Theme 1
Health and Well-Being

Exploring issues raised in the video featuring Maeve McLaughlin, Chair of the Committee for Health, Social Services, and Public Safety.

Curriculum Links
This set of activities can be related to the following statutory requirements of the NI Curriculum:

Learning for Life and Work: Local and Global Citizenship

Key Concept - Work in the Local and Global Economy
Exploring Equality and Social Justice provides opportunities to understand that society needs to safeguard individual and collective rights to try and ensure that everyone is treated fairly.

Pupils should have opportunities to:
Investigate how and why some people may experience inequality/social exclusion on the basis of their material circumstances in local and global contexts, for example, absolute and relative poverty, homelessness, the experience of refugees and asylum seekers etc.

This text comes from the Statutory Order for the NI Curriculum detailing minimum requirements for Local and Global Citizenship, available in pdf form here:
http://ccea.org.uk/sites/default/files/docs/curriculum/area_of_learning/learning_life_work/local_global_citz/ks3_citizenship.pdf

Learning for Life and Work: Personal Development

Key Concept - Personal Health
Exploring Personal Health provides opportunities to understand the importance of recognising and managing factors that may influence physical and emotional/mental health throughout life.

Pupils should have opportunities to:
Explore the concept of Health as the development of a whole person, for example, defining what makes up a whole person, the need to develop physical, mental, social, moral, cognitive etc

Investigate the influences on physical and emotional /mental personal health of, for example, immunisation, regular physical activity, personal hygiene, diet, stress, addiction, life / work balance etc.

Develop understanding about, and strategies to manage, the effects of change on body, mind and behaviour, for example, puberty, body image, mood swings, etc. This text comes from the Statutory Order for the NI Curriculum detailing minimum requirements for Personal Development, available in pdf form here:
http://ccea.org.uk/sites/default/files/docs/curriculum/area_of_learning/learning_life_work/pers_dev/ks3_personaldev.pdf

Introduction

A major concern of any government must be the health and well-being of the population. In the UK, as in most European countries, provision of a health service represents one of the biggest budget items on the government's spending list. Here, health care is the responsibility of the NHS.

Watch and listen to what Maeve McLaughlin, Chair of the Committee for Health, Social Services, and Public Safety has to say about the work of the Minister for Health.

Aim: to extract from Maeve McLaughlin's account a sense of the areas with which the committee is concerned, and in particular to take up the remarks on the relative lack of priority given to provisions for mental health as part of the health-care system compared to other competing priorities.

Key Questions
while watching the video, bear these questions in mind:

- What is the role of the committee?
- What budgets is the committee concerned with?
- What institutions and bodies are responsible for decisions about the provision of health-care services?
- How does the incidence of mental health issues here compare to that in England?
- What does Maeve McLaughlin suggest might be some of the reasons for the situation regarding mental health issues here?
- What does she suggest could be done to improve the situation about mental health?
- What does she suggest could be done to improve the situation about health provision in general?

Statistics, Figures, Comparisons
Before going on to investigate in more detail some of the issues that Maeve McLaughlin identifies as being of particular urgency, let's get a sense of the size of the problem.

Activity: How much does health care cost?

Has anyone here ever had to go into hospital? Perhaps to have your appendix out, or to have a broken leg set, or even just to have an x-ray.

How much do think the procedure cost?

Look at the information and figures given in the following websites, and compare how issues in health are prioritised.

http://www.oecd.org/unitedkingdom/Country-Note-UNITED%20KINGDOM-OECD-Health-Statistics-2015.pdf

https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/capitation-formula-factsheet_0.pdf
(see pie-chart on page 2 for proportion of budget allocated to different aspects of health spending)

https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/hscwb-key-facts-march-15.pdf
(table gives an indication of the range of jobs involved in running health services)

There is more information in the four extracts from websites provided at the end of this section.

DHSSPS Expenditure 2012-13

Table 1 shows actual expenditure by HSC Trusts across the nine PoCs* 2006-07 to 2010-11

Actual Expenditure as per Trust Financial Returns						
	2006-07	**2007-08**	**2008-09**	**2009-10**	**2010-11**	**Change 2006-07 to 2010-11**
Programme of Care	£m	£m	£m	£m	£m	Increase
Acute Services	1,035.3	1,114.8	1,240.0	1,292.4	1,282.0	23.8 %
Maternity and Child Health	117.9	121.8	138.2	145.0	148.0	25.5 %
Family and Child Care	155.0	166.6	180.9	188.5	195.0	25.8 %
Elderly Care	628.6	644.9	687.2	704.9	721.0	14.7 %
Mental Health	190.8	197.0	222.7	225.5	228.0	19.5 %
Learning Disability	185.6	200.2	215.3	228.3	240.0	29.3 %
Physical and Sensory Disability	83.1	92.9	98.1	100.9	106.0	27.6 %
Health Promotion and Disease Prevention	42.0	46.6	47.1	46.9	47.0	11.9 %
Primary Health and Adult Community	77.1	98.1	120.4	138.4	154.0	99.7 %
Total Expenditure	2,515.4	2,682.8	2,949.9	3,070.8	3,121.0	***24.1%***

*What are the Programmes of Care?

Acute Services (PoC1) –
includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in an acute specialty. It also includes all activity, and resources used, by a hospital consultant in an acute specialty, in relation to an outpatient episode, day case, or day care;

Maternity and Child Health (PoC2) –
includes all activity related to obstetrics and child health including community contacts in relation to maternity or child health. All health-related community contacts for under-16s are included except in relation to mental health, learning disability or physical and sensory disability;

Family and Child Care (PoC3) – includes activity and resources relating to social services support of family and children, including children in care, child protection, family centres, women's shelters for example and also community contacts by health professionals where primary reason is family or childcare related;

Elderly Care (PoC4) –
includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in geriatric medicine or old age psychiatry. Also includes community contacts with those 65 or over (except in relation to mental illness or disability) and includes dementia and all work relating to homes for the elderly;

Mental Health (PoC5) –
includes all activity, and resources used, by any health professional in relation to mental illness, child and adolescent psychiatry, forensic psychiatry and psychotherapy. Note it does not include contact relating to dementia which falls under Elderly Care;

Learning Disability (PoC6) –
includes all activity, and resources used, by any health professional in relation learning disabilities, including where patients with Down's Syndrome develop dementia;

Physical and Sensory Disability (PoC7) –
includes all contacts by a health professional relating to physical or sensory disability (excluding patients over 65 which are allocated to Elderly Care);

Health Promotion and Disease Prevention (PoC8)
– all hospital, community and GP-based activity relating to health promotion and disease prevention –including screening, well woman/man clinics, child health surveillance, school health clinics, vaccinations, community dental screening and so on; and,

Primary Health and Adult Community (PoC9)
– includes contacts by health professionals with community patients aged 16-64 where the primary reason is anything except mental illness, learning disability or physical and sensory disability. It includes GP-ordered diagnostic tests and treatments. Costs and activities associated with Family Practitioner Services (GPs, Dentists, Pharmacists and General Ophthalmic Practitioners) are considered outside the Programme of Care Framework

http://www.niassembly.gov.uk/globalassets/Documents/RaISe/Publications/2012/health/14712.pdf

Key Questions:

- Why is health care so expensive?
- Which is best, free health care on the model of the NHS, the US system of health insurance, or the European model which is something of a hybrid? What reasons can you give for your answers? *https://en.wikipedia.org/wiki/Health_care_in_the_United_States*
- What is the effect of an ageing population on health-care provision?
- What would be the effect of having to pay to see your doctor? Look at the following links and suggest whether paying to see the GP is a good idea or not. *http://www.reform.uk/medias/the-case-for-gp-charges/*
- What about the more recent debate about prescription charges in Northern Ireland? *http://www.bbc.co.uk/news/uk-northern-ireland-34836428*

Activity: Investigating the Impact of Mental Health Issues

Key Questions

- What proportion of the population is likely to experience some mental health issue in their lifetime?
- Which sections of the population are most at risk?
- What is understood about the causes of impairments to mental health?
- Are mental health issues permanent or temporary, like having a physical illness?
- What are the main forms of impairment to mental health that are prevalent in NI?
- What treatments are available?
- How effective are the treatments available?
- What issues are faced by people who have mental health issues?
- What organisations are available to provide counselling, support and/or treatment for people experiencing a mental health crisis?
- What support services are available to help those at risk of developing depression or suffering from depression?
- What proportion of the total health-care budget is allocated to mental health services?
- How many mental health specialists work in the NI health service?
- Do you know anyone who has had experience of depression?
- How many people do you think are affected by depression in NI?
- What groups are most affected by depression?
- Why is it that there is stigma associated with mental health issues?
- How does the stigma impact on people who may have concerns about their mental well-being?
- Does our history of the troubles/conflict still affect people's mental health in NI? http://www.northernireland.gov.uk/news-dhssps-10915-

In pairs use the following links to find out more about the issues involved in mental health. Based on your investigations, and the answers to the key questions that you can find, do you think Maeve McLaughlin is right to draw attention to the issue of mental health and the lack of attention it has received in terms of the proportion of the health budget that is allocated to mental health?

http://www.mindwisenv.org/index.php?option=com_content&view=frontpage&Itemid=78

http://www.niamhwellbeing.org

http://www.aware-ni.org

http://www.mind.org.uk

http://www.time-to-change.org.uk/what-are-mental-health-problems/mental-health-help-you/other-useful-organisations

https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/hsni-first-results-14-15.pdf
(see page 5 for summary of key findings and see page 9 for results about mental health and wellbeing)

Extracts from 2015-16 Budget for NI

We have increased spending on Health …by over £200 million.

Improving Health and Well-being is a key priority

For Budget 2015-16 no department has been given a 'blanket' protection from the impact of tightening budgets and the need to pursue greater efficiencies in service delivery. However, there is recognition of the need to provide a degree of protection for front-line health and education services. For health this has been derived by exempting front-line health and social care from the baseline reductions facing other department… A key objective for all partners must be to reduce the significant inequalities in health and wellbeing in Northern Ireland… Every opportunity will be taken to promote key public health and wellbeing message

moving forward with Belfast City Hospital Mental Health Inpatient Unit;

Key facts: Prescription costs

For the period 2014/15 the total spend on General Practice including the reimbursement of drugs dispensed in General Practices was:

- £9,001.0m in England, compared to £8,766.1m in 2013/14 (an increase of 2.68 per cent)
- £478.1m in Wales, compared to £475.7m in 2013/14 (an increase of 0.50 per cent)
- £255.2m in Northern Ireland, compared to £249.9m in 2013/14 (an increase of 2.12 per cent)
- £809.9m in Scotland, compared to £802.9m in 2013/14 (an increase of 0.88 per cent)
- £10,544.3m in the UK, compared to £10,294.6m in 2013/14 (an increase of 2.43 per cent)

http://www.hscic.gov.uk/catalogue/PUB18469

Assembly Research Paper on Mental Health Inequalities

http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2012/health/13512.pdf

Sources

To help in analysing the questions about the relative importance given to mental health issues, the following information from online sources provides a sense of how mental health spending compares to other areas.

Ask pairs or small groups to extract information from the extracts and feedback to the class.

Healthcare across the UK: Key facts

Set out below are data for all four nations

	England	Scotland	Wales	Northern Ireland
Life expectancy at birth – men, 2008–2010, years	78.6	75.9	77. 6	77.1
Life expectancy at birth – women, 2008–2010, years	82.6	80.4	81.8	81.5
Spending per person on health services, 2010 -11, £	1,900	2,072	2,017	2,106
Spending on health services as a percentage of total public spending, 2010 -11, %	22.0	20.4	20.3	19.7
Number of GPs (headcount) per 100,000 people, 2009	70	80	65	65

https://www.nao.org.uk/wp-content/uploads/2012/06/1213192.pdf

Mental Health Services: Resourcing the Changes

In its Report on Adult Mental Health Services, the Bamford Review (2005) commented on what was needed to resource the changes required to improve mental health services (eg, sufficient funding, more co-ordinated service delivery, more recognition of role of carers, efforts to reduce stigma, better service for victims of the troubles). This is the most substantive comment on funding for mental health services in the published reports and is worth quoting in full:

The programme of change that is required for adult mental health services in Northern Ireland represents major challenges at both regional and local levels. The proposals have major implications for future Health and Personal Social Services mental health revenue and capital investment programmes and for future estate requirements. With anticipated reorganisation and reconfiguration, local providers must ensure that resources follow service users.

These changes cannot occur without protected investment from government to drive local service development. The need for additional investment is justified on a number of well recognised factors:

- socio-economic deprivation in Northern Ireland is significantly higher than in Great Britain;
- the rurality of our population distribution is contributing to higher costs;
- the health of our population is generally poorer compared to Great Britain;
- the link between deprivation and health and social care need is particularly strong in the mental health programme of care;
- the aftermath of the troubles is still being experienced, for example, in terms of mental health problems and needs and this is likely to continue for many years;
- investment levels in mental health services have not kept pace with other areas of the UK and there are significant gaps in service provision; and
- as a result of a general failure to replace or redevelop aging estate and to address a growing backlog across Northern Ireland, a significant capital investment in mental health services is required.

https://www.qub.ac.uk/schools/SchoolofSociologySocialPolicySocialWork/AKFileStore/Filetoupload,533783,en.pdf

Mental Health Services

In the Budget 2011-15, the Northern Ireland Executive stated its continuing commitment to the implementation of the Bamford Review on mental health, in particular early intervention, the development of community services, further reduction in long-stay hospital populations, and improvement in prison mental health and children and young people's provision. However, the second Bamford Action Plan, 2012-15, acknowledges that funding will continue to be a significant challenge in the period to 2015. In stark contrast with the anticipated budget at the outset of the 2009-11 Action Plan, the only additional funding to the Health and Social Care sector earmarked for mental health services over the 2012-15 budget period is £2.80m.

In recent years there have been calls for a more radical approach to the consideration of the cost of, and also public spending on, mental health in the UK. A report published by the London School of Economics' Centre for Economic Performance Mental Health Policy Group argues that there are massive inequalities in the way in which mental illness is treated by the NHS as compared with physical illness:

"The under-treatment of people with crippling mental illness is the most glaring case of health inequality in our country"

For example, the report states that nearly half of all ill health among people under 65 is mental illness and yet only a quarter of those with mental illness are in treatment compared with the vast majority of those with physical illness, and that mental illness accounts for 23 % of the total burden of disease yet it receives only 13 % of NHS expenditure. The authors of the report suggest that more expenditure on the most common mental disorders would cost the NHS nothing, mainly because psychological therapies are low cost and have high recovery rates. Furthermore, if a wider and more long-term approach was adopted, effective mental health treatment would generate other savings, such as increasing employment or improving the behaviour of children.

Other reports have questioned why public spending on mental health services in Northern Ireland was 15.6 % lower than in England in 2002/3, when the overall prevalence of mental health problems in Northern Ireland was estimated to be 25 % higher than in England. This inequality in the proportion of funding and resources allocated to mental health services in Northern Ireland was also reported by the Bamford Review in 2007.
http://www.amh.org.uk/news/major-study-mental-health-services/

Other relevant links/sources
Three videos produced by young people during a recent Northern Ireland Assembly Erasmus + project (Mental Health Services, Mental Health in Schools and Mental Health in the Community - *http://education.niassembly.gov.uk/video-gallery*

The Department of Health - https://www.dhsspsni.gov.uk/ (NB: the Department's name will change from 'Department for Health, Social Services and Public Safety' to 'Department for Health' after the election.

The Assembly's Health Committee, which holds the Minister to account on behalf of the Assembly – through legislative and policy scrutiny.
http://www.niassembly.gov.uk/assembly-business/committees/health-social-services-and-public-safety/