



# Research Update

## Access to mental health supports in Northern Ireland

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To plan services it is important to understand both the level of need within the population, and the extent to which current support or treatment provision is perceived as beneficial, or not, by those who use the services. Waiting times for mental health services in Northern Ireland (NI), and service accessibility generally, have been topics of concern in recent years. In 2021, a 10-year Strategy was developed to create a Regional Mental Health Service and to improve the availability of treatments and support for people with a mental illness (Department of Health, 2021). The type of data collected in relation to mental health service use varies as it is collected across the Health and Social Care Trusts, Primary Care and the Community and Voluntary sector. As such, it can be difficult to determine the extent to which current services are meeting the needs of those who present for treatment, and whether services are delivered in a timely manner.

Evidence suggests that the period of conflict in NI has had an enduring impact on the mental health and wellbeing of the population (O’Neill et al., 2014). In 2021, the Commission for Victims and Survivors (CVS) conducted a population survey asking if respondents met the legal definition for being a victim or survivor, and one quarter (24%) indicated that they did (CVS, 2021). Regardless of whether or not they met the legal definition, over one fifth (21%) said that their mental

health had been affected by the conflict, and a smaller proportion (4%) said that their physical health had been affected. Mental health services have improved for this group, with the expansion of mental health services for those affected by the conflict including the setting up of the Victims and Survivors Service, and the Regional Trauma Network.

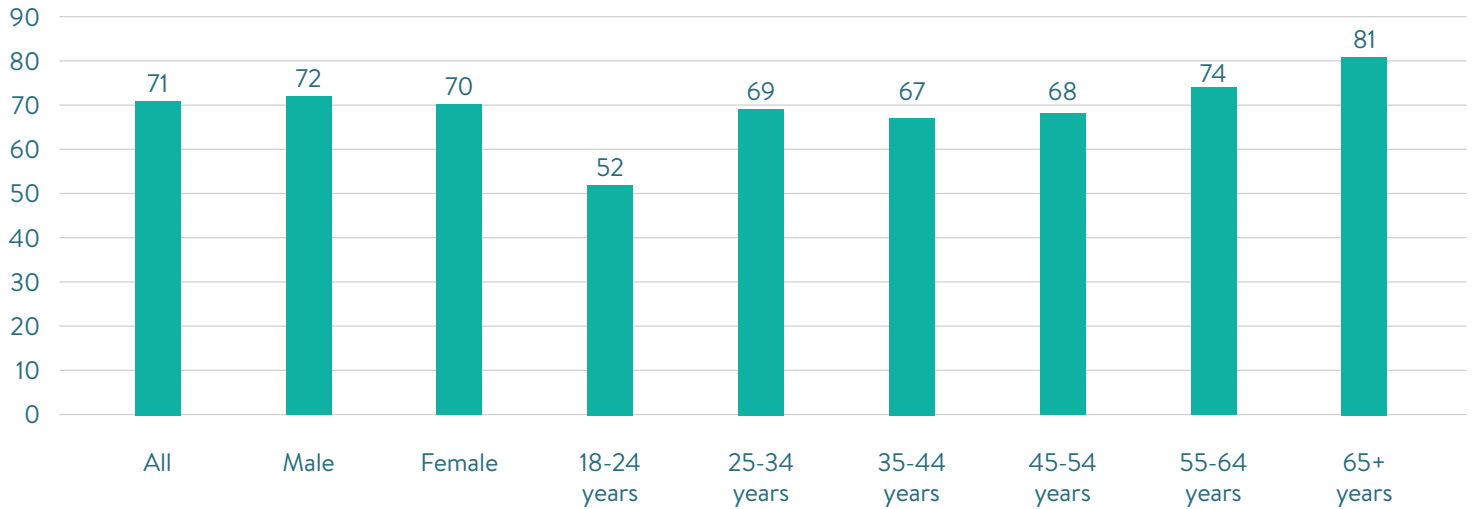
This Research Update is based on data from the 1,200 respondents to the 2023 Northern Ireland Life and Times (NILT) survey. In the 2023 survey, questions funded by the Mental Health Champion (MHC) explored mental health, wellbeing, and access to appropriate services. The survey captured information regarding the proportion of the general population who sought support or treatment at two time periods: in the previous two years (i.e. from October 2021 to the time of completing the survey in autumn 2023), and at any time before then. Respondents were also asked about which treatments were offered and by whom, as well as the length of time taken to receive effective treatment. To establish the extent to which service developments may have impacted those affected by the conflict, the MHC included questions to assess mental health and wellbeing, and mental health service access, of those affected by the conflict in Northern Ireland.

### General mental health and wellbeing

Respondents were asked to rate their current mental health and wellbeing across a five-point scale. Most respondents (75%) reported their mental health and wellbeing to be good, very good or excellent, with similar levels for males and females. However, there was significant variation according to age, with 50 per cent of those aged 18-24 years reporting positively about their mental health and wellbeing, compared with 85 per cent of those aged 65 years or over.

Respondents were also asked five questions relating to how they felt in the past two weeks: if they felt cheerful and in good spirits; calm and relaxed; active and vigorous; woke up feeling fresh and rested; and experienced things that interested them in their daily life. These questions are known as the WHO-5 wellbeing index and are used to produce a wellbeing score from 1 to 100, with 100 denoting the highest level of wellbeing. Almost three quarters of respondents (71%) reported good wellbeing (with a score of more than 50), whilst 27 per cent reported lower levels of wellbeing (scores lower than 50). There were no statistically significant differences between the proportion of males and females reporting a good wellbeing score (see Figure 1). However, there were differences according to age, with 52 per cent of those aged 18-24 with good wellbeing scores, compared with 81 per cent of those aged 65 years or over.

Figure 1: Good wellbeing scores (%)



### Impact of the conflict

Respondents were presented with the legal definition for being a victim or survivor of the Troubles, and 18 per cent felt that they met this definition. Almost three in 10 respondents (29%) reported that their mental health and wellbeing had been impacted by the conflict in NI (regardless of whether or not they met the legal definition for being a victim or survivor), and a mental health impact was reported by significantly more males (36%) than females (23%). Approximately two thirds (64%) of respondents who felt they met the legal definition of victim or survivor also stated their mental health had been negatively impacted by the conflict. Those who reported that their mental health was affected by the conflict, including those who did not meet the legal criteria, had significantly poorer wellbeing based on the WHO-5 wellbeing index.

### Accessing support

Just over one in five respondents (22%) had sought support or treatment for their mental health at any time since October 2021. Almost three in 10 (28%) had sought support or treatment at any time prior to October 2021. A significantly higher proportion of females than males sought support or treatment during both time periods (19% of males, 26% of females since October 2021; 25% of males, 32% of females before October 2021). Respondents who reported lower levels of wellbeing were also more likely to have sought support at both time periods.

Table 1 shows that medication (either on its own, or in combination with non drug-based interventions or therapies) was offered to seven out of 10 of those who presented before October 2021, and two thirds of those who sought

support or treatment since October 2021. Medication was the only support or treatment offered to around a third of these respondents in both time periods (33% before October 2021, 34% since October 2021). Similar proportions were offered both medication and non-drug-based interventions: 38% before 2021 and 32% since October 2021.

Non drug-based interventions/therapies were less likely to be offered than medication, either on their own or in combination with medication. Non drug-based interventions were the only support or treatment offered to one in five (20%) before 2021, and to around a quarter since 2021 (24%).

Table 1: Support or treatment offered

	%	
	Before 2021	Since 2021
Medication only	33	34
Non drug-based interventions/therapies	20	24
Both medication and non-drug based interventions/therapies	38	32
No support or treatment was offered	10	9
I don't know	<0.5	<0.5

## Services providers

Respondents who said that they sought mental health treatment or support since October 2021 (n=227) provided further information on which services or sectors offered the intervention. The most frequent service used was the GP or Primary Care practice (80%). Around one in 10 of those who sought mental health support or treatment were offered services from each of the following sources: adult mental health services (11%), Community and Voluntary sector (9%), and a private practitioner (9%). Only two per cent accessed emergency services including Emergency Departments. Some respondents (5%) named additional services which offered support, including employers, Child and Adolescent Mental Health Services (CAMHS), and student support at university.

## Time taken

The Mental Health Strategy recommends that mental health supports or treatments should be made available within nine weeks. The NILT data indicates that more than half of those who sought mental health services since October 2021 (55%), received a support or treatment which led to an improvement in their mental health within this recommended timeframe. Similarly, 53 per cent of those who sought services before October 2021 received effective treatment within nine weeks.

However, this means that a sizable minority of respondents received effective treatment outside the recommended time. For example, 16 per cent of those seeking support since October 2021 waited between nine weeks and six months, and the proportion was 14 per cent before 2021. Worryingly, the proportion who never received the right support increased over the two time periods: it was 12 per cent for those who accessed services since 2021, and nine per cent for those seeking support before 2021.

## Discussion

The results confirm that high proportions of the NI population report having good wellbeing. Nevertheless, nearly one in four people reported that their mental health in general was only fair or poor,

or that they had low wellbeing. These figures align with previous studies of the NI population, albeit using different measures. For example, the 2021/22 NI Health Survey found that one in five people (21%) have a probable mental illness. This was based on having a GHQ12 score greater than four (Mental Health in Northern Ireland: Fundamental Facts).

There is a disparity between the proportions who reported meeting the legal definition for being a victim or survivor of the conflict between this study and the 2021 study conducted by the Commission for Victims and Survivors (18% compared with 29%). This may reflect response bias, with victims and survivors disproportionately responding to the CVS survey, or being less likely to participate in the current NILT survey. Response bias may also partly explain the fact that in NILT 30 per cent felt that the Troubles impacted their mental health, compared with 21 per cent in the CVS survey. Nonetheless, it is clear that the conflict continues to affect the mental health of the NI population, with up to three in 10 people, and a higher proportion of males, reporting a direct mental health impact. This finding adds weight to the argument that due to the association with conflict and trauma the mental health needs of the population of NI are more complex than those of the other UK regions. Furthermore, with the impact of trauma continuing to affect families and communities, this potentially contributes to additional mental health difficulties and transgenerational trauma in children and young people (McAlister et al., 2021).

The majority of NILT respondents who sought mental health services were offered medication. Whilst medication is effective, the current clinical guidance from the National Institute for Health and Care Excellence (NICE) states that it should not be a first line treatment for mild depression, unless it is the patient's preference. Psychological therapies are also recommended in the clinical guidance; however, despite this, the proportions within NILT who received non-pharmaceutical interventions have not changed in the two time periods studied. These data illustrate a clear need to expand the availability of the

recommended psychological therapies, as identified in the Mental Health Strategy.

The NILT findings confirm that primary care remains the main point of access to mental health services (identified by 80% of respondents being offered a mental health service) and supports the inclusion of primary care within the Regional Mental Health Service. This finding also supports the expansion of Multidisciplinary Teams in this setting, which include mental health clinicians. Similar proportions, around one in 10, accessed adult mental health services, the Community and Voluntary sector and the private sector.

The Mental Health Strategy recommends that mental health supports or treatments should be made available within nine weeks. Despite the current pressures in primary care and mental health services, over half of NILT respondents who sought support or treatment received effective services that led to an improvement in their mental health within this recommended time frame. However, a substantial proportion did not receive an intervention within the recommended nine weeks (47% since 2021, and 45% before 2021). Of even more concern is the finding that more than one in 10 of those who sought support since October 2021 (12%) have never received a treatment or support that was effective. Furthermore, just under one in 10 (9%) of respondents who sought support before October 2021 have never received a treatment or support that was effective, even if they had first sought help more than 10 years previously. There is no evidence of a positive change in the waiting times for effective services across the two time periods.

This study does not capture the differences in type or severity of symptoms of those who sought services. Nonetheless, the proportions who were unable to access treatments which worked, in a timely manner, demonstrate the need for the implementation of the Mental Health Strategy and the reform of services to ensure that all those who require treatment and support get an effective service.

## Key Points:

- 75% of NILT respondents reported their mental health and wellbeing to be good, very good or excellent.
- 18% of respondents met the definition of being a victim of the conflict.
- 29% felt that their mental health had been impacted by the conflict, even if they weren't deemed to be a victim.
- 22% of respondents had sought support or treatment for their mental health since October 2021.
- 55% of those seeking mental health support received effective treatment within the recommended nine weeks.
- 12% of those seeking mental health support never received effective treatment.

## References

**Commission for Victims and Survivors (2021)** *Population Survey 2021: Northern Ireland.*

**Department of Health (2021)** *Mental Health Strategy 2021-2031.*

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The Northern Ireland Life and Times (NILT) survey is carried out annually and documents public opinion on a wide range of social issues. In 2023, 1,200 people aged 18 years or over took part. NILT is a joint project of the two Northern Ireland universities and provides an independent source of information on what the public thinks. For more information, visit the survey website at [www.ark.ac.uk/nilt](http://www.ark.ac.uk/nilt)



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