Draft Disability Strategy

Response from the Mental Health Champion

As Mental Health Champion, I welcome the opportunity to respond to the draft Disability Strategy. In order to inform my response, I consulted with disabled people and learnt of the concern, hurt and distress experienced by the people who were involved in the Strategy's development over many years. Whilst the shared vision and eight outcomes reflect the outcomes of the initial collaborative process, the ending of the co-design process after the Executive's restoration left the deaf and disabled contributors feeling devalued and disrespected. The actions in this draft Strategy appear to have been identified without meaningful input from those it affects, contradicting the United Nations Convention on the Rights of Disabled People (CRDP) principles of inclusion, and in opposition to a trauma informed approach which emphasises collaboration, equality and transparency.

The Need for a Trauma Informed Approach to Policy Development

Going forward, it is vital that the Executive engage in a process of co-design which adheres to the principles of trauma informed practice. This process should prioritise the psychological/emotional safety of all involved and build trust through open communication. The co-design process should recognise the diversity of deaf and disabled communities and the historic, cultural and gender issues that intersect with disability. Deaf and disabled people, including children and young people, must now be involved in establishing meaningful actions; and in their prioritisation, implementation, and monitoring, to achieve the eight outcomes. There needs to be effective engagement with every Government Department to generate actions that will make a difference to advance the rights and improve the wellbeing of deaf and disabled people.

Mental Health

The Strategy does not adequately consider mental illness as a leading cause of disability in Northern Ireland. Mental illness accounts for 9.64% of NI's total disease burden, higher than the UK average (7.95%), with depressive and anxiety disorders contributing substantially to years lived with disability. Deaf and disabled people are also more likely to have poor wellbeing, and chronic or severe mental illness. They are also more likely to face barriers to treatment and are more exposed to risk factors including (poverty, isolation, physical illness and unemployment). The Executive's Wellbeing Dashboard shows that disabled people have higher than average levels of anxiety and the Public Health Agency's 2023/24 Mental Health Survey found that 39% of disabled people sought help for an emotional or mental health problem, for themselves or someone else in the previous three months, almost double the proportion of people who did not report a disability (20%). It is absolutely vital that actions are included to improve the accessibility of mental health services for deaf and disabled people. The actions should align with the actions of the Mental Health Strategy and accessibility should be promoted across all levels of mental health services from early intervention to treatments for severe and enduring mental illness.

A comprehensive Disability Strategy must recognise neurodiversity, as many neurodivergent conditions meet the legal definition of disability and individuals often face disabling barriers and discrimination. Inclusion of neurodiversity ensures support and accessibility measures address the full range of cognitive, sensory, and neurological difference, without it, the Strategy is not truly inclusive. The draft Strategy is limited in this regard, referencing only autism and failing to reflect the wider spectrum of neurodivergent conditions and associated barriers.

Disabled people are subject to marginalisation and discrimination and have higher levels of trauma exposure. A trauma informed response is necessary; this would acknowledge the extent of trauma and pathways to recovery and recognise the signs and symptoms of trauma. Trauma knowledge should be integrated into all practices, policies, and procedures, and services should endeavour to resist re-traumatisation by creating safe, empowering environments within which disabled people can thrive.

The Strategy’s Actions

The outcomes identified in the Strategy are laudable and reflect the CRDP. However, the actions contained within them will do little to achieve these outcomes. Many of the actions refer to reviews and guidance, rather than tangible support. Where specific support and changes are referred to, there is an absence of targets, numbers and timescales. Many of the actions are phrased in ambiguous language; “we will take steps” or “we will improve” or “we will explore”. References to “sufficient income” and “appropriate supports” are also subject to interpretation.

The concrete actions mainly refer to actions already in progress (e.g. the Blue Badge scheme, Inclusive Mobility Transport Advisory Committee), existing legal requirements (e.g. building regulations and statutory equality duties) or the involvement of disabled people in existing or planned Executive initiatives (e.g. the Hate Crime Advisory Service, the Autism Strategy). Commitments that refer to the involvement and inclusion of deaf and disabled people (e.g. in public life, in heritage, culture and creative programmes, or the action relating to the involvement of institutionalised people in decisions) lack targets or details of how the actions could be achieved. The metrics by which the success of the Strategy is measured are general wellbeing indicators (life satisfaction and self-efficacy) or relate specifically to public appointments only. They do not map directly onto the actions, and it is unlikely that the actions will result in changes to the indicators identified.

Poverty

Poverty disproportionately affects deaf and disabled people and drives poor mental health. It is largely a consequence of structural inequalities which are largely ignored in this Strategy, including the higher costs that disabled people face, and the barriers to employment. The strategy needs to include specific actions to reduce levels of poverty, particularly the costs of accessible transport and housing and health care. Both the Anti-Poverty and Disability Strategies need to have the same specific, measurable and resourced actions, with targets, to increase the incomes and reduce the cost of living for disabled people. Both need to include mitigations against planned welfare reforms which will plunge higher proportions of disabled people into destitution and suicidality.

Employment

As highlighted by the NI Anti-Poverty Network, more detail on the new Disability and Work Strategy is needed, it must address low pay job insecurity and the exposures experienced by self-employed disabled people who do not receive statutory sick pay. The Strategy needs to do more to address stigma and discrimination in general and among employers in particular. It should also improve the availability of high-quality jobs for disabled people, with actions to place, train, and support deaf and disabled people into work.

Legal Protections

The Equality Commission note that the action committing to improving the rights and legal protections for deaf and disabled people is “welcome but there is a significant degree of ambiguity created by the current wording of the commitment”. I agree, and support their call for a smarter, time bound commitment in recognition of the importance of the issue.

The action on data collection action is very much welcome. The data included needs to address mental health and wellbeing and risk factors. It also needs to include data on trauma exposure, and similar data for deaf and disabled children and young people.

Attitudes and Stigma

Deaf and disabled people and people with a mental illness remain subject to sigma and discrimination which further impacts their mental health. Actions in this Strategy should align with those in the Mental Health Strategy to target stigma and discrimination. I support the Inclusive Mobility and Transport Advisory Committee’s (IMTAC) call for an ambitious and innovative programme across Government to address attitudinal change and awareness raising such as the commitment to mainstream Disability Equality Training (adopted already by the Department for Infrastructure) across the NI Civil Service, and an embedding of the Social Model of Disability (as adopted by the Welsh Government).

Intersectionality

The Strategy also needs to take account of intersectionality and include actions to address the disadvantage and discrimination experienced by deaf and disabled people who are also members of marginalised groups such as LGBT+ people, refugees and asylum seekers, and people from Black and Ethnic Minority groups. Discrimination, racism, transphobia, homophobia and misogyny remain major issues that impact the mental health of deaf and disabled people in Northern Ireland.

As highlighted by the Women’s Resource and Development Agency, it is vital that gender considerations are reflected within the Disability Strategy. Deaf and disabled women are disproportionately impacted by poverty, poor workplace access, and exposure to violence and trauma. Women have higher rates of mental illness as a consequence, with the gender differences starting to emerge in adolescence. There should be specific goals relating to gender and disability, and actions aligning with the current Strategies to address misogyny, and men’s violence, which will improve the wellbeing of women specifically.

The Regional Disability Forum

The proposed Regional Disability Forum is potentially a positive step towards co-production however clarity is needed regarding the remit of the Forum and how it will constructively challenge the Minister and wider Executive. As a preexisting advisory body of deaf and disabled people, IMTAC is well placed to inform this process. Children and young people, or at least their representative bodies should be included in this Forum. The Forum also needs to include neurodivergent people who identify as disabled, and appropriate proportions of women.

Funding Plan

The Strategy needs to be accompanied by a funding plan. Estimates regarding the resources necessary should be set against each of the actions and also incorporate low and no cost actions to fit with various funding scenarios.

IMTAC highlight several necessary actions requiring resources including the expansion of Independent Living Fund to new applicants, free travel for deaf and disabled people, increased provision of Changing Places toilets and a funding programme for the development of deaf and disabled people's organisations. They also call for guarantees that existing support and services will not be cut, and that there will be no changes that make the lives of disabled people more difficult, for example, through charging for domiciliary care.

Children and Young People

The Commissioner for Children and Young People has criticised the limited or absent direct input from children and young people with disabilities in this draft Strategy, and the need for greater opportunities for participatory engagement to provide a fuller understanding of children's priorities, rights, and everyday barriers. He has also highlighted the need to reference the Mental Capacity Act and to expand the protections in the Act to young people aged under 16 years. He calls for consideration of a life-cycle approach recognising the need for specific policies on children's disability, transition to adulthood and adult disability.

The actions referring to outcome eight on children and young people should aim to improve the wellbeing of disabled young people, particularly through actions to improve inclusion and trauma informed practice in the education system. There should also be reference to the Children's Disability Framework, which focuses on identifying, supporting, and providing services for children with disabilities, emphasising education inclusion, social care assessments, and health support. As a Cross Departmental Strategy the actions should align with actions in the Children and Young People's Emotional Health and Wellbeing in Education Framework, and the HSC's Children and Young People's Emotional Health and Wellbeing Framework.

The differences between the proportion of disabled people who obtain no qualifications in NI compared with the other UK regions (25% vs 12%), is shocking and is an obvious area where clear targeted actions are necessary. This Strategy therefore needs to include actions that address disabling barriers at all levels in the education system. The role of the education system in shaping the mental health of young people is such that the Strategy needs to identify actions related to inclusivity and trauma informed practice in the education system from early years to further and higher education and training. This Strategy also needs to align with the current programme of education reform, and both need to prioritise access, inclusion and trauma informed practice.

Conclusion

A robust Strategy which recognises the rights of disabled people under the UNCRPD and proposes realistic actions to improve the mental health and wellbeing of disabled people is long overdue. Unfortunately, the current draft falls short of what is required, and in its current form is unlikely to result in meaningful change towards improving the lives of disabled people here.

I strongly recommend that the Executive engage in a trauma informed process of co-design to generate a revised Strategy which contains measurable actions that will make a real difference to uphold the rights and improve the wellbeing of disabled people. The Strategy should be produced alongside a funding pan that can be used to inform the identification of priorities and guide implementation.

Yours sincerely,

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Mental Health Champion