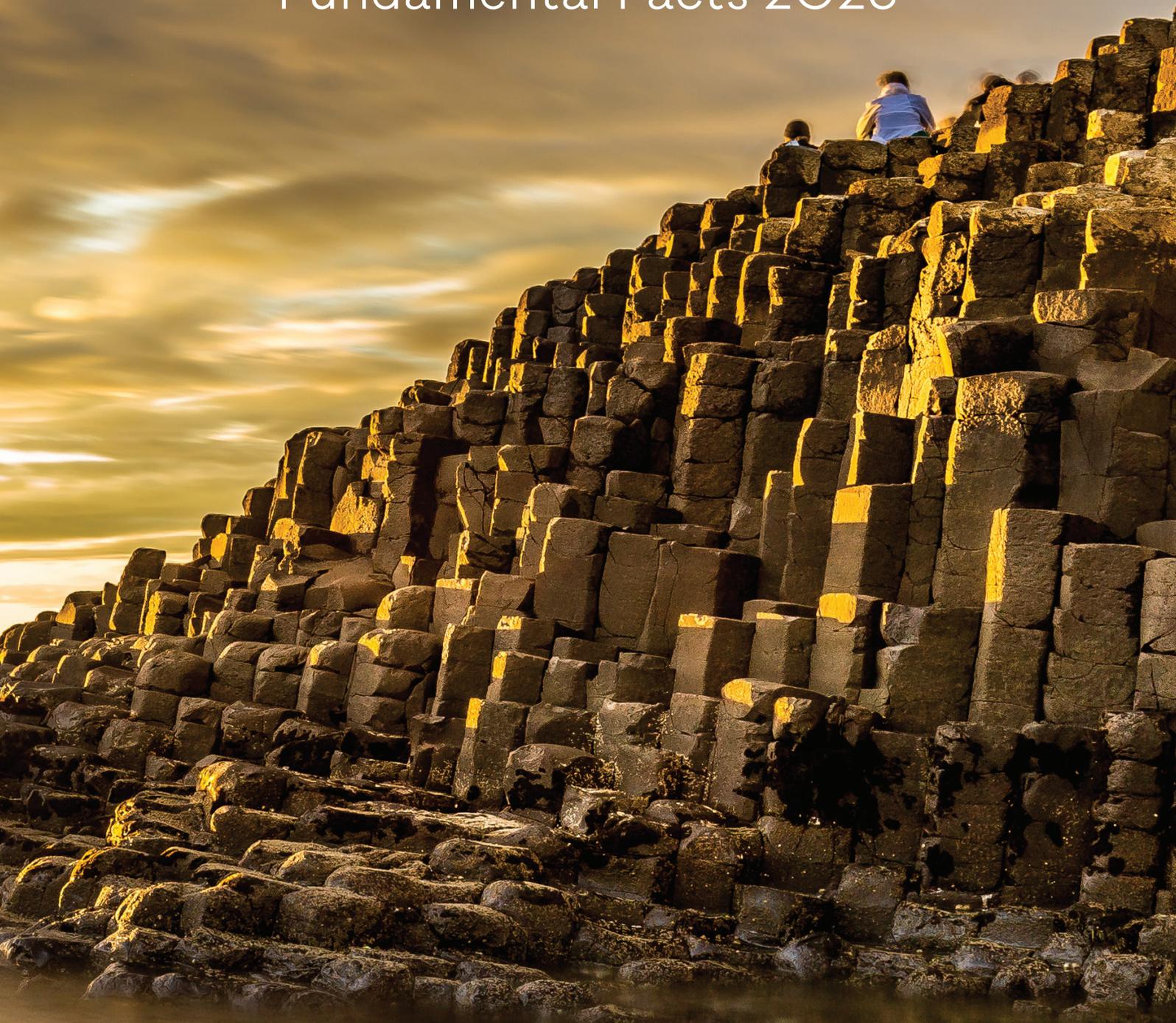


# Mental Health in Northern Ireland

Fundamental Facts 2023



Mental Health  
Foundation  
Northern Ireland



**MENTAL HEALTH  
CHAMPION**

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# Foreword



**Karen Hall**  
Head of Northern Ireland  
Mental Health Foundation

Every picture tells a story, and with data what we get is something that can be measured. But it doesn't tell us about those people's lives and how what is measured impacts their everyday lives. So, whilst the facts provide information, we need to think about how each of them can impact our mental health. It is important it for policy and service development to be based on evidence which includes both statistics and in-depth accounts of people's experiences

The factors that impact people's mental health, both protective and risk factors, often do not feature in discussions on how we reduce levels of mental health problems. The NI Mental Health Strategy cannot sit by itself and hope to improve mental health outcomes. If we do not interlink government policy on issues such as poverty, housing and community safety with mental health alongside tackling inequality and discrimination, fewer people will have good mental health, and more people will experience mental ill health.

Pulling together the data sources and facts helps us to paint a picture, but it can never tell us the full story. Behind each of the statistics is a person who, because of their circumstances, may be more likely to experience poor mental health.

You and your community should be able to live life to the full. That's why we're continuing to find ways to prevent mental health problems.



**Professor Siobhan O'Neill**  
Mental Health Champion  
Northern Ireland

As Northern Ireland's Mental Health Champion, one of my key goals is to increase awareness of the needs of those who are struggling, and the factors affecting mental health and wellbeing here. Accurate information and data is vital, not only to allow us to plan effective mental health services, but also to increase knowledge and understanding about the structural factors and inequalities that influence mental health and wellbeing. This is necessary to drive changes in the broader areas of policy, including in Justice, Communities, and Education, that can have an important impact on outcomes.

NI has long been characterised as a population with a high level of need, and this report helps us to understand the nature of our needs, the origins of these difficulties, and actions that we must take to improve everyone's lives. Importantly, it also highlights some of our strengths as a society, and positive changes in our perceptions of mental illness, stigma and helpseeking.

Through the analysis of the correlates of poor mental health, the report highlights how early adversity, trauma, poverty, experience of education and exposure to violence can have such a huge impact on mental health. It also identifies important groups who are at higher risk, including carers, disabled people, people with health conditions, and LGBTQIA+ people. The report helps us understand the needs of those from minority ethnic groups, refugees and asylum seekers. As such the report is a guide to the aspects of policy which if addressed in a timely manner, would reduce the burden of suffering, and also the economic costs.

Far too often mental illness, trauma and distress result in addiction, self-harm and death by suicide. By understanding the nature and extent of these issues we are better placed to provide responsive services, and importantly, to direct resources to earlier intervention and prevention.

Whilst public awareness of mental health is growing, and there is a welcome increase in the understanding of mental health and illness, there is also however much misinformation and inaccurate information. This report provides the accurate information that we need to make decisions going forward and is particularly helpful as we progress on our journey to reform mental health services and create a better future for future generations.

# Introduction



The Mental Health Foundation's Fundamental Facts on Mental Health in Northern Ireland report was last updated in 2016. There have been many changes in the factors impacting on mental health since 2016, and more recent statistics are now available. This new report, in conjunction with Northern Ireland's Mental Health Champion, brings together population data on mental health, the social determinants of mental health and key inequalities data.

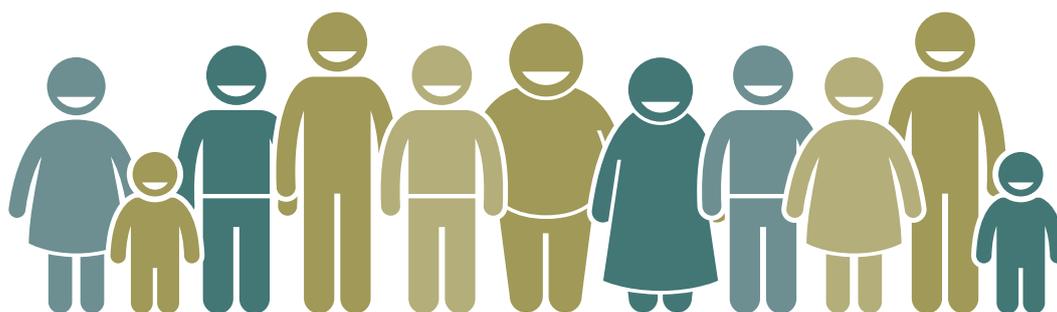
Mental health is affected by numerous variables, in this report we have selected statistics to illustrate the main mental health challenges facing individuals, families, communities, and wider society. The report is not exhaustive, and it is impossible to cover all of the risk factors. The report includes statistics from reputable sources, such as Government surveys, data from research and policy organisations, and peer-reviewed publications. We have also provided citations for the statistics and would encourage users of this document to consult the source of the data for more information on the topics addressed. It is important to note that some of the data sources are from before the global COVID-19 pandemic, and the Pandemic also resulted in changes to the

way that some data was collected. The data presented is correct at the time of writing, but users should always consult the original source for more up-to-date figures. This report should be viewed as providing a "snapshot" of the data available at this point in time.

We have selected data illustrating population mental health, and the main risk factors for poor mental health, including the social determinants of mental health and inequalities. We have not provided an interpretation of the data, but hope nonetheless that the evidence presented in this report may be used to promote a wider understanding of the mental health in Northern Ireland population, and shape effective policy responses.

We would encourage users to consider this report alongside other relevant Mental Health Foundation reports, including:

- [Tackling social inequalities to reduce mental health problems](#)
- [Prevention and mental health report: Understanding the evidence so that we can address the greatest health challenge of our times.](#)



# Foundations for good mental health



**The circumstances in which we live can shape our mental health. This section examines the social environments and situations that may contribute to poor mental health.**

## Poverty

Poverty is a key driver of mental health problems, and the rates of poverty in Northern Ireland are persistently high:

- One in four children in Northern Ireland are living in poverty (24%).<sup>1</sup>
- In 2021/22 16% of individuals in NI (approximately 300,000), were considered to be in relative poverty (BHC), a decrease from 17% in 2020/21.<sup>2</sup>
- In 2021/22 13% of individuals in NI (approximately 249,000), were considered to be in absolute poverty (BHC), an increase from 12% in 2020/21.

The Department for Communities' 2020/21 Report on the Northern Ireland Executive's Child Poverty Strategy<sup>3</sup> states:

**In 2018/19, there were approximately 92,000 children in absolute poverty Before Housing Costs, which represents 21% of children in NI. There were approximately 69,000 children (16% of children in NI) in absolute poverty before housing costs in 2017/18. This is a statistically significant increase.**

The impact of the pandemic and the current "Cost-of-Living Crisis" are not likely to be reflected in the currently available data sets. However Mental Health Foundation surveys and research undertaken by other organisations show that the "Cost-of-Living Crisis" is affecting the mental health of many people.

## Levels of debt

Debt is a risk factor for poor mental health, especially unsecured (short-term) debt such as credit cards and personal loans. There is a lack of specific data on levels of personal debt in Northern Ireland.

Research by the Financial Conduct Authority in 2018<sup>4</sup> found that the levels of personal debt (excluding mortgages) in Northern Ireland was higher than in any other part of the UK. The report found that well over half (54%) of adults in Northern Ireland have either no cash savings, or savings of less than £2,000; compared with 46% in Wales, 45% in England and 43% in Scotland.

This proportion is likely to have increased with the impact of the pandemic, the cost-of-living crisis, and other pressures.

## Income inequality

The Insight Report "Income and inequality: How does Northern Ireland compare to the UK (2023) as a whole?"<sup>5</sup> shows that income inequality has been consistently lower in Northern Ireland compared with the UK in general, both before and after housing costs. The authors suggest that this is due to the fact that Northern Ireland has fewer high-income households, and cheaper housing (mortgage and rent).

However, Northern Ireland still has one of the highest levels of multiple deprivation in the UK and although housing costs have been lower than other nations, they are rising.



## Employment and unemployment

Employment status is linked to mental health outcomes, with people who are unemployed or economically inactive having higher rates of common mental health problems than those employed.<sup>6</sup>

Employment is generally beneficial for mental health. However, the mental health benefits of employment depend on the quality of work; work that is low-paid, insecure or poses health risks can be damaging to mental health.<sup>7</sup>

Economic inactivity is defined as not being in employment, or not seeking work within the last four weeks, and/or being unable to start work within the next two weeks.

The Labour Force Survey (Figure 8)<sup>8</sup> shows that Northern Ireland had a consistently higher economic inactivity rate than the rest of the UK. From October to December 2022, the rate was 26.3% in Northern Ireland, compared to 21.4% in the UK as a whole. Economic inactivity rates (aged 16-64 years) were higher for women than men (30.6%, compared to 21.8%).

The Labour Force Survey (February 2023)<sup>9</sup> showed that the seasonally adjusted unemployment rate for those aged 16 and over, was 2.5%. This is lower than the UK unemployment rate, which was 3.7%.

The Labour Force Survey (February 2023)<sup>10</sup> also showed that the seasonally adjusted employment rate (for those aged 16 to 64 years) was 71.9%. This is also lower than the UK employment rate, which was 75.6%. The report highlighted that, over the last 15 years, the NI employment rate has been consistently below the UK rate.

Using HMRC data, the same survey<sup>11</sup> showed that the median monthly pay for people in Northern Ireland was £2,012 in January 2023. Northern Ireland had the lowest median earnings in the UK, while London had the highest (£2,635). Northern Ireland also had the smallest median increase in monthly pay of the 12 regions in the reporting period.

## Education

The proportion of working-age adults in Northern Ireland with degrees has tripled since the late 1990s.<sup>12</sup> The proportion of working-age adults with no formal qualifications remains high but has halved over the past two decades. In addition, the educational attainment of school leavers is increasing; 2022 figures show that 78% of children left school with five or more GCSEs (A\*-C), including English and Maths. Over half left school with three or more A levels (A\*-C).<sup>13</sup>

NIRSA's report on Qualifications in Northern Ireland<sup>14</sup> uses data from the Labour Force Survey and shows that:

- Between 2016 and 2020, there was an increase in the proportion of working-age adults with qualifications; 87.0% held a qualification in 2020.
- The proportion of people aged 25 to 64 participating in education and training (as measured by the lifelong learning indicator) in Northern Ireland was consistently lower than in the UK.
- In 2020, 77.3% of working-age adults had a Level 2<sup>i</sup> qualification or above. The proportions were higher among females and those aged 25 to 34 years.
- In 2020 just over one in four held the highest qualifications (Level 3<sup>ii</sup> to Level 5<sup>iii</sup>; 26.5%) and the proportions were highest among males and those aged 16 to 24 years.

i. Level 2 (O-level, GCSE Grade A\*-C – less than 5).

ii. Level 3 – A-Level – more than 1.

iii. Level 5 – Foundation Degree, HNC/HND/BTec Higher.



- The percentage of people with no qualifications was highest in the 50 to 64-year-old age group.

The Educational Underachievement in Northern Ireland – Review of Research 2021,<sup>15</sup> undertaken by Stranmillis University College and the Centre for Research in Educational Underachievement, provides further insight into how mental health issues impact upon educational outcomes here.

### Not in education, employment or training

Data released in November 2022 from the Labour Force Survey estimated that 17,000 young people (aged 16-24 years) in Northern Ireland were not in employment, education or training in the period July to September 2022. This is around 8.8% of young people in Northern Ireland, compared to 11.9% in the UK in general.

## Housing and the home environment

Where we live can significantly impact our mental health, and housing is often overlooked when we talk about mental health. Homelessness, housing insecurity and the home environment can impact our mental health. The Family Resource Survey NI 2020/21<sup>16</sup> provides insight into housing tenure in Northern Ireland.

- 43% of households were owned outright.
- 30% of households were bought with a mortgage.
- 14% of households were in the social renting sector, while 13% were in the private renting sector.

The Northern Ireland Housing Statistic 2021/22<sup>17</sup> gives further insight into housing here.

- On 31 March 2022, there were 44,426 applicants on the social housing waiting list.

- Of these applicants, 31,407 were in 'housing stress' (where the cost of housing is high relative to household income).
- In 2021-22, 10,135 households were accepted as statutorily homeless.
- Families (36%) and single males (26%) were the household types with the highest proportion of homelessness acceptances in 2021/22.

Private rental prices in Northern Ireland increased by 9.6% in the 12 months to April 2023, higher than other countries of the UK. In comparison, private rental prices paid by tenants in the UK increased by 5.1% in the 12 months to June 2023.<sup>18</sup>

## Homelessness

A 2023 study<sup>19</sup> of people experiencing homelessness in Northern Ireland, undertaken by Depaul and the Simon Community, found that almost 70% had a diagnosed mental health condition. The overwhelming majority, 84%, had received this diagnosis before becoming homeless. The Northern Ireland Children's Commissioner's (NICCY) published a report<sup>20</sup> with Queen's University Belfast in 2023 on the lived experience of children and families facing homelessness or housing insecurity highlighted the following:

- Placements in temporary accommodation for families and young people aged 16-17 had increased. There was also a steady increase in the number of children in temporary accommodation across all age categories, with the highest numbers among children aged 1-4 years.
- The most recent figures show that 3,913 children were in temporary accommodation in July 2022, including 1,142 children aged 1-4 years. The majority of placements in temporary accommodation involving children were placements in private single lets, followed by hostel accommodation.<sup>21</sup>



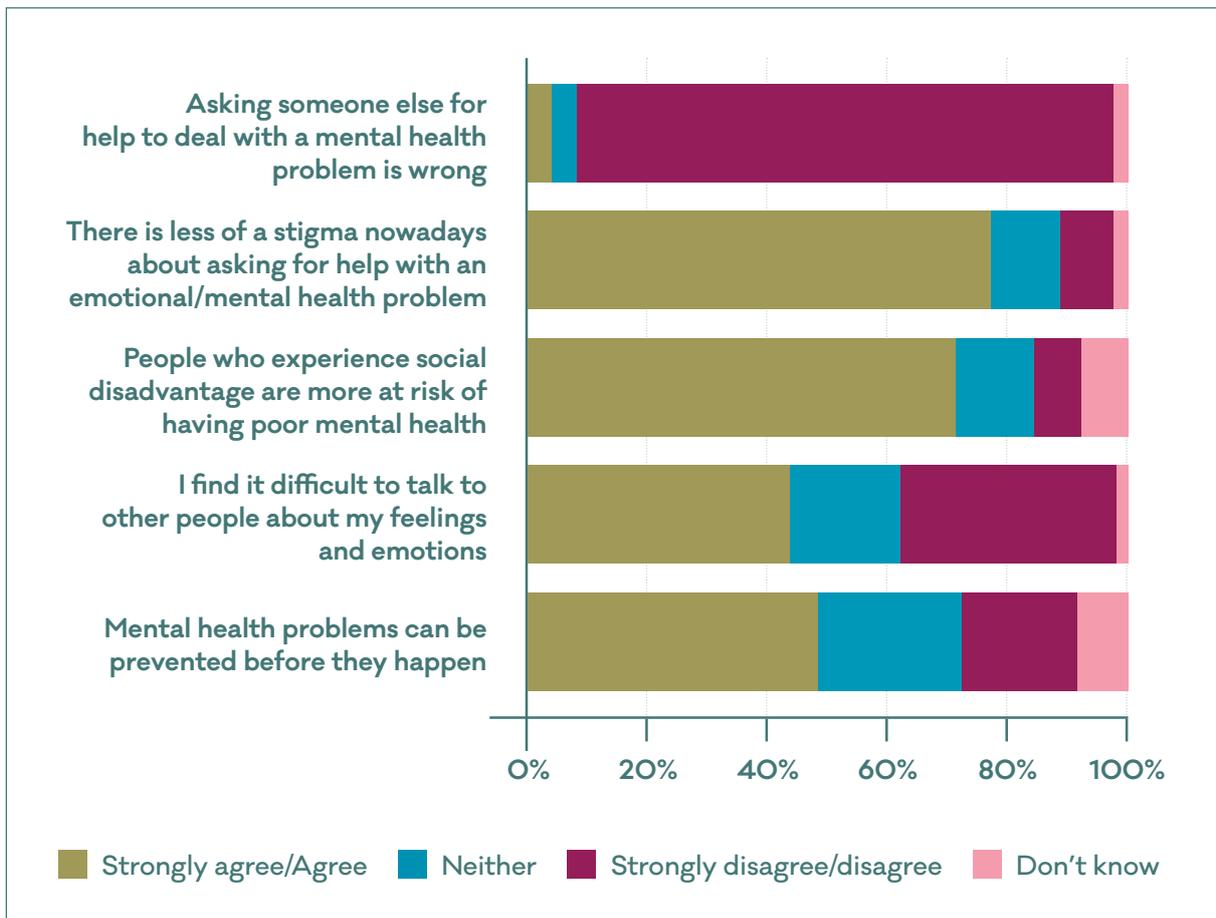
## Stigma

The stigma surrounding mental health has long been recognised as a barrier to accessing support. Stigma refers to the range of attitudes or misconceptions we hold or believe others hold, about those who experience mental health concerns.

Figure 1 below is taken from the 2021 NILT<sup>22</sup> research update: Attitudes toward Mental Health and Suicide in Northern Ireland and shows the responses to questions on attitudes to mental illness:

- 91% disagreed or strongly disagreed that asking someone else for help for a mental health problem is wrong.
- 78% agreed or strongly agreed that there is less stigma nowadays about asking for help for an emotional/mental health problem.
- 74% agreed or strongly agreed that social disadvantage was associated with a risk of poor mental health, and one-half agreed or strongly agreed that mental health problems could be prevented before they happen (49%).
- Half of males (49%) and 40% of females reported having difficulty talking to other people about their own feelings and emotions.

**Figure 1: Attitudes to mental health and mental illness**





## Discrimination

People who experience discrimination, for example, because of their race, gender, sexual orientation, disability, religion, age or other grounds, may be more at risk of developing mental health problems.

Mental illness stigma intersects with and reinforces these other forms of stigma and discrimination, resulting in lower treatment uptake and poorer outcomes.<sup>23</sup>

The Equality Commission publishes data<sup>24</sup> annually on the types of enquiries it receives. The breakdown for 2022/23 is outlined below. In the year from 1 April 2022 to 31 March 2023, the Discrimination Advice Officers dealt with 2,899 enquiries.

Of the enquiries received that year:

- 48.3% were about disability discrimination.
- 20.81% were about sex discrimination.
- 10.32% were about racial discrimination.
- 7.93% were about religious/political discrimination.
- 6.7% were about age discrimination.
- 4.11% were about SENDO (Special Educational Needs and Disability Order).
- 1.83% were about sexual orientation discrimination.

## Community safety

The Northern Ireland Community Safety Survey (NISCTS)<sup>25</sup> considers the experience of crime and perceptions of crime, policing and justice. The 2021/22 survey was a telephone survey. Some key statistics are summarised below.

- Results from the 2021/22 NISCTS indicate that most adults/households did not experience any of the crimes asked about in the survey. 3.8% were victims of

at least one crime during the 12 months prior to interview; this figure was on a par with the 2020/21 rate of 3.9%.

- One in ten (10%) respondents expressed a high level of worry about violent crime, with a similar proportion, 8%, very worried about becoming a victim of burglary. 6% of vehicle owners were very worried about becoming a victim of car crime. None of these three indicators were statistically different from the previous year. The majority (73%) of the 2021/22 respondents reported that fear of crime has a minimal effect on their quality of life, unchanged from 2020/21, also 73%.

The Police Service of Northern Ireland's Security Situation Statistics<sup>26</sup> show that from 1<sup>st</sup> July 2022 to 30<sup>th</sup> June 2023:

- there was one security-related death, the same number as during the previous 12 months.
- there were seven bombing incidents, compared to 4 during the previous year, and 32 shooting incidents, compared to 26 the year before.
- 28 people were casualties of paramilitary-style assaults, compared to 36 in the previous 12 months. Belfast experienced the greatest number of assaults (11) followed by Ards and North Down (5). All 28 casualties were aged 18 years or older.
- there were 11 casualties of paramilitary-style shootings, the same number as during the previous 12 months. All 11 casualties were aged 18 years or older.



## Community cohesion

The Respect Index is a population indicator measuring the proportion of the population who feel respected. As shown in Figure 2,<sup>27</sup> 28% of respondents felt respected in 2016. This proportion increased to 37% in 2017 and remained relatively stable until 2019 (36%). There was a steep decline between 2019 and 2020 in the proportion of respondents who felt respected, from 36% to 19%.

The reasons for this change are unclear, however it may be related to the COVID-19 pandemic, as well as the shift from an in-person to an online survey delivery. The proportion of adults who felt respected in 2021 (19%) was significantly lower when compared to the baseline year of 2016 (28%).

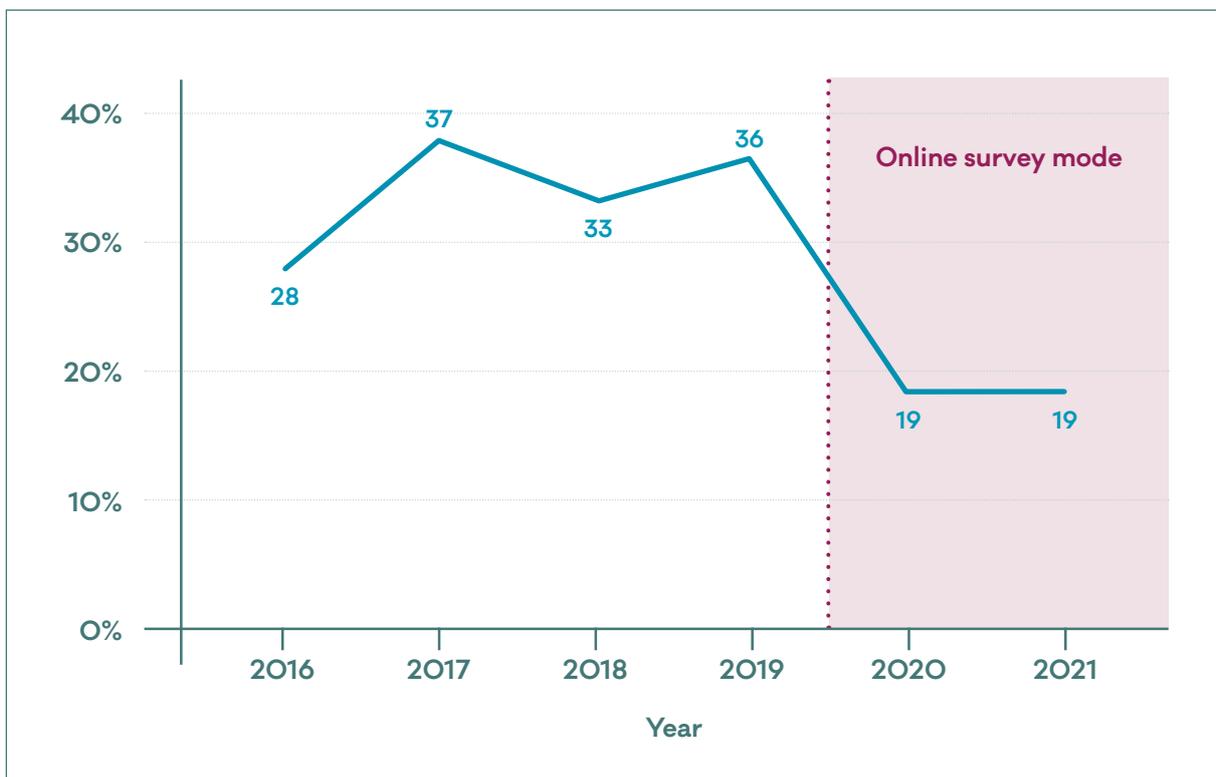
Findings from the 2021/22 Northern Ireland Community Safety Survey<sup>28</sup> indicated that

7% of participants perceived the level of anti-social behaviour in their local area to be high; this was similar to the 2020/21 figure of 6%. The most commonly identified problems were Rubbish or litter lying around (31%); and people using or dealing drugs (26%).

The 2019 Youth Wellbeing Prevalence Study<sup>29</sup> found that 43.6% of 11 to 19-year-olds, agreed or strongly agreed that paramilitary groups created fear and intimidation in their area, and more than half (51.6%) agreed or strongly agreed that paramilitary groups contributed to crime, drug-dealing and anti-social behaviour in their area.

The 2023 Young Life and Times Study<sup>30</sup> found that 87% of 16-year-olds in NI felt safe or very safe where they lived.

**Figure 2: The Respect Index**



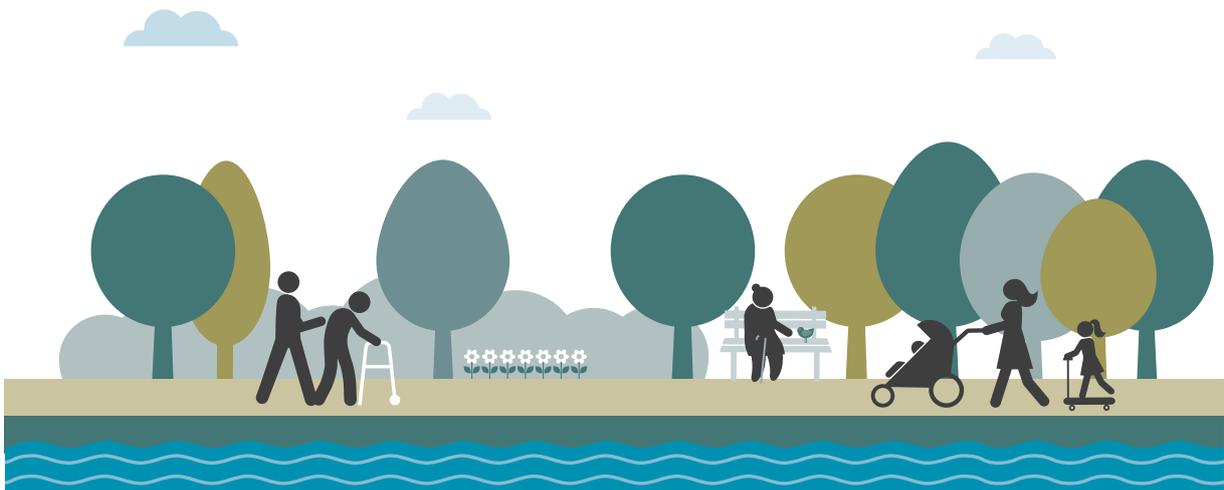


- Young people who lived in rural areas were much more likely (62%) to say that they felt 'very safe' in their area than those from urban areas (39%) or those who lived in a small town or city (34%).
- 38% of respondents who lived in cities or towns agreed or strongly agreed that there was a lot of crime, drugs, and anti-social behaviour among young people in their areas, compared to just 15% of those living in rural communities.
- 19% of respondents living in big cities agreed or strongly agreed that paramilitaries had a controlling influence in their area, compared to just 6% of respondents in rural neighbourhoods.
- 8% of the population never spent leisure time outdoors. The population groups less likely to take regular visits include unemployed people, people with a long-term illness or disability, and older age groups. Women were also less likely than men to visit at least once a week.
- The availability and quality of local green and blue spaces, and paths and trails, influenced the frequency of visits to the outdoors. There was a correlation between the frequency of time spent outdoors and the perceived proximity of places to visit.
- Just over a quarter of the population (27%) stated that their nearest green or blue space was within a 5-minute walk of their home. One in five (20%) stated that their nearest green or blue space would take more than 20 minutes to reach on foot.

## Access to green and blue spaces

Although the benefits of outdoor recreation are widely evidenced, until recently, there has been no systematic population-wide research on how people in Northern Ireland engage with the natural environment, the benefits they gain from it, and the barriers they face trying to access it. The People in the Outdoors Monitor for Northern Ireland (POMNI)<sup>31</sup> helped to address this information gap and found that:

- Around three in four Northern Ireland residents agreed that their local green spaces were of a high enough standard to want to spend time there (76%), and around a quarter did not think that this was the case. Satisfaction with local green spaces and paths and trails tended to be lowest amongst women, unemployed people, disabled people, and residents of rural areas.



# Prevalence



Mental Health is the product of a complex interaction of biological, social environmental and cognitive factors. The evidence presented in the previous sections of this report shed some light on that complexity and help us understand which areas merit attention.

This section presents mental health prevalence data in the Northern Ireland population. These data sources can provide a helpful baseline upon which to assess the impact of policies and can also be used to plan mental health services and other interventions to address the needs identified.

Mental health is a general term used to describe everything from good mental health through to periods of distress, mental ill-health and severe mental illness.

The prevalence data for adults in Northern Ireland is available through the Health Survey.<sup>32</sup> Mental health is measured using the General Health Questionnaire-12 scale, where a score of 4 or more is indicative of probable mental ill-health. Figure 3 shows the prevalence rates from 2010-2022.

- The results from 2021/22 indicate that around a fifth (21%) of the population scored four or more on the GHQ-12. This was significantly lower than the 27% found in 2020/21, and is similar to the pre-pandemic level of 19% in 2019/20.

The trends over time are shown in Figure 3, the 2019/20 figures were not statistically significantly different from the 2014/15 figures and there was a general stability in the prevalence rate over time, with the exception of 2020/2021, which was impacted by the COVID-19 pandemic. Similar trends were observed in the 2021 Scottish Health Survey<sup>33</sup> which found 22% of adults had a GHQ-12 score of four or more. This was an increase from (17%) in 2019; in previous years the proportions ranged from 14-19%.

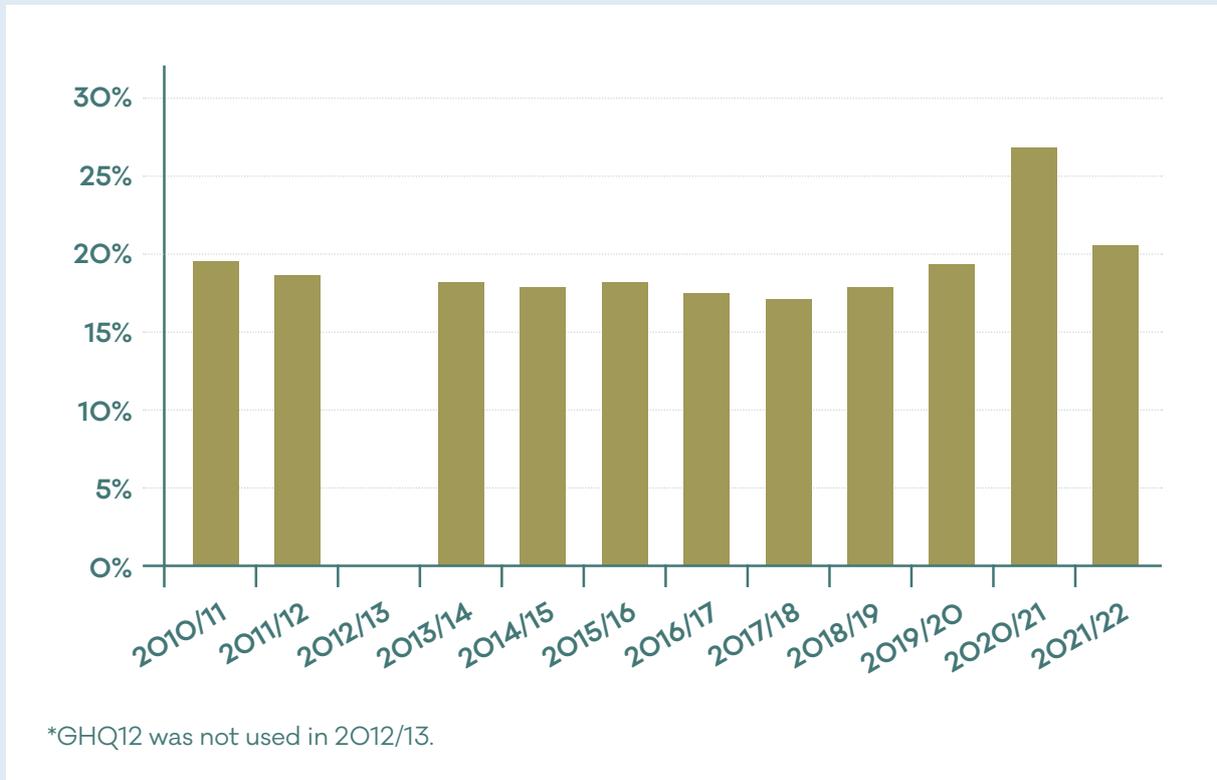
The most recent GHQ-12 scores from the Health Survey in England (2016), reported a prevalence rate of 19%, which had increased from 15% in 2012.<sup>34</sup> These figures suggest that the NI prevalence rate, based on GHQ-12 score, is similar to the other UK regions, however more recent data for England and Wales is required to state this definitively.

The register for severe mental illness is reported in the annual raw disease prevalence rate report.<sup>35</sup> The Quality Outcome Framework defines the rate of severe Mental Illness as the number of patients with schizophrenia, bipolar affective disorder, and other psychoses, and other patients on lithium therapy.

The mental health register shows that in March 2023, 9 per 100,000 patients in Northern Ireland General Practices had one or more of the conditions listed above. This gives a prevalence rate of 0.9%, which is broadly consistent with other UK regions (England 0.9%<sup>36</sup>, Scotland 0.94%<sup>37</sup>, Wales 1%<sup>38</sup>).



**Figure 3: Rates of Mental in the Northern Ireland Population from 2010–2022**



# Through the life cycle



**The factors that can impact mental health change across the lifespan. This section summarises the key theories and statistics across broad life stages.**

## Perinatal and infant mental health

Stress and our bodies' response to stress is recognised as the underlying pathways to the patterns of feelings and behaviours that characterise mental ill-health. Critical periods of neurological, biological, social and emotional development in early life can shape the stress response and capacity for emotional regulation.

Prenatal stress is thought to impact foetal stress regulation capability, with some studies linking prenatal stress, anxiety and depression with increased risk of a child developing ADHD, depression and behavioural problems.<sup>39</sup> Parental mental ill-health can impact parenting styles and shape attachment.

The Youth and Wellbeing Prevalence Survey<sup>40</sup> using the GHQ-12, estimated the prevalence rate of parental mental health problems to be 22%, and noted that children whose parents had current mental health problems were twice as likely to have an anxiety or depressive disorder themselves.

Parents and guardians help children to regulate their emotions throughout infancy. Research shows children with secure attachments to their caregivers are more likely to form adaptive emotional regulatory capabilities.<sup>41</sup> Children with secure attachments are more likely to be emotionally competent and flexible when engaging with their environment, when compared to children with insecure attachments.

## Early life adversity

Adversities are any cause of excessive or chronic stress or trauma within a person's social, physical, or psychological environments. Research on adverse childhood experiences (ACEs) focuses on childhood maltreatment, neglect, abuse, parental mental ill-health, exposure to crime, violence or discrimination and unstable care environments.<sup>42</sup> The mental health impact of multiple ACEs is cumulative.

The Youth and Wellbeing Prevalence Survey<sup>43</sup> found that:

- Close to one in two young people aged 11-19 years (47.5%) have experienced at least one ACE: one ACE (33.2%), two ACEs (8.6%) and three or more ACEs (5.7%).
- Females were significantly more likely than males to report 3+ ACEs (7.0% vs 4.6%).
- There was a clear association with deprivation, with young people in the least deprived areas more likely to have experienced no ACEs compared to those in the most deprived (59.9% vs 36.0%).

## Children and young people

The 2019 Youth Wellbeing Prevalence Study<sup>44</sup> found that one in eight (11-19-year-olds) meet the criteria for any mood or anxiety disorder. The report goes into further detail about specific conditions and risk factors. There is an absence of population-level post-pandemic prevalence



data for young people in Northern Ireland, which means that we are unable to make direct comparisons with other regions. However, general mental health surveys provide the following insights:

- The recent Young Life and Times (YLT) Study<sup>45</sup> found that 45.2% of 16-year-olds had a probable mental illness (GHQ-12 greater than four) (32.8% of males and 52.9% of females).
- Wellbeing, measured by KIDSCREEN-10, among 11-year-olds, has declined since 2016, and is in 2022/23 at its lowest ever level (47.08).<sup>46</sup>
- The young persons' behaviour and attitudes survey (2022-23) found that 31% of 11-16-year-olds reported a physical or mental health condition or illness, expected to last 12 months or more.<sup>47</sup>

Stress is associated with poor mental health, it is therefore concerning that the 2023 KLT and YLT surveys found:

- More than one in five young people would not know who to talk to about stress and worry (22% of 11-year-olds; 21% of 16-year-olds).
- More than a quarter (age 11, 26.2%; age 16, 31.2%) worried that their parents would find out.
- Almost a third of 11-year-olds (30.4%) and more than a third of 16-year-olds (35.7%) worried their friends would treat them differently if they knew that something was wrong.
- Almost a third of 11-year-olds (32.3%), and more than half of 16 year olds (53.7%) would not want anyone to know that something was wrong.

### School exclusion and expulsion

A 2019 literature review conducted by England DoE<sup>48</sup> found that school exclusion disproportionately affects certain young

people including those with poor mental health. The Department for Education in NI reports suspension and expulsion statistics annually;<sup>49</sup> their reports show that:

- In 2021/22, 3,461 boys and 1,253 girls of compulsory school age were suspended (2.2% of boys and 0.9% of girls overall).
- In 2021/22, 195 compulsory school-age pupils suspended were Children Looked After. These numbers represented 7.4% of Children Looked After, compared with 1.5% of children that were not.
- In 2021/22, 20 compulsory school-age pupils were expelled across Northern Ireland; this was a decrease of five pupils compared to the 2020/21 academic year. The number of pupils expelled represented 0.007% of pupils in 2021/22 and 0.008% in 2020/21.

### Youth justice

The Department of Justice publish Youth Engagement Statistics annually, the recent 2020/21 bulletin reports:<sup>50</sup>

- There were 2,267 cases relating to young people coming into formal contact with the criminal justice system in 2020-21. This is a decrease of 456 (16.7%) from 2019-20.
- The Public Prosecution Service (PPS) assessed 49.4% (1,121) of cases suitable for resolution through the Youth Engagement process and 47.9% (1,085) as not suitable.
- The majority (75.5%, 1,712) of young people coming into formal contact with the justice system in 2020-21 were male.
- Over half, (51.4%, 1,166) of cases in 2020-21 were in relation to those aged from 16 or 17 at the time of their offence. The remaining 48.6% (1,101) were aged 10 to 15 at the time of their offence.



## Care experience

A recent publication<sup>51</sup> found that while children known to social services in 2015 accounted for approximately 1 in 6 (17.2%) of the NI population, they represented half (49.5%) of all children who experienced mental ill health in 2015. The children's social care statistics for Northern Ireland 2021/22<sup>52</sup> reports:

- On 31 March 2022, 24,545 children in Northern Ireland were known to Social Services as a child in need;
- On 31 March 2022, 2,346 children were listed on the Child Protection Register;
- Neglect and physical abuse were the main reasons for a child being on the Child Protection Register and accounted for over three quarters of all on the register (73%).

## Adults

The General Health Questionnaire (GHQ-12) is the main outcome indicator within the NI Programme for Government. A GHQ-12 score of four or more indicates probable mental ill-health. The prevalence data for adults in Northern Ireland is made available through including the GHQ-12 measure within the NI Health Survey<sup>53</sup> and shows differences across groups.

In 2021/22, Males (16%) were less likely than females (25%) to have a high GHQ12 score, and whilst the proportion of males scoring highly has returned to pre-pandemic level, the proportion of females scoring highly remains higher. Respondents in the most deprived areas (30%) continue to be more likely to have a high GHQ12 score than those in the least deprived areas (20%). Almost a quarter (24%) of those living in urban areas had a high GHQ12 score compared with 15% of those living in rural areas.

Figure 4 illustrates the percentage with a GHQ-12 score greater than four in different age groups:

- In 2021/22 the prevalence of probable mental ill health was highest among 45-64-year-olds.
- In the same year the prevalence rates across most age groups were higher than the 2019/20 figures, with the exception of 16-34-years olds which have lower rates, and those ages 75+ which have returned to similar rates.

The 2021 NI Census data provides information on<sup>54</sup> the number of people who reported having an emotional or mental health condition expected to last 12 months or more:

- 1.39% (5,404) of 0-15-year-olds.
- 9.74% (55,629) of 16-39-year-olds.
- 13.12% (80,892) of 40-64-year-old
- 7.12% (23,205) of those aged 65 or older.

## Adverse experiences in adulthood and trauma

Adverse life events in adulthood, such as serious illness, job loss or bereavement, is also associated with mental health problems.<sup>55</sup> Not everyone who experiences a traumatic event will develop mental health problems. Adverse experiences at this stage of life can be more difficult to cope with if someone has also experienced adversity in childhood. An estimated 61% of the Northern Ireland adult population have experienced a traumatic event at some point in their lifetime.<sup>56</sup> Traumatic events can include experiences such as natural disasters (such as floods), acts of violence (such as assault, abuse, terror attacks, and shootings), and car crashes or other accidents.

- From 1st July 2022 to 30th June 2023, there were 33,210 domestic abuse incidents in Northern Ireland, an increase of 23 (0.1 per cent) on the previous 12 months.<sup>57</sup>
- In the same time period, there were 2205 hate-motivated incidents and crimes reported to the PSNI.<sup>58</sup>



- The number of sexual offences reported in Northern Ireland during the last year reached a record high. There were 4,232 such incidents recorded between April 2022 and March 2023.<sup>59</sup>

### Conflict-related trauma in Northern Ireland

Troubled consequences: a report on the mental health impact of the civil conflict in Northern Ireland in 2011<sup>60</sup> reported that:

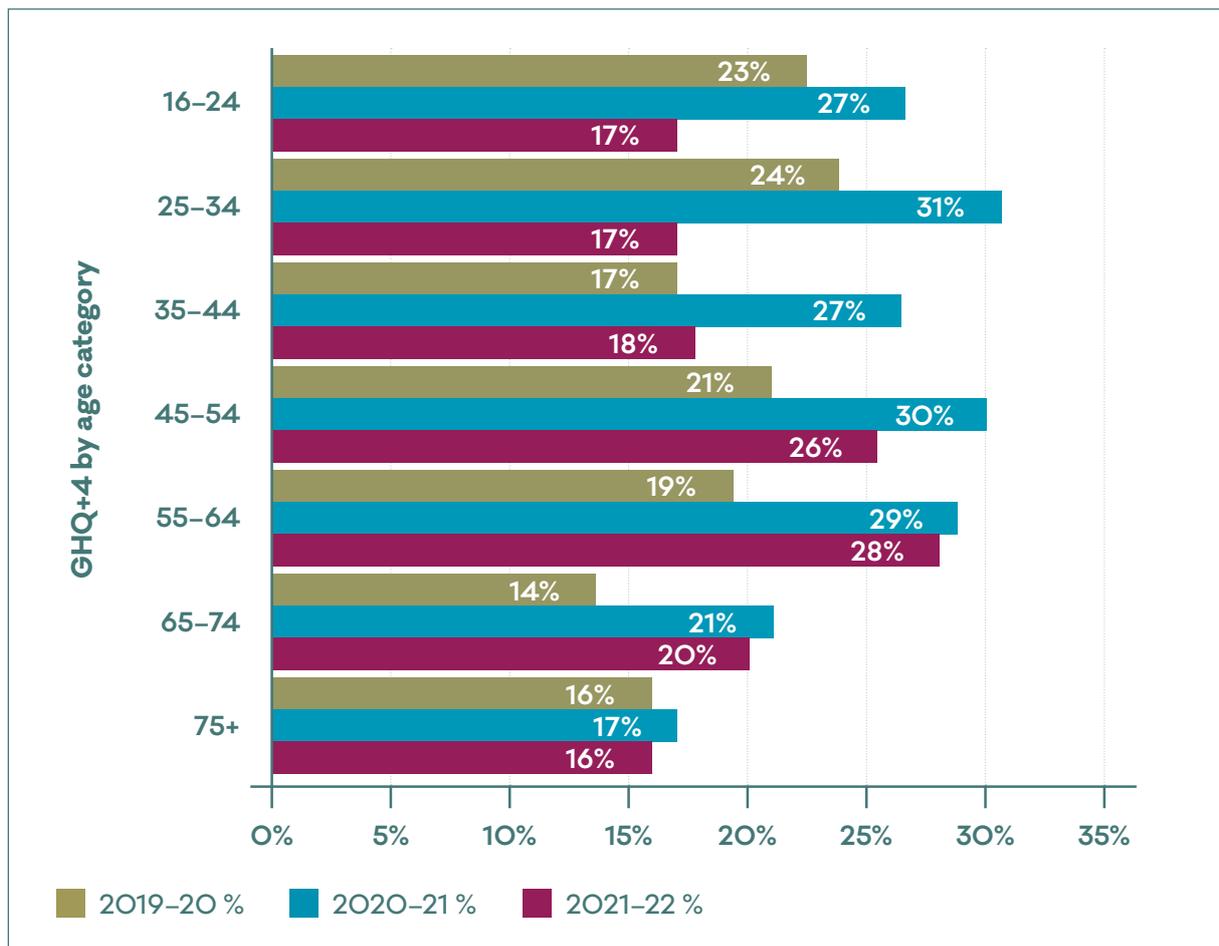
- An estimated 39% of the Northern Ireland population in 2005 had experienced a conflict-related traumatic event.

- Conflict-related traumatic events were more prevalent among males and those in the middle age groups.

The Commission for Victims and Survivors 2021 population survey<sup>61</sup> found:

- 24% of the population met the legal definition of a victim and/or survivor of the NI Troubles/Conflict.
- 21% felt the Conflict affected their mental health.
- 45% had been present at, or witnessed, a Conflict-related incident

**Figure 4: The percentage of the population with a GHQ-12 score greater than four across age groups**





The Youth Wellbeing Prevalence survey asked questions of parents regarding the conflict:

- 31.3% of parents thought that their community had been affected by the Troubles quite a bit or by an extreme amount.
- 11.6% thought that their own life had been impacted quite a bit or by an extreme amount by the conflict.
- 43.6% agreed or strongly agreed that paramilitary groups created fear and intimidation in their area.

### Older people

The NICOLA Study Wave 1 report<sup>62</sup> in 2021 found that:

- Overall mental wellbeing was high in older adults, although this varied according to age group, marital status, education, level of deprivation and region.
- 18% of older adults showed signs of depression, with females reporting higher rates of depressive symptoms compared to males.

### Other prevalence indicators

#### Prescription trends

The HSC Business Services Organisation publish general pharmaceutical services and prescribing statistics for Northern Ireland quarterly.<sup>63</sup> The most recent published in August 2023 shows:

- Anti-depressants were dispensed to 382,288 people in Northern Ireland during 2022/23, equating to 19.9% of its total population. This was an increase of 2.7% compared with 2021/22 (17.2%).
- There was significant variation in the proportion of individuals receiving anti-depressants among different groups within the population. For example, 25.0%

of females received anti-depressants, compared with only 14.8% of males.

- An analysis of anti-depressant dispensing by deprivation quintile showed that the proportion of the population receiving anti-depressants was highest in areas with higher levels of deprivation. In the most deprived quintile, anti-depressants were dispensed to 26.1% of the population. In the least deprived areas, the figure was 16.8%.

### Self-harm and suicide ideation

The Northern Ireland Registry of Self-Harm produced a summary report relating to incidents in 2019/20:<sup>64</sup>

- During 2019/20, acts of self-harm and thoughts of self-harm or suicide accounted for 14,641 ED attendances, representing 2% of all Type 1 and Type 2 ED attendances that year. Almost two-thirds of these presentations were due to acts of self-harm (61%, n= 8,945).
- There has been a 28% rise in self-harm and suicidal ideation presentations together, since 2012/13. The majority (88%) of these presentations were among adults aged 18-64 years.
- Young people under 18 years accounted for 9% of attendances and people aged over 65 years, 3%. People who were homeless accounted for 5% of attendances.
- The overall age-standardised rate of self-harm in 2019/20 for Northern Ireland was 351 per 100,000. The rate for Northern Ireland in 2019/20 was 5% higher than in 2012/13 (334 per 100,000).
- The overall age-standardised rate of suicidal ideation in 2019/20 was 229 per 100,000. The ideation rate in 2019/20 was 79% higher than in 2012/13 (128 per 100,000).



## Suicide

NISRA published the most recent figures for suicide in Northern Ireland in November 2022.<sup>65</sup> These figures take into account the changes in how deaths attributed to suicide are recorded in the region. Suicide rates can fluctuate from year to year, it is important to consider the trends that become apparent over longer time periods. NISRA publish updates for this data throughout the year.

### Key points

- There were 237 suicide deaths registered in Northern Ireland in 2021. 176 (74.3%) of the total suicide deaths were males and 61 (25.7%) were females.
- The criteria used to classify a death as a suicide for statistical purposes, changed in 2015. Since then, the number registered was; 195 in 2016, 199 in 2017, 236 in 2018, 205 in 2019, 219 in 2020, 237 in 2021.<sup>66</sup>
- The Northern Ireland 2021 age-standardised rate of 14.3 suicides per 100,000 population was slightly higher than the rate for Scotland (14.0 suicides per 100,000). The rate for England and Wales was the lowest, at 10.5 suicides per 100,000, in 2021. Since 2015 Northern Ireland's rates have been higher in England and Wales and lower than Scotland, with the exception of 2021.
- It should be noted, however, that cross-country comparisons are affected by differences in data collection and collation processes in the separate jurisdictions.

## Substance misuse

The number of drug-related deaths registered in Northern Ireland in 2021 (213) was the second highest on record, five less than the 2020 peak of 218 deaths. The same was true for drug misuse deaths, decreasing from the series high of 182 in 2020 to a second-highest total of 175 in 2021.<sup>67</sup> Drug-related and drug-misuse deaths continue to be higher in areas of highest deprivation.

In the context of the UK in 2021, Scotland had the highest age-standardised rate of drug misuse deaths at 25.0, Northern Ireland had the second highest rate at 9.4, and England and Wales had a rate of 5.3 deaths per 100,000.<sup>68</sup> The prevalence of substance misuse and the rate of drug-related deaths can fluctuate year-on-year. It is important to consider trends that become apparent over longer periods of time. The NI Substance Misuse Database is updated regularly to facilitate the examination of current trends.

Statistics from the Northern Ireland Substance Misuse Database 2021/22<sup>69</sup> show that:

- In Northern Ireland in 2021/22, a total of 3,092 clients were recorded on the Substance Misuse Database as having presented to services for problem substance misuse.
- More than one-third of clients presented to services indicating alcohol misuse only (37.0%, 1,143); One-third of clients presented to services indicating problem drug use only (32.5%, 1,004); 30.6% of clients presented to services indicating both drug and alcohol misuse (945 clients).
- The majority of clients were male. Just over a quarter of clients presenting to treatment for either drugs only or for drugs and alcohol were female (27.7% and 27.4%, respectively). However, around two-fifths of clients presenting to treatment for problem alcohol use only were female (41.8%).



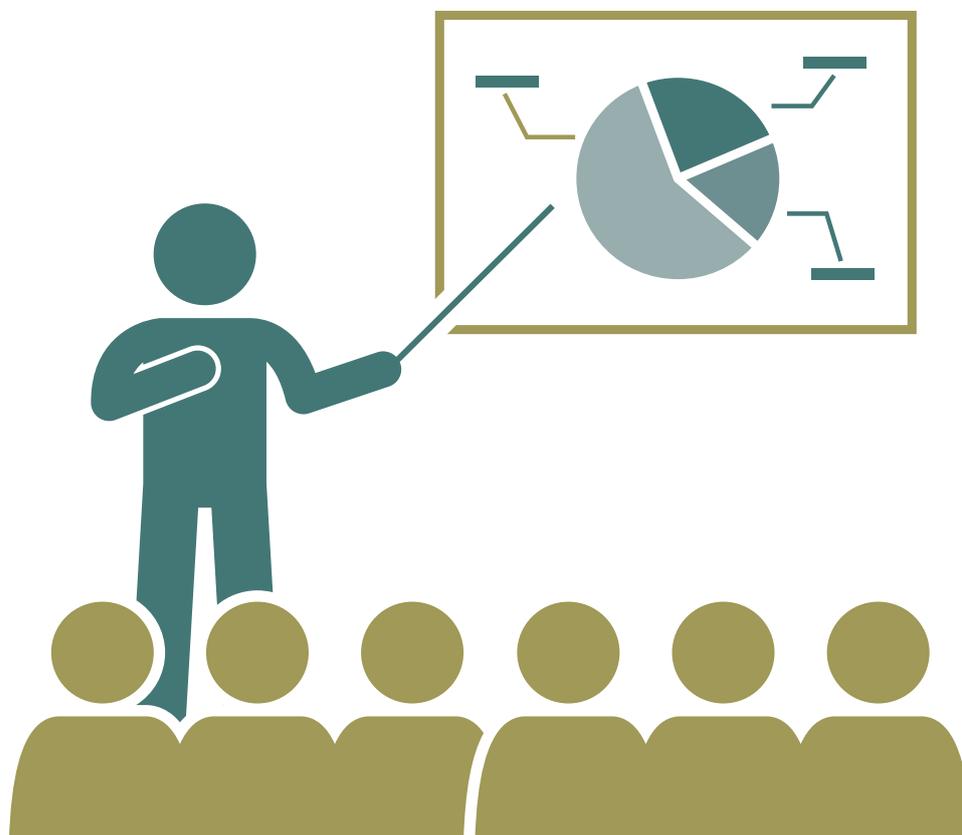
## Comparing with UK-wide data

The UK Office for Statistics Regulation completed a review of mental health statistics 2021.<sup>70</sup> It highlighted the importance of having robust data, collected in a consistent manner across all Health and Social Care Trusts; and having comparable data across the UK regions.

It is currently difficult to compare prevalence rates across the UK nations because different measures are used in each jurisdiction. For example, the NI Health Survey uses the GHQ-12 as a measure of prevalence among the adult population, whereas England, Wales and Scotland use the Warwick-Edinburgh Mental Well-being Scale. Health Survey England does collect data using the GHQ-12 measure, but this has yet to be published for the 2021/22 year.

2022/23 Figures from the NI Health Survey are due to be published later this year, which will allow comparison to the prevalence rate due to be reported in the Scottish Health Survey.

The mental health of children and young people is measured annually in England;<sup>71</sup> the most recent evidence shows that 17.4% (1 in 6 young people) have poor mental health. This is a stark increase from the 2017 pre-pandemic figure of 12.8%; and other regions have seen similar rises.<sup>72</sup> However, there is an absence of post-pandemic population-level data for young people in Northern Ireland.



# Tackling inequalities



**We all have mental health, and we all can experience mental health problems, whatever our background or walk of life. However, the risks of mental health are not equally distributed. In this section, we look at what data is available in relation to the mental health of people who we know experience inequalities. It is not to say that if you identify as one or more of these groups, you will develop mental health problems. We know that people are multifaceted and that, often, people face multiple inequalities.**

The Department for Health NI publishes a Health Inequalities Annual Report. The 2023 report<sup>73</sup> highlights that

**“large inequality gaps continue to exist for mental health indicators”.**

It found that:

- Prescription rates for mood and anxiety disorders increased regionally and for most and least deprived areas between 2017 and 2021, with the rate in the most deprived areas 66% higher than in the least deprived areas.
- In 2019-21, the suicide mortality rate in the most deprived areas was more than double that observed in the least deprived areas.

The Health Survey 2021/22<sup>74</sup> found that:

- Around a third (30%) of those in the most deprived areas had a high GHQ12 score compared with a fifth (20%) of those living in the least deprived areas.
- Almost half (47%) of those living in the most deprived areas had concerns about their own mental health in the past year (22% definitely; 25% to some extent), compared with over a third (36%) of those living in the least deprived areas (17% definitely; 19% to some extent).

## Black, Asian and Minority Ethnic communities

There is a dearth of research on the mental health of black Asian and Minority Ethnic (BAME) Communities in Northern Ireland, and as a result we know relatively little about the mental health of this group.

BAME communities are generally considered to be at increased risk of poor mental health.

On Census Day 2021, 3.4% of the population, or 65,600 people, belonged to minority ethnic groups. This is around double the 2011 figure (1.8% – 32,400 people) and four times the 2001 figure (0.8% – 14,300 people).

This figure includes the Irish Traveller population (0.1%). It is widely understood that this number is likely to be an underestimate as Travellers are less likely to respond to the Census.

Despite the increasing population of Travellers there remains a dearth of data on this group, and, little has been done by the Northern Ireland government to address this shortfall. The 2021 NI census did permit respondents to report an emotional or mental health condition that they expected to last 12 months or more.<sup>75</sup> This census included responses from 2,610 respondents from the Irish Traveller community.



- 24.25% of respondents from the Irish Traveller community reported an emotional or mental health condition expected to last 12 months or more.

The All-Ireland Traveller Health Study found that poor mental health is associated with experience of discrimination and recent bereavement.<sup>76</sup> The study reported that the rate of Frequent Mental Distress, at 12.9%, was more than two and a half times that reported in a sample of the general public in Ireland.

The Census also provided an insight into the emotional or mental health conditions reported by members of the BAME community.<sup>77</sup>

- 2.7% of Asian respondents had an emotional or mental health condition expected to last 12 months or more. The proportion was 3.09% among Black respondents.
- 6.49% of mixed ethnicity respondents had an emotional or mental health condition expected to last 12 months or more.
- 12% of respondents from “other” minority ethnicities reported an emotional or mental health condition expected to last 12 months or more (this includes Irish Travellers).

## Refugees and asylum seekers

Asylum seekers and refugees face unique and complex stressors and trauma, which affects their mental health. For that reason they are often at greater risk of developing mental health problems.

The Law Centre for NI Information Briefing in July 2023<sup>78</sup> stated that Northern Ireland hosts 2.7% of all the people in the UK who are seeking sanctuary. Asylum support (sometimes referred to as ‘NASS support’) is available to asylum seekers who are destitute on arrival and around 3,030 people were receiving asylum support in Northern Ireland in 2023.

A review undertaken in 2018<sup>79</sup> to consider the mental health and well-being of asylum and refugees here highlighted the absence of mental health data for refugees and asylum seekers in Northern Ireland. The report made a number of recommendations for Government Departments to consider.

Common mental illnesses in displaced adults included PTSD (31%), depression (31%), anxiety disorders (11%), and psychosis (1.5%). There were also high rates of distress, grief and PTSD in displaced people under the age of 18, especially in the context of war and trauma.<sup>80</sup>

## People with long-term health conditions

Our physical and mental health are closely linked. Those of us with long-term physical health conditions are also likely to experience mental health problems such as depression and anxiety.

Research shows that people with long-term physical conditions are more than twice as likely to develop mental health problems.

The Health Survey (NI) 2021/22<sup>81</sup> indicated that for a number of years, around two-fifths of respondents (40% in 2021/22) have reported a physical or mental health condition or illness expected to last 12 months or more. This increased with age from a quarter (25%) of those aged 16-24 to two-thirds (66%) of those aged 75 and over.

It found that almost a third (30%) of respondents have a long-standing illness that reduces their ability to carry out day-to-day activities (similar to 2020/21).

The Northern Ireland Wellbeing Dashboard<sup>82</sup> records several indicators associated with mental health outcomes: loneliness, self-efficacy, and locus of control. It also provides data on a personal well-being score based on self reported life satisfaction, worthiness, happiness and anxiety.



Those who indicated their health was bad or very bad had higher levels of loneliness (52.6%), and self-efficacy (55.5%), than those who said their health was fair, good or very good. The score for anxiety was significantly higher for those who experienced bad health (4.9) compared to those who reported good health (2.7).

People with a disability had higher loneliness scores compared to people who had no disability (34.8% vs 14.2%).

The 2021 Census data showed that:<sup>83</sup>

- 14.67% of young people aged 0-17 years who had a health problem or disability that limits day-to-day activities also had an Emotional or Mental Health problem expected to last 12 months or more.
- 27.55% of people aged 18 or older who had a health problem or disability that limits day-to-day activities also had an Emotional or Mental Health problem expected to last 12 months or more.

## Gender

Mental health problems affect both men and women, but not in equal measure.

Social and economic factors can put women at greater risk of poor mental health than men. However, women generally find it easier to talk about their feelings and have stronger social networks, both of which can help protect their mental health.

The Northern Ireland Health Survey 2021/22<sup>84</sup> found that:

- Males (16%) were less likely than females (25%) to have a high GHQ12 score (indicating probable mental ill health), and whilst the proportion of males scoring highly has returned to pre-pandemic level, the proportion of females with high scores remains elevated.

- Females (56%) were more likely than males (49%) to have sought help for concerns about their mental health.

The Northern Ireland Registry of Self Harm records hospital presentations of Self Harm and suicidal ideation. Their 2019/20 report stated that:<sup>85</sup>

- The age-standardised rate of ideation in 2019/20 for Northern Ireland was 229 per 100,000. The male rate was 285 per 100,000 and the rate among females was 173 per 100,000.
- The suicide ideation rate for Northern Ireland in 2019/20 was 79% higher than in 2012/13 (128 per 100,000). The male rate of ideation increased by 72% during this period, while the female rate increased by 90%.
- Between 2018/19 and 2019/20 the rate of ideation increased by 5% (5% for males and 4% for females).
- The highest rate of ideation was among 20–24-year-old males with a peak rate of 662 per 100,000 in this age group.
- The highest female rate of ideation was in the 15–19-year age group at 432 per 100,000.
- The self-harm rate for Northern Ireland in 2019/20 was 5% higher than in 2012/13 (334 per 100,000). The male rate of self-harm increased by 2% during this period while the female rate increased by 8%.
- Between 2018/19 and 2019/20 the rate of self-harm decreased by 3% (-4% for males and -1% for females).
- The highest rate of self-harm was observed among 15–19-year-old females and 20–24-year-old males, with peak rates of 1,126 per 100,000 for females, and 898 per 100,000 among males in these age groups.



## LGBTQIA+ people

Evidence suggests that people who identify as LGBTQIA+ are at a higher risk of experiencing poor mental health.<sup>86</sup>

Research carried out by the Rainbow Project in 2021,<sup>87</sup> showed that a third (33%) of the LGBTQIA+ community in Northern Ireland has experienced poor mental health, 65% of those responses said that they have experienced depression, and 45% have experienced suicidal idealisation.

The Northern Ireland Census includes data on self reported emotional or mental health conditions.<sup>88</sup> The 2021 data shows that 26.55% of those who identified as gay, lesbian, bisexual or other sexual orientation indicated they had an emotional or mental health problem expected to last 12 months or more.

## Carers

The Health Survey 2021/22 found that under a fifth (17%) of respondents looked after another person who is sick, disabled or elderly for an hour or more each week (up from 14% in 2018/19). Females (22%) were more likely than males (13%) to have a caring responsibility. Around a quarter of those aged 45-54 (27%) and 55-64 (24%) had caring responsibility for someone. The 2021 NI Census shows that 11.68% of the population provides unregistered care to someone for more than 1 hour per week.<sup>89</sup>

There is an absence of population level mental health data for people providing unpaid care. However, again the Census provides some insights through the data on self-reported emotional or mental health conditions.

The 2021 data showed that 11.23% of those who provided at least one or more hours of unpaid care a week reported an emotional or mental health problem expected to last 12 months or more.<sup>90</sup>

# What is missing?



The Review of Mental Health Statistics<sup>91</sup> carried out by the Office for Statistics Regulation in 2021 highlighted the significant data gaps in relation to mental health in Northern Ireland.

The 2023 report by the Northern Ireland Office Controller and Auditor General also highlighted significant data gaps.<sup>92</sup>

Whilst some strides have been made since 2016, there are still huge gaps, particularly in outcomes data, but also in relation to population level. Data was extracted from a wide range of sources, for this report. However in many areas data was either not available, or difficult to access.

We know the pandemic has had an impact on the methods used in different surveys and also on the way in which data is published. Some data sources have not been updated since the pandemic so it is therefore not possible to assess the impact of the pandemic, or establish whether there have been any changes during this period.

## Some examples of what we found lacking include:

- Population-level data, capturing the prevalence of mental health problems among people who experience inequalities and who are considered to be more at risk, needs to be collected.
- Information about the indication, or presenting condition for the prescription data to establish the extent to which anti-depressant medications have been prescribed for conditions other than mental illness.
- Post-pandemic information on the prevalence of poor mental health and mental illness in young people in Northern

Ireland. This prevalence data should be collected at routine intervals, as seen in other regions, to facilitate the tracking of trends over time.

- Further information on peri-natal, infant, and parental mental health is required so that we can have an understanding of the level of need across Northern Ireland
- A robust centralised database providing information on mental health, and outcomes from mental health services is required. This needs to include data on the socio-determinates of mental health and the health inequalities that affect mental health outcomes.
- Data to permit further exploration of the associations between physical health and mental health across the lifespan.

Many of the changes needed will require significant investment in systems and people, however they are necessary so that we can establish the impact of policies, and to understand how inequalities impact the mental health of people in Northern Ireland.



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