Unionist
Ulster Unionist Party
Doing what's right for Northern Ireland

Mental Health & Wellbeing

March 2016

Introduction by Party Leader

My interest in poor mental health and wellbeing stretches back over 20 years, to the time my wife, Lynda Bryans, suffered clinical depression. It gave me an insight into how debilitating mental health problems can be for the individual and how it impacts on the wider family, friends and colleagues. It also convinced me that people with mental health issues deserve to have their DIGNITY respected in the same way as people enduring physical issues.

My time as a Commissioner for Victims and Survivors made clear to me how deep-rooted mental health issues are in Northern Ireland. Per capita, we have one of the worst records of poor mental health and wellbeing in the world; not just higher rates than England, Scotland and Wales, but also Israel and Lebanon. It is a moot question whether Syria will now assume the unenviable position of the world's worst.

For us, the problem means that every day thousands of our fellow citizens wake up having been denied a sense of purpose for the day ahead, and go to bed without the satisfaction of having achieved something meaningful. The devolved government say they know all about it, yet they deny them hope of better. The Northern Ireland Executive tolerates lost opportunities in education and employment. They turn a blind eye.

That has to stop.

The Troubles may be history, but the legacy is not. Sectarianism and appalling rates of poor mental health and wellbeing are the unwelcome leftovers. Wellbeing issues are inter-generational, meaning children born after the ceasefires are caught in the cross hairs of a potentially devastating illness.

Finally, other politicians are waking up to the problem that is poor mental health and wellbeing. I have taken my campaign to the Prime Minister, to Her Majesty's Opposition, the Irish Government, and the American administration. They all get it. It is time to do more than get it. It's time to get on with it.

Mental health and wellbeing is not just a legacy issue, although it affects many, many victims and survivors. It is also a curse of modern living, and in Northern Ireland explains why a disproportionate number of our people are dependent on benefits, when they do not want to be. They crave the support that will give them the capacity to be economically active. And, of course, if they are economically active, they will help rebalance the economy, and close the prosperity gap that sees the citizens of Northern Ireland suffer living standards that are consistently 75 – 80% lower than the people of Great Britain (as conceded in the NI Executive's Budget papers 2016/2017). Tackling this blight represents a triple win.

One in four of us is likely to suffer a mental health and wellbeing problem. It is that common. It is time to end the stigma; why should we make a difference in what we think of someone with a broken arm or a damaged mind?

More people have lost their lives to suicides since the Agreement of 1998 than died during the entire Troubles. It is time to bring that tragic loss of life to a close. I support the campaign for Zero Suicides.

It is time to take the scale of the issue seriously, to respect those who suffer and demand the system protects their dignity.

Mike Nesbitt
Leader, Ulster Unionist Party

Overview

There is no other health condition more deserving of our attention, measured by the combined degree of prevalence, persistence and scale of impact.

During the recent Stormont House talks, participants were reminded of the disadvantages our people face in employment and economic activity, in comparison to our cousins in England, Scotland and Wales. The point was made that almost half the working age population in receipt of incapacity benefit have been diagnosed with mental and behavioural disorders.

Unemployment and Economic Inactivity Comparisons

	NI	UK
Unemployment	5.8%	5.1%
Economic inactivity	26.8%	21.8%
Long term unemployment	51.7%	29.3%
Youth Unemployment	17.5%	11.7%

Source NI Labour Market Report Feb 2016

Further:

- **In Northern Ireland, 28.5% of the population have mental health issues (Towards a Better Future, March 2015);**
- **One in four adults can expect to suffer a mental health issue in the course of a calendar year (Prime Minister David Cameron, January 2016);**
- **Our levels of poor mental health are 25% higher than England (Making Life Better, June 2014);**
- **9 in 10 people do not have enough knowledge of where to go to seek help (Mental Health Right Campaign, January 2015)**

The Heenan Anderson Commission (September 2015) examining inter-generational poverty and social exclusion identified poor mental health and wellbeing as a key inhibitor in areas of deprivation, concluding:

"We believe that dealing with mental illness should be a priority for the Northern Ireland government. Depression and anxiety are enormously costly to the economy and to wider society; timely and efficacious treatments can deliver substantial economic and social benefits. The existing system should be developed to deliver state-of-the-art, evidence-based interventions for individuals with mental disorders. Services should incorporate a preventative approach involving screening programmes for high-risk populations and groups."

We agree with the Heenan Anderson conclusions, as we do with the imperative of recognising the need for more than a medicalised model of interventions. This is about social support, empowering people with mental health issues to reach a better place, where they can enjoy social interaction, parenting skills, fulfilling employment and a revolution in their sense of wellbeing.

Troubles Legacy

There is no doubt our appalling rates of poor mental health and wellbeing are a legacy issue. Since the early 1990's, evidence has been building of the impact of the Troubles on the wellbeing of the population of Northern Ireland. We know as many as 4 out of 10 adults experienced one or more life threatening or highly distressing event. While most did not suffer long term mental health problems, a significant number did. For example, 3 out of 20 adults who had such experiences suffered post traumatic stress disorder (PTSD). Researchers have also found that people who experienced violence linked to conflict were more likely to have mental health disorders and more likely to have poor physical health (Bunting and others, 2011).

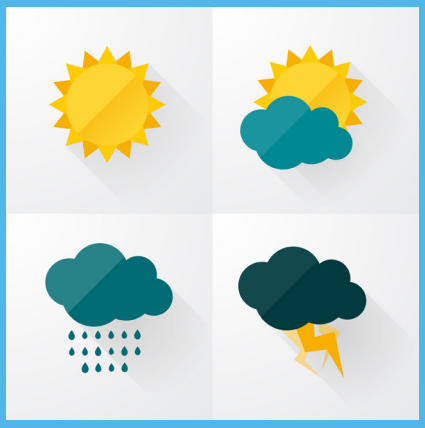
For years, people and organisations working on the ground with families and communities have expressed concerns about the impact the Troubles was having on the next generations. A number of studies in recent years confirm this (Hanna and others, 2012; O'Neill and others, 2015). There is worrying evidence that the mental health impact of the Troubles is affecting the emotional and social development of children and young people. Studies also reveal that mental health issues and addictions, missed opportunities in development, and parenting and relationship problems are of greater day-to-day concern amongst neighbourhoods and groups affected by the Troubles, than other matters linked to the past, important as they are.

Some of the research referred to above reveals how deprivation, missed opportunities, social isolation and other factors are linked to poor mental health (e.g. Muldoon and Downes, 2007). The way in which the old certainties of the years of violence have been replaced with a world that has not yet fully taken shape means that many no longer have the networks of solidarity they relied on to keep going. The Troubles led to people moving away, so neighbourly networks have been broken. For some, alcohol and other substance abuse have been used to manage their hopelessness and turmoil to the extent that addictions are now a major problem.

Bluntly, if you take a map of the hot spots of the Troubles, measured by shootings, bombings and violence, and superimpose a modern map of mental health issues, the hot spot areas are largely the same.

The size of these problems and their implications for future generations are a public health and wellbeing concern. They warrant our attention and are truly unfinished business from the peace and political processes. It's part of the essential post-conflict job of reconstruction. All this, not least the wellbeing of our children, points to the need for our political and civic leaders and organisations to address this with a renewed sense of priority and in common cause.

The problem – What we are not doing



The Bamford Review recommended a major change to the delivery of mental health and learning disability services. We welcomed its publication and our former Minister Michael McGimpsey set in place many of its recommendations. However, in recent years the pace of change has been too slow. In addition, uncertainty regarding the provision of mental health funding has meant there has been no strategic planning of services.

Whilst attitudes towards mental health problems are at last beginning to change and momentum has started to build, the task ahead to resolve even some of the immediate challenges remains immense.

The only way that the current situation will improve is if we accept what we are not doing right at present. For instance, fundamental challenges remain for people with poor mental health receiving the right type of care, from the right type of professional at the right time. Until our people have confidence in the system and know that the days of being passed from pillar to post are over, we will not even be able to begin to tackle the wider problems.

In addition, mental health and related services have not kept pace with the increased numbers and severity of people with mental health and related disorders. Practitioners and organisations working with people who have mental health problems and addictions are already aware of the problems faced by communities. For example, alcohol and substance abuse is no longer exceptional but regularly seen in caseloads.

To make progress, we need to invest in more services that are routinely accessible to the communities that need them. We also need to see investment in new skills in existing services and more specialist services. A study published in 2011 revealed the very significant costs linked to Post Traumatic Stress Disorder - which is only one mental health problem. Investing a portion of the costs associated with illness to address this disorder (and others) would make economic good sense (Ferry and others, 2011).

Overall, the total financial cost of mental illness in Northern Ireland is estimated to be £3billion annually. The majority of costs are not healthcare related, in fact these account for just 10%. Instead, the costs reflect reduced economic output, due to factors such as sickness absence and non-employment. £3billon is more than the annual budgets of the new NI Executive Department of the Economy and Education combined. We simply can't afford to let the issue of our poor mental health go unresolved for any longer.

Part of the problem is that mental health lives in the shadow of other major health issues. It has often been described as the Cinderella service. The previously embedded view of mental health as the poor cousin of physical health must be brought to an end. The gap in health outcomes is too great and too many people are coming to harm as a result.

What we would do

In this case, we can begin by highlighting key actions and successes the Ulster Unionist Party has already achieved. Under Michael McGimpsey's Ministerial direction 2007-2011, the following actions were either completed or begun:

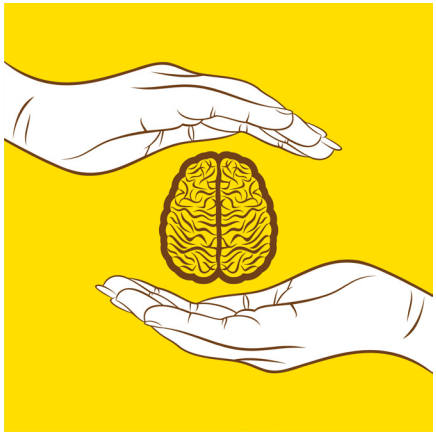
- **Delivery of the Bamford vision for tackling mental health issues, primarily for the Department of Health & Social Services, but also for other NI Executive departments;**
- **Delivery of a cross-party, cross-departmental Bamford Action Plan;**
- **A focus on prevention;**
- **Preparation for new mental health and capacity legislation;**
- **A shift from hospitals to community-based services;**
- **The development of specialist services, for children & young people, older people, those with addictions and those in the criminal justice system;**
- **An appropriately trained workforce.**

Attitudes towards mental health problems are at last beginning to change and some momentum has been building.

Our mental health and wellbeing relies upon a raft of initiatives and measures. We need broad actions, to:

- **provide proportionate clinical interventions through the NHS;**
- **reduce and fix deprivation and disadvantage;**
- **promote civic values and solidarity, addressing stigma;**
- **build personal and neighbourhood wellbeing and resilience;**
- **support families and promote parenting and other relationships within communities.**

Wellbeing measures



Traditionally, governments measure success in the narrow term of financial prosperity: Gross Domestic Product, or Gross Value Added. It is time to broaden those measures to embrace the wellbeing of our people. This must include measures of:

- **Life satisfaction;**
- **Self-reported health;**
- **Satisfaction with family life;**
- **Satisfaction with social life;**
- **Satisfaction with the devolved government.**

Our ideas:

1. Appoint a Mental Health Champion

There is no stronger, clearer signal to transmit to the thousands who suffer poor mental health and wellbeing that the devolved government is finally serious about tackling the issue.

A Champion would:

- **Promote the interests of those suffering poor mental health and wellbeing;**
- **Highlight examples of where stigma inhibits awareness and treatment;**
- **Work with the statutory and voluntary sectors to increase awareness of sources of help;**
- **Give a voice to the 1 in 4 suffering poor mental health and wellbeing;**
- **Monitor the impact of legislation;**
- **Monitor the impact of public and private sector policies and practices;**
- **Encourage co-ordinated activity among the voluntary sector mental health organisations;**
- **Lobby at local government, NI Assembly and UK Government levels.**

There are a number of Commissioners within our devolved government, representing Children & Younger People, Older People, and Victims & Survivors. Where our idea differs is that it will be entirely independent of government, funded by an on-going commitment from the major mental health charities and philanthropic grant aid.

2. Instigate a single mental health board

To ensure maximum return on investment in mental health services, optimum co-ordination and sharing of learning, we propose the five current health Trusts come together to establish a single mental health board.

3. Poor mental health prevention and early intervention

There is an unlimited body of evidence to show that mental illness is associated with greater risk of physical illness. Physical illness in turn increases the risk of mental illness. One should no longer be viewed in isolation from the other.

The impact of mental wellbeing is felt across every aspect of people's lives - their education, their employment, their participation in public life and their social competence.

Like so many aspects of our health and social care system, prevention and early intervention represents outstandingly good value for money. Poor mental health already is by far the largest single cause of disability in the UK and this is having an increasingly unsustainable impact on the cost of our growing mental health problem.

The Ulster Unionist Party has already intervened in this area, when the then Health Minister, Michael McGimpsey, introduced two policies, in 2009 and 2010, to enhance the availability of psychological therapies and treatments for personality disorders. Had these been funded by his successor, the impact would have been transformative.

We believe the opportunity is ripe to revamp how Northern Ireland plans and intervenes at an early stage. For instance, half of all lifetime cases of diagnosable mental illness begin by age 14 and three-quarters by the mid-20s. Tackling mental health problems early on could immeasurably improve a young person's life experiences.

Addictions also raise key concerns in many families and neighbourhoods with major implications for our health services (including our emergency services) and economic and social life. We are committed to exploring policy options that will promote positive and healthy attitudes to alcohol and drugs.

We would:

- **Place mental health at the heart of the public health agenda in order to promote more positive lifestyle choices and thereby preventing mental and physical illness;**
- **Create an emphasis on promoting positive mental health as a key component of the public health agenda;**
- **Bring Northern Ireland in line with England in terms of the provision of Cognitive Behavioural Therapy (CBT) treatments and the availability of psychotropic drugs;**
- **Tackle substance addiction through a strengthened alcohol and drugs misuse framework, as well as through a minimum alcohol pricing policy;**
- **Prioritise mental health within smoking prevention and cessation programmes.**

4. Introduce a legislative duty to put mental health on a par with physical health

Despite the progress that has been made over previous years, major inequalities still exist between physical and mental health care. These include lower treatment rates for mental health conditions and a significant underfunding of mental healthcare, relative to the scale and complexity of mental health problems. It is now no longer tolerable or socially just for such inequity of treatment between mental healthcare and physical healthcare to remain.

We would:

- **Place a legislative duty on the Minister for Health to reduce inequalities in benefits from the health service, including the recording and publication of mental health service diagnostic and treatment waiting times;**
- **Introduce a legal responsibility on the local Health Service to deliver parity of esteem between mental and physical health by 2025;**
- **Place an obligation to address the current disparity in funding between physical and mental health, which would include an initial assessment of the legacy of underfunding and investment.**

It should be noted the Ulster Unionist Party is giving consideration to using the Health Miscellaneous Bill to achieve this end. The Bill is due for debate by the Northern Ireland Assembly before the end of the current 2011/2016 mandate.

5. Adopt an improved funding structure

Mental health is often described as the "Cinderella Service" within the NHS, enjoying comparatively less funding than GB, despite the problem being proportionately much worse in Northern Ireland. We commit to supporting the implementation of the recommendations of the Bamford Review, ring-fencing the funding and resources required to elevate mental health to the position it deserves. We would commission an assessment of the legacy of underfunding and investment in order to identify gaps in access to essential mental health services.

The creation of a single mental health board opens the opportunity to standardise the engagement between the NHS and the many, excellent mental health charities, enhancing how we maximise their impact and offer proper recognition for their contribution.

6. Tackling stigma and improving awareness, at all levels

We all have mental health, yet too many of us are unaware of the telltale signs of impending issues and/or fearful of the stigma that attaches to making public a problem.

Given one in four of our population will experience a mental health problem at some point in their lives, we need to become more comfortable acknowledging and talking about the issue.

It is clear frontline service providers, including too many GPs and school staff, are neither trained nor confident in offering a holistic assessment to those presenting with mental health and wellbeing issues. Given the vulnerability associated with mental health issues, it is not acceptable to expect sufferers to wait lengthy times or travel beyond their geographic comfort zone to access help. This requires action to ensure GPs and nurses and an appropriate number of school staff are able to identify issues, and then signpost to accessible, convenient specialist services. It is therefore a fundamental necessity that all essential frontline staff are equipped with the skills to help those suffering from poor mental health.

We would:

- **Seek to prevent poor mental health in our children before it starts by making mental health education a compulsory part of the school curriculum;**
- **Roll out a package of mental health awareness training across our general practices, with dedicated trained counselling staff regularly attending those in areas of high rates of poor mental health;**
- **Offer people a choice in treatment and letting them know promptly, as making decisions and taking control over their lives can be the first step to recovery.**

7. Developing a World Class Trauma Care Network

As we have one of the world's worst per capita records of poor mental health, including PTSD, our people deserve a world class service. The Ulster Unionist Party believes that Northern Ireland should aspire to become a world leader in the field of mental health, especially poor mental health as a result of trauma. We will provide the leadership required to increase our capability to understand and respond to need. We will support a stepped-care system for our community.

Given one of PEACE IV's priorities will focus on addressing trauma, we believe that given the proven link between our poor rates of mental health and the legacy of the Troubles, we could develop a world leading network, utilising European funds.

We would:

- **Bring an enhanced trauma-focus to the needs of our population, including the provision of specialist services, while helping coordinate the efforts of others in the public and voluntary sectors;**
- **Invest in research and the development of new services, and deliver training and a workforce development programme.**

8. Zero Suicides

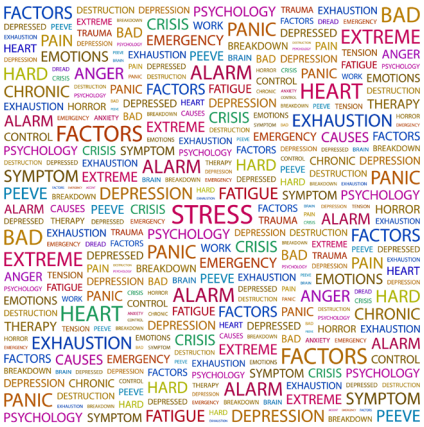
It is a matter of fact that more people have taken their own lives since the 1998 Agreement, than were killed during the entire course of the Troubles. Worldwide, the World Health Organisation (WHO) records a suicide every 40 seconds somewhere on Planet Earth. It is time Northern Ireland stopped contributing to that statistic.

We understand there is nervousness within the sector regarding such an ambitious target, but any other objective runs the risk of implying there is an acceptable level. We are also aware that suicide is not contemplated solely by those suffering mental health issues and that factors such as terminal illness can be the cause of loss of life through suicide.

We note the pilot currently underway in Merseyside and will closely monitor what they are doing and what outcomes arise.

We trust the research that suggests every person contemplating taking their own life is ambivalent right up to the moment of action. In other words, suicides are preventable.

Communities play a critical role in suicide prevention.



We would:

- **Change the culture of fear within the statutory sector, which is a disincentive to making potentially life-saving interventions;**
- **Introduce a Zero Blame / 100% Accountability culture;**
- **Enhance training so NHS staff can feel confident and appropriately assertive in their interventions.**

Further enhance and respect the ability of voluntary sector organisations to partner and complement the work of the statutory services, providing social support to the vulnerable, fighting stigma in the community consciousness and supporting the bereaved and traumatized.

9. Recognising the prevalence of poor mental health in the criminal justice system

The treatment of people with mental disorders presents enormous challenges to the criminal justice system in Northern Ireland. Too many people are still passing through it with their mental health needs either unmet or unrecognised. There are still insufficient support mechanisms in place for people with poor mental health engaging with the police, moving through prosecution and the courts and for those ultimately ending up in prison or on probation.

There is an extremely high prevalence of poor mental health in our prison population. It has been stated that up to 90% of prisoners in Northern Ireland have either a diagnosable mental health problem, substance misuse problem, or both. Prison is simply often not the proper environment for patients with poor mental health.

We would:

- **Recognise that the Department of Justice alone should not be expected to take responsibility for supporting people in the criminal justice system with poor mental health;**
- **Place greater emphasis on successfully re-integrating people into the community when they emerge from the justice system;**
- **Improve the collaboration between justice and health agencies, both statutory and voluntary, to deliver an improved service to support people at each stage of their interaction with the Northern Ireland criminal justice system.**

10. Valuing the role of carers and respite facilities

Families and carers of people with mental ill health often face invisible costs and agonising levels of strain. They play an essential role and yet they are not always rewarded or acknowledged.

In addition, many can often feel excluded from the decision making process for their loved ones, often simply because of avoidable barriers in communication.

In an ideal world, we would seek to provide world class respite facilities. However, we understand previous scoping exercises have identified significant issues with funding and we understand the need to secure Service Level Agreements with potential users/funders in advance of making promises that may not be capable of being delivered.

We would:

- **Give families and carers a greater role in contributing to the package of support and service delivery;**
- **Provide mental health carers, especially family members, with information and training to understand what the client is experiencing, thus enhancing the quality of care;**
- **Recognise that carers themselves need psychological support to maintain and improve their own mental health.**

11. Greater support for people with eating disorders

While there has been some improvement in services for people with eating disorders, there is still a lot more to be done. It is deeply regrettable that dozens of local eating disorder patients are treated outside of Northern Ireland, with many often being away from their families and support networks for a considerable period of time.

Given the general advances in treatment for these disorders, it is no longer appropriate for patients to be admitted to a general psychiatric unit when it is not meeting their needs.

We would:

- **Apply a greater emphasis on education, prevention and early intervention, working in collaboration with the Department of Education;**
- **Up skill staff, providing external expert support;**
- **Offer intensive out-patient and day treatments**
- **Keep an open mind about the future desirability of a local dedicated inpatient eating disorder unit for Northern Ireland, or further collaboration with the Republic of Ireland;**
- **Introduce targets for waiting times for children and young people suffering from eating disorders.**

12. Breaking the correlation between disadvantage and poor mental health

Whilst money can't buy good mental health, good mental health can lead to greater economic health. It is therefore time that we realise that there is an economic cost to not providing services for people with mental health problems.

Too many people on welfare with mental health problems are not fairly supported by the existing welfare system. In addition there are many people with mental health problems who are not in work but would like to be. Therefore we need a social welfare system that matches need but which also offers people a pathway back to employment.

We would:

- **Recognise that in order to improve a person's poor mental health often they need to break their self-reinforcing cycle with poverty. This could be through a range of interventions such as community-based rehabilitation programs.**
- **Encourage and facilitate employers to offer specific support for those with severe or enduring mental health issues who are in work but struggling based on the Individual Placement and Support (IPS). This crucially would support them whilst they remain in work;**
- **Ensure that staff involved with assessing claimants during the forthcoming switch from Disability Living Allowance to the Personal Independence Payment have sufficient awareness of mental health conditions in order to make informed assessments.**

13. Societal Interventions.

Poor mental health and wellbeing cannot be tackled through "pills and tablets" alone. Many require the confidence and capacity to avail of their entitlements, be that welfare, job training, or help to improve their parenting or social skills.

Identifying those in need, and the nature of those needs, requires a co-ordinated network of practitioners with the grounded knowledge of their communities. This network should comprise mental health charities, the NHS, the churches and those organisations and individuals who know who needs

help and how to signpost to the appropriate support structures.

We would:

- **Give a greater recognition of the influence of social, economic and cultural factors on mental health outcomes;**
- **Identify and support the individual's access to vocational and work-based support services.**

14. Improving access to psychological therapies

Appropriate access to psychological interventions makes sense, both medically and financially. Through a service designed around their needs, it can help individuals and families be independent and to live as valued members of their community. Yet there is still not a genuine enough recognition of the importance of psychological interventions in treatment frameworks in Northern Ireland.

Too many people are still not offered a choice in the type of therapy that they receive, despite the fact that different therapies work differently for different people.

It is simply unacceptable for instance that at the end of 2015, over 1,000 people were waiting longer than the maximum length of 13 weeks for such an important service. Unfortunately, this is not the only example of too many people waiting too long for an essential health service.

We would:

- **Invest in services so that no patients are forced to wait longer than 13 weeks;**
- **Make available trained counsellors within the schools estate, to increase access to psychological therapies for children and young people.**

15. Close the inequalities with long-term conditions

People in Northern Ireland with conditions such as schizophrenia and bipolar disorder have an average life expectancy of 15-20 years less than the general population. In addition there is evidence to suggest that that gap is now widening as health gains have been made more quickly in the general population than for those with mental illness.

Last year, there were 523,057 people living in Northern Ireland with a long-term condition, and it is estimated that approximately a third also have a mental health issue. Indeed it has previously been found that people with two or more long-term physical illnesses have a seven-fold greater risk of depression. Yet despite the evidence of correlation, their needs are often treated in isolation.

We would:

- **Improve co-ordination between mental health, physical health and social care services, including better integration with primary care and chronic disease management programmes.**

COSTS

Many of our proposals are cost neutral to government, such as our keynote proposal for a Mental Health Champion, which can be funded by charitable and philanthropic contributions. Our inquiries in this regard are very positive. The Champion can be put in place for no more than £100,000 per annum, including all administrative costs, with mental health charities providing a minimum of 50% of the total costs, including "in kind" contributions.

The proposal regarding eating disorders will have a cost, but will be mitigated by the fact that we currently spend £1.5 million per annum sending patients to Great Britain, an expense that will no longer be required should proper facilities and support be made available here in Northern Ireland.

Our big call is for funding from HM Government. There is every reason to believe this can be an area which commands bipartisan support at Westminster for additional, ring-fenced (hypothecated) funding from the Treasury. To the extent the problem is a legacy issue, there is a precedent for additional funds. Under the terms of the Stormont House talks, culminating in the so-called "Fresh Start" agreement, HMG has committed £150 million to Dealing with the Past in terms of truth and justice mechanisms. Many more victims and survivors have identified mental health above truth and justice as a key need (Comprehensive Needs Assessment, Commission for Victims & Survivors NI). On that evidence base, we call on HMG to provide 50% of what is currently ring-fenced for legacy issues detailed in "Fresh Start" for mental health issues, i.e. £75 million over five years. Together with a call for support for these issues from PEACE IV, we believe there is access to transformational sums to tackle this fundamentally important issue.

CONCLUSION

Poor mental health and wellbeing is a toxin within our society. It is recognised as such by all. It is time to make it a priority.

IF YOU THINK YOU NEED HELP, PLEASE CONTACT YOUR GP, OR ONE OF NORTHERN IRELAND'S MANY EXCELLENT MENTAL HEALTH CHARITIES, INCLUDING:

Action Mental Health
Website: www.amh.org.uk
Central Office
27 Jubilee Road, Newtownards
BT23 4YH
Tel: 028 9182 8494

NIAMH
(Northern Ireland Association for Mental Health)
Website: www.niamhwellbeing.org
80 University Street, Belfast
BT7 1HE
Tel: 028 90 32 8474

Mindwise
Website: www.mindwisenv.org
Pinewood House
46 Newforge Lane, Belfast
BT9 5NW
Tel: 028 9040 2323
Email: info@mindwisenv.org

Relate NI
Website: www.relateni.org
3rd & 4th Floors,
3 Glengall Street, Belfast
BT12 5AB
Tel: 028 90 323 454
Email:office@relateni.org

Aware NI
Website: www.aware-ni.org
40-44 Duncairn Gardens, Belfast
BT15 2GG
Co.Antrim
Tel: 028 90 35 7820
Helpline: 08451 20 29 61 (Mon-Fri 9am - 1pm)

Fasa Nightingale Crisis Support Centre
Website: http://fasaonline.co.uk
157 Upper Newtownards Road, Belfast,
BT4 3ET
Tel: 0800 033 466 or 028 9080 3040

Contact NI
Website: www.contactni.com
1st Floor, Lanyon Building,
Jennymount, North Derby Street, Belfast,
BT15 3HL
Tel: 028 9074 4499
Email info@contactni.com

Lifeline
24/7 Helpline: 0808 808 8000

Cruse Bereavement Care
Website: www.cruse.org.uk/northern-ireland
10 College Green, Belfast
BT7 1LN
Tel: 028 9079 2419
Helpline: 08444 779 400
Email: helpline@cruse.org.uk

Cause NI (support for carers)
Website: www.cause.org.uk
Building 2, Lesley Office Park,
393 Holywood Road, Belfast
BT4 2LS
Tel: 028 90 650 650
Helpline: 0845 60 30 29 1

Praxis Care
Website: www.praxisprovides.com
25-31 Lisburn Road, Belfast
BT9 7AA
Tel: 028 9023 4555
Email info@praxiscare.org.uk

Nexus NI
Website: www.nexusni.org
119 University Street, Belfast, BT7 1HP
Tel: Belfast 028 9032 6803
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