

Maeve McLaughlin (Sinn Féin), Chair for the Committee for Health, Social Services & Public Safety

Maeve McLaughlin, I'm MLA for Foyle in Derry. I'm currently the Chair of the Health and Social Services and Public Safety Committee. Our role, I suppose, is to scrutinise what the department do, to monitor and track what the department do.

Health is our biggest budget across all of the departments. So we have a keen eye to ensure that budgetary issues and spend goes the right way.

Mental Health

There is no doubt that there is still very much a stigma attached to mental health. It's quite surprising, in this day and age, that there are so many people who still, for example, don't want to live next door to somebody who has a mental health issue.

My firm belief is that mental health needs to go further up the agenda. We have 25 percent worse mental health in the North of Ireland than they have in England. And yet, our budget, as it was proposed, is now 25 percent less. So there's something dramatically wrong in how we target mental health. And I think also, as a society, we have to bear in mind that we are a society coming out of conflict, and that has had a particular impact on our mental health across all of our communities. So it's my firm belief that we need to be examining how we increase the budget for mental health.

I also think that we need to be examining how, as a society, we have a mental health champion. But it's not good enough, and, in fact, people's lives are suffering as a result of the whole mental health agenda being way down the pecking order.

Mental health is also quite often linked with the whole area of addiction. Again, this is an area of work that I feel very passionate about, about us trying to understand what is happening in our society, in terms of addiction. And addiction, when I was growing up, was maybe either alcohol or drugs. Now it's polysubstance. So there are different interventions that are required in relation to issues around earlier intervention, around crisis intervention, and even the whole area of detox.

So I think it's a very topical area of work. I think it's one that, unfortunately, remains down the pecking order in terms of the politics, if you like, of this institution. It's certainly one that I would like to see gaining more momentum. And as it gains more momentum, actually targeting the need that very, very clearly currently exists.

We looked, for example, at, you know, the whole-- And it is not a nice area to deal with, but the whole area of suicides. And the majority of those cases that we looked at, all of the cases up to 2011, fifty-nine percent of them had mental health difficulties. So there's a real challenge for us in our communities and societies, to move mental health up the agenda, and to actually look at how we start to have the difficult conversations and ring-fence the money where it needs to go to.

Transforming Your Care

The current policy direction in Health is a policy known as Transforming Your Care. And it is, in essence, it is about shifting services from hospitals to communities. So I think it is the right

approach. It really is about earlier intervention and it is about prevention. It is about care in the communities. Ultimately, about keeping people out of hospital as long as practically possible.

I suppose my issue with it has been that we haven't seen the investment really follow that. And sometimes it feels as if the system is at odds with one another. I think one of the biggest challenges we have in Health is the way our system is currently set up. I believe it's too complex. I believe there's too much bureaucracy in the system. We have a system for a small population here in the North of Ireland. That we have a department and a minister, we have a health board, we have six trusts, a public health agency, and local commissioning groups. And often, I meet both individuals and sectors who question how decisions have been taken, or why decisions haven't been taken, or what is the route to challenge.

I firmly believe that we need to streamline that system. I think it's overly complex and people get confused about where the accountability is. I think that in order to fully implement Transforming Your Care, we should be looking at what Scotland, for example, has done, where they have collapsed a number of their boards and trusts, and streamlined a lot of their processes. I don't see this in any other department, I have to say. Every other department the buck stops, if you like, with the minister and the department. In Health, it's overly complex. And I think if we're serious about investing in community and primary education, we need to streamline the system in order for us to be able to do that.

Health and Equality

I think one of the challenges that we have in Health again, is the fact that our population are getting healthier, which is a very good thing. We are living longer. Society generally is becoming more healthy, and that is all very positive.

However, we have a gap between those who have and those who haven't. There are huge discrepancies between people who live in disadvantaged communities and people who don't. And the statistics tell us, very clearly, that the reality is that they are most stark in my own city of Derry, and in North Belfast, and in West Belfast.

So the clear message in that is that if we want to target those inequalities, we need to start doing things differently, that it won't be one size fits all, and that we do, when we're dealing with issues around, for example, awareness around cervical cancer, awareness around various levels of cancer, access to cancer treatments, equality issues in terms of access to drugs, for example, that we need to be targeting it to the communities that need it. Otherwise, in my view, the gap will become worse, and the current situation is that people can live up to five and ten years longer if they come from one community, as to another.

So I think, again, in terms of the direction of Health, we can't pay lip service to this. It can't be universalism. It can't be one size fits all. We need a public health strategy that actually says, 'cause we know in which community we're looking towards, within this sector, within this age group, within this community, within this gender, we need to target interventions accordingly.