commissioned services and identify gaps across the system.

To Be: The ideal future for funding includes longer-term and ongoing funding, when possible, along with a clear understanding of future departmental needs and upcoming tenders through regular communication. It also focuses on transparent decision-making and fair procurement processes that are in proportion to the funding amounts.

7.1.2 Monitoring and evaluation

As-Is: The survey responses revealed that 95% of CVS organisations have established monitoring and evaluation processes; however, these measures differ significantly among organisations, resulting in a lack of consistency. Many CVS organisations express a sentiment that the monitoring processes mandated by the statutory sector are overly burdensome and tend to focus on outputs and activities as opposed to outcomes. This emphasises the need for greater trust, especially given the high level of regulation within their industry.

Gaps: To bridge the existing gap, the Department of Health should provide guidance on proportionate monitoring requests as well as a standardised template, with the contract issuer responsible for reviewing each contract in accordance with this guidance to ensure proportionality. Furthermore, collaboration with the Regional Mental Health Service team should continue to develop an outcomes framework that effectively incorporates the CVS.

To Be: An ideal future state would feature standardised monitoring processes grounded in a mutually agreed outcomes framework for CVS in mental health service delivery, complemented by training on these processes. Additionally, proportionate monitoring practices will be implemented for commissioned work. The Regional Mental Health Service is in the process of creating a dedicated Mental Health Outcomes Framework. Looking ahead, there is potential for this framework to incorporate the CVS and be developed in collaboration with them.

7.1.3 Stepped Care Model

As-is: The activities of CVS organisations primarily concentrate on early intervention and prevention, with 36% engaged in Step 1 and 34% in Step 2 of the Stepped Care Model. A smaller proportion of CVS organisations provide specialised support in Step 3 (19%) and Step 4 (8%), collaborating alongside the statutory sector.

Gaps: Bridging the gap would require the Department to optimise the role of CVS organisations in achieving Steps 1 and 2 of the Stepped Care Model. Additionally, research into the value of referring more cases to the statutory sector is essential to prevent duplication of efforts and potentially maximise efficiency and effectiveness across all services. Further engagement with the Public Health Agency (PHA) is necessary to clarify the CVS's role in advancing the aims around early intervention and prevention (PHA is undertaking engagement activities to address this).

To Be: An ideal future state would acknowledge the contributions of all stakeholders within the holistic mental health system. There is an opportunity to delineate responsibilities more clearly, with CVS organisations concentrating on early-stage interventions while the statutory sector focuses on specialised care. This arrangement would enable staff in the CVS and statutory sector to operate to the full extent of their license and capabilities.

7.2 Gaps in scale

7.2.1 Employee/volunteers

As-is: Many organisations surveyed indicated a limited workforce, with 61% reporting fewer than 10 employees and 72% having fewer than 40 volunteers. CVS organisations highlighted a common operational overhead: the costs associated with recruiting, managing, and training volunteers are frequently underestimated, particularly when there is no long-term contractual commitment from these individuals, leading to potential losses on the investment. Additionally, the valuable skills that volunteers possess—often rooted in relevant lived experiences—are frequently overlooked, despite their potential to significantly benefit their communities.

Gaps: To bridge the existing gap, tender processes must strike a balance between valuing the lived experiences of staff and volunteers alongside formal qualifications. During workshops with CVS organisations, the 'Investing in Volunteers' qualification emerged as a recognised UK quality standard for best practices in volunteer management. The statutory sector could benefit from exploring and endorsing this standard.

To Be: In a visionary future, statutory services would actively recognise and incorporate the value of volunteer time (and costs associated with the management of this group) when commissioning projects. Moreover, the statutory sector could acknowledge the value, experiences and contributions of volunteers.

7.2.2 Geographical spread

As-is: Survey responses were received in a broadly even distribution across the five health trust areas, however, other data suggests that there is an unequal distribution of CVS organisations across NI, particularly in rural areas. Frequently, regional (NI wide) organisations are partnering with local CVS entities to enhance community outreach and understanding, demonstrating a strong commitment to collaboration and integration.

Gaps: Trust areas should maintain equal access to mental health services offered by both CVS and the statutory sector. To achieve this, equitable funding for CVS organisations across all Health Trusts should be established. Additionally, the role of the Regional Mental Health Service is to identify best practices/programmes in Northern Ireland and facilitate their broader implementation which should reduce feelings of a 'postcode lottery'.

To Be: In an ideal future, funding for CVS organisations would be equitably distributed across all Trust areas, based on an agreed assessment of need. Furthermore, effective practices established in one Trust area would be expanded and replicated throughout all regions, eliminating the risk of geographical inequities.

7.2.3 Minority Communities & Vulnerable Groups

As-is: Currently, service provision for users from diverse cultural and linguistic backgrounds is inconsistent. According to the survey, 53% of CVS organisations reported having the necessary mechanisms in place to support these users effectively.

Gaps: The Department, in collaboration with the PHA, should continue to evaluate the specific needs of minority communities and vulnerable groups in Northern Ireland and engage CVS organisations to address those needs. By partnering with mental health CVS organisations and minority groups, the Department can develop culturally appropriate service provisions for these communities.

To Be: In a visionary future, there would be equitable access to services for users from diverse cultural and linguistic backgrounds.

7.3 Gaps in capacity

7.3.1 Qualifications

As-is: The CVS has a range of highly skilled and qualified personnel.

Gaps: The skills available within the CVS should be aligned with the gaps in statutory services, such as counselling waiting lists. By leveraging the expertise within the CVS, statutory services could effectively address and reduce long waiting times.

To Be: An ideal future state would involve the statutory sector recognising the valuable skills within the CVS and collaborating with them to address service priorities and reduce waiting lists, rather than solely focusing on internal staff recruitment to fill gaps.

7.3.2 Training

As-is: Most CVS organisations independently train their staff, resulting in varying levels of training quality and consistency.

Gaps: The statutory sector should offer public training courses to CVS organisations and vice versa to enhance capacity building across mental health services more broadly. This initiative would promote collaborative learning, increase efficiencies, and foster networking opportunities.

To Be: In the future, there will be increased collaborative training initiatives between CVS organisations and the CVS and statutory services (including via the PHA Mental and Emotional Health and Wellbeing and Suicide Prevention Training Framework), designed to be innovative and forward-thinking in order to effectively meet the needs of the population. Capacity and relationships would be built across sectors, helping to achieve outcomes.

7.3.3 Digital/data-sharing capabilities

As-is: Currently, there is a lack of data-sharing capabilities between the CVS and the statutory sector. Additionally, the CVS exhibits varying levels of digital service delivery (ranging from telephone services to digital platforms for delivering services and training), and the statutory sector has no clear understanding of overall digital maturity within the CVS.

Gaps: There is an opportunity to replicate the Regional Trauma Network (RTN) model, which facilitates data sharing between Trusts and CVS, including dashboards and waiting lists. With the ongoing rollout of Encompass, there is potential for a long-term goal to extend this model to the CVS, enabling the exchange of referrals and outcome information between the public sector, GPs, and CVS organisations.

To Be: An ideal future state would involve enhanced collaboration across digital platforms. There are some examples of this taking place e.g. the Self Harm Intervention Programme (SHIP) in HSC Trusts is able to make digital referrals to Lifeline services. The CVS would possess the capacity to provide digital service delivery where applicable.

7.3.4 Waiting Lists

As-is: CVS organisations are currently collaborating to manage waiting lists effectively, with 74% of service users receiving treatment within three months or less.(as indicated by survey responses) For instance, one organisation may refer a service user to another that has available capacity for treatment, rather than adding people who have been referred to a waiting list. There is a shared understanding within the sector that receiving some assistance is preferable to none, especially concerning mental health issues.

Gaps: Statutory services should consider referring patients to appropriately qualified CVS organisations and provide funding as needed to help address waiting lists. The DoH should utilise the data from this review to assess how CVS can play a more significant role in Steps 1 and 2 of the Stepped Care Model, implementing this approach incrementally.

To Be: In an ideal future, CVS organisations would be recognised as a crucial safety net for patients experiencing mental health crises, and their role as part of the crisis pathway of care and integrated provision should be clarified further. In relation to waiting lists, a more collaborative approach could emerge between the statutory sector and CVS, enabling them to jointly manage waiting lists, with appropriate referrals from statutory bodies to CVS being adequately funded.

7.3.5 Potential capacity to support the Department

As-is: Among the CVS organisations surveyed, 80% indicated that they possess significant capacity to assist the DoH in implementing the Mental Health Strategy, contingent upon the allocation of appropriate funding. However, there is currently a lack of consistent communication between the statutory sector and CVS, which hampers collaboration and integration.

Gaps: The establishment of a central CVS database covering services across early steps of the Stepped Care Model, would facilitate improved integration, communication, and collaboration. This database would encompass essential information, including the name of the organisation, areas of expertise, qualifications and skills, Trust areas, and contact details. Additionally, the Department should consider developing a dynamic framework to actively engage CVS organisations in response to departmental needs. Furthermore, an effective communication plan must be implemented to promote greater collaboration and clearly convey departmental requirements to CVS organisations on a regular basis.

To Be: In an ideal future, the statutory sector would leverage the capacity available within the CVS to achieve Mental Health Strategy outcomes. There would be regular communication between the statutory sector and CVS, facilitating the exchange of information regarding upcoming tenders, priority areas, and data collection from the CVS to support two-way communication.

8. Recommended Implementation Plan (Phase 3)

The actions derived from the gap analysis have been evaluated according to their feasibility and potential impact. It is essential to highlight that this assessment presumes the availability of the necessary budget and resources to implement these actions effectively. Following the evaluation, the actions have been organised into a priority matrix, creating a ranked list from high to low priority. This prioritisation will guide where efforts should be focused as funding becomes available.

Figure 11: Table of prioritised actions

Recommendation	No.	Action	Priority Level & Owner
Communication and Integration			
Create effective communications plan with CVS organisations	1A	DoH to build and maintain a central CVS database covering services across early steps of the Stepped Care Model for distribution of communications. Database will include: CVS organisation, services, qualifications and skills, Trust areas and contact details.	HIGH DoH
	1B	Develop a comprehensive communication strategy for regular communications with CVS.	
Where appropriate, extend public training courses to CVS	2A	Liaise with DoF/PHA/HSC Trusts to identify the training opportunities planned and consider the opportunity for cross-sector training.	HIGH DoH
	2B	Arrange communications to invite the CVS and consider maximum numbers and associated costs.	
Funding			
Advocate wider government for longer term funding and if successful, work to flow this down to CVS	3A	Continue to advocate for Government funding which is essential for the successful delivery of Mental Health Services & strategy	HIGH DoH
	3B	If additional funding is secured, assess the value of allocating further resources to the CVS where an evidence base exists for outcomes being achieved, particularly in the implementation of Steps 1 and 2 of	

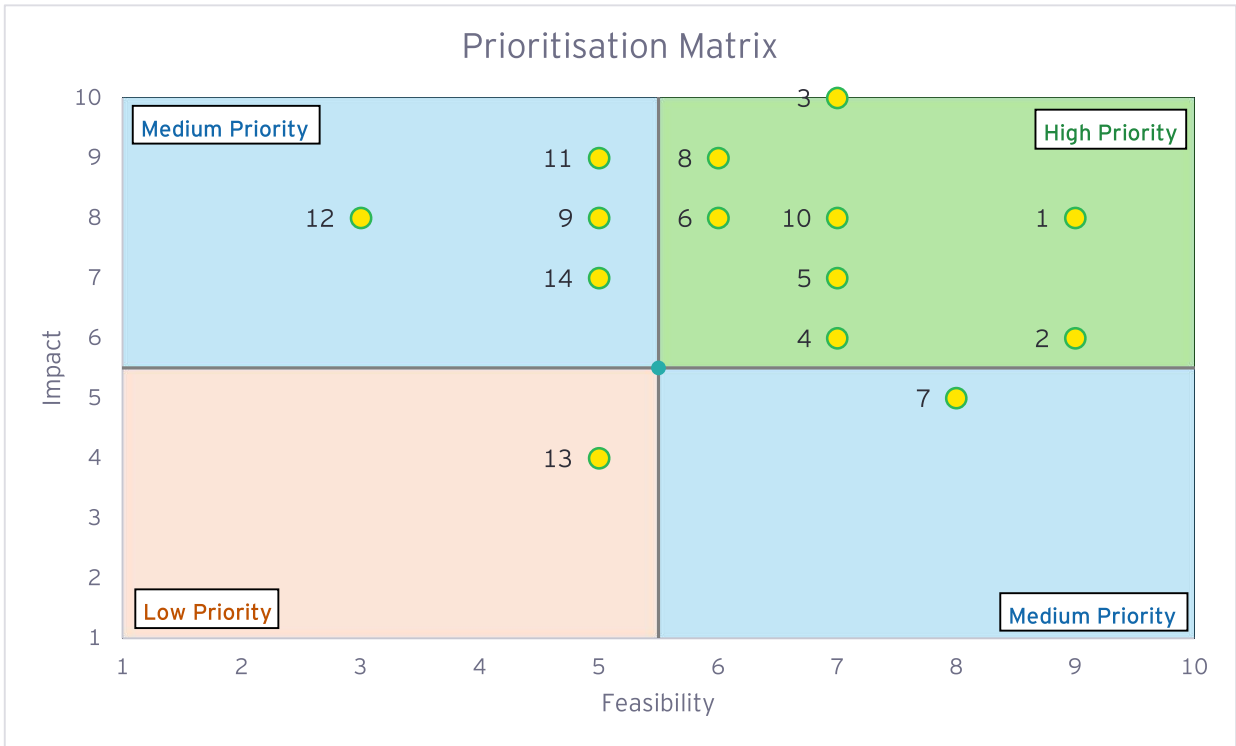
Recommendation	No.	Action	Priority Level & Owner
		the Stepped Care Model	
	3C	Initiate a tender process to encourage CVS providers, who can effectively deliver these services, to respond. – <i>Linked to Action 5</i>	DoH/BSO
Based on population data, mental health need and CVS availability, encourage equitable funding across Health Trusts to CVS organisations	4A	Assess population data by Trust area in relation to need and access to mental health services	HIGH PHA
	4B	Review funding issued by DoH, SPPG & PHA to promote equitable funding across Trust areas where appropriate. This should consider different levels of need, different historic investment patterns and differing levels of community infrastructure across the region)	DoH/ SPPG/ PHA
	4C	Issue Departmental funding guidance to each Trust to promote equitable access to CVS services across NI	DoH
Tender/Evaluation processes			
Review procurement process for streamlining procurement of CVS services e.g. CVS tender Framework	5A	DoH to liaise with DoF, CPD and BSO to explore the development of a central Mental Health services tender framework.	HIGH DoH
	5B	PHA/ SPPG/ HSC Trusts to review existing contracts with CVS providers and identify opportunities to streamline procurement processes to maximise efficiency and standardisation and ensure best value is being achieved.	DoH/ Other Departments
Work with Regional Mental Health Service (RMHS) on an outcomes framework that	6A	Assess the existing outcomes frameworks to ensure they are appropriate for use by the CVS. Consider which outcomes the CVS can contribute towards.	HIGH RMHS

Recommendation	No.	Action	Priority Level & Owner
could incorporate the CVS	6B	Present the outcomes frameworks to the wider CVS so they understand their role and plan how to measure the achievement of the outcomes	
	6C	Ensure the outcomes framework is considered and built-in to monitoring processes for any contracts with CVS organisations going forwards	All
	6D	Issue Departmental guidance on proportional monitoring requests for each contract issuer to consider	DoH
Explore whether current tender commissioning processes maintain a balance of valuing both lived experience of staff/volunteers as well as qualifications- consider Investing in Volunteers qualification (endorsement or recognition)	7A	Explore the potential to incorporate a quality standard such as Investing in Volunteers qualification and/or PHA Quality Standards Assessment Tool in future tenders	MEDIUM DoH
	7B	Engage with CVS and wider stakeholders to understand the correct balance of focus on qualifications and lived experience and how this varies depending on service provided	
	7C	Engage with procurement bodies on options to value both qualifications and lived experience	
Role of the CVS – Stepped Care Model			
Maximise the role of the CVS in the early stages of Stepped Care Model to become the main delivery partners	8A	Consider a clearer division of who is optimally delivering each step in the model to maximise clarity, value and collaboration between the sectors (particularly steps 1 & 2)	HIGH DoH/ SPPG/ CVS
	8B	Communicate the preferred approach to delivery of the stepped care model with both sectors. (Emphasising the need to maximise the CVS role in delivery of Steps 1 & 2)	DoH/ SPPG
	8C	Ongoing annual review of commissioned services to ensure they are in line with the Stepped Care Model (and actions 8A and 8B above)	
Commission CVS services (where	9A	Review the current/anticipated gaps in the statutory sector.	MEDIUM DoH

Recommendation	No.	Action	Priority Level & Owner
possible and appropriate) to address the gaps in the statutory sector e.g. counselling waiting lists	9B	Map these gaps against the skills/qualifications in the CVS (data gathered in this review)	
	9C	Where funding is available to address waiting lists, initiate a tender process and encourage CVS providers, who can effectively deliver these services, to respond.	DoH/ PHA/ BSO/ CPD
Equitable access to Mental Health Services			
In partnership with PHA, the Department of Health should assess the unique needs of minority communities and vulnerable groups in NI and commission services to meet those needs	10A	Assess the unique mental health needs of minority communities and vulnerable groups in terms of level of need, available services, language and cultural barriers etc	HIGH DoH/ PHA
	10B	Assess the value of allocating funding to the CVS to meet the needs of minority communities and vulnerable groups	
	10C	Initiate a tender process and encourage CVS providers, who can effectively deliver these services, to respond.	
In partnership with the RMHS, identify good programmes within CVS/ CVS & Statutory organisations and roll this out across NI	11A	Engage with the PHA/ SPPG/ Health Trusts and CVS organisations to identify current/past programmes that have had a positive impact (note: some data collected within this review)	MEDIUM RMHS/ Trusts
	11B	Prioritise these programmes for wider roll out or scaling, subject to future funding availability	RMHS
	11C	If funding is secured, develop a staged approach to roll these programmes out across all Trust areas	
Digital Tools			
Explore the potential of a digital tool to link the	12A	Explore the potential to use the Regional Trauma Network (RTN) as a prototype for a digital tool	MEDIUM DoH/ DHCNI

Recommendation	No.	Action	Priority Level & Owner
Trusts to CVS for referrals	12B	In the longer term, explore the use of Encompass to share referrals and patient outcomes between GPs, CVS and Trusts.	BSO/ Trusts
Conduct a digital maturity assessment and training needs assessment in CVS	13A	Investigate tools/frameworks for assessing digital maturity and training needs, aligned to the RMHS outcomes framework	LOW DoH
	13B	Conduct assessment in partnership with the CVS	
Governance between CVS and Statutory bodies			
Establish a clear CVS voice for Mental Health and fair representation of the sector	14A	Implement the recommendations of the Brenda Kelly report to establish senior advocacy role and administrative support, subject to available funding, as well as supporting governance structures	MEDIUM DoH
	14B	Review structures, resources and engagement methods on a regular basis to assess whether they are achieving the outcomes envisaged	

Figure 12: Prioritisation Matrix



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