Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Protect Life 2 – a draft strategy for suicide prevention in the north of Ireland Consultation Questionnaire

Please use this questionnaire to tell us your views on the draft strategy.

Please send your response by **Friday 4 November 2016** to:

phdconsultation@ni-health.gov.uk or to

Health Improvement Branch
Room C4.22
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

I am responding as... *(Please tick appropriate option)*

[ ] a member of the public;

[ ] a professional / practitioner working with people affected by suicide

(*Please specify which area / sector*)

[ ] Health and Social Care
[ ] Education
[ ] Justice
[ ] Other .....(*Please specify*);

[✓] on behalf of an organisation, or

[ ] Other……(*Please specify*);

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PURPOSE, AIMS AND SCOPE

Q1. Do you agree with the overall purpose of the Strategy. If not, what alternative do you suggest? (p 14)

Yes ☑ No ☐

If No, please state why.

Q2. Do you agree with the stated aims of the Strategy? If not, what alternative do you suggest? (p 14)

Yes ☑ No ☐

If No, please state why.

Q3. Do you agree with the stated principles of the Strategy? If not, what alternatives would you suggest? (p 15)

Yes ☑ No ☐

IPH acknowledges that reducing inequalities in the burden of suicide is a principle underpinning the strategy. Given the importance of addressing this issue, IPH believes this should be a priority principle and have a more prominent place on the principles listed.

In addition to the principles already outlined, IPH would suggest that the Department consider some additional principles (as outlined in *Connecting for Life*, the suicide strategy for the Republic of Ireland 2015-2020) which we believe would enhance and support the overall aim and purpose of the strategy.

Accountability - it is important that the strategy outlines its commitment to clear governance structures with transparency in the implementation of the strategy.

The Department may to consider including '***Responsive'*** within the principles of the strategy. One of the aims of the strategy is to improve the identification and response to suicidal behavior. In a changing and diverse era of communication, it will be important that approaches to suicide prevention and services required are responsive the needs of many different groups within society. Services should also be prepared to respond at short notice to significant events at both a local and regional level. Similarly, service delivery should be able to adapt to change at short notice or in the event of emerging circumstances.

The Department of Health may also wish to consider including a principle relating to community involvement within the strategy. The community and voluntary sector play an important role in awareness raising as well as service delivery and hence the value of a more explicit reference to the community within the principles.

Furthermore, local communities in themselves have a pivotal role to play in supporting individuals and families affected by self-harm and suicide and so we endorse the need to make reference to the contribution local communities can make in supporting the implementation of this strategy.

RISK AND PROTECTIVE FACTORS

Q4. We have identified a number of priority population groups who are most at risk. Are there any other groups that are particularly at risk that have not been included in this list? (p 34)

IPH agrees with the list of priority population groups identified within the draft strategy.

It is also important to note that groups at risk of suicide may change over time and therefore this aspect of the strategy should be kept under review.

SERVICES

Q5. We have identified a number of gaps or services that need to be enhanced. Do you agree with these? Are there any other gaps that you think need to be addressed? (p 56-58)

Yes ☐ No ☐

No comment

OBJECTIVES

Q6. Do you agree with the stated objectives of the Strategy? If not, what alternatives do you suggest? (p 66-69)

Yes ☑ No ☐

In principle, IPH agrees with the objectives outlined in this strategy. We have outlined below are some points the Department may wish to consider when the finalising these objectives.

Objective 3 – it is important that this objective states explicitly who the objective is directed to. There are three elements within this one objective; for clarity is may be useful to separate out the different components.

Objective 5 – this objective makes mention to being vigilant and restricting access to means of suicide. It is important to specify who this objective refers to – does it relate to family members or professionals who come into contact with individuals who are suicidal? The actions relating to this objective are directed towards professionals and what they can do to prevent access to the means to suicide, yet it is acknowledged that most suicide attempts take place near the individual's home. IPH would suggest that an action relating to practical advice and support for family members about making the home and surrounding area secure in order to minimise access to the means to suicide is important in this context.

ACTIONS

Q7. The Public Health Agency will be responsible for implementation of the action plan and will develop it in conjunction with a multi-agency implementation group. We would invite your views on the draft action plan and welcome suggestions on additional actions. (p 70-74)

IPH welcomes the draft action plan, but would suggest that the actions are based on SMART objectives. We believe the action plan requires more detail in terms of specific action with the identification of specific indicators to monitor progress. It would also be useful to include a timeframe for the delivery on actions as part of the overall monitoring and evaluation of the implementation of the strategy.

IPH believes actions should be specifically linked to the New Strategic Direction on Alcohol and Drugs Phase 2 and any future alcohol strategy developed by the Department of Health. There is a core group of people with known alcohol dependency who are an increased risk of self-harm and suicide, therefore is it essential that action plan takes account of this group and that the actions reflect appropriate support and treatment services as part of the overall prevention of self-harm and suicide. It will also be important to link with the promotion of mental health and wellbeing in the context of seeking to alcohol dependency and reduce the risk of self-harm or suicide.

IPH welcomes the action on enhancing North South cooperation on suicide prevention and sharing of policy and research. However, we believe this action could be strengthened and would suggest that more detail or specific actions are identified for cross border working. IPH would also suggest that the cross border dimension in relation to service delivery and where people seek and obtain employment is an important consideration within the new strategy.

IPH would suggest that structured links with *Connecting for Life* (suicide prevention strategy in the Republic of Ireland) are established to benefit from the learning in a neighboring jurisdiction where many of the factors linked to self-harm and suicide are similar. There may also be opportunities to link with colleagues in the Republic of Ireland on service delivery as has been the case recently in oncology treatment services.

Under Objective 3, IPH welcomes the action to develop, deliver and evaluate training in suicide awareness and prevention among 'first responders' and community gate keepers. In a review of the 2005-2014 suicide prevention strategy *Reaching Out,* the the Health Service Executive National Office for Suicide Prevention reported wide availability and uptake of suicide-prevention training, including more than 30,000 people trained in ASIST[1] and 20,000 trained in SafeTALK[2] in communities across Ireland.

MEASUREMENT, REVIEW AND EVALUATION

Q8. Progress in delivering the Strategy will be monitored and its effectiveness will be reviewed periodically. We would welcome your views on how best to monitor and assess the impact of the Strategy over time. (p 78)

In terms of the indicators which will be developed for the evaluation framework, IPH would recommend that the indicators include the number of self-harm and repeat self-harm presentations to hospital.

It would also be useful to report on the extent to which alcohol was a factor / had been consumed at the time of the self-harm incident.

[1] Applied Suicide Intervention Skills Training
[2] Alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper.

AWARENESS RAISING

Q9. We would welcome your views on how best to raise public awareness of suicide, suicidal ideation, suicidal behaviour and self-harm.

ANY OTHER MATTERS

Q10. Please provide any other comments or suggestions that you feel could assist the development and delivery of the Strategy.

Whilst acknowledging the important of suicide and self-harm awareness, we believe it is increasingly important to promote and establish good social and emotional wellbeing among children and young people. IPH welcomes the acknowledgement within the strategy that *Protect Life 2* will complement the Service Framework for Mental Health. We would encourage wider links to education policy to promote mental wellbeing and resilience among children and young people.

Children and young people are exposed to many pressures and situations which may have an adverse effect on the mental health. Issues such as body image, online and text bullying, and inappropriate use of social media need to be addressed before they reach the stage where a child or young person engages in self-harm or experiences suicidal thoughts or intentions.

IPH would recommend that *Protect Life 2* is closely aligned to the *Stopping Domestic and Sexual Violence and Abuse in Northern Ireland* strategy. These linkages can be used as leverage for coordinated care for some of the most vulnerable and at risk, members of society. Furthermore, it continues to be important to consider the role of alcohol in domestic violence and subsequent links to suicide.

IPH would encourage the Department of Health to consider the very harmful influence the internet and social media can have on young people in terms of self-harm and suicide, particularly around group suicides or suicide pacts. The Department may wish to consider actions which help prevent such occurrences/

The role of alcohol dependency and alcohol as a factor in self-harm and suicide has featured already in our response. IPH believes more work in needed in this area and we welcome all recommendations relating to alcohol as a risk factor in suicide within the strategy. Often alcohol dependency is not easily recognised by health care professionals, yet it is a significant addiction disorder. It is reported in the draft strategy that in 63% of patient suicides, a history of alcohol misuse was reported.

IPH recommends that there is a very significant need to commit to improvement, particularly in the area of alcohol recovery and treatment of people with alcohol dependency. This may be achieved through Brief Interventions, improved referral pathways and better treatment and provision of services for people with alcohol dependency. It must also be recognised that not all individuals who are alcohol dependent will be able to use facilities where no alcohol is permitted; therefore provision of both 'wet' and 'dry' shelters for the those with alcohol dependency is required. This provision is important in the context of providing immediate care and support where someone is at risk or likely to self-harm or take their own life.

IPH welcomes the commitment within the strategy to address inequalities in suicide rate in Northern Ireland. Those living in the most deprived communities experience a greater of poorer physical and mental ill health coupled with difficult and challenging social circumstances. These and other factors contribute to an increased risk of suicide. For this reason IPH would endorse linkages with *Making Life Better* as part of a wider societal approach to improve health and wellbeing as well as reduce inequalities in all aspects of life. IPH would suggest that issues such as unemployment and the impact of social welfare reform are be closely monitored in order to reduce the risk and prevent any further increase in the incidence of self-harm and suicide amongst the most deprived communities.

As highlighted previously in the response, the local community can play an important role in raising awareness of the risk factors for self-harm and suicide as well as signposting people to services. Within *Connecting for Life* the importance of community structures such as sports clubs and local family support programmes were identified as having a particular role in preventing and responding to suicidal behavior.

There are a number of important considerations in the context of an ageing population. It is well established that physical ill health is a risk factor for mental ill health. As more people in the population are expected to be living with chronic diseases in older age, it is important to consider the impact this is likely to have on mental health and wellbeing and the complexity associated with terminal conditions and end of life care. IPH would suggest that the strategy gives consideration to suicide among older people and the measures which can be implemented to support and care for people at the end of life.

Similarly, it is necessary that the strategy takes account of individuals with brain diseases / neurological conditions where the degenerative effect of such conditions will impact significantly on a person's long term health and quality of life.

STATUTORY EQUALITY DUTIES

Q11. Are the actions set out in this draft Suicide Prevention Strategy likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

If Yes, please state the group or groups and provide comment on what you think should be added or removed to alleviate the adverse impact

Yes ☐ No ☑

Comments:

Q12. Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in the consultation document may have an adverse impact on equality of opportunity or good relations?

If you answered yes to this question, please give details and comments on what you think should be added or removed to alleviate the adverse impact.

Yes ☐ No ☐

No comment

Q13. Is there an opportunity for the draft Strategy to better promote equality of opportunity or good relations?
If you answered yes to this question, please give details as to how.

Yes ☐ No ☐

No comment

Q14. Are there any aspects of the Strategy where potential human rights violations may occur?
If you answered yes to this question, please give details as to how.

Yes ☐ No ☐

No comment

Please return your response questionnaire.
Responses must be received no later than 5pm Friday 4 November 2016
Thank you for your comments.

Annex A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department may publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act 2000 gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. **If you do not wish information about your identity to be made public, please include an explanation in your response.**

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence, if it is necessary to obtain that information in connection with the exercise of any of the Department's functions, and it would not otherwise be provided;

- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and

- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see the web site at: https://ico.org.uk/)

Annex B

Equality and Human Rights

Section 75 of the Northern Ireland Act 1998 requires departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

In accordance with guidance produced by the Equality Commission for Northern Ireland and in keeping with Section 75 of the Northern Ireland Act 1998, the Framework has been equality screened and a preliminary decision has been taken that a full EQIA is not required.

Departments also have a statutory duty to ensure that their decisions and actions are compatible with the Human Rights Act 1998 and to act in accordance with these rights.