



nirwn
Northern Ireland
Rural Women's Network

NIRWN RESPONSE
Delivering the Bamford Vision

The response of Northern Ireland Executive
to the Bamford Review of Mental Health and
Learning Disability

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Introduction

1. Northern Ireland Rural Women's Network (NIRWN) is a regional network established to articulate the voices of women in rural areas. It is jointly funded by Department of Agricultural and Rural Development (DARD) and Department for Social Development (DSD) under the EU BSP Programme.

NIRWN has four key objectives:

- developing weak community infrastructure in areas where little or no community based rural women's groups exist,
 - increasing rural women's capacity and opportunities to influence decision-making and policy formulation,
 - running Northern Ireland wide communication campaigns with a local focus, highlighting the value of rural women's contribution,
 - offering a training and capacity building programme to rural women across the region.
2. NIRWN welcomes the opportunity to respond to the Northern Ireland Executive response to the Bamford Review of Mental Health and Learning Disability. We recognise that the current consultation presents challenges and opportunities for changing the delivery of mental health and learning disability services in Northern Ireland.
 3. Our primary point in responding to this consultation is to highlight the experiences of rural women of all ages, classes and backgrounds. We are disappointed that little mention is given to gender or rurality. The document does not consider rural circumstances (other than a point made on page 20 of the report relating to support for farming communities). There is little mention of support mechanisms for women, even though, there is a recognition in the report acknowledging that women were more likely to show signs of a possible mental health problem (21%) than men (16%).¹
 4. A gendered approach needs to recognise the diversity of women and men due to other factors such as class, race, culture, poverty, sexuality, ability, and the special needs of women and men in rural and remote areas. Women and men differ in their specific health care needs

¹ Northern Ireland Health and Well-Being Survey, (2005)

throughout their lifetime which needs to be reflected and planned for accordingly.²

Consultation Findings

5. As part of our response we have consulted with an array of rural women, carers, users and those working in frontline services to deliver key services. Our research has highlighted some key findings that should be given prominent consideration in the delivery of mental health and learning disability services:

- Women's health is integrally linked to their position in society and this position does not afford the equal access to economic, social and political resources, therefore causing significant disadvantages in women's lives.
- Social exclusion and association to mental health problems is a major concern. Social exclusion may lead to or exacerbate mental health problems and/or disability due to their geographical status. We would suggest this leaves rural women with mental health problems and/or learning disability even more vulnerable. NIRWN strongly believe that this particular focus is required given the social exclusion experienced by rural women.
- More than one third of the carers in Northern Ireland are single-parent carers aged 65 years and over. Family carers have had to continue caring long beyond what can be reasonably expected.³
- It has also been recognised women are more likely to be informal carers (21%), 34% of female carers report that they spend at least 30 hours per week caring.⁴
- Barriers to access in rural areas are both physical and socio-cultural barriers. Women with young children, older people, those with a low social class, farming families, ethnic minorities and the disabled are most likely to face barriers to access and suffer the consequences of distance decay.⁵

² Equality Commission for Northern Ireland, (2008), United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) Report

³ McConkey (2007) The Bamford Review of Mental Health and Learning Disability Northern Ireland

⁴ Evason, E (2007) Op cit fn38

⁵ Defra (2006) The quality and accessibility of services in Rural England. A survey of the perspectives of disadvantaged residents
www.defra.gov.uk/rural/pdfs/quality-accessibility-services-rural-eng-report-pdf

- Specialist treatment is being increasingly centralised, consequently travel times from remote rural areas can be lengthy. Traveling long distances with a person with a learning disability or mental health need can be traumatic and an exhaustive process. The Northern Ireland Executive needs to recognise those in most need and least choice.
- In addition to distance, poor transport networks mean that those who do not have private transport are less likely to access services. Public transport in rural areas is infrequent and is often at inconvenient times for attending set appointments and making return journeys.
- The fear of stigmatisation in small rural communities is also a barrier to accessing health services. This is particularly true for the elderly, young people and the farming community, and in particular with regard to mental health services.
- Distance contributes to a lack of awareness of available services of all types including preventative healthcare.
- Distance excludes carers and users to social network groups and support groups that can provide a lifeline to families. An example is of a rural woman living with her 23 year old son, who has a learning disability. Because she is unable to drive and given the lack of public transport, accessing support networks 'is just not an option'.
- Those who suffer from poor transport are often those most in need of accessing services: older people, young people, women (often young mothers) living in one-car households, people living on low incomes and those with physical or mental health problems.⁶
- One source of increasing diversity is the change in immigration patterns in response to employment opportunities in rural areas. Historically ethnic women tend to be more economically disadvantaged and have poorer health outcomes than corresponding local women. The issue of racism and mental health also needs to be considered.
- Households with one or more disabled members are more likely to be living in poverty. Over half (56%) of households that contained one or more disabled people live in poverty compared to 29% of households living in poverty who have no one with a disability.⁷
- Perinatal mental health services in rural areas. Women are more likely to have a major psychiatric disorder, be referred to a psychiatrist and be admitted to a psychiatric hospital following

⁶ MIND, (2008)

www.mind.org.uk/Information/Factsheets/Rural+issues+in+mental+health.htm#Rurality_health_and_wellbeing

⁷ Hillyard *et al* (2003) cited in *"Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:125).*

childbirth than at any other time⁸. The Bamford review recommendations on perinatal mental health were published in 2005. None of the recommendations have been implemented. In the current consultation it states that 'consideration will be given as time and resources permit'. We are disappointed that specific attention is not given to Perinatal Psychiatric disorders. Northern Ireland lags well behind in the provision of perinatal psychiatry services. Northern Ireland currently has no recognised structure for the provision of mental-health care in pregnancy. A confidential inquiry and Bamford Review recommendations highlighted in the National Institute for Health and Clinical Excellence (NICE) guidelines on antenatal and post-natal mental health, which stated that there is no specialist facility for the admission of mentally ill women and their babies.

- Availability and costs of appropriate childcare is a major barrier to paid employment for parents in rural areas. It is further exacerbated for the parents of children with disabilities.

Specific Comments

6. Chapter 2. NIRWN would advocate the need to incorporate Learning Disability into the vision statement.
7. Chapter 3. We agree with human rights, equality of opportunity, and social inclusion in the proposed programme. Equality of opportunity needs to address the differing health needs of men and women. The issue of rurality, and the strong link with social inclusion and mental health needs of rural women needs to be integrated into the document. A social view of health and well-being, which includes the principles of primary health care, is central to women's health and well being.
8. Chapter 4. There are conflicting statistics relating to the number of people with dementia. **Clarification on statistics is needed.**
9. Chapter 4. We welcome the investment outlined in the consultation report. Research indicates that significant further funding will be required to implement the Bamford recommendations. **Further clarification is required on funding post 2011. We would also seek clarification on the 3% efficiency savings that government departments are committed to make. How will this sit along the allocation of funding?**

⁸ The Royal College of Psychiatrists, (1992). Postnatal mental illness report of a working party, Council Report No: CR28

10. Chapter 5. In relation to the Bamford Monitoring Group to be established by September 2009 replacing the 6-person Mental Health and Learning Disability Board of Experts with the new Bamford Monitoring Group. **Why is there a need to set up a new group, when there already is an expert panel formed?**
11. Chapter 6. The work carried out by the Investing in Health Partnerships needs to be incorporated into the preventative aspects of mental health promotion work.
12. Chapter 6. On page 22 it outlines that recurrent funding of £6.5 million is being made available for the implementation of the Strategy, including the provision of a regional helpline and a series of public awareness campaigns. **Is this the best use of public money £6.5 million a year for a helpline? We advocate that funding be invested in a Regional Mental Health Promotion Directorate that would have similar costings as one of the key Bamford recommendations.**
13. Chapter 6. Domestic and Sexual Violence. We welcome the strong linkages between domestic and sexual violence as key factors affecting mental health. The social exclusion that rural women face, often inhibit them to seek the resources and help needed. The Professional Officer for the Community Practitioners' and Health Visitors' Association's for Northern Ireland stated:

"The domestic violence record in Northern Ireland is appalling...Domestic violence accounts for one third of all recorded crime in Northern Ireland and a third of all domestic abuse occurs when a woman is pregnant. There needs to be greater public awareness of this issue, and...a strong lead [needs to be taken] on this."

Very few data-based studies of rural domestic violence against women exist, but the already significant problems are likely exacerbated by rural factors. Poverty, lack of public transportation systems, shortages of health care providers and decreased access to many resources such as advanced education, job opportunities and adequate childcare all make it more difficult for rural women to escape abusive relationships. In addition, rural health care providers may be acquainted with or related to their patients and their families, creating a barrier to disclosing abuse confidentially and thus further isolating these women. Geographical isolation and cultural values, including strong allegiance to the land, kinship ties and traditional gender roles also increase the challenges faced by rural women when they attempt to end the abuse in their lives.

14. Chapter 6. Page 24 outlines a number of commitments through media campaigns. **Is this related to suicide prevention or domestic violence?**

15. Chapter 7. Delivering the vision through legislative reform

- By 2011 new mental health legislation
- By 2014 new mental capacity legislation

The current legislation (Mental Health Order 1986) – is now over 20 years old and many of its provisions can be traced back much further to proposals made in the late 1950s. We welcome that the legislation will be governed by human rights principles to offer the highest protection. **However why is it to be delivered in two stages? We would also advocate the need for legislation similar to the Scottish model that enshrines the right of a mentally ill woman to be admitted to hospital with her baby.**

16. Chapter 8. NIRWN welcomes that a statutory duty of public involvement and consultation will be placed on the new Regional Health and Social Care Board, the Health and Social Care Trusts and other agencies of DHSSPS.

17. Chapter 8. We welcome the proposal to map services in Northern Ireland. To improve responses to women's and men's health issues it is essential to map the complex gendered picture of health and its impacts. There needs to be a planned, collaborative and long-term approach to mental health and learning disability to make a real difference. To work together on a plan for the future we need common understandings, evidence and principles. The mapping service should consider good practice and research that already exists and is carried out by the Community and Voluntary Sector.

18. Chapter 8. Role of independent sector. We welcome the acknowledgement on the role of the community and voluntary sector in the delivery of mental health and learning disability services. Currently the community and voluntary sector tends to be resourced through non-recurrent funding so that they are more likely to be terminated in the face of overall funding pressures. There needs to be a more rigorous approach taken to ensure that if projects are discontinued, it is on the basis of relative ineffectiveness. Effective, evidence-based practice, should be a key to the commissioning of services. NIRWN advocates that the voluntary and community sector must be included as partners in the provision of mental health and learning disability services. Sufficient sustainable funding that incorporates full cost recovery, to enable the Community and Voluntary Sector to concentrate on the effective delivery of services must be implemented.

19. Chapter 8. Regarding the 200 respite packages further information on what the package entails is required.
20. Chapter 8. Participation is a core concept. Women and men need to be active participants in debate and decision-making about health and wellbeing issues and their own health care. It is important that gender representation is achieved on all new structures, to consider the differing health needs of men and women. The issue of rurality and access to services needs to be considered on new structures also.
21. Chapter 8. Direct Payments. DHSSPS need to rural proof their policies and programmes so that they consider rural circumstances and tailor their approach accordingly for Direct Payments. Our consultation revealed uneasiness regarding the recruitment of personal assistants in rural areas. Constraints on workforce supply include limited access to transport, and simply that some families may not want to do this type of work. There is apprehension about the added responsibility of becoming an employer and the legal implications as such. We advocate for a scheme that allows flexibility to enable personal support needs to be met locally without the expense of having to pay large amounts for travel.
22. Chapter 9. Linking Learning Disability and Autism in the same chapter is not helpful. Each is deserving of their own chapter, to outline a clear plan of action.
23. Chapter 13. Alcohol and Substance Misuse. We welcome that particular attention will be given to the needs of vulnerable individuals, such as pregnant substance abusers. There are no specialist substance abuse services for women in Northern Ireland. A key problem identified is the lack of outreach services, especially for rural areas. **We would like further clarification on the attention and resources this key service will receive.**
24. Appendix 1. We welcome the outline of the government's department's contributions towards the delivery of the Bamford vision. However there are no specific targets associated with service developments for Government Departments. NIRWN strongly advocate the need for a joint up approach amongst Government Departments. The current example of the Department of Education and Learning 'Education means Business' forces colleges to focus on work-related courses and on getting people into employment. That means that courses that those colleges might have taught to help with overall skill development and with lessening the impact of disabilities will no longer be funded. It is easy, therefore, for Government to create a prevention strategy in one

document, while, simultaneously, making it more difficult for another Department to act on that.

25. The consultation draws reference to a number of government strategies, but not the Anti-Poverty and Social exclusion *Lifetime Opportunities* strategy from OFMDFM. The Department of Agricultural and Rural Development (DARD) are also in the process of forming their Anti-Poverty and Social Exclusion Strategy. Disability can be both a cause and a consequence of poverty⁹. Disabled people experience additional costs in most areas of everyday life, from major expenditure on equipment essential for independence, to ongoing higher expenses for food, clothing, transport, fuel and power, personal care and recreation.¹⁰ Given the strong association between education and employment opportunity, disabled people are less likely than non-disabled people to have education qualifications. This is especially true of disabled women who are less likely to participate in higher education than disabled men and are less likely to be in paid employment in comparison to disabled men and non-disabled women¹¹.

26. Article 12 of the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), recommends that that the Northern Ireland Government ensure that health strategies and policies are analysed by gender. Also that the needs of carers, the majority of which are women need to be considered¹². Reference to CEDAW and the implications for women on accessing health need to be incorporated.

27. The Gender Equality Strategy highlights a number of key actions for Government Departments to consider, including addressing gender

⁹ Department for International Development (DIFD), (2000), Disability, poverty and development

¹⁰ Smith, N., Middleton, S., Ashton-Brooks, K., Cox, L. & Dobson (2004) Disabled People's Costs of Living: 'More than you would think'. Joseph Rowntree Foundation

¹¹ Equality Commission for Northern Ireland (2003) Disabled Women in Northern Ireland: Situation, Experiences and Identity

¹² Equality Commission for Northern Ireland, (2008), United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) Report. See also the UN Committee on the Elimination of Discrimination Against Women, General Recommendation 18 & 24:
<http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom18>
<http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24>

inequalities in health and well being¹³. NIRWN advocates the need to integrate The Gender Equality Strategy into new proposals for the delivery of mental health and learning disability services.

28. Appendix 3. Further clarification is sought on the decision not to carry out a full equality impact assessment. Through our response we have highlighted some key points that need to be considered. Rural women face a number of unique circumstances and stresses that can cause or further exacerbate mental health and learning disabilities. Examples include:

- The dual discrimination that rural women face in terms of their gender and locality
- Social exclusion that rural women face, especially rural older people who may be at special risk of social exclusion
- The impact of rural women from black, minority and ethnic backgrounds
- Lesbian and gay women living in a rural setting
- Cultural differences between rural/urban areas and stigma attached to mental health and learning disability
- Lack of access to key services and information due to geography
- Lack of childcare provision in rural areas

¹³ Office of First and Deputy First Minister (OFMDFM), Gender Equality Strategy (2006), A Strategic Framework

Conclusion

We have reservations concerning the timescale of some of the actions listed. There are a number of Strategies and Frameworks that are to be developed by December 2008. We are also concerned about the lack of funding details to support the Bamford recommendations. NIRWN advocates the need for clear targets and realistic timescales. Also a stronger demonstration of a joint up approach across government departments is required through an outline of targets and commitments.

More attention on the impact of 'The Troubles' should be considered as part of the review. Especially regarding the post conflict situation and the mental health implications from a gender perspective.

The Bamford review recommendations on perinatal mental health were published in 2005. None of the recommendations have been implemented. In the current consultation it states that 'consideration will be given as time and resources permit'. We are disappointed that specific attention is not given to Perinatal Psychiatric disorders. Northern Ireland lags well behind in the provision of perinatal psychiatry services. Northern Ireland currently has no recognised structure for the provision of mental-health care in pregnancy.

A gendered approach needs to recognise the diversity of women and men due to other factors such as class, race, culture, poverty, sexuality, ability, and the special needs of those in rural and remote areas. The NI Executive response needs to demonstrate through clear objectives and financial resources to illustrate how it will address the needs of those in most need and least choice.

References

Equality Commission for Northern Ireland (2003) Disabled Women in Northern Ireland: Situation, Experiences and Identity

Equality Commission for Northern Ireland, (2008), United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) Report. See also the UN Committee on the Elimination of Discrimination Against Women, General Recommendation 18 & 24:

<http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom18>

<http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24>

Evason, E (2007) Op cit fn38

Defra (2006) The quality and accessibility of services in Rural England. A survey of the perspectives of disadvantaged residents
www.defra.gov.uk/rural/pdfs/quality-accessibility-services-rural-eng-report-pdf

Department for International Development (DIFD), (2000), Disability, poverty and development

Hillyard et al (2003) cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:125).

McConkey (2007) The Bamford Review of Mental Health and Learning Disability Northern Ireland

MIND, (2008)

www.mind.org.uk/Information/Factsheets/Rural+issues+in+mental+health.htm#Rurality_health_and_wellbeing

Northern Ireland Health and Well-Being Survey, (2005)

Office of First and Deputy First Minister (OFMDFM), Gender Equality Strategy (2006), A Strategic Framework

Smith, N., Middleton, S., Ashton-Brooks, K., Cox, L. & Dobson (2004) Disabled People's Costs of Living: 'More than you would think'. Joseph Rowntree Foundation

The Royal College of Psychiatrists, (1992). Postnatal mental illness report of a working party, Council Report No: CR28