

Introduction



The first Fundamental Facts was produced in 2007 to mark the landmark Adult Psychiatric Morbidity Survey in England.ⁱ Since 2015, Fundamental Facts has become a regular publication by researchers in the Mental Health Foundation. In addition to the full UK report, we publish a Fundamental Facts for Northern Ireland, Scotland and Wales. With each publication, we aim to strengthen the range of statistics that we include and your suggestions for additions are welcome.

As the UK's leading public mental health charity we draw together not only illustrative statistics on conditions and services, but also figures relating to the social, political and economic factors that impact mental health. Further, the Foundation's strong advocacy for equity grounded policy, research and practice means that we want those who use Fundamental Facts to access statistics that inform on protected characteristics and socio-economic status.

When considering what to include for Northern Ireland, we recognised:

- health and social care in Northern Ireland is a wholly devolved issue that requires an understanding of Northern Ireland's unique social, political and economic climate;
- the impacts on public mental health of a society emerging from conflict as well as one impacted by inequality, poverty and the legacy of institutional abuse; and
- the structure of health and social care services in Northern Ireland is distinctly different from that in the rest of the UK.ⁱⁱ

The last Census was completed in 2011 as a way to measure prevalence of mental health problems in Northern Ireland. The Programme for Government's outcomes focus means that it is essential that robust, relevant and accessible public mental health data is used to monitor and evaluate the necessary progress. The Foundation welcomes the current focus on mental health in Northern Ireland: the Assembly's cross-party vote supporting a Mental Health Champion,

ⁱThis study is the source of the statistic of '1 in 4' people experiencing mental health problems in any year. The Foundation's 2016 Fundamental Facts report will present the findings of England's 2014 Adult Psychiatric Morbidity Survey published in September 2016. (Please note the '1 in 4' statistic is now '1 in 6' people have experienced common mental health problems in the last week.)

ⁱⁱFive Health and Social Care Trusts (HSCT) in Northern Ireland provide health and social services and while services are commissioned by the Health and Social Care Board there are local commissioning groups in each of the HSCT areas. The average population per trust is 359,878, compared to 307,753 in England.



the Minister for Health describing herself as the Mental Health Champion in the Executive and committing to a ten year mental health strategy, and the Chair of the Health Committee stating that the Committee would: “not let the issue slip off the agenda or let the Minister drop the ball”.

The audiences for Fundamental Facts are diverse: we want it to be used by politicians, advocates in the voluntary and community sectors, journalists, students and members of the public who are passionate – or simply curious – about mental health.

The Foundation advocates for public mental health data to be strengthened and will be co-organising an event in Belfast before the next edition of Fundamental Facts in order to progress this agenda. Fundamental Facts is a resource for everyone interested in mental health. Thank you for using it to inform and influence public debate, to build public attention and understanding and to change lives for the better.

Iris Elliott PhD FRSA, Head of Policy and Research

Mental health in Northern Ireland



- Northern Ireland is reported to have a 25% higher overall prevalence of mental health problems than England.¹
- According to the Northern Ireland Health Survey 2014/15, 19% of individuals show signs of a possible mental health problem, consistent with the previous year in 2013/14. On average, more women (20%) than men (16%) report signs of mental health problems.²
- Similar rates of poor mental health were reported in a 2013 study into the prevalence of mental health disorders in Northern Ireland, which suggested rates of 23.1%, with estimates for each disorder as:
 - 14.6% for anxiety disorders
 - 9.6 % for mood disorders
 - 3.5% for substance misuse disorders
 - 3.4% for impulse control disorders

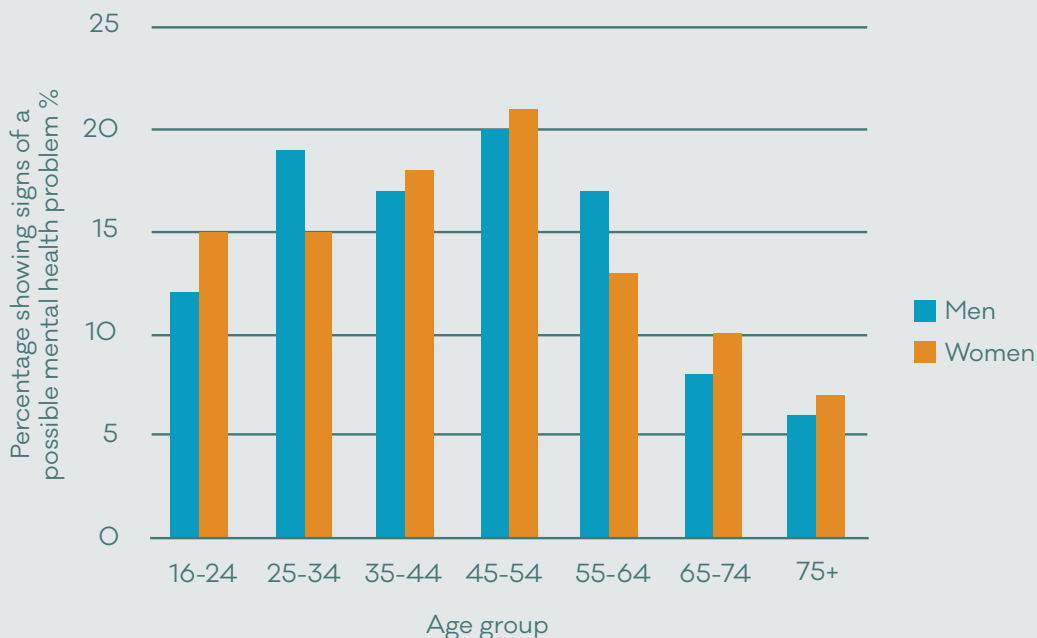


Figure 1: Mental health in Northern Ireland by gender, 2014-15.

Bell, C., & Scarlett, M. (2015). Health Survey Northern Ireland: First Results 2014/15. Department of Health, Social Services and Public Safety: Belfast. Retrieved from <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-first-results-14-15.pdf> [Accessed on: 18/07/16].



- Of the 12-month cases, 28.8 % were classified as serious, 33.4 % as moderate, and 37.8 % as mild. Just 40% of individuals with any disorder received treatment in the previous 12 months. 78.6 % of those with a mental disorder who sought treatment felt they have received minimally adequate treatment.³
- The number of inpatient admissions under the mental health programme for care decreased by 13.3% (637) between 2010/11 (5,268) and 2014/15 (4,675).⁴
- Between 2010/11 and 2014/15, the average number of available beds within the mental health programme of care (one of nine categories into which health and social care in NI is divided) in Northern Ireland decreased by 28.7% (235.3), from 821.4 to 586.0.⁵
- In Northern Ireland, between 2014/15, there were 987 compulsory admissions into hospitals under the Northern Ireland Mental Health Order (1986). Of these admissions the majority were males (54.5%) compared to admissions of females (45.5%).⁶
- According to prescribing trends, Northern Ireland has significantly higher levels of depression than the rest of the UK.⁷
- The prescription rate for mood and anxiety disorders (depression, bipolar disorder, and anxiety disorders) increased by 20% between 2009 and 2013.⁸

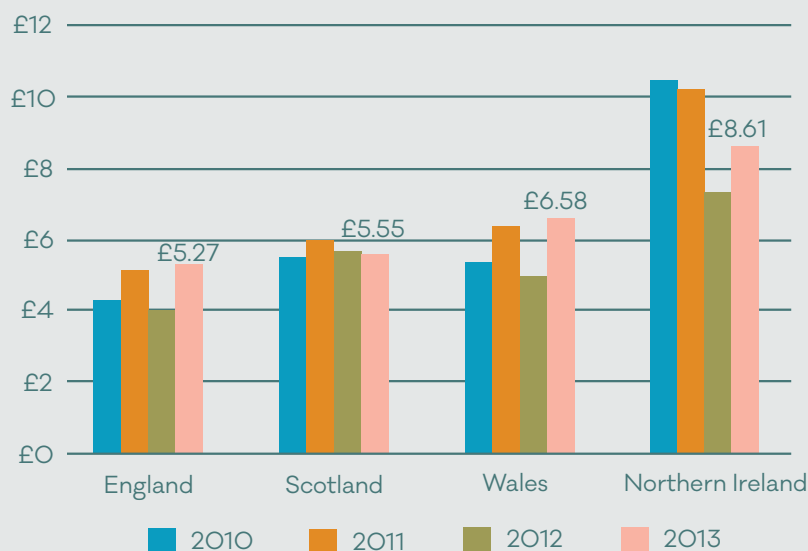


Figure 2: The cost of anti-depressant prescribing per head of population in the UK over the 4 year period to 2013.

Donnelly, K.J. (2014). Primary Care Prescribing. Northern Ireland Audit Office: Belfast. Retrieved from http://www.niauditoffice.gov.uk/primary_care_prescribing-2.pdf [Accessed on: 20/07/16].



- Northern Ireland has consistently had significantly higher anti-depressant prescribing costs per capita than other UK regions. The cost of anti-depressants fell considerably during 2012 but rose again slightly in 2013. During 2012 prescribing costs per head of population was £1.71 here compared with £0.41 in Scotland and £0.26 in Wales.⁹
- There are significant inequalities in the prescription of medication for mental health problems in Northern Ireland: the prescription rate for mood and anxiety disorders in 2013 was 66% higher among women than men, and twice as high in the most deprived areas than the least deprived areas.¹⁰

Cost



- The percentage of public spending invested in health services in Northern Ireland has consistently been the lowest in the UK, at 19.7% (compared to 22% in England, 20.4% in Scotland, and 20.3% in Wales) in 2011-12. However, Northern Ireland has been estimated as having the highest average health need per person in the UK.¹¹
- Although health need is difficult to measure, with many factors which must be taken into account, a 2014 report for the Nuffield Trust concluded that: *'any well-based combination of the measures would show that England and Scotland have lower overall needs than Wales or Northern Ireland.'*¹²
- When Northern Ireland's higher levels of deprivation and social need are taken into account, its health and social care system spends 7-16% less than England on health and social care – equivalent to between £250 million and £600 million in 2009/10. In particular Northern Ireland spends less than half of England's per capita spend on supporting people with mental health problems and learning disabilities.¹³
- The total annual investment by the Department of Health and Social services (now the Department of Health) in the implementation of the "Protect Life" Strategy to tackle the high rate of suicide within Northern Ireland has been £6.7 million.¹⁴

Across the life course



Perinatal mental health

- Of the 25,273 births in 2011 in Northern Ireland, 2,527 women (around 1%) developed antenatal depression, 3,790 women (around 1.5%) developed postnatal depression, 50 mothers developed puerperal psychosis and 50 were admitted as a result of relapsing.¹⁵
- In 2011, spending on mental health was just 7% of the whole health budget and 10-30% lower than English spending on this sector, despite an increased need. Only 3.7% was spent on maternity and child health.¹⁶
- 80% of women in Northern Ireland have no access to specialist perinatal support, compared to 40% in both Scotland and England, and 70% in Wales.¹⁷

Children and young people

- There is little epidemiological data for the mental health of children and young people living in Northern Ireland. However, it is estimated that the rates of mental health conditions are at least comparable to those reported for Britain; and may be higher, taking into account the higher levels of socio-economic deprivation, the legacy of the conflict and higher rates of psychiatric morbidity in the adult population in Northern Ireland.¹⁸
- Despite having one of the most advanced health systems in the world, child health outcomes in Northern Ireland are amongst the poorest in Western Europe.¹⁹
- The Northern Ireland Young Life and Times survey reported that 29% of 16 year old respondents had serious personal emotional or mental health problems, with a much higher percentage (43%) from 'not well off backgrounds' doing so.²⁰
- The Young Life and Times Survey comparison from 2008 and 2013 found that overall, young people's mental health was slightly worse in 2013 than in 2008. In 2008, around 90% of the young people said they had never self-harmed. In 2013, this percentage was 87%. In both years, around 5% said they had self-harmed once. In 2008, around 5% said they self-harmed more than once, compared to 8% in 2013. Thus, slightly more 16-year olds reported having self-harmed in 2013.²¹



	Percentage in year*	
	2008	2013
Have you in the past year had any serious personal, emotional, behavioural or mental health problem for which you felt you needed professional help?		
No, I have had few or no problems	74	71
Yes, but I did not try to get professional help	10	10
Yes, and I did ask for professional help	9	11
I have had, or now have, serious problems, but have never felt the need for professional help	7	8
Have you during the past month or past year seriously thought about taking an overdose or trying to harm yourself, but not actually done so?		
No	86	85
Yes, the last time was in the past month	4	5
Yes, the last time was over a month ago, but less than a year ago	9	7
Have you ever deliberately taken an overdose? (For example of pills or other medication, or tried to harm yourself in some other way, such as cut yourself)		
No	90	87
Yes, once	5	5
Yes, more than once	5	8

*Percentages don't total to 100 because of missing answers

Figure 3: Self-harm and seeking help among 16 year olds: Changes between 2008 and 2013.

McCann, M. (2015). *Who can I talk to? Self-harm and seeking help among 16 year olds: Changes between 2008 and 2013. Research Update No 96.* ARK Northern Ireland: Belfast. Retrieved from <http://www.ark.ac.uk/publications/updates/update96.pdf> [Accessed on: 20/07/16].

- The rate of children subject to Child Protection Plans and on Child Protection Registers has increased in all four parts of the UK. Between 2002 and 2014, there was an increase of 31% in Northern Ireland which was notably lower than in England (72%), Wales (72%) and Scotland (51%).²² During this period, the population of children declined in Northern Ireland, as well as Wales and Scotland, and increased in England.
- In 2014, there were 1,914 children in Northern Ireland subject to child protection legislation.²³ The number was significantly higher in England at 48,300²⁴ as well as in Scotland (2,882)²⁵ and Wales (3,135).²⁶



Later Life

- By 2025 the number of adults aged 65 years and older will account for 20% of Northern Ireland's population.²⁷
- According to data from the 2011 census, 55% of older Northern Ireland Longitudinal Study (NILS) members qualify as educationally deprived, according to the measure used by the Northern Ireland Statistics and Research Agency.²⁸
- The number of people with dementia in Northern Ireland is predicted to rise from 17,765 in 2010 to 24,980 by 2021, an increase of 41%. It is projected that 60,000 people will be experiencing dementia by 2051.²⁹
- A higher proportion of Northern Ireland's older people live in nursing homes compared with England and Wales. The McKinsey Report estimated the proportion of older people in Northern Ireland living in nursing homes to be 3.5 times higher than in England.³⁰
- Research from NILS has found that deprivation (encompassing educational, employment and area-level income deprivation, as well as housing tenure and property value) is associated with worse self-reported mental health in over 65s, especially men.³¹ The NILS has also highlighted access to a car as a key protective factor, which mediates the effect of rural-urban differences, for this age group.³²
- There is little research within the area of later life in Northern Ireland. However new insights are being explored by the NICOLA study at Queens University Belfast. The study will look at health, lifestyles and financial situations of 8,500 people as they grow older monitoring how their circumstances change over a 10 year period to help understand the issues facing older adults in Northern Ireland.

"NICOLA provides an opportunity to ensure that we are prepared to meet the needs of an aging population. Apart from benefiting from a more detailed insight into their own health and wellbeing, people taking part in NICOLA will provide society with a treasure trove of data that will aid future generations." (Northern Ireland's former Commissioner for Older People, Claire Keatinge)

Minority groups



Lesbian, Gay Bisexual &/ Transgender (LGB&/T)

Within Northern Ireland, sexual orientation remains a contentious topic. This remains the only part of the UK in which same-sex marriage is not legal, with considerable discussion around LGB&/T rights being held publically and politically.

"There needs to be a public debate on this issue in Northern Ireland. People are being treated differently because of their sexual orientation and that is something which should be challenged." (Dr Michael Wardlow, Chief Commissioner of the Equality Commission)

- The introduction of Civil Partnership can be seen as evidence that Northern Irish society has changed. However Northern Ireland remains the only UK nation in which same-sex marriage is not legal and there have been over 160 statutory differences that have been identified between civil partnerships and civil marriage.³³
- Evidence has found that same sex couples with children in Northern Ireland have reported experiences of exclusion, discrimination, harassment, and hate crime.³⁴
- In Northern Ireland, 35.3% of LGB&/T individuals surveyed by

The Rainbow Project reported experiencing self-harm compared to only 13% of those in the rest of the UK. 25.7% experiencing a suicide attempt, while 46.9% experiencing suicidal ideation compared to 44% in the rest of the UK. A total of 70.9% reported experiencing depression, with 64.7% seeking medical help for depression/ anxiety.³⁵

- LGB&/T people are substantially more likely than the Northern Ireland population to use drugs and are nearly three times as likely to have taken an illegal drug in their lifetime (62% v 22%), and 57% of LGB&/T respondents to the survey drink to a hazardous level compared to 24% of adults in England.³⁶
- It is estimated that at least 2 in every 3 LGB&/T people living in Northern Ireland have experienced a personal, emotional, behavioural or mental health problem for which they needed professional help in the previous three years. LGB&/T people living in a rural area were less likely to have asked for professional help in comparison to those living in urban area. More than 5 in every 8 LGB&/T people living in a rural area have experienced depression; this was slightly higher than those living in an urban area. However, LGB&/T people living in a rural area were less likely to seek help after experiencing depression when compared to those living in an urban area.³⁷



- Discrimination and homophobia remains an issue for LGB&T individuals in Northern Ireland. In the Northern Ireland Life and Time survey in 2013 29% of people disagreed in same-sex marriage.³⁸
- While little research has been conducted in Northern Ireland regarding lesbian and bisexual women, it is identified that these women are at considerable risk of discrimination as they are exposed to heterosexist and homophobic attitudes in their families and society.³⁹
- Currently there is no validated estimate of the number of transgender persons living in Northern Ireland as this information is not collected in the census data.⁴⁰
- Previous research in Northern Ireland has found that transgender individuals face considerable social discrimination which research having found that Northern Ireland's transgender population face many forms of bigotry and hostility due to their gender identity. This includes discrimination and harassment from both members of the public and public service providers.^{41, 42}

“Sexual orientation and gender identity are separate. Sexual orientation refers to the direction of a person’s sexual desires (including the gender/s to which they are attracted, described by terms like homosexual, heterosexual and bisexual), while gender identity refers to a person’s sense of being male or female (or a mixture or absence of both). People who are transgender generally identify with a different gender to the one they were assigned at birth. However, many services cater to people struggling with either their sexual orientation or gender identity, hence the common use of the term ‘LGBT.’”



BAME

- Ethnic minorities in Northern Ireland have higher rates of unemployment, and are over-represented in low-paid occupations. According to the 2011 Census, unemployment rates for all usual residents of working age in Northern Ireland was 5 per cent while the unemployment rate for people from Black groups was much higher at 12.4 per cent. This was the highest rate of unemployment of any ethnic group and represents a significant challenge to moving out of poverty.^{43, 44}
- In the NILT survey 76% of people believed there was prejudice against BAME communities.⁴⁵
- 65% reported they would not accept an Irish Traveller as a close friend, compared to 47% who wouldn't not accept other ethnic minorities as a close friend. Male Travellers have a suicide rate which is 6.6 times that of men in the general population.⁴⁶
- It is recognised that in Northern Ireland there is minimal uptake of mental health services by BME communities, believed to be attributed to a range of barriers including cultural beliefs, language barriers, structural challenges, stigma and shame. This is recognised as increasingly problematic as migrants are at higher risk of poor mental health due to underemployment, communication difficulties, literacy issues, lack of access to support services, transitional upheaval, and social isolation.⁴⁷

Women and mental health

As in other parts of the UK, women in Northern Ireland have slightly higher educational attainment than men, with 83.4% of women attaining 5 good GCSEs (C grade or above) compared to 71.4% of men in 2015. However, only 61.9% of working age women were in employment compared to 71.4% of men in 2015, and women comprised 64% of pensioners in low-income households.⁴⁸

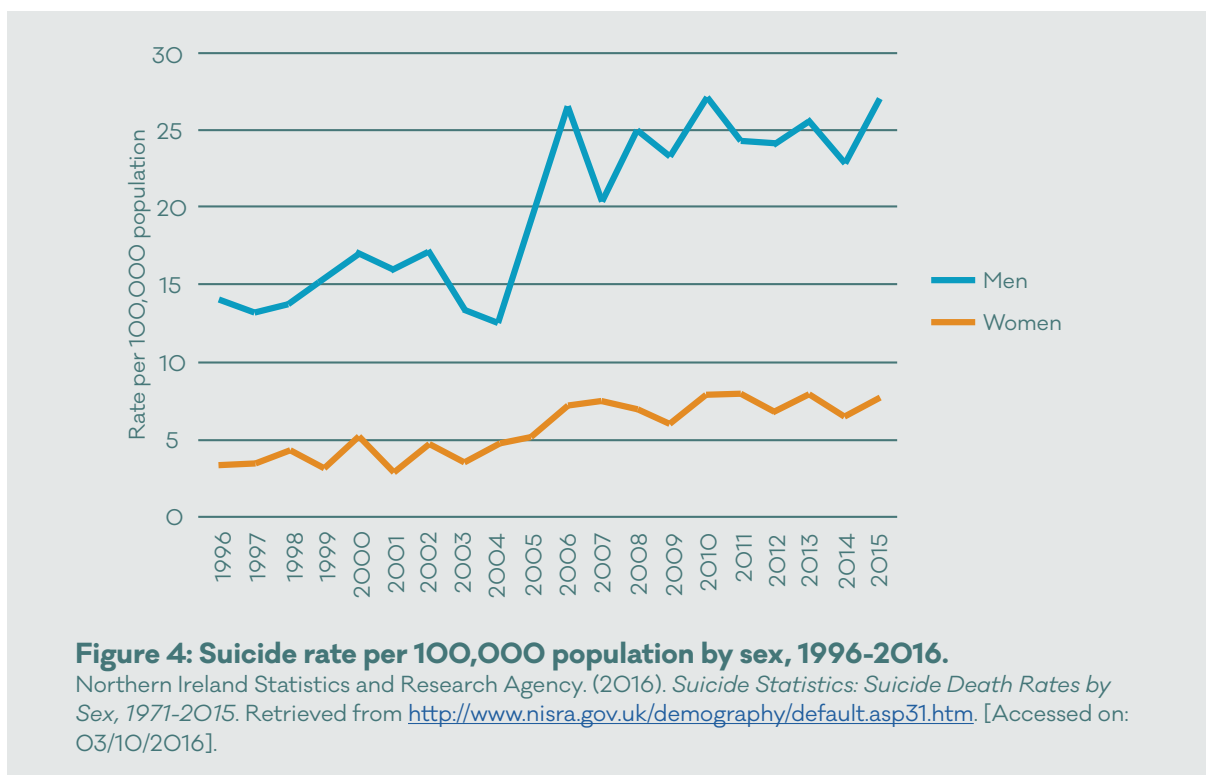
- Recent research on violence against women in Northern Ireland found that high-profile extraordinary violence related to conflict has diverted attention from regular violence in domestic settings, and that discrimination policies have generally focused on religion rather than gender.⁴⁹
- The total number of domestic abuse incidents in Northern Ireland has increased nearly every year since 2004-5, with the figure of 28,465 incidents from June 2015 to June 2016 being the highest on record, a 1% increase from the previous year.⁵⁰
- The 24 Hour Domestic & Sexual Violence Helpline in Northern Ireland, open to anyone affected by domestic violence, received 27,923 calls in 2014-15, 97.8% of which were from women.⁵¹
- In Northern Ireland women are more likely than men (20% to 16%) to report signs of mental health problems.⁵²

Suicide and Self-Harm



Suicide

- In 2014 there were 268 reported suicides regionally, a decrease from 303 in 2013.⁵³
- The number of suicides in Northern Ireland amounts to a rate of 16.4 per 100,000 population. This was the highest of the devolved nations in 2014, compared to 10.3 in England, 9.2 in Wales and 14.5 in Scotland.⁵⁴
- The highest rate of suicide within the UK has been reported in males living in Northern Ireland (25.9 per 100,000 population in 2014, down from 29.3 in 2013). Just over three quarters (207) of suicides in 2014 were males.^{55,56}
- Death by suicide in Northern Ireland is highest among males and young adults, and among the 'single' marital status group. The statistics also suggest that suicide is more prevalent in urban and deprived areas. Belfast West & North Parliamentary Constituencies, and the Moyle, Belfast and Strabane Local Government Districts (LGDs) are the areas most disproportionately affected by suicide, whereas Ballymoney LGD and North Down Westminster Parliamentary Constituency are the least affected constituencies.⁵⁷





- Suicide rates in Northern Ireland have increased substantially over the past 20 years, particularly among men. The current rate of 27 per 100,000 for men is the highest since 2010, while the rate for women rose during the period from 2003 to 2006, and has since remained relatively stable.⁵⁸
- According to figures for 2014, more suicides occurred in areas of higher deprivation, with 46 suicides in 2014 occurring in the most deprived areas of Northern Ireland, compared to 13 in the least deprived areas.⁵⁹



Figure 5: Number of suicides by area level of deprivation, 2014.

Department of Health, Social Services and Public Safety (2012). *Protect Life: A Shared Vision. The Northern Ireland Suicide Prevention strategy 2012-March 2014*. Retrieved from https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/suicide-prevention-strategy-2012-14_O.pdf [Accessed on: 19/07/16].



Self-harm

- Northern Ireland has the highest rates of incidence and annual presentation for self-harm in the UK.⁶⁰
- In 2013, there were a total of 8,453 hospital admissions for self-harm; 866 of these presentations were young people under the age of 18.⁶¹
- Over the five year period 2005/06 to 2009/10, the number of admissions to hospital as a result of self-harm increased by 3.1%,⁶² although this number then decreased by 9% during the following 5-year period.⁶³ However, the DSH Registry has highlighted that approximately 40% of hospital attendances do not result in admissions, therefore the reported self-harm figures substantially under estimate the true size of the problem.⁶⁴
- Figures of self-harm in adolescents in Northern Ireland have been found to be lower (10%) than in rest of the UK. More girls (15.5%) than boys (5.1%) reported self-harming.⁶⁵

Trauma and Conflict

- Evidence suggests that levels of poor mental health are in the upper end of the international scale within Northern Ireland due to the conflict that was experienced by the society.⁶⁶
- 60% of the respondents to the Northern Ireland Study of Health and Stress reported to having had experience of at least one traumatic event during their lifetime, with 19.5% of these as conflict related, and 16.9% being related to witnessing death or serious injury.
- Furthermore, an estimated 8.8% of the Northern Ireland population met the criteria for Post-Traumatic Stress Disorder at some point in their life; while 5.1% met the criteria in the previous 12 months. For individuals who experienced any conflict-related traumatic event, 32% had a mental health disorder in the 12 months previous to the study.⁶⁷
- Findings from a 2014 study suggest that despite the formal end of conflict in Northern Ireland in 1999, significant numbers of the population continue to be affected by adverse mental health related to exposure to trauma.⁶⁸
- Analyses of suicidal behaviour in Northern Ireland demonstrate associations with conflict-related traumatic events.⁶⁹
- The total direct and indirect cost of Post-Traumatic Stress Disorders in Northern Ireland (2008) has been estimated at £172,756,062.⁷⁰



- Evidence has found that the traumatic experiences and exposure to violence related to the conflict in Northern Ireland leads to adverse mental health not only for the person themselves, but also for their children and grandchildren. The result is a trans-generational cycle which impacts upon the well-being of subsequent generations. However, there is minimal research as to the longer-term consequences of this trans-generational trauma or of the impact on children of living in deeply-divided, sectarian communities.⁷¹
- The ongoing impact of trans-generational trauma and highlighted that children continue to suffer the consequences of poor mental health associated with conflict trauma and living under the ongoing threat of paramilitaries.⁷²

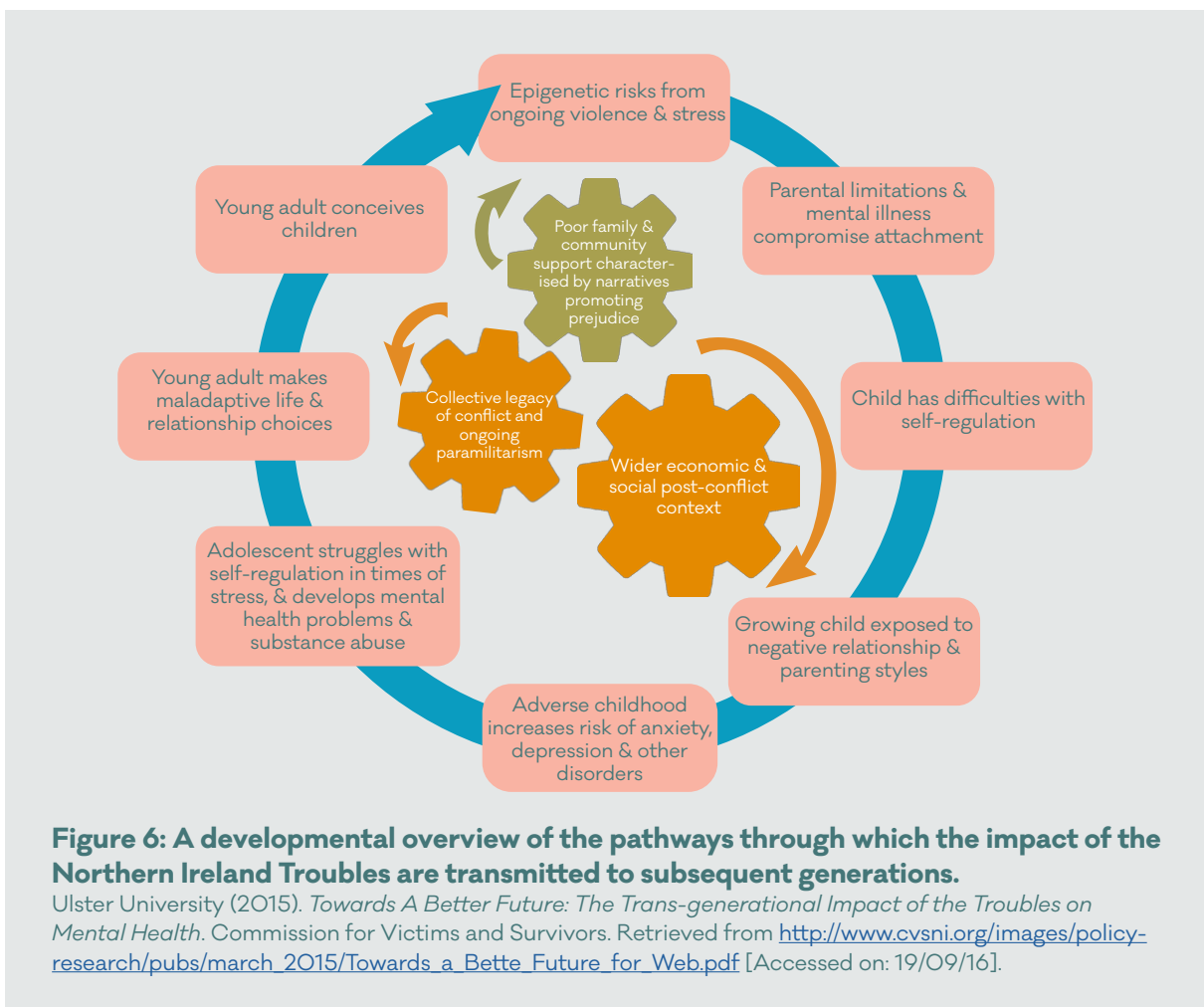


Figure 6: A developmental overview of the pathways through which the impact of the Northern Ireland Troubles are transmitted to subsequent generations.

Ulster University (2015). *Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health*. Commission for Victims and Survivors. Retrieved from http://www.cvsni.org/images/policy-research/pubs/march_2015/Towards_a_Bette_Future_for_Web.pdf [Accessed on: 19/09/16].



Abuse

- Almost 2,000 children in Northern Ireland were identified as needing protection from abuse in 2014/2015.⁷⁴
- 2014/2015 statistics show that 4.5 children under 16 per 10,000 have recorded offence rates of cruelty to children/ young people.⁷⁵
- In 2014/2015 there were 1,747 recorded sexual offences against children, a rate of 4 per 1,000 under 18 year olds.⁷⁶
- In 2014, there were a total of 2,592 referrals made to the elder abuse service which is an increase of 5% on referrals from 2013. This represents the largest number of referrals received in any year since the service was established.⁷⁷
- The Inquiry into Historical Institutional Abuse in Northern Ireland between 1922 and 1999, which acknowledged the experience of people abused as children in residential institutions in Northern Ireland and investigated various institutions, received 526 individual applications.⁷⁸ The Inquiry is required to publish its findings by 18 January 2017.⁷⁹

Social determinants

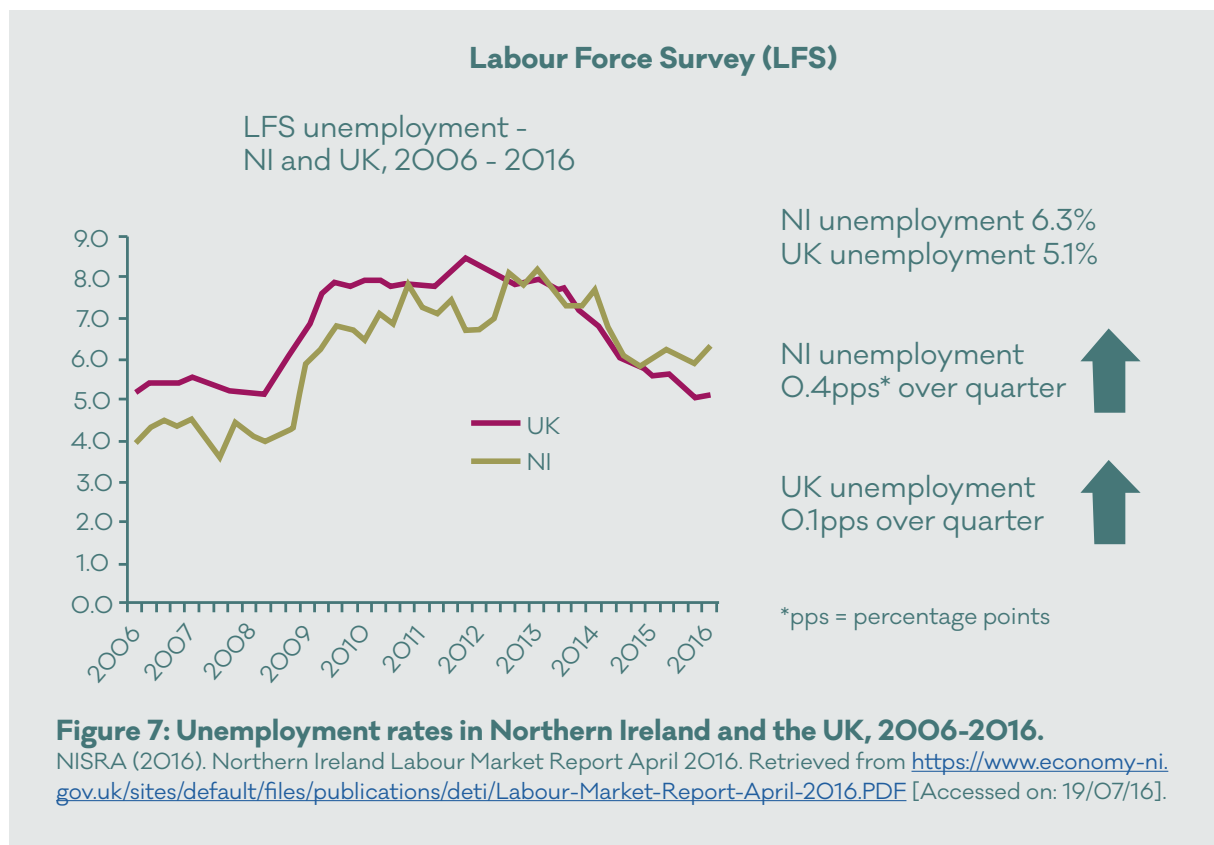


Austerity and Poverty

- Oxfam reported in January 2014 that 22% of people in NI live in poverty; 25% earn below the living wage and cuts have meant that lowest earners have lost 38% of their income.⁸⁰ A small proportion of households (4%) reported that there had been at least one day when they had not eaten a substantial meal in the last fortnight due to a lack of money, while 1% stated that they had ever cut the size of a child's meal because they did not have enough money for food.⁸¹
- Austerity and public cuts are believed to have hit Northern Ireland the hardest as the region depends on public spending for 62.2% of its output, compared to a figure of 39.8% in the UK.⁸²
- Those living in lower socioeconomic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged.⁸³ Individuals in the most deprived areas of Northern Ireland are twice as likely to show signs of a mental health problem (30%) than those in the least deprived areas (15%).⁸⁴
- Using the 2009/10 homelessness statistics the percentage of households accepted as homeless in Northern Ireland is 1.47% of all households which is similar to Scotland (1.56%) but significantly greater than England and Wales (0.19% and 0.45% respectively).⁸⁵
- The proportion of working-age people, particularly young people, living in poverty in Northern Ireland has increased over the past 5 years. There are also more private renters, and fewer pensioners, living in poverty than 5 years ago.⁸⁶

Employment

- Northern Ireland also has the highest proportion of economically inactive adults (those not in work, inclusive of students, stay at home parents, carers and those on long-term sick leave), at 28.4%, which is 5 percentage points above the United Kingdom average.⁸⁷
- For some groups in Northern Ireland, the employment gap with Great Britain is particularly large. The employment rate is 15% lower for disabled people in NI than in the rest of the UK, and 12% lower for lone parents and 16-24 year olds.⁸⁸
- The Labour Force Survey measure of unemployment (number of people without a paid job but available to work) was down from a peak of 8.2% in December - February 2013 to 6.3% in December - February 2016. Unemployment rates have remained relatively stable over the last two years, centred on an average of 6.2% in 2014 and 6.1% in 2015, down from 7.5% in 2013. This is higher than the UK rate of unemployment estimated as 5.1%.⁸⁹
- Mental Health is the leading reason for absence in Northern Ireland accounting for almost one out of every three days lost (31.9% of all days). Mental health reasons accounted for 39.1% of long-term sickness leave.⁹⁰





Community

- Northern Ireland remains a polarised society. Individuals continue to identify and be segregated as a result of political and religious affiliation.
- The Northern Ireland Life and Times Survey 2015 found that 21% of people would prefer to live in a neighbourhood with people of only their own religion, with the highest percentage (25%) among people aged 35-44.
- Just over half of those surveyed in the 2015 Northern Ireland Life and Times Survey reported that relations between communities are improving, with over 70% preferring to live in mixed neighbourhoods. This is only 2% higher than the reported levels in 1998.⁹¹
- Communities in Northern Ireland are strong, with people more likely to feel a sense of belonging to their neighbourhoods than elsewhere in the UK. Around 73% of people in Northern Ireland reported that most people in their neighbourhood can be trusted, and 72.3% reported that they feel they belong to their community, compared to 62.8% in the UK overall.⁹²

Rural/urban living

- Around 33% of the population of Northern Ireland live in rural areas (as opposed to small or medium sized towns, or cities),⁹³ compared to 18.5% of the population of England and Wales.⁹⁴
- Rates of diagnosis and treatment of mental health problems have been found to be lower in rural areas than urban areas: a 2009 meta-analysis found that urban living was associated with an increased risk of 39% for mood disorders and 21% for anxiety disorders,⁹⁵ while the Northern Ireland Longitudinal Study found that individuals living in deprived urban areas of Northern Ireland were 74% more likely to have received medication for anxiety, and 65% more likely to have received medication for depression, than those living in deprived rural areas.⁹⁶
- A 2014 report for Rural Support NI identified multiple factors which contribute to stress in rural communities, including: Common Agricultural Policy Reform, welfare reforms, high levels of rural unemployment, hidden rural poverty, increasing levels of debt, changing/extreme weather patterns, a growing elderly population, a reduction in rural services, and poor access to services.⁹⁷

What is missing?



Mental health data and research has improved considerably within Northern Ireland over the years, with mental health being considered as a priority within the population as well as an acknowledgement of the impact that mental health problems can have on society. While knowledge is improving, data was found to be far more limited in comparison with England in particular, but also when compared to Wales and Scotland. There were notable restrictions in gathering information as a result of this lack of statistics.

When it came to the cost of mental health services, there are some figures relating to the economic factors available for Northern Ireland. However to compare these to the rest of the UK it must be considered that the structure of health and social care services in Northern Ireland is distinctly different from that in the rest of the UK, as Northern Ireland health and social care is wholly devolved. Five Health and Social Care Trusts (HSCT) in Northern Ireland provide health and social services and while services are commissioned by the Health and Social Care Board there are local commissioning groups in each of the HSCT areas with the average population per trust is 359,878, compared to 307,753 in England.⁹⁸ As a result, it is important that the impact of this is considered and investigated within research. In addition, more research and official data is required to outline the lack of services within Northern Ireland, as well as the impact that this issue has

on individuals living with mental health problems in this country.

In addition, there is a unique political and economic climate within Northern Ireland that remains dominated by religion connotations. As a result, comparisons with other UK regions in relation to the social determinants of mental health and policy agendas, which shape services are vastly different in Northern Ireland. While the impact of the conflict and its legacy continues to be a focus within research and policy within the region, the long term and transgenerational impact on mental health requires further attention. This is exemplified through the limited data available on children and young people in Northern Ireland.

Furthermore, while statistics address the impact of the conflict, there is a significant absence of research and data addressing mental health for different groups and populations such as BAME groups, homeless people, transgender individuals, older adults, and refugees and asylum seekers.

As with other parts of the UK, there is an urgent need for research and data gathering on prevention and early intervention for mental health.

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Our mission is to help people understand, protect and sustain their mental health.

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London Office:
Mental Health Foundation
Colechurch House
1 London Bridge Walk
London SE1 2SX

Glasgow Office:
Mental Health Foundation
Merchants House
30 George Square
Glasgow G2 1EG

Edinburgh Office:
Mental Health Foundation
18 Walker Street
Edinburgh
EH3 7LP

Cardiff Office:
Mental Health Foundation
Castle Court
6 Cathedral Road
Cardiff, CF11 9LJ