Office for Statistics Regulation

Systemic Review Programme

Review of mental health statistics in Northern Ireland

September 2021

Contents

The role of the Office for Statistics Regulation

As an independent UK-wide regulator, we are in a unique position to take a broader look at issues of importance to society and to make the case for improved statistics across organisation and Government boundaries. This is supported by our ability to convene, influence and highlight best practice from other sectors.

This review forms part of our programme of systemic reviews which, underpinned by the Code of Practice for Statistics, are aimed at driving improvements in the public value provided by official statistics.

We want to ensure that statistics provide a robust evidence base for national and local policy development and decision making. We champion the need for statistics to support a much wider range of uses, including, by charities, community groups and individuals. They should allow individuals and organisations to reach informed decisions, answer important questions, make the case for change or hold government to account.

Executive summary

The Office for Statistics Regulation are exploring the public value of mental health statistics in the United Kingdom.

Achieving ‘parity of esteem’ between physical and mental health services is often cited as a key ambition in Government, public policy and research. Often stigmatised, poor mental health and its impacts on people’s lives were previously overlooked – yet, now more than ever, the importance of maintaining and improving our mental health and wellbeing is being prioritised. Through our ongoing work, we identified mental health statistics as an area where improvements could be made – to better inform decisions and policy making.

Our findings for England were published in September 2020. This report details our findings for Northern Ireland.

Why we did this review

Major transformation of mental health services in Northern Ireland are being proposed. In May 2020, the Department of Health (NI) published a Mental Health Action Plan as part of a strategic commitment to improve the mental health of the population in Northern Ireland. The plan included a commitment to develop and produce a new mental health strategy and a comprehensive funding plan for mental health.

In June 2021, a new Mental Health Strategy (2021-2031) was published by the Department of Health (NI) setting the strategic direction of mental health services in Northern Ireland for the next decade.

Statistics are vital to support policy decisions and service delivery and must be viewed as a key component in measuring the effectiveness of any Government strategy or policy. Good quality data and statistics are the foundation blocks, enabling an in-depth understanding of what works, where improvements are needed and how services are impacting people’s lives. With mental health high up on the political agenda in Northern Ireland – we want our review to be relevant, well-timed and add to the positive momentum.

Whilst this review has been conducted during the COVID-19 pandemic, it is not intended to provide specific guidance on statistics directly related to the effects of the pandemic. Its purpose is to share strengths and weaknesses of the wider landscape of mental health statistics in Northern Ireland, with a key question in mind – are current statistics meeting the needs of users? Our findings and recommendations should be considered and used to enhance the implementation of the new Mental Health Strategy.

What we found

Statistics serve the public good when they enable a range of statistics users to answer key important questions on a particular topic. Mental health statistics in Northern Ireland are currently not fully serving this vision. Based on our conversations with statistic users, and our own observations and desk research, whilst the publication of a new Mental Health Strategy is a very positive development, there are significant issues hindering the development of statistics which need to be addressed.

- There is a scarcity of robust mental health data in Northern Ireland. This has hindered the development of official statistics, meaning that there are significant and fundamental data gaps. For example, statistics cannot tell us how many people are accessing mental health services in Northern Ireland and whether their needs are being met. This means it is also difficult to evaluate the delivery of mental health services and understand the outcomes for individuals.

- A lack of official statistics means that statistic users are turning to other data to answer questions that they have. Academic research studies are filling some of the gaps, with a wealth of valuable information being published by the research community.

- There is no accurate regional picture of mental health in Northern Ireland. Mental health data are currently collected in silos by each of the five Health and Social Care Trusts (HSCT). Data definitions are inconsistent and a fragmented IT infrastructure has led to poor data comparability. Different localised IT systems are implemented both within and across the Health and Social Care Trusts, making standardised data collection a challenge.

- There is no single point of access to official statistics on mental health. Users find it difficult to locate official statistics and data across a dispersed landscape of information. Unpublished data are requested on an adhoc basis, but this process can be slow and inconsistent. Access to mental health data for secondary analysis purposes is not easy and the absence of a legal gateway in Northern Ireland prohibits researcher’s ability to fully explore and answer their research questions.

These issues affect a wide range of individuals and organisations, who are not having their analytical needs fully met. These include: the general public, patients, carers, policy makers, public health bodies, professional bodies and commissioners, regulatory bodies, academics and researchers, charities and third sector bodies.

Statistics users have a strong vision of what mental health statistics should be delivering. While there is currently a large gap between this vision and what currently exists, statistics producers do share many of the concerns raised by users. The COVID-19 pandemic has impacted both resourcing and prioritisation, yet despite this, there is strong appetite in Northern Ireland to make improvements.

There are positive developments to highlight here – for example, the implementation of a new digital integrated patient record across health and social care in Northern Ireland through the Encompass programme. The new IT solution will improve efficiency by replacing current disparate IT systems across the Health and Social Trusts and allow greater standardisation. Robust data collection methods are the foundations on which good statistics are built upon and produced – this is a huge step forward towards improving statistics on mental health in Northern Ireland.

Improving mental health statistics in the short to medium-term: our recommendations

To improve the public value of mental health statistics in Northern Ireland, we have seven recommendations to support short to medium-term improvements.

- To support user understanding, the Information Analysis Directorate (IAD) in the Department of Health (NI) should seek to provide more insightful commentary for existing mental health publications to explain key statistical messages.

- Statisticians from the Department of Health (NI) and clinicians must be involved in the development stages of the Encompass programme. Their involvement will maximise the benefits of a change in data recording of this scale and ensure that the data collected will be fit for statistical purposes.

- Prior to full implementation of Encompass, the Department of Health (NI) in liaison with the Health and Social Care Board (HSCB) and the five Health and Social Care Trusts (HSCT) must collaborate together to establish a minimum dataset to collect mental health information across all settings.

- Quality information for existing mental health statistics should be reviewed by the Information Analysis Directorate at the Department of Health (NI) in order to ensure that it is clear, relevant and meets the needs of a broad range of users.

- The Department of Health (NI), in liaison with the Health and Social Care Board (HSCB), should periodically review Freedom of Information and other data requests and consider whether to include the information in future routine data publications.

- The Information Analysis Directorate (IAD) in the Department of Health (NI), in collaboration with users of mental health statistics, should review, innovate and improve accessibility to mental health data. Relevant signposting and navigation between different sources of information should be clear, joined-up and easy to understand.

- As part of their longer-term plans to improve mental health statistics, the Information Analysis Directorate (IAD) in the Department of Health (NI) should harness technological advancements to disseminate information to a wide range of users, considering accessibility needs. For example, they should consider developing an online dashboard and a single central data hub for mental health information in Northern Ireland.

Longer-term transformation of mental health statistics: our recommendations

We welcome the ambitions set out in the Department of Health (NI)'s Mental Health Strategy (2021-2031) specifically those under 'Theme 3: New ways of working'. We have identified three strategic actions required to support and deliver the long-term transformation in mental health statistics to support this:

- The Department of Health (NI), as part of the 'New Ways of Working' theme in the Mental Health Strategy 2021-2031, should use and build upon our findings in this report to augment and improve the availability of official data on mental health.

- Statisticians, analysts and clinical experts who lead the provision of mental health services must be involved in the development of standardised data collection methods and mental health outcome indicators, as highlighted in the Mental Health Strategy 2021-2031.

- Data and statistics need to be recognised as a valuable public asset. Given the extent of changes needed to improve mental health statistics in NI, the Department of Health (NI) should consider whether a separate data strategy is required to support and deliver the ambitions set out in the Mental Health Strategy 2021-2031.

We will continue to work with a range of organisations to make the case for improvements to mental health statistics. We hope to the raise the profile of the issues highlighted in this report and advocate for the importance of data and statistics at a time of major transformation of mental health services in Northern Ireland.

1. Introduction

Why this matters

We are exploring how well mental health statistics in the UK are meeting the needs of the user of the statistics. Responsibility for the policy, delivery and funding of mental health services lies with the devolved administrations in each country of the UK. Our first review of mental health statistics focused on England and was published in September 2020. This report is focused on Northern Ireland.

Northern Ireland is reported to have the highest prevalence of mental health problems in the UK. Academic studies and research articles have reported that Northern Ireland has the highest prevalence of mental illness in the UK, with psychiatric morbidity in Northern Ireland 25% higher than in the UK. The Youth Wellbeing Prevalence Survey 2020 also reported around 25% higher rates of anxiety and depression in the child and youth population in comparison to other UK nations, reflecting a similar trend in the adult population. The latest official statistics, from the Health Survey (NI) 2019/20, report that around a fifth (19%) of the adult population (aged 16 or over) had a high GHQ12[1] score indicating a possible mental health problem (18% males; 21% females)[2]. Most recent prevalence data 2020/2021 from the QOF (Quality and Outcome Framework) disease registers for mental health and depression also shows a gradual yearly increase in the prevalence rate per 1,000 patients since 2013/14. The legacy of violence and socio-economic factors are frequently cited as key contributors to poor mental health in the Northern Ireland population.

Health is a devolved issue. The responsibility for policy, delivery and funding of health and social care services lies with the Northern Ireland Executive. Encouragingly, with the restoration of the Northern Ireland Executive in January 2020, tackling mental health is a key priority area. There is a real push and commitment to improve and transform mental health services for the better.

What we hope to achieve

Major transformation of mental health services in Northern Ireland is being proposed. This is supported by the new 10 year Mental Health Strategy, published in June 2021. We want to raise the profile of mental health statistics in Northern Ireland and advocate for high quality statistics in this sector to support delivery of the new strategy.

We want to make the case for more investment in an infrastructure that will support good data and statistics; both human skills and technological resources. To support these aims, alongside this report we will continue to engage with a range of organisations and make the case for short, medium and long term improvements to mental health data and statistics.

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[1] The General Health Questionnaire (GHQ) is a screening tool designed to detect the possibility of psychiatric morbidity in the general population.

[2] This score has remained fairly stable over the last decade, and is used as the lead measure against 'Improving Mental Health' 'indicator 6' in the Draft Programme for Government (PfG) 2016-2021.

Our unique perspective

We regulate official statistics across the UK. Our vision is that statistics will serve the public good, and is underpinned by the three pillars of the Code of Practice for Statistics:

- Trustworthiness – confidence in the people and organisations that produce statistics
- Quality – data and methods that produce assured statistics
- Value – statistics that support society's needs for information.

Statistics add value when they support society's need for information. We want to see statistics that provide a robust evidence base for national and local policy development and decision making. We also champion the need for statistics to support a much wider range of uses, including, by charities, community groups and individuals. They should allow individuals and organisations to reach informed decisions, answer important questions, make the case for change or hold government to account.

As an independent regulator, we are in a unique position to take a broader look at issues of importance to society and make the case for improved statistics. This is supported by our ability to convene, influence and highlight best practice from other sectors. We spoke to a wide range of stakeholders, between January and March 2021. Full details can be found in Annex A. In addition, we conducted desk research in order to evidence and support our key findings.

This report

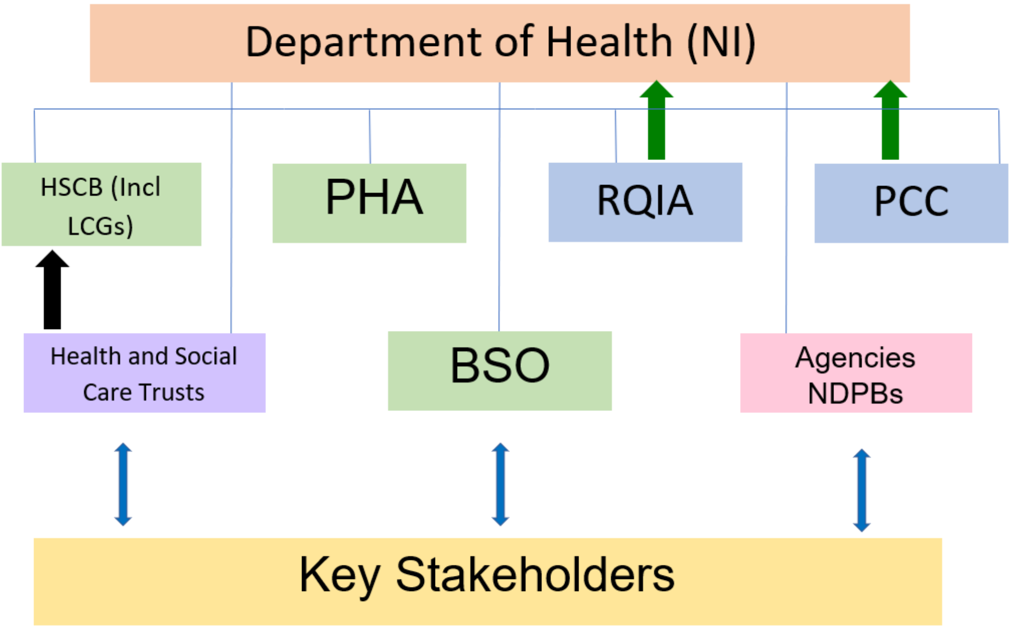
The rest of this report sets out our review's findings.

- Section 2 provides an overview of the provision of mental health services and data in Northern Ireland.
- Section 3 outlines our detailed findings around the extent to which mental health statistics are currently meeting user needs and includes some short-medium term recommendations.
- Section 4 highlights three strategic areas which need to be addressed to improve statistics in the longer-term.
- Section 5 sets out our conclusions and next steps.

2. Provision of mental health services and data in Northern Ireland

The Health and Social Care (Reform) Act (Northern Ireland) 2009 established the current organisation of integrated health and social care delivery across Northern Ireland. Five Health and Social Care (HSC) Trusts provide integrated health and social care services, including the delivery of mental health services[3]. The five Trusts are named based on the geographical areas they cover: Belfast HSC Trust, South Eastern HSC Trust, Western HSC Trust, Southern HSC Trust and Northern HSC Trust. They are statutory bodies responsible for health and social care services, staff management and they have control over their own budgets. The Health and Social Care Board (HSCB) has the statutory responsibility for commissioning health and social care services in Northern Ireland, with Local Commissioning Group's (LCG's) aligned with each of the HSC Trusts responsible for addressing the needs of their local population.

The diagram below shows the basic structure of the health and social care system and the relationship between the Department of Health (NI) and health and social care bodies[4].



Key: HSCB = Health and Social Care Board, LCGs = Local Commissioning Groups, PHA= Public Health Agency, BSO = Business Services Organisation, RQIA = Regulation and Quality Improvement Authority, PCC = Patient and Client Council. Agencies = Special Agencies (Northern Ireland Blood Transfusion Service, Northern Ireland Medical and Dental Training Agency and Northern Ireland Guardian ad Litem Agency). Black arrow indicates performance management, green arrows indicate independent assurance.

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[3] There are a total of 6 HSC Trusts in Northern Ireland – the sixth is the Northern Ireland Ambulance Service

[4] Diagram sourced from Framework Document published in September 2011 by the Department of Health, Social Services and Public Safety

Policy context

Policy direction in Northern Ireland has shifted over the last 20 years, from delivery of long-term care for mental health patients in hospitals, to community-based services with a focus on patient-centred care to promote health and wellbeing. A review of Mental Health Policies in Northern Ireland was published by Ulster University in June 2019 and provides a helpful summary of how policy has transformed over recent years.

Current mental health policy continues to be shaped and directed by the Bamford Review (2002); an independent review of the law, policy and provision affecting people with mental health needs or a learning disability in Northern Ireland. Recommendations from the review have been taken forward by the NI Executive through two Action Plans (2009-2011 & 2012-2015) with an envisaged timescale of 10-15 years for full implementation. The review called for a reform of mental health legislation, with the introduction of the Mental Capacity Act (NI) 2016, continued emphasis on the promotion of positive health; a continued shift from hospital to community-based services; development of specialist services and an adequate trained workforce to deliver these services.

In October 2014 the Health and Social Care Board (HSCB), together with the Public Health Agency (PHA), developed and implemented 'You in Mind', a regional care delivery pathway to support consistency in service delivery. The pathway used a 5-step care model aimed to match patients' level of need with an appropriate level of support. In 2018 a similar pathway was launched for children and young people requiring mental health care and support; 'Working Together: A Pathway for Children and Young People through CAMHS'.

The most recent 10-year plan for the delivery of health care services in Northern Ireland; 'Health and Wellbeing 2026: Delivering Together' was proposed in 2016 by then Health Minister Michelle O'Neill prior to the collapse of the NI Assembly in 2017. The proposals included a new model of person-centred care focussing on prevention, early intervention and supporting independence and wellbeing. It emphasised services in the community using a more holistic approach. Unfortunately, momentum was lost with the collapse of the NI Assembly and the absence of an Executive has led to a stall in the development and implementation of an up-to-date and relevant mental health strategy, beyond the 2002 Bamford Review.

Current picture

It is widely reported that the health and social care system in Northern Ireland is under extreme pressure. This was highlighted by the Health Minister Robin Swann, speaking in the Northern Ireland Assembly on 13 April, who stated "*The pandemic has highlighted serious, long-established fragility in our health and social care system, especially in staffing capacity. Our health and care system was under immense and growing pressure long before the pandemic. Ten years of financial stringency and short-termism had undoubtedly taken its toll. During the last decade, our health system has been repeatedly documented as being out of date and failing*."

In 2019, the Northern Ireland Affairs Committee inquiry into 'Health funding in Northern Ireland' found that mental health, particularly Child and Adolescent Mental Health Services (CAMHS), was a critical area of healthcare that had been subjected to prolonged under-investment. Funding for mental health as a proportion of the health budget in Northern Ireland has remained comparatively low when compared to the rest of the UK. The inquiry reported that '*in 2015-16, spending on mental health accounted for 5.5 per cent of the overall health budget in NI, in comparison 13 per cent of total expenditure by clinical commissioning groups and specialised commission services was spent on mental health by NHS England in 2015-16. NHS Wales allocated 11.4 per cent of expenditure to mental health in 2017–18 and NHS Scotland allocated 7.6 per cent in 2019–20*.'

The inquiry found that those in need of mental health services had struggled to access the same quality of care as those with physical health needs and recommended an increase in the level of investment by the Department of Health (NI) to address this. The Committee further recognised the need for an up-to-date mental health strategy beyond the Bamford Review to ensure services met the varying needs of service users. They also recognised that urgent action should be taken to reduce suicide rates in Northern Ireland and that the Protect Life 2 strategy should be implemented.

Shortly after the restoration of the NI Assembly in January 2020, an Executive Working Group on Mental Wellbeing, Resilience and Suicide was established. All Ministers are represented on the group with the monitoring and reporting of progress against the Department of Health (NI) actions reviewed every quarter. The group also examines the wider progress of the implementation of Northern Ireland's suicide prevention strategy; Protect Life 2. The need for a revised and up-to-date mental health strategy has long been awaited – many public bodies, organisations and academics have voiced their concerns, describing mental health issues in NI as an urgent situation.

In May 2020, a Mental Health Action Plan was published by the Department of Health (NI) setting out areas for improvement both in the short and long term. A key action and commitment in the plan was to co-produce a new 10 year Mental Health Strategy.

In June 2021 the Department of Health (NI) published a new 10 year Mental Health Strategy (2021-2031). The strategy aims to improve mental health outcomes for people in Northern Ireland, leading to strategic change and transformation over the next ten years. There are 35 high-level actions within the strategy and we hope that the key findings of our review will support and complement the aims set out in 'Theme 3: New ways of working'.

Mental health data landscape

The majority of Northern Ireland Official Statistics are published by the Northern Ireland Statistics and Research Agency (NISRA) and are available via the NISRA website by topic area, including 'Health and Social Care'. NISRA branches sit within NI Government Departments and official statistics can also be found via their respective websites. The Department of Health (DoH NI) produce mental health official statistics. Outside of NI Government Departments, health and social care statistics are also produced by NISRA statisticians in the HSC Business Services Organisation (BSO). The Public Health Agency (PHA) is also an official statistic producer for health and social care statistics.

3. Are mental health statistics meeting user needs?

Listening to user views is a key component of our research – a key question we look to answer is, are statistics meeting user needs? To answer this, we have researched the current statistics and spoken with a broad range of key stakeholders and users of Northern Ireland mental health statistics.

We found that existing mental health statistics do not meet current user needs and there a number of barriers prohibiting good statistics in this area. Three overarching themes emerged from our user research.

- The scarcity of robust mental health data in Northern Ireland has led to significant **data gaps.**
- The lack of regional standardisation and a fragmented technology infrastructure has led to poor **data quality**, with limited consistency or comparability across the region.
- Users find it difficult to locate official statistics across a dispersed landscape. **Data accessibility** could be improved.

The statistics users we spoke to have a strong vision of what mental health statistics should be delivering. While there is currently a large gap between this vision and what currently exists, statistics producers do share many of the concerns raised by users. The COVID-19 pandemic has impacted both resourcing and prioritisation, yet despite this, there is strong appetite to make improvements.

The Department of Health (NI) Mental Health Strategy (2021-2031) has a positive and ambitious vision for the future of mental health services in Northern Ireland. We heard that this is an important and welcomed strategy. We want to highlight and support this positive direction of travel and have made recommendations for action on each of the three themes we have identified: Data Gaps, Data Quality and Data Accessibility.

Data gaps

Official statistics should support society's need for information.

At present, users cannot fully answer questions they have around mental health. This has been highlighted as an area of concern by a number of different organisations over recent years. The Northern Ireland Commissioner for Children and Young People (NICCY) concluded in the 2018 'Still Waiting report' that there were 'alarming gaps' in operational data to efficiently plan, commission and deliver mental health services for children and young people in Northern Ireland. Furthermore, in 2016, the Mental Health Foundation concluded as part of their research that mental health data in Northern Ireland was far more limited than in England, Wales and Scotland.

The Mental Health Policy Group (NI), an umbrella policy group consisting of Action Mental Health, Inspire, the Royal College of Psychiatrists and the British Psychological Society in 2019 called for urgent action to develop a new mental health strategy for Northern Ireland following the progress made in response to the Bamford Review.

They also highlighted the need for improved data and better analysis of data, with the Trusts working together as one mental health service in Northern Ireland.

This position was reflected in the conversations we had as part of our engagement for this review. We heard that the existing statistics and data do not provide the answers to what many felt were basic questions. There is no way at present to fully evaluate the effectiveness of services in improving people's mental health, with no regional evidence base for what works. It is difficult to measure outcomes and this is not a unique finding in NI, with our review of mental health statistics in England also highlighting this as a data gap.

Below are specific examples of unanswered user questions.

Access to mental health services

How many people are accessing services? Is that demand increasing/decreasing? What are the referral rates?

How many people are presenting to GP's with a mental health problem?

Outcomes / patient experience data

Are services meeting user needs? Was the treatment efficient and successful in improving patient's mental health?

How was the quality of the treatment received? Are patients satisfied? Where can improvements be made?

Prevention of poor mental health data

What are the trigger points in peoples lives that can lead to poor mental health?

Who is most at risk of poor mental health?

Patient-level data

What are the characteristics of those that have been diagnosed with a mental health condition? E.g. age, sex, ethnicity

What are the local rates of mental illness and conditions by age group e.g. dementia? How many children have been diagnosed with a common mental disorder, such as depression or anxiety?

Patient contact with healthcare services

How many people diagnosed with depression are being treated for alcohol/substance misuse?

What care pathways are available for mental health patients?

Funding data

What is the level of funding for mental health services across different bodies and agencies? How has this changed over time?

How much does it cost to deliver mental health services? How much does it cost for psychiatric treatment?

Service activity data

How many people are being treated for a mental health condition? How many people are in psychiatric care?

What treatments are available and offered to patients with mental health conditions? Does this vary between HSC Trusts?

What are the waiting times to receive referrals to psychiatric services or other therapies?

How many people work in psychiatric services? How many vacancies exist in psychiatry services?

Statistics and data should provide insight and form the evidence base for important decision making, policy direction and to prioritise resources. They are used for a wide variety of purposes, by a ranging user community. Without answers to questions, such as the ones highlighted here, users have difficulty in forming that evidence base, to understand what works, what needs to improve and where preventative initiatives should be targeted.

A complete picture of mental health care provision across Northern Ireland is currently missing; with data from community-based services a huge gap

The provision of mental health services straddle the acute (hospital setting), community and the voluntary sectors. The Northern Ireland Statistics Research Agency (NISRA) routinely publish the following outputs containing statistics on mental health using data collected in hospital settings;

- Hospital statistics: inpatient and day case activity NI (National Statistics) – includes mental health programme of care (POC), statistics on total admissions to HSC hospitals, by trust and average availability of beds (National Statistics).

- Hospital statistics: outpatient activity (National Statistics) – includes outpatient activity for mental health programme of care (POC) by HSC trusts, hospital and speciality (National Statistics).
- Hospital statistics: Annual Mental Health and Disability tables (includes Mental Illness and Learning Disability Census completed every February and compulsory admissions under the Mental Health (NI) Order 1986 (National Statistics).

As a result of the Bamford review in 2009, more treatment and services are community-based. Despite this shift in service delivery, there are limited official statistics capturing mental health service activity in the community and voluntary sectors – meaning part of the picture is missing. Some prevalence data is collected as part of the QOF (Quality and Outcomes Framework) by GP practices and presented at an aggregate level for individuals on patient registers. QOF disease registers for mental health, depression and dementia are published and updated annually on the Department of Health (NI) website. These data are primarily collected to inform QOF payments to GP practices, rather than to provide clinical prevalence indicators, and therefore the data have limitations. Whilst these data provide a broad overview of prevalence for those people attending GP practices, they are not granular or disaggregated to patient-level characteristics (e.g. age, sex), therefore meaningful insight is limited. Existing data collection frameworks, such as the QOF, could be configured to collect more useful data from GP's, and we would encourage the Department of Health (NI) to consider this as part of their development process to improve mental health statistics and data.

Statisticians in the Department of Health (NI) are looking to develop experimental statistics for activity within the community. We heard that there are plans to incorporate statistics based on the NI psychological therapy manual return. However the significant impact of the COVID-19 pandemic over the last 18 months on resource has led to many plans being paused.

Case study example

The paucity of veteran mental health data in Northern Ireland was highlighted to us as a distinct gap. We heard that a key challenge in Northern Ireland is the identification of veterans in the first instance. Many veterans are reluctant to self-identify, particularly those who served in the Troubles. As a direct result, there is no robust and accurate data collection on the prevalence of mental illness amongst the veteran population and this is not collected by statutory bodies in NI. The Northern Ireland Veteran Support Office (NIVSO) is the lead support and signposting service, working collaboratively with other organisations to support veteran needs. Academic research and collaboration with the NIVSO is ongoing to fill this gap, most recently on 23rd April 2021, with the launch of a report by Queens University, Belfast, for the first time, specifically around the mental health and wellbeing of armed forces veterans residing in Northern Ireland.

Statistics users are turning to other data to answer the questions that they have. We heard through our user conversations, that academic research is the primary source of mental health information in Northern Ireland. For example, the new 10 year Mental

Health Strategy by the Department of Health (NI) is primarily based on academic research due to limited official data.

There are positive developments to highlight here, with work ongoing to fill some information gaps. IMPACT, a psychological research centre, unique to the Northern Health and Social Care Trust, was established in March 2019 to promote research activity within psychological services. The work of the centre is adding huge value to the evidence base with a key aim of improving the effectiveness and efficiency of services. Users we spoke to were very positive and complimentary about the work of the psychological centre, referring to it as the 'gold standard' – they also highlighted that it was the exception and were hopeful about the plans to create a centre of excellence for mental health research in the Mental Health Strategy 2021-2031. We also heard about the '10,000 more voices' project led by the Public Health Agency which aims to capture patient and client experiences of healthcare services.

Users of statistics and data should be at the centre of statistical production, their needs should be understood, their views sought and acted upon, and their use of statistics supported**. We recommend that the Department of Health (NI), as part of the 'New Ways of Working' theme in the Mental Health Strategy 2021-2031, use and build upon our findings in this report to augment and improve the availability of official data on mental health.**

Statistics should be granular with insightful commentary to support user understanding

Public health, charity and third sector organisations use data and statistics as an evidence base to inform public health campaigns, target interventions effectively and to help them prioritise their resources. They want to understand how to prevent and tackle mental health before people reach crisis point and identify vulnerable groups who may be more susceptible to poor mental health in local communities. In order to provide insight for those sub-populations at higher risk, demographic data needs to be recorded and captured accurately.

Under Section 75 of the Northern Ireland Act 1998, there is a statutory duty for public bodies to promote equality of opportunity and good relations across a range of categories, including age, sex, racial group, disability, marital status, sexual orientation, political opinion and religious belief. Often referred to as the Section 75 indicators, the recording of key equality data by public authorities is in line with the requirements of these duties. Robust equality data is needed to support evidence-based policy making and, in this case, also has an impact on the granularity of statistics produced using this data.

Users told us that Section 75 indicators are very poorly collected in health data, therefore it is really difficult to identify the prevalence of poor mental health in sub-population groups, e.g. BAME and LGBT+ groups, older adults, homeless people, refugees and asylum seekers. Disaggregated age bands for those aged 60 and over was also raised to us as an area for development in health data, replacing 65 and over with more specific categories to recognise the diversity of experience in the third age. The absence of research and data addressing mental health for different groups and populations in Northern Ireland was recognised by the Mental Health Foundation in 2016. Furthermore, the Equality Commission for Northern Ireland's most recent review of the implementation of the s75 duties identified data development as an issue. We are encouraged to see that the Equality Commission, in partnership with NISRA, has recently published a signposting guide to encourage and support public authorities to collect and use equality data in line with the requirements of the duties.

Users expressed a specific interest in more localised data, e.g. Super Output Areas/Council level. Official statistics and data are presented at a high-level, with little detail. Statisticians we spoke to were aware of this user demand, however due to sample sizes, disaggregation beyond HSC Trust level was difficult due the robustness of the data. We also heard that more recent publications were much less insightful with more data presented in excel spreadsheets and less statistical commentary. Users we spoke to want to know more about what the statistics mean and how they fit into the bigger picture. **To support user understanding, the Information Analysis Directorate (IAD) in the Department of Health (NI) should seek to provide more insightful commentary for existing mental health publications to explain key statistical messages.**

Data Quality

There is a lack of robust and reliable data on mental health in Northern Ireland. This has had a profound impact on the provision of official statistics in this area, in particular for mental health data sourced from the community sector. NISRA have advised us that work is ongoing to develop experimental statistics in this area, however data quality issues are a significant barrier in reducing the current data gaps.

Inconsistent data collection and definitions across the trusts has led to a fragmented and potentially misleading regional picture

The responsibility for the delivery and provision of healthcare sits with each of the five Health and Social Care Trusts (HSCT) in Northern Ireland. Mental health services form part of this provision, with the trusts responsible for the delivery of mental health services on a localised and geographic basis. The autonomy of the Health and Social Care Trusts has led to inconsistent localised data collection methods and definitions, with no regional co-ordination to advocate for collaboration and standardisation across the trusts. The absence of regional harmonisation across the Trusts has created a barrier, meaning it is often impossible to carry out any comparisons between the trusts and an accurate picture of mental health service delivery for the region as a whole is missing.

We heard during our conversations, that terms such as ‘contact’, ‘new patient’, ‘review patient’ can be defined differently by the trusts. Equally the way in which trusts name appointments can vary, e.g. for waiting time statistics, ‘referral’, ‘assessment’ and ‘treatment’ appointments may differ and be counted differently. The lack of regional definitions, such as this, can lead to information being presented by the trusts in a misleading way and leads to an inability to harmonise across the trusts.

Data and statistics should be compiled using recognised standards, classifications and definitions. They should be harmonised to be consistent and coherent with related statistics and data where possible. The Department of Health (NI) need to develop consistent and clear operational definitions across the five trusts in collaboration with clinicians and practitioners. We are pleased to see that the development of a regional mental health service in the Mental Health Strategy 2021-2031 aims to improve this consistency across the five trusts.

The current IT infrastructure does not support robust mental health data collection - disparate localised systems and old inefficient ways of data collection are hindering progress and improvements to mental health data

Official statistics are underpinned by source data; in this case, collected during the delivery of health care services in hospitals and in the community. The foundations of good quality statistics start from the point of data collection.

At present, there is no high-quality data recording system that is used consistently across each of the five Health Social Care Trusts. Data is collected and stored within silos. The IT infrastructure is disjointed, with localised data held by the trusts for the management of service delivery within that area. Not only are IT systems or system versions different between trusts, but also within the same trust. We heard that data collection from the community is a particular challenge due to the number of disparate systems used. On the ground, clinicians are unable to view day-to-day caseloads due to the software used in community-based information systems. They told us that there are limitations with the software which hinders their ability to record information accurately. For example, in the Northern Trust in children and adolescent mental health services (CAMHS), clinicians cannot input multiple diagnoses or multiple clinicians for one individual due to a limited number of fields in the software. This has huge implications on the quality of the data – making the collection and collation of mental health data very difficult.

We heard that a lot of data collection within the trusts from the community is paper based, not codified and cannot be analysed. This is an old and inefficient way of recording data and does not support the production of statistics at an aggregate level. There is a distant relationship between individual practitioners inputting the data and service development. We understand from our user conversations that some practitioners are not convinced on the usefulness of the data and that it is not a priority for those working in crisis teams. Mental health clinical coding and recording is also affected by the multiple systems used across the trusts. Different versions of ICD-10[5] mean that any changes in clinical code are really difficult to implement. The HSCB are responsible for clinical coding training across Northern Ireland, funded by the Department of Health. They offer free training, yet we heard that uptake from the trusts is limited. Accurate coding at source is essential for providing consistent, accurate and reliable information.

For users we spoke to, the absence of a consistent high-quality data recording system across healthcare in Northern Ireland was the key contributor in stalling progress and improvements in the publication of robust mental health data and statistics.

Encouragingly, progress and development of a digital solution to improve the disparity in technology across the health and social care sector is underway. The encompass programme is a NI-wide initiative to introduce a digital integrated patient record across health and social care to improve patient safety and health outcomes. The aim is to work more efficiently and effectively. The proposed solution, Epic, will be a single system across both physical and mental health systems, replacing lots of the different systems currently in place. The new system is scheduled to be in use across all five trusts by 2025, with the first trust: South Eastern to go live in Spring 2023. Almost all

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[5] ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO)

users we spoke to as part of our review, mentioned the encompass programme and have real aspiration for the improvements it will make – we share those aspirations.

Statisticians from the Department of Health (NI) and clinicians must be involved in the development stages of the Encompass programme. Their involvement will maximise the benefits of a change in data recording of this scale and ensure that the data collected will be fit for statistical purposes. Epic will improve the consistency of data collection across NI and enable more accurate and robust mental health data and statistics.

Whilst full implementation of Epic across Northern Ireland is some time away, there are pockets of improvement and innovative data collection methods being trialled in mental health services. We heard that to improve understanding of patient outcomes, the Northern Trust were piloting an online system, Checkware, in Children and Adolescent Mental Health Services (CAMHS) to replace a cumbersome paper system, improve efficiency and insights. We also heard of a programme of work co-ordinated by the Health and Social Care Board (HSCB) to improve mental health data flows from the community.

The Business Services Organisation (BSO) delivers a range of regional business support functions and specialist services to the health and social care sector in Northern Ireland. One of those functions is to provide regional IT systems to support health and social care organisations. The Regional Data Warehouse (RDW) forms part of the current regional IT infrastructure for health data. Data supplied by the HSC Trusts is extracted, transformed and loaded into the warehouse. Currently, the data flows for mental health and learning disability are incomplete – there is no data flow for community mental health activity, and inpatient activity data has been disrupted due to some of the trusts changing their local IT systems around 3-4 years ago.

To tackle this issue, a mental health informatics user group was set-up to look at how this could be improved. We heard that the aspiration is to establish an agreed minimum dataset between each of the HSC Trusts, although progress to achieve this ambition has been slow. Changing priorities, the cost to the trusts for technical adjustments to the software and limited staffing resources have all been barriers. The mental health informatics user group meetings are currently paused. We were told that this was due to the re-prioritisation of staff to COVID-19 information duties.

To improve the collection of robust and accurate mental health information in Northern Ireland, it is essential to develop clear, regionally agreed data definitions and guidance to support an agreed minimum dataset across all settings. This should be seen as a priority, recognising that full implementation of Encompass is some time away. As an example, the Mental Health Services Data Set (MHSDS) is an information standard for mental health data derived from local information systems in England. The MHSDS statistics published by NHS Digital provide a national picture of the use of mental health, learning disabilities or autism services in England and is used by a wide range of users.

We are encouraged to see that as part of the Mental Health Strategy (2021-2031) under ‘Data and outcomes’ there is an outcome to establish a robust dataset which is comparable across Trusts to measure performance and to determine what works**. As a starting point, we recommend that the mental health informatics group is re-started to reignite conversations in this area. Prior to full implementation of Encompass, the Department of Health (NI) in liaison with the Health and Social**

Care Board (HSCB) and the five Health and Social Care Trusts (HSCT) must collaborate together to establish a minimum dataset to collect mental health information across all settings. We would advise the Department of Health (NI) to liaise with NHS Digital given the MHSDS information standard in England.

Statistical quality guidance should support user interpretation, including the comparability of statistics within the UK and internationally where relevant.

The key official statistic and lead measure for informing the Programme for Government's indicator 6: improve mental health is the GHQ 12 scores from the annual Northern Ireland (NI) Health Survey published by the Department of Health (NI). The General Health Questionnaire (GHQ) is a screening tool designed to detect the possibility of psychiatric morbidity in the general population. The questionnaire contains 12 questions about recent general levels of happiness, depression, anxiety and sleep disturbance. An overall score of between zero and twelve is constructed, with a score of 4 or more being classified as a respondent with a possible psychiatric disorder and referred to as a 'high GHQ12 score'. The Northern Ireland (NI) Health Survey covers a range of topics and it includes a number of modules of questions around different policy areas, including indicator 6, GHQ12.

Users raised concerns with us about the potential use of these data as a prevalence indicator, given that the Health Survey is a screening tool and not a diagnostic tool. We heard misleading comparisons are sometimes made, particularly by the media when comparing the prevalence of mental illness across the UK. From our review of mental health statistics in England, we know that the Adult Psychiatric Morbidity Survey (APMS) was considered the best source of information on the prevalence of mental health conditions in England. The APMS survey is a diagnostic tool, therefore any comparisons of prevalence between England using the APMS and the NI Health Survey; a screening tool, would be misleading. In order to prevent misleading comparisons such as this, the Information Analysis Directorate (IAD) in the Department of Health (NI) should consider whether additional guidance and advice on appropriate use of the Northern Ireland (NI) Health Survey is required.

We know from our wider regulatory work that comparisons of health care data across the UK are challenging, and mental health data is no exception to this. For Northern Ireland, comparisons are also commonly made by users with the Republic of Ireland (RoI), which again is often tricky given the different health systems and data reporting. Comparisons can be misleading and users voiced their concerns about this to us. Statistical guidance must be clear and support user interpretation of the statistics and data. Separate to our review, its worth noting that the Government Statistical Service (GSS) Harmonisation Team recently found inconsistency across surveys in the UK around mental health questions. The mental health harmonisation guidance published in 2021 aims to assist statistic producers to improve the consistency and accessibility of their statistics for users. It provides a useful list of available data sources for recent adult mental health data (since 2010) across the UK, including definitions, legislation, clinical measures and relevant reports and is a useful resource for users and statistic producers alike.

Users have confidence in official statistics published by NISRA. Users told us that the data quality guidance which accompanied published statistics is produced by NISRA in a transparent way. However they felt there was room for improvement. An example of where guidance could be improved for users is the compulsory admissions under the Mental Health (NI) Order 1986 in mental health and learning disability hospital statistics. These statistics are badged as National Statistics and should meet the highest standards of trustworthiness, quality and value. We heard from expert users that limitations of the data were known through experience and familiarity with the data. The figures include those admitted to hospital voluntarily and excludes patients who are admitted to hospital and later detained under the Mental Health (NI) Order 1986 – users reported that this was less obvious to non-expert users and the guidance should be clearer and more detailed.

Quality information for existing mental health statistics should be reviewed by the Information Analysis Directorate (IAD) at the Department of Health (NI) in order to ensure that it is clear, relevant and meets the needs of a broad range of users.

Data Accessibility

Statistic producers should commit to innovate and improve statistical collections where there is unmet user need

Many users told us that there is a wealth of activity data collected by the HSC trusts, yet this information is not available to the public. Users were frustrated by the lack of routinely published mental health data in Northern Ireland. It prevents them from answering the questions that they have. Concerns around data quality and the fragmented IT infrastructure are likely to be contributing factors in the limited publication of mental health data. However this is not publicly documented or acknowledged anywhere. As highlighted in this report, official statistics on mental health in Northern Ireland are limited. As a result, users are turning to different routes in order to access mental health data, for example using Freedom of Information (FoI) requests to the Health and Social Care Board and to the HSC trusts. We heard that access to data via these routes was challenging, with significant time delays, inconsistency in what data was provided and a lack of technical guidance around data quality. The data provided from the trusts under FoI often utilise a particular coding method and acronyms making it difficult to understand and use.

The Health and Social Care Board (HSCB) collect statutory health care information from each of the trusts in their role to commission health and social care services in Northern Ireland. Much of this data is unpublished however, and many users we spoke to request information, such as detailed funding data, directly from the Health and Social Care Board in order to gain access. When seeking information on mental health services, the HSCB was cited as a key contact and data supplier by users.

Innovation case study

A key finding of the 'Still Waiting' report in 2018 was that there is a limited amount of publicly available, standardised regional Government data on mental health services. They recommended, as part of a wider action plan, that a comprehensive Children and Adolescent Mental Health Services (CAMHS) dataset should be fully implemented across NI including regular availability and publication of CAMHS data.

As part of their annual monitoring of implementation, in February 2021, the Northern Ireland Commissioner for Children and Young People (NICCY) published a summary progress report. It notes that whilst work is ongoing to establish a standardised mental health database, there continues to be significant gaps in what is collected and what data is available in the public domain. To fill this gap, NICCY have published a Mental Health Data report using information they have requested and compiled from the Health and Social Care Board, the Trusts and the Regulation and Quality Improvement Authority between 2017-2020. We hope that as part of the wider Inter-Departmental Action Plan, appropriate investment and prioritisation is given to improve the standardised collection and publication of mental health data.

The Department for Health (NI), in liaison with the Health and Social Care Board (HSCB), should periodically review Freedom of Information and other data requests and consider whether to include the information in future routine data publications.

Obtaining secondary data for analysis is challenging, particularly unlocking potential insight from linked datasets across Government

Researchers and data scientists are keen to explore and make more use of mental health data in Northern Ireland. As cited within this report, there is a wealth of mental health research being undertaken by the research and academic community. As an example, the Bamford Centre for Mental Health and Wellbeing at Ulster University was established in 2011 with the aim of increasing understanding of mental health through research conducted in Northern Ireland. Their work offers valuable insight and evidence to inform and influence policy and practice. Whilst official statistics are useful for informing literature reviews and scoping exercises, researchers we spoke to wanted to access and link datasets themselves to explore and develop insightful conclusions.

Researchers use the Open Data NI portal to access data collected by the public sector in Northern Ireland. During our interviews, those we spoke to from an academic/research background valued the portal and it was viewed as a well-stocked repository of open healthcare data, particularly when compared to the rest of the UK.

We heard however that access to health administrative data for secondary analysis is challenging in Northern Ireland. Secondary use of health care data relates to information collected in the course of providing health and social care but being used for other purposes other than direct patient care i.e. research and development purposes. We heard of two main barriers in the research community which were impacting the pace of research and limiting their potential use.

In Northern Ireland, the majority of health data is warehoused centrally in the Business Services Organisation (BSO) and accessed for research purposes via the Honest Broker Service. The platform enables authorised access to anonymised, aggregated and in some cases pseudonymised health and social care data within a safe setting where researchers attend physically to access the data. COVID-19 restrictions in place over the last year has resulted in the closure of the safe settings. This has led to huge delays in analysis, with all mental health research via this route stalled. In contrast, data can be accessed remotely elsewhere in the UK, for example in Wales via the SAIL Databank. We are pleased to see that since we spoke to the researchers who raised this issue to us, progress has been made with the launch of a new data access initiative ‘Data and Connectivity’ led by Health Data Research UK (HDR UK) in partnership with the Office for National Statistics (ONS). With investment, a UK Secure eResearch Platform (UK SeRP) will enable researchers to access data held by the Honest Brokers Service remotely.

The second barrier we heard of in accessing data for secondary analysis relates to data linkage. Meaningful and important insights are often uncovered when single sources of data are linked together. We heard that there is currently no legal gateway in Northern Ireland for researchers to link ‘health’ data to other departmental datasets. Data_sharing is less common between separate Government departments and is a barrier to researchers trying to answer research questions around socio-economic and socio-demographic factors to contextualise and understand health issues. Ideally, researchers would like to see large linked datasets across Government departments to explore and address lots of society’s questions. To understand the causes of poor mental health across the population, identify at risk/vulnerable groups and to inform preventative initiatives, it is crucial that this barrier is overcome. A key part of the jigsaw is currently missing. The ADRC-NI are in conversation with key stakeholders to circumvent these obstacles, but so far, progress has been slow.

Users should be able to navigate and find statistics, data and related guidance easily

Users can access official health and social care statistics via the NISRA statistics webpage, or via the Department of Health (NI) webpage, under DoH statistics and research. Both routes direct users to the Department of Health (NI) statistics and research webpage. The page is divided into separate categories split by topic and information type, yet relevant statistics for a specific subject may be contained within different categories.For example, there is a category for ‘Mental health, learning disability and autism statistics’. Within this category, users can access annual ‘Hospital Statistics: Annual Mental Health and Learning Disability Tables’, both current and previous publications. The differing titles used to the describe the same publication is confusing as a user and should be aligned.

Separate to the ‘Mental health, learning disability and autism statistics’ category, users can access further information on mental health inpatient and outpatient hospital activity under the ‘Hospital statistics’ category. Furthermore, under the ‘DoH commissioned surveys’ category, as part of the ‘Health Survey Northern Ireland’, users can find results for the draft Programme for Government; indicator 6 General Health Questionnaire (GHQ) 12. QOF (Quality and Outcomes Framework) disease register data is also available under the separate ‘Family health services statistics’ category under ‘GP activity, funding and prescribing statistics’.

There is limited signposting between the different sources and no joined up narrative around how the publications relate to one another. Users have difficulties in finding relevant information on the Department of Health website. When asked the question, '*how do you access data?*' One user we spoke to replied '*via the NISRA website with purpose*', i.e. they needed to know exactly where to look. Due to the disjointed nature of access to official statistics via the webpages, users were not confident that they had complete results. For users, it is a challenge to navigate and find relevant mental health statistics and data in a dispersed landscape.

Users also access health and social care statistics via the Northern Ireland Neighbourhood Information Service (NINIS). This is a data portal hosted by NISRA and provides statistical information relating to smaller geographic areas across Northern Ireland as well as NI as a whole. Some mental health statistics are available on here, however lots of the data appears out of date, with more recent versions available via the Department of Health (NI) statistics and research webpage.

The Information Analysis Directorate (IAD) in the Department of Health (NI), in collaboration with users of mental health statistics, should review, innovate and improve accessibility to mental health data. Relevant signposting and navigation between different sources of information should be clear, joined-up and easy to understand.

Statistics and data should be equally available to all and published at a sufficient level of detail that is practicable for meeting user needs.

Current official statistics on mental health published by the Department of Health (NI) are generally published in PDF and excel formats. Users expressed to us that they want to view and interrogate mental health data themselves, in a more timely way via a dashboard, similar to the daily COVID-19 dashboard published by the Department of Health (NI). One user really liked an online portal of mapping data hosted by the Children and Young People's Strategic Partnership (CYPSP) as a way to find and interrogate relevant data sources. We accept that given the limited availability of mental health data, the development of a dashboard at present may be less valuable. We hope to see that as mental health data is improved, this is considered and actioned.

More widely, we heard that a single central data hub or portal to find all relevant mental health information in Northern Ireland would significantly benefit users. This would not only be for official statistics produced by the Department of Health (NI), but also other relevant and valuable sources of data published by public bodies. For example, the Public Health Agency publish the Northern Ireland Registry of Self-Harm; information around people who present to Emergency Departments with self-harm injuries or have ideas of self-harm or suicide. Users referred to this as a trusted and valuable source of data used to inform policies around self-harm and suicide prevention in NI.

A landscape review of what statistics and data are available across NI would be required in the first instance. Having all relevant sources of mental health information in one place would build confidence across the user community ensuring they captured all available data and would make access simpler.

As part of their longer-term plans to improve mental health statistics, the Information Analysis Directorate (IAD) in the Department of Health (NI) should harness technological advancements to disseminate information to a wide range of users, considering accessibility needs. For example, they should consider developing an online dashboard and a single central data hub for mental health information in Northern Ireland.

4. How mental health statistics can be improved

In Chapter 3 we have made recommendations for short to medium-term improvements to mental health statistics and data collection, and have noted where work is ongoing to address key issues.

However, three strategic actions are required to support and deliver the long-term transformation in mental health statistics needed to support Northern Ireland's new Mental Health Strategy:

- The Department of Health (NI), as part of the 'New Ways of Working' theme in the Mental Health Strategy 2021-2031, should use and build upon our findings in this report to augment and improve the availability of official data on mental health.
- Statisticians, analysts and clinical experts who lead the provision of mental health services must be involved in the development of standardised data collection methods and mental health outcome indicators, as highlighted in the Mental Health Strategy 2021-2031.
- Data and statistics need to be recognised as a valuable public asset. Given the extent of changes needed to improve mental health statistics in NI, the Department of Health (NI) should consider whether a separate data strategy is required to support and deliver the ambitions set out in the Mental Health Strategy 2021-2031.

The availability of mental health data and statistics needs to be improved

The need for regional professional leadership across the five HSC Trusts is recognised within the Mental Health Strategy 2021-2031. Consistent data collections across all mental health services will ensure that the foundations are in place to produce trustworthy, high quality and valuable official statistics. These are the building blocks to support robust statistical production. The Department of Health (NI) should use and build upon our findings to improve the availability of official data and statistics. This will then lead to a better evidence base to inform Executive decision making about mental health provision in Northern Ireland and allow the Department of Health (NI) to robustly monitor and evaluate the effectiveness of the changes made as a result of the strategy.

Statisticians, analysts and clinical experts must be involved in the development of standardised data collection methods and mental health outcome indicators

In the Mental Health Strategy (2021-2031), the following outcomes are listed under 'Data and outcomes':

- A clear, evidence-based outcome framework which allows evidence to be the foundation for decision making
- A robust dataset which is comparable across Trusts to measure performance and determine what works

We would strongly advocate that to achieve the outcomes highlighted in the strategy, statisticians, analysts and clinical experts must be involved as part of the development process. A standardised mental health data collection across each of the five Trusts would be the first and most important step in achieving this goal.

Data and statistics need to be recognised as a valuable public asset

The aims of the Mental Health Strategy set out a vision for the next 10 years. In order to achieve this ambition, official statistics and data must be regarded as a valuable public asset – and the importance of them in informing policy and public debate recognised by senior leads.

Given this, we would encourage the Department of Health (NI) as part of the implementation of the Mental Health Strategy (2021-2031) to develop a data strategy. The strategy should include detailed plans on how the 'data and outcomes' actions will be achieved in practice. Sustained and appropriate investment in data and statistics, both human and technological resources, is needed to enable effective monitoring of mental health services in Northern Ireland and this requires regional commitment. Underlying all this, we argue that for the public to have confidence in statistics, they should meet the highest standards of trustworthiness, quality and value.

5. Conclusion and next steps

We advocate for the importance of data and statistics – that is our role as the regulator of official statistics across the UK. At a time of proposed service and digital transformation across mental health and wider health landscape – there must be sufficient and appropriate resource and infrastructure to implement the changes successfully. Otherwise, questions around mental health will remain unanswered, the evidence base will continue to be incomplete and important decisions will be less informed.

Mental health care has been recognised as a key priority by the NI Executive and there is a positive momentum and drive in Northern Ireland to improve mental health care for the better, beyond the COVID-pandemic. There are many positive developments to highlight – the publication of a new 10 year Mental Health Strategy and accompanying funding plan by the Department of Health (NI) in June 2021, the digitalisation of the healthcare record and the appetite of those we spoke to – key stakeholders in making ambitions a reality.

Our recommendations set out the key objectives for the Department of Health (NI) to address. We want to make clear that we understand that the COVID-19 pandemic has had a significant impact on resourcing and that continued support will be prioritised in response to the pandemic. Due to this, we have not set a specific deadline and will liaise with the Senior Statistician in the Department of Health (NI) to monitor progress over time.

We will continue to support innovation and improvements in data capture, analysis and dissemination. We will continue our engagement with the Department of Health (NI) as the new Mental Health Strategy is implemented and we will advocate for better statistics to reflect the true extent and experience of those with mental health problems.

Annex A

A list of organisations who participated in the review:

Action Mental Health

Administrative Data Research Centre (ADRC) NI

Business Services Organisation (BSO)

Commissioner for Older People in Northern Ireland

Department of Health (NI)

Health and Social Care Board (HSCB)

Mental Health Foundation

MindWise

Northern Health and Social Care Trust

Northern Ireland Audit Office

Northern Ireland Commissioner for Children and Young People (NICCY)

Northern Ireland Statistics and Research Agency (NISRA)

NI Veterans Commissioner and Veterans Support Office

Participation and Practice of Rights Project

Public Health Agency (PHA)

Queens University Belfast

Royal College of Psychiatrists

Samaritans

South Eastern Health and Social Care Trust

The Commission for Victims and Survivors

Ulster University