

Royal College of Psychiatrists in Northern Ireland (RCPsychiNI)
Response to:
DfC Consultation on the NI Executive Disability Strategy 2025-2035

1.0 Introduction about RCPsychiNI:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering acute and community treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland (RCPsychiNI).

2.0 General Points:

We welcome this Consultation on ensuring people who are deaf and people who have disabilities have the same rights and opportunities as the rest of the community. We totally support that the Strategy has been developed with the involvement of people with lived experience. We also support that the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is reflected throughout. The references are well laid out. This Convention had been developed in 2006 and ratified by the UK Government in 2009. We also agree with the social and human rights model of disability incorporated within this Strategy.

In this response we will be focusing on people with mental health and learning disabilities as well as those with these disabilities who are also deaf. This Strategy should also address the needs of people with neurodivergent disorders

such as Autism and ADHD Many of these people will have physical disabilities also. We support that this Consultation applies across all ages.

We also want our comments on this Strategy to be considered in conjunction with our submitted [comments](#) on 1) DfC Disability and Work Strategy (January 2026), [comments](#) on 2) DoH Consultation on Draft Equality Action Plan and Draft Disability Action Plan 2025-2030 (June 2025) and [comments](#) on 3) DfC Consultation on Disability Action Plan 2025-30 (May 2025). There is much overlap in these Strategies concerning disabilities and it can be difficult and confusing to separate out their differences. A more joined up and focused approach to disability Consultations would be welcomed and may help to deliver a clearer and cohesive picture of what is needed and what the aims are.

We would strongly welcome the full introduction of a Sign Language Bill for Northern Ireland. Our concern with this Consultation is that there is not enough focus on development of sign language resources, training of more sign language interpreters and better access to early communication optimisation for deaf people - especially if the Sign Language Bill will be coming into law. The need to focus on early and total communication for deaf children in all aspects of their development, needs to be emphasised. There must be recognition of and provision for specific and additional training needs for children, young people and adults with a mental health and learning disability who are deaf.

3.0 Specific Points about this Consultation:

The structure of this Consultation is confusing. The section on [Indicators for Outcomes](#) precedes the section that describes the detail of the Strategy Outcome to which they relate. The Indicators are then repeated, appropriately in this section, but are described in terms of how we will measure progress. This should be simplified. The structure in the Easy Read version is better.

Language and Terminology:

The Language and Terminology section describes very sensitively the range of views people with a disability have and how they would prefer to identify. However, there is no significant description of the various types of impairments or symptoms leading to the impairments that contribute to mental health and learning disabilities. It is largely left as a concept or as "invisible disabilities" unlike physical health disabilities which are easier to recognise. This does not advance in a significant way the understanding of mental health and learning disabilities. This is expanded in the response to the Strategy Outcome 2. This Strategy would be an ideal place to improve awareness of these types of disabilities.

There is a [Strategy Commitment 1](#) (page 18) which is in isolation and no other Strategic commitment in that form exists in the document. We have made our comments on this in the section on Strategy Outcome 1 where it is addressed in more detail.

Indicators:

As described above, we have commented on these in the section where the Strategy Outcomes are described.

Strategy Outcome 1:

We welcome the intentions of this Strategic Outcome and support why it is important. We are pleased to see the acknowledgement of data gaps, especially for deaf and disabled people and also in respect of children and young people. We also agree with the Indicators for this Outcome and the broad Action Plan.

However additional points would be as follows:

- To ask Departments to simply disaggregate data based on Section 75 characteristics is not enough. There needs to be more granular information for each group, especially those with mental health and learning disabilities. There needs to be more information about the nature of the specific impairments and examples of what has worked well in supporting the person. This information also needs to be shared.
- The number of people who have disabilities which cross more than one section 75 group, with the relevant granular detail, should be made available. Many people with a physical health disability have a mental health or learning disability; this data also needs to be captured.
- People with Disabilities and their family/supporters should be proactively asked about the issues they face and not just focus on complaints people have made. In the latter group people with mental health and learning disabilities are very likely to be underrepresented.
- The principle of establishing a Regional Disability Forum is to be welcomed. However, the model of the Forum needs to be carefully thought through in order to ensure people with a range of disabilities can participate, especially those with a mental health and learning disability. A large meeting structure would not necessarily be the best approach.
- Sign language is important and strong support for a Sign Language Bill as described above is important.

Strategy Outcome 2:

While the focus of this Outcome and Indicators for measurement is on mobility, the need for access to facilities and transport are important for people with Mental health and Learning Disabilities. Therefore, this should be reflected in the Indicators, as well as in the Action Plan.

- Impairments that people with Mental Health and Learning Disabilities have, include, significant impairments of concentration, motivation, persistence, mood, thought processes, cognition, difficulty in social

interaction and understanding of process. These need to be addressed under this Outcome with appropriate progress measures.

- The use of digital processes needs to be accompanied by adequate training, as well as acknowledging many people will need face to face assistance.
- People may need a carer or family member to provide support.
- Transport is important for health care appointments, as well as funding for those who need it.
- Staff will need to have both an understanding of these impairments, as well as training in how to support people with these disabilities.

Strategy Outcome 3:

We support this important Outcome of access to public services, Government information and communication on an equal basis. Many of the issues highlighted within our response to Outcome 2, equally apply to this Outcome - but in addition:

- PSNI and other Emergency Services need to be aware of the nature of mental health and learning disabilities.
- A menu of methods to receive information about public services, including written and person contact, is necessary.

Strategy Outcome 4:

We agree that inclusive sport and physical activity, culture and leisure activities should be accessible on an equal basis. The specific needs of people with a mental health and learning disability - and including those who have these disabilities and who are also deaf - should also be included in the Outcome measures. The needs for people who are neurodivergent also need to be addressed.

Strategy Outcome 5:

We support this Outcome and its measures for progress. This is very important for people who have a mental health or learning disability, as well as people who are neurodivergent. Being able to live as independently as possible must be an indicator. For people with these disabilities the availability of personal help and support is essential and should be incorporated into the "measure of progress" for this Outcome.

Strategy Outcome 6:

Having access to quality health and social care is essential for people who have mental health and learning disabilities. Although the narrative describes that disabled people reported that they often had to be assertive to receive appropriate care, many people with mental health and learning disabilities are unable to do this. They need support in accessing services and many need proactive/outreach support from services. The progress measure of Satisfaction with the health services is not enough and there needs to be established objective measures of actual involvement with health services.

People who are deaf should be able to access health information in BSL/ISL and interpreters provided for appointments, as we know that health awareness and outcomes are worse for deaf people due to lack of access to information and lack of knowledge of services and when to seek help.

Our [comments](#) on the DoH Consultation on Draft Equality Action Plan and Draft Disability Action Plan 2025-2030 (June 2025) should be considered here as well.

Strategy Outcome 7:

An inclusive labour market should include education and support for employers about mental health and learning disabilities. There should be the provision of vocational rehabilitation courses for people with mental health and learning disabilities. Progress measures should be broken down by type of disability. There should be the development of Student Mental Health services to support students in higher and further education.

Our [comments](#) within our response to the DfC Disability and Work Strategy Consultation (January 2026) should also be considered in regard to this Outcome 7 as well as in regard to Outcome 8.

Strategy Outcome 8:

Full educational, social and development potential should be provided for people with mental health and learning disabilities, including those with these disabilities who are deaf. This needs to be available for children and young people in schools and Student Mental Health services for those attending University and Further Education Colleges. The provision of these services should be included in the Progress measures and the Action Plan.

Dated: 18th March 2026



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- on behalf of RCPsych NI**

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