Royal College of Psychiatrists in Northern Ireland (RCPsychiNI)
Response to:
DoH Consultation on Draft Equality Action Plan and Draft Disability Action Plan 2025-2030

A: 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 Resident Doctors pursuing specialist training in Psychiatry) 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.

B: Specific Comments:

1.0 Audit of Inequalities (AOI):

We wish to make some points about the Audit of Inequalities (AOI) as this is the basis for the development of the Disability Action Plan (DAP) and the Equality Action Plan (EAP).

We support the principle of doing the AOI as a basis for developing Disability and Equality Action Plans which are reviewed annually.

This is a much more detailed analysis than the AOI for 2019 to 2024 and is to be welcomed.

We agree the need to have a high-level picture of inequalities in order to formulate the Action Plans.

However, it is unclear why the Inequality Assessments on a policy-by-policy approach are not included in this process or at least in some form, even if it is at a high level. If it is thought to be too encompassing, then the Equality Assessments for Health-related policies should be included. It could be a valuable evidential source of useful information which is based on data.

We agree with the statement that "Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents".

We are focusing our comments on Health Inequalities for those with mental health and learning disability and their dependants.

We agree that Health Inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. They are not just the outcome of clinical care, but also include significant socio-economic factors. However, some groups, especially those with a mental health disability, have significant health inequalities solely due to clinical care. This represents a breach of parity of esteem and contradicts core principles of equity in healthcare delivery.

The methodology used in the identification of the Potential/Emerging Inequalities is very wide and looks at the data in some situations throughout the UK for comparison.

However, under the title of Potential/Emerging Inequalities, there are many well established Inequalities. These should be separated out and in the case of established Health Inequalities, there should be a focus on what now needs to be done or what has been good practice in other parts of the UK to address these Inequalities.

It would also be useful to include this wider comparison with the other countries of the UK in the annual Health Inequalities report and the Health Inequalities dashboard.

We welcome that Mental ill health is recognised in many section 75 groups including the Disability group and the Dependants' group. However, in the case of mental health and learning disability, it does not incorporate the findings of Research reports and the wider picture throughout the UK. This, as a result, limits what is included for mental health and learning disability in an EAP or DAP.

Suicide rates, self-harm rates, Dementia, alcohol and drug abuse, obesity for people with a learning disability and mental health need for emigrants and asylum seekers, are rightly included in the AOI.

However, other significant health inequalities are not. In particular, there is no mention of the lower life expectancy by 15 to 20 years of people with a severe mental illness or a learning disability. This excess mortality rate is largely due to reversible physical health causes and with the appropriate input could be well improved. The barriers to good quality health care for people with a learning disability or sensory impairment (no.29) need to better recognise that it is the health service that needs to change in order to meet the needs of these groups.

Another Inequality under section 75 Gender should be the lack of a funded Regional Mother & Baby Unit (MBU) in Northern Ireland. This is a significant Inequality in comparison to other parts of the UK.

A major Inequality, when compared with the rest of the UK, in the section 75 Age group should be the recognition of the difficulties for students attending Higher Education (45% of school leavers) either here or in other parts of the British Isles, as well as students from other parts of the British Isles coming to Northern Ireland. This is because they are often living away from home, with less contact with family and not registered with GP services in the University location and additionally taken off the GP list in the hometown. Moreover, this is generally at an age at which both common and severe mental illnesses begin to develop and ability to refer to mental health services needs to have a bespoke pathway. This does not give students an advantage but rather gives them equity with people of a similar age living at home or close to family. There is currently a Student Mental Health service pilot project in Belfast addressing this and it would be worth incorporating it into the AOI and the EAP.

A further Inequality is the lack of access to secure mental health care for prisoners who are on remand and would require treatment in a setting of High Security, as those patients cannot leave the jurisdiction and so need to wait for sentencing to receive appropriate care and treatment.

The above significant and well-established health Inequalities do not appear in the AOI and should all be added.

A consultation group with key stakeholders to assist in the preparation of the AOI and to take into consideration established research would also be beneficial.

2.0 Draft Equality Action Plan (EAP):

Our comments on the EAP must be interpreted in the context of the limitations in the identification of Health Inequalities in the AOI as we have outlined above. We are limiting our comments to Inequalities related to mental health and learning disability as well as Inequalities that are missing in our opinion.

Gender: We agree with the Inequalities identified and welcome that the majority are related to mental health. This represents welcome progress. We support the proposed actions for items 1, 2, 3, 4, 5 & 6. We feel that item 4 regarding the additional barriers that women face in accessing proper healthcare, needs to be strengthened. The perinatal period is an extremely significant time for women and also a time of increased risk of developing a mental illness. It is very welcome that Perinatal teams are being developed throughout Northern Ireland, but we do not yet have a Regional MBU. This is a significant Inequality when compared to the rest of the UK.

Sexual Orientation: We welcome and support item 7 and the Action related to it. However, more education in the schools and for the general public about sexual orientation would help reduce barriers for the LGBTQIA+ community.

Age: We support item 13 and the Actions related to it. However, the particular vulnerabilities for young people who are attending Higher and Further education and living away from home should be highlighted. Student Mental Health service features as Action 8 of the Mental Health Strategy (2021 – 2031). There is currently a pilot project in Belfast involving the Ulster University, Queen's University and Belfast HSC Trust. This service needs to be supported and extended.

Persons with Disabilities and Persons not: We support item 15 and the actions identified and we agree that the actions should be extended to ADHD as well.

We support Item 16 for those with a learning disability and with sensory impairments.

However, a critical omission is the well-documented inequality in life expectancy for people with severe mental illness or learning disability, which remains 15-20 years lower than the general population due to largely preventable physical health conditions. This must be added.

Persons with Dependents: We support item 18 and the Action associated with same.

Racial Groups: We support items 19, 20 & 21 and the associated Actions.

3.0 Draft Disability Action Plan (DAP):

Our comments on the EAP must be interpreted in the context of the limitations in the identification of Health Inequalities in the AOI as we have outlined above. We are limiting our comments to Inequalities related to mental health and learning disability as well as Inequalities that are missing in our opinion.

We agree with the requirement for DoH in carrying out its functions that it has due regard for the need to:

a) Promote positive attitudes towards disabled people; and
b) Encourage participation by disabled people in public life

We welcome that in planning for the next 5 years that the DAP for 2019 to 2024 will be reviewed to see what was achieved. We also welcome the plan to review the DAPs for other organisations.

There appears to be limited reflection on the outcomes of the 2019-2024 DAP. In contrast, the NICS Diversity Action Plan 2024-2025 includes a clearer assessment of progress and areas for improvement. Adopting a similar approach could enhance transparency and accountability.

There is also no reference to what has been happening in other organisations.

It would have been very useful to succinctly identify the differences between this DAP and the previous DAP and the reasons for this. It is difficult to see this without it being clearly set out.

Measures to promote positive attitudes towards disabled people:

The Aims identified seem very similar to what had been included in the DAP for 2019 to 2024, but the classification descriptions have been changed.

The headings from the previous DAP seemed to be more sensitive to the issues of Disability such as: *"…understanding of issues faced by people with a disability…"* This was more than merely promoting a positive attitude towards people with a disability and we would urge a return to this more holistic approach.

We recommend more robust and specific commitments to Staff training and Awareness raising focused on mental health and learning disability.

Setting out a summary of the outcomes from the previous DAP, including lessons learned and areas of challenge, would be valuable to inform current planning.

Measures to encourage participation by disabled people in public life:

Many of the Aims identified in the previous DAP are neither referenced in the current DAP nor is there evidence of any assessment of outcome regarding the previous DAP in this item.

We agree with the Aims identified but would like more specific Aims for those with a mental health and learning disability.

C: <u>In Conclusion:</u>

The Royal College of Psychiatrists in Northern Ireland welcomes the opportunity to contribute to the development of these important Action Plans. We strongly encourage the Department to strengthen the identification and response to health inequalities faced by people with severe mental illness, learning disability and higher education. Embedding robust monitoring, stakeholder engagement and comparison with best practice across the UK will support the development of meaningful and sustainable improvements in mental health equality.

Dated: 27th June 2025

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- on behalf of RCPsychiNI

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