

Response to Sinn Fein consultation on the development of a mental health policy document

August 2019

About the NSPCC

The NSPCC is the leading children's charity fighting to end child abuse in the UK and Channel Islands. We help children who have been abused to rebuild their lives, protect those at risk, and find the best ways of preventing abuse from ever happening. To achieve our vision, we:

- Create and deliver services for children which are innovative, distinctive, and demonstrate how to enhance child protection;
- Provide advice and support to ensure that every child is listened to;
- Campaign for changes to legislation, policy, and practice to ensure the best protection for children;
- Inform and educate the public to change attitudes and behaviours.

As well as therapeutic services which we deliver to children and families who have experienced abuse, NSPCC Northern Ireland provides the Young Witness Service to offer support and assistance to children and young people involved as prosecution witnesses in criminal court proceedings, as well as Childline and our Helpline.

Introduction

NSPCC Northern Ireland welcomes the opportunity to respond to Sinn Fein's consultation to inform the development of a mental health policy document. Mental health is a key concern for the NSPCC, with two in five Childline counselling sessions delivered in 2017/18 focusing on mental or emotional health and wellbeing issues¹.

Our responses to the six consultation questions are set out below. Reference is provided to supporting evidence, where appropriate. We have kept our responses brief where possible, given the understanding that there will be an opportunity for a further and more detailed follow up if needed, as per the consultation guidance.

¹ See: <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/mental-health-suicidal-thoughts-children/>

NSPCC NI responses to the consultation questions

Q. 1. What are the 'Principles' of a good mental health service? Examples if possible.

Mental health is a key focus of the NSPCC's work under our [2016-2021 strategy](#), and cross cuts our five strategy goals:

- Prevent abuse in families facing adversity
- Prevent child sexual abuse
- Help children speak and adults take action about abuse
- Help children who've experienced abuse get back on track
- Make children safe from abuse online

We believe that mental health services for children and young people should have a key focus on these areas.

Q. 2. Can you provide an example of an effective, preventative intervention, for mental ill health?

While there are many areas in terms of prevention of mental illness that are core to the NSPCC's work, for the purposes of this consultation response we would highlight the NSPCC's new UK-wide campaign, [Fight for a Fair Start](#), launched in July 2019, aimed at ensuring that every mum, baby, and family who experience perinatal mental health problems get the support that they need. While the campaign has three policy 'asks' for Northern Ireland, the first 'ask', is core in respect of how services can play a key role in prevention: *'All women and their families to receive care from a health visitor and midwife who has received appropriate and up-to-date training to detect perinatal mental health needs'*.

As a universal service, midwives and health visitors in NI should play a key role in identifying perinatal mental illnesses, in order to ensure that women and families can receive support early, prevent potential problems from developing in the parent-infant relationship, and seek to prevent any potential impact on the infants' mental health. However, NSPCC's research with midwives and health visitors on their perspectives of supporting women and families in Northern Ireland, *Time for Action*, identified significant problems to be addressed². We are seeking to take this forward in NI through our new campaign. We would be happy to discuss our campaign and research in further detail.

² Cunningham, C., Galloway, S., Duggan, M. and Hamilton, S. (2018) Time for action on perinatal mental health care in Northern Ireland: A report on the perspectives of health visitors and midwives. Belfast: NSPCC. See: <https://learning.nspcc.org.uk/research-resources/2018/time-for-action-perinatal-mental-health-care-northern-ireland/>

Q. 3. What and where are the current pressures/demands on services? What could help to address these?

Our response to this question focuses on the NSPCC's experience of directly working with, and campaigning on behalf of children and young people who have experienced abuse³.

The trauma that these children experience directly increases their chances of developing a range of mental health problems, including depression, anxiety, and eating disorders⁴. Emotional abuse may be particularly linked to anxiety and depression⁵. Focusing specifically on PTSD as one potential outcome of abuse, one study found that 74% of young people who experienced sexual assault developed post-traumatic stress disorder (PTSD)⁶.

What could help to address these?

Early and effective mental health support can help children recover from the effects of abuse and go on to lead happy and fulfilling adult lives, but not all children are able to access the support they need. Effective planning and delivery of mental health services for the most vulnerable children is therefore essential in the context of limited funding⁷. It is essential for commissioners of mental health services to take the particular needs of these children into account when planning provision, to make sure the right support is both available and accessible.

Q. 4. What specific Interventions would help, especially to reduce the inequalities of outcomes? Please provide some detail and costings of interventions if available.

As highlighted above, the NSPCC provides a range of services to children and families to support their mental health. We would particularly highlight our Letting the Future In service which we provide in Northern Ireland, which helps children who've been sexually abused to rebuild their lives⁸.

Children aged 4 to 17 are invited into special play-therapy rooms. They do things like messy play, writing, storytelling and art to help express feelings that they can't put into words. The programme begins with three or four weekly

³ See: <https://learning.nspcc.org.uk/media/1838/transforming-mental-health-services-children-who-have-been-abused-july-2019-report.pdf>

⁴ Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T (2012) The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis.

⁵ Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T (2012) The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis.

⁶ Lewis S, Arseneault L, Caspi A et al. The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales. *Lancet Psychiatry* 2019; 6 (3): 247–256.

⁷ See note 3 above.

⁸ See: <https://learning.nspcc.org.uk/services-children-families/letting-the-future-in/#heading-top>

sessions for practitioners to assess the child's needs and select appropriate interventions from a practice guide. The guide provides a comprehensive set of materials based on what is known or believed to help children who have been sexually abused. It allows practitioners to tailor the intervention to the child, while following a consistent approach. We work with each child for about a year. We support them to recover from the impact of the abuse and work on strengthening the important supportive relationship between the child and their carers. Parents and carers are offered some individual support and joint sessions with the child.

In developing this service, NSPCC found that there was a lack of therapeutic services for children who had been sexually abused⁹. The services that were identified tended to be generic mental-health services, as opposed to specialist post-sexual abuse services¹⁰. A review of the literature found that abuse-specific interventions showed greater improvements than more general approaches, and highlighted the need for further research into the impact of specialist interventions¹¹.

In collaboration with the Universities of Bristol and Durham, we evaluated¹² Letting the Future In to see if a psychodynamic, attachment-based therapeutic approach helped sexually abused children and young people. The evaluation included qualitative case studies and the largest multi-site randomised controlled trial (RCT) for a sexual-abuse intervention in the world. Findings include:

- After six months of Letting the Future In, there was a significant reduction in the number of 8-17 year-olds with high levels of psychological and behavioural problems. There was no statistically significant change for the control group, suggesting that the intervention was responsible for improvements.
- Children under the age of 8 did not see a change in psychological and behavioural problems after six months of participating in LTFI. However, there was some evidence of improvement after 12 months. This suggests the service may take longer to have an impact on younger children.
- Children and carers both felt that LTFI had resulted in positive changes.
- The mean cost of providing LTFI was estimated as £2,300 per case. This compares to an average cost of cases seen by a multidisciplinary Child and Adolescent Mental Health Service of almost £5,000¹³.

⁹ Allnock, D. et al (2009) [Sexual abuse and therapeutic services for children and young people: the gap between provision and need: full report](#). London: NSPCC; Bunting, L., Anderson, P. and Allnock, D. (2010) [Sexual abuse and therapeutic services for children and young people in Northern Ireland: the gap between provision and need: executive summary](#). London: NSPCC.

¹⁰ See Allnock (2009), above.

¹¹ As above.

¹² For further details of the evaluations, see: <https://learning.nspcc.org.uk/services-children-families/letting-the-future-in/#heading-top>

¹³ Curtis, L. (2012) [Unit costs of health and social care 2012](#). Canterbury: Personal Social Services Research Unit, University of Kent.

Q. 5. What are the priority areas that we need to act on?

As highlighted above, specific areas of concern include the area of perinatal mental health, as well as support services for children and young people who have experienced abuse.

More broadly, parental mental health is a key area from a prevention point of view. Living in a household where parents or carers have mental health problems doesn't mean a child will experience abuse or negative consequences. Most parents are able to give their children safe and loving care, and many children whose parents or carers have mental health problems go on to achieve their full potential in life, particularly if their parents receive the right support at the right time. However, there is a risk that parental mental health problems can have a negative impact on children. Over the last decade, there has been increasing emphasis within NI policy developments of the complex associations between parental mental health, parental substance misuse, and domestic abuse, and other Adverse Childhood Experiences (ACEs). Parental mental illness was the most prevalent concern in a 2013 review of case management reviews between 2003 and 2008. This correlates with the findings of reviews of serious case reviews in England¹⁴.

Q.6. What one idea or topic doesn't get enough attention in relation to mental health and wellbeing?

While there are many areas that the NSPCC believe to be a priority, for the purpose of this response we would particularly highlight the need for action in relation to perinatal mental health in Northern Ireland. We would be keen to brief Sinn Fein on our [Fight for a Fair Start](#) campaign, highlighted above.

Final comments

NSPCC NI wishes to thank Sinn Fein for the opportunity to respond to this consultation exercise. As noted in our introduction, our response does not provide a detailed review of the full range of areas that are of concern to NSPCC NI, rather we have focused on some key issues. We would be very happy to discuss the issues raised in our response in further detail, as well as additional policy concerns and specific experiences in respect of our services, including Childline.

Please contact Caroline Cunningham, Senior Policy Researcher, caroline.cunningham@nspcc.org.uk if you wish to discuss our response in further detail.

¹⁴ Sidebotham et al (2016) Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014.