### Personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>Helen Ferguson</th>
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<tbody>
<tr>
<td>Email address</td>
<td><a href="mailto:Helen.ferguson@ndcs.org.uk">Helen.ferguson@ndcs.org.uk</a></td>
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<tr>
<td>Are you responding on behalf of an organisation?</td>
<td>Yes</td>
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<tr>
<td>Organisation (if applicable)</td>
<td>The National Deaf Children’s Society</td>
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### Vision and Founding Principles

Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?

Fully Agree

Please add any further comments you may have

We particularly welcome a commitment to a consistent approach across the lifespan, that puts ‘the individual and their needs right at the centre, respecting diversity, equality and human rights, to ensure people have access to the right help and treatment at the right time’.

Transition between child and adult services are always a cause of anxiety for disabled children and their families, deaf children included. Differences in access thresholds between CAMHS and Adult Services cause uncertainty and confusion. The standard of service is also significantly different, with deaf young people having to wait till adulthood to access the full spectrum of support from a specialist.

Do you agree the founding principles set out provide a solid foundation upon which to progress change?

Fully Agree

Please add any further comments you may have
### Theme 1: Promoting wellbeing and resilience through prevention and early intervention

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<th>Question</th>
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<tr>
<td>Do you agree with the ethos and direction of travel set out under this theme?</td>
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<tr>
<td>Do you agree with the actions and outcomes set out under this theme?</td>
<td>Fully Agree / Mostly Agree</td>
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Being deaf in a hearing world can leave deaf children vulnerable to developmental delays, behavioural difficulties and lower achievement academically. Emotional distress caused by bullying, feelings of isolation, and lack of support contribute to a greater risk of developing mental health issues among deaf children and young people.

We are pleased to see support for children and families integrated within the Mental Health Strategy. We support actions 3 and 4 in particular.

With regard to prevention, we note that the current CAHMS model envisages ‘Specialist Intervention’ as occurring at Step 3 in the pathway, whereas deaf children require specialist interventions and tailored services at all 5 steps of the pathway. We hope that the approach outlined within Action 4 will address the difficulties deaf children can experience accessing support at an early enough stage.

### Theme 2: Providing the right support at the right time

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We are extremely supportive of Action 5, and the ‘inclusion health’ approach, recognising the needs of groups that are currently disadvantaged. Research\(^1\) has shown that, in general, deaf people find it very difficult to effectively access primary health services and, as a result, deaf people’s health (including mental health) problems are often not effectively addressed at the earliest opportunity by primary services.

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\(^1\) SignHealth Why do you keep missing me? A report into Deaf people’s access to primary health services 2009
Evidence suggests at any given time 50.3% of deaf children will experience some mental health problems, and 3.4% will require highly specialist services\(^2\). However the number of deaf children and young people accessing services in Northern Ireland is less than would be expected given the number of deaf children in the population (we would expect to see approximately 50 children p.a., however significantly fewer are referred).

‘Working Together: A Pathway for Children and Young People through CAMHS’ recognises that: ‘Specialist condition specific pathways will also be developed as required to supplement this care pathway.’ A specialist pathway for deaf children and young people is needed urgently.

**Theme 3: New Ways of Working**

Do you agree with the ethos and direction of travel set out under this theme?

**Fully Agree**

Please add any further comments you may have

Do you agree with the actions and outcomes set out under this theme?

**Fully Agree**

Please add any further comments you may have

We are particularly pleased to see in Action 28 a commitment to a co-production/collaborative approach in the development of a regional outcomes framework.

**Prioritisation**

If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?

1

2

3

4

5

Finally, is there any one key action which you feel is missing from the draft Strategy?

**Impact Assessments/Screenings**

Do you agree with the outcome of the Impact Assessment screenings?

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Do you agree with the Equality Impact Assessment (EQIA)?

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<th>Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree (delete as applicable)</th>
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Thank you for taking the time to respond to the consultation.

Please submit your completed response by **5pm on 26 March 2021** using the details below:

**E-mail:**

mentalhealthstrategy@health-ni.gov.uk

**Hard copy to:**

Department of Health  
Adult Mental Health Unit  
Room D4.26  
Castle Buildings  
Stormont  
Belfast  
BT4 3SQ

*Please note:* To allow for the full 12 week consultation period required, responses relating to the **EQIA** will be accepted after the close of the main consultation, but must be received by 5pm on Monday 12 April 2021.