



Department of  
**Health**

An Roinn Sláinte

Máinnystrie O Poustie

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# **Interim Rural Needs Impact Assessment Screening**

## **March 2018**

Title of Policy  Strategy  Plan  or Service  :

**A Service Framework for Mental Health and Wellbeing  
2018-2022**

Based on Existing Policy

Revised Policy

New Policy

## Rural Impact Assessment

<p><b>Step 1: Define the Issue</b></p> <p><b>Key questions to consider:</b></p> <ul style="list-style-type: none"> <li>• <b>What are the objectives of the strategy, policy, plan or service?</b></li> <li>• <b>What impact do you intend it to have in rural areas?</b></li> <li>• <b>How is ‘rural’ defined for the purposes of this policy/strategy/service/plan?</b></li> <li>• <b>What would constitute a fair rural outcome in this case?</b></li> </ul>	<p>The overall aim of the Department of Health (DoH) is to improve the health and social wellbeing of the people in Northern Ireland.</p> <p>The revised Service Framework for Mental Health and Wellbeing 2018 is one of a range of Service Frameworks developed by the Department in support of this aim. Service Frameworks are a major strand of the reform of health and social care services and help to ensure that care is safe, effective and person-centred.</p> <p>Recent focus by the NI Executive is to develop a Programme for Government with clear outcomes to benefit the people and society of Northern Ireland. Two of the outcomes in the draft PfG aim to:</p> <ul style="list-style-type: none"> <li>(i) ensure that we care for others and help those in need, and</li> <li>(ii) improve the length and quality of life for those living here.</li> </ul> <p>To achieve these outcomes government will help to improve the general mental health of people by supporting and promoting positive mental health and wellbeing through prevention, early intervention and, where necessary, providing appropriate treatment and care with a focus on the principles of recovery.</p> <p>The service framework is meant to help all citizens irrespective of where they live, age, gender etc. As such it is expected that people in rural areas will be treated on an equitable basis.</p> <p>Mental Health Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Mental Health Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.</p> <p>For the purposes of this exercise rural is defined as “those settlements with fewer than 5,000 residents together with the open countryside”. This will be tested during the</p>
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	<p>consultation phase of the service framework.</p> <p>A 'fair' outcome for people living in rural areas would be equality of access to treatment and mental health services.</p>
<p><b>Step 2: Understand the Issue</b></p> <p><b>Key questions to consider:</b></p> <ul style="list-style-type: none"> <li>• <b>What is the current situation in rural areas?</b></li> <li>• <b>What evidence (statistics, data, research, stakeholder advice) do you have about the position in rural areas?</b></li> <li>• <b>If the relevant evidence is not available, can this be sourced?</b></li> <li>• <b>Do you have access to the views of rural stakeholders about the likely impact of the policy?</b></li> <li>• <b>Are there existing design features or mitigations already in place to take account of rural needs?</b></li> </ul>	<p>Around 33% of the population of Northern Ireland live in rural areas (as opposed to small or medium sized towns, or cities), compared to 18.5% of the population of England and Wales (Mental Health Foundation).</p> <p>In 2011, Census data showed that just over one in five of the usually resident population (21 per cent) had a long-term health problem or <b>disability</b> which limited their day-to-day activities.</p> <p>The most common long-term conditions among the usually resident population were: a mobility or dexterity problem (11 per cent); long-term pain or discomfort (10 per cent); shortness of breath or difficulty breathing (8.7 per cent); chronic illness (6.5 per cent); and an emotional, psychological or mental health condition (5.8 per cent).</p> <p>Data shows that people in areas of deprivation are more likely to suffer from a disability, including mental health issues, than those who live in more affluent areas. It is often assumed that rural areas are more deprived than urban, however, there are no discernable data to show this and this in itself would not show a causal link between rural living and mental health issue.</p> <p>For example, the Northern Ireland Longitudinal Study found that individuals living in deprived urban areas of Northern Ireland were 74% more likely to have received medication for anxiety, and 65% more likely to have received medication for depression, than those living in deprived rural areas.</p> <p>Rates of diagnosis and treatment of mental health problems have been found to be lower in rural areas than urban areas (Mental Health Foundation). Rural Support NI identified multiple factors which contribute to stress in rural communities including poor access to</p>

services, unemployment, CAP and welfare reform, hidden rural poverty and an aging population.

Public Health Information & Research Branch receive data from BSO on the number of people that received a prescription with a BNF code that could be associated with mood and anxiety disorders. Age standardised rates are shown in the table below which shows that rates in rural areas are around 14% lower than the NI average:

Standardised Prescription Rate - Mood & Anxiety (Persons prescribed per 1,000 population)	2012	2013	2014	2015	2016
NI	192	198	202	208	213
Rural	165	169	174	179	183
Urban	209	216	221	227	233
Mixed Urban/Rural	173	179	182	188	190
Rural-NI Gap	14%	15%	14%	14%	14%

Source: Public Health Information & Research Branch

### ***Suicide***

The table below shows that suicide rates have been consistently lower in rural areas compared with the NI average. In 2014-16, the suicide rate in rural areas (10.3 deaths per 100,000 population) was over a third (35%) lower than the NI rate (15.9 deaths per 100,000 population).

Crude Suicide Rate (Deaths per 100,000 population)	2010-12	2011-13	2012-14	2013-15	2014-16
NI	16.2	15.9	15.5	16.1	15.9
Rural	11.7	11.2	11.0	11.8	10.3
Urban	19.2	19.0	18.2	18.6	19.3
Mixed Urban/Rural	11.4	11.3	14.5	16.5	15.0
Rural-NI Gap	28%	29%	29%	27%	35%

Source: Public Health Information & Research Branch

### ***Self-harm***

The table below shows that the rate of acute hospital admissions due to self-harm have been consistently lower in rural areas compared with the NI average. In 2012/13 – 2016/17, the age standardised admission rate due to self-harm for those residing in rural areas (100 admissions per 100,000 population) was more than two-fifths (42%) lower than the NI rate (173 admissions per 100,000 population).

Standardised Admission Rate - Self-Harm (Admissions per 100,000 population)	2008/09 - 12/13	2009/10 - 13/14	2010/11 - 14/15	2011/12 - 15/16	2012/13 - 16/17
	NI	239	226	215	194
Rural	124	121	118	111	100
Urban	311	293	276	248	220
Mixed Urban/Rural	152	145	142	124	112
Rural-NI	48%	46%	45%	43%	42%

Source: Public Health Information & Research Branch

The 'You in Mind' Regional Mental Health Care Pathway (pp30-31) stipulates that appointments are personalized and taking into account consideration of any special circumstances which may affect access to care, including suitable locations.

### Step 3: Develop and appraise options

#### Key questions to consider:

- Are there barriers to delivery in rural areas?
- If so, how can these be overcome or mitigated?
- Will it cost more to deliver in rural areas?
- What steps can be taken to achieve fair rural outcomes?

HSC Trusts Mental Health services are accessible to all people living in NI, whether in a rural or an urban area. Individuals seeking help or support should, in the first instance, speak to their GP, who knows how and when to access Trust mental health services. There are also community and voluntary services who offer a range of support and treatments at Step 1 and 2 of the stepped care framework. Some examples of supporting people in rural areas include:

- Trusts may offer outreach clinics
- Home visits
- Community Bridge Builder delivered by Mindwise
- Emotional well-being Hubs
- Healthy Living Centre emotional well-being initiatives
- Mental Health Recovery College courses delivered in rural areas
- Online mental health resources such as Beating the Blues
- Men's Shed initiatives running in rural areas

In addition, PHA are leading the implementation of the actions from the Protect Life Suicide Prevention Strategy. The strategy is aimed at the prevention of suicide and self-harm, and the promotion of positive mental health in all communities of NI including rural communities. Since 2015 The PHA have been working with Rural Support on a rural emotional resilience

	<p>programme. This programme meets the key objectives in the Refreshed Protect Life Strategy<sup>[1]</sup> including;</p> <ul style="list-style-type: none"> <li>- <b>Enhanced outreach services for males at risk of suicide in deprived areas</b></li> <li>- <b>Improved integration/co-ordination within and across sectors</b> – referral pathways established between the statutory, voluntary and community sectors.</li> </ul> <p>Specifically</p> <ul style="list-style-type: none"> <li>- <b>Enhanced focus on the needs of rural communities</b> – Targeted interventions developed including signposting to relevant support services.</li> </ul> <p>This programme specifically provides:</p> <ul style="list-style-type: none"> <li>• Ongoing provision of one to one mentoring support to clients in rural communities experiencing financial distress.</li> <li>• Provide mentors with three group training sessions allowing peer support opportunities, project development and covering topics responding to emerging needs such as changes to benefit entitlements, debt management, succession planning and change management.</li> <li>• Promoting ‘Reducing Financial Stress in Rural Communities’ with an emphasis on stigma reduction, increased help seeking and early intervention.</li> </ul> <p>In addition to PHA have been working with HSCB and local trusts on a Social Farming programme. Social Farming is an innovative use of agriculture to promote therapy, rehabilitation, social inclusion, education and social services in rural areas. The farm is not a specialised treatment farm; rather the farm remains a typical working farm where people in need of support can benefit from participation in the farm’s activities in a non-clinical environment and the farmer, who is remunerated for the provision of the service. Day opportunities is defined as a ‘package of community-based day time activities which will engage adults with a learning / physical disability in areas such as supported employment’; accredited further and higher education; volunteering; social enterprise activity and opportunities to meet and make friends and use local leisure and recreational facilities.</p> <p>Social Farming provides disadvantaged groups of people with an opportunity for inclusion, to increase their self-</p>
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	<p>esteem and to improve their health and wellbeing. It expands social contacts and promotes greater involvement in community life and events for individuals who might otherwise be socially isolated or marginalised.</p> <p>Within the Northern Health and Social Care Trust area the PHA commission 4 local Community Networks Suicide Prevention Development Officers within the 4 community networks. These individuals work across all communities in the Northern area including the rural communities of the trust area to build capacity and raise awareness of mental health and suicide issues at a local level.</p> <p>The regional Lifeline service is also available both in urban and rural areas. Lifeline is the Northern Ireland crisis response helpline service for people who are experiencing distress or despair. No matter what your age or where you live in Northern Ireland, if you are or someone you know is in distress or despair, Lifeline is there to help. Lifeline counsellors are available 24 hours a day, seven days a week to people living anywhere in NI.</p>
<p><b>Step 4: Prepare for Delivery</b></p> <p><b>Key questions to consider:</b></p> <ul style="list-style-type: none"> <li>• <b>Do the necessary delivery mechanisms exist in rural areas?</b></li> <li>• <b>Have you considered alternative delivery mechanisms?</b></li> <li>• <b>What action has been taken to ensure fair rural outcomes?</b></li> <li>• <b>Is there flexibility for local delivery bodies to find local solutions?</b></li> <li>• <b>Are different solutions required in different areas?</b></li> </ul>	<p>All Trusts have Community Mental Health Teams which support the delivery of mental health services to those who need them across the Trust irrespective of geographical location, i.e. in both urban and rural areas.</p> <p>The Service Framework is a document which sets out the standards of care that individuals, their families and carers can expect from HSC services. It reflects the standards detailed in the “You in Mind” Regional Mental Health Care Pathway. The Service Framework, by itself, does not initiate new models or mechanisms of service delivery.</p>

<p><b>Step 5: Implementation and Monitoring</b></p> <p><b>Key questions to consider:</b></p> <ul style="list-style-type: none"> <li>• Have you set any rural specific indicators or targets to monitor?</li> <li>• How will the outcomes be measured in rural areas?</li> <li>• Are there any statistics or data that you will collect to monitor rural needs and impacts?</li> </ul>	<p>Given the purpose and nature of the Service Framework it does not include any specific target or indicator for those living in rural areas. All citizens should benefit from the introduction of the Service Framework, irrespective of geographical location.</p> <p>The Mental Health and Learning Disability Regional Data Warehouse (MHLDRDW) User Group are currently in the process of agreeing a specification for a new Mental Health Minimum Data Set (MH MDS) to be extracted from source electronic systems across the 5 Health and Social Care (HSC) Trusts in Northern Ireland, to develop a Mental Health universe. Demographic information including postcode is an element of this MH MDS extract, as defined within the Service Framework MH MDS Definitions document. Postcode will be used to provide all relevant geographic details including urban and rural classification. <b>The postcode itself will not be available as a reportable field due to Data Protection.</b></p> <p>The timeline for this ongoing work is estimated to take 18 months – 2 years to agree the specifications, write the system electronic extracts and complete user testing.</p>
<p><b>Step 6: Evaluation and Review</b></p> <p><b>Key questions to consider:</b></p> <ul style="list-style-type: none"> <li>• What processes are in place to evaluate and review the implementation of the policy, strategy, plan or service?</li> <li>• Have rural needs been factored into</li> </ul>	<p>All service frameworks undergo a review at the end of their life cycle. At this stage of development the nature of that review is unknown – however, the impact of the framework on people in rural areas will be embedded in the review process in the same way that the impact on Section 75 groups is considered.</p> <p>All learning from the review process will be factored into the development of the next revision of the MHSF.</p>



<p><b>the evaluation process?</b></p> <ul style="list-style-type: none"><li>• <b>How will lessons learned in relation to rural outcomes be used to inform future policy making and delivery?</b></li></ul>	
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## Summary of Screening decision:

1. Explain how due regard to rural needs has been met when developing, adopting, implementing or revising **policies, strategies and plans?**

The Service Framework for Mental Health and Wellbeing is closely aligned with the “You In Mind” Regional Mental Health Care Pathway. It is the mechanism being used to monitor the delivery of the services to individuals, including the standards expected from Mental Health services in relation to provision of care.

The “You In Mind” Regional Mental Health Care Pathway is therefore the ‘driver’ and was issued prior to any legal requirement to rural proof policies etc. However, the Pathway applies to all citizens and service response is tailored to meet an individual’s needs based on a robust assessment, care and treatment plan, no matter where they reside in NI.

2. Explain how due regard to rural needs has been met when **designing and delivering services?**

As above

3. If it is determined that the policy/plan/strategy/service is to have an impact on rural needs, what mitigating actions are being taken?

It is not envisaged that the Service Framework will have a negative impact on people living in rural areas.

## Approval and Authorisation of Rural Proofing

I confirm that due regard has been considered in the development of this policy and that it ~~will~~**will not** impact on the rural needs of the people in Northern Ireland.

	Name	Grade	Date
Rural proofing completed by	Mark Anderson	Staff Officer	12 March 2018
Approved by	Linda Greenlees	Acting G7	30 March 2018