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

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

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

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

phdconsultation@health-ni.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*);

Name:

Job Title:

Organisation: South Belfast Partnership Board, South Belfast Health & Wellbeing Forum and South Belfast Community Response group.

Address:

Tel:

Fax:

e-mail:

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.

While the overall purpose of the strategy is very welcome, the strategy primarily focuses on those who self-harm, those who are in emotional crisis and at risk of suicide. Those who are already suicidal and those who are bereaved by suicide. While there can be no doubt about the help and support these areas need, a concern is that the strategies focus is solely intervention and post vention. The potential root cause regarding risk factors that lead people to suicidal crisis and suicidal behavior will not be addressed. A host of well conducted longitudinal studies demonstrates that the risk of health difficulties, such as depression, anxiety, alcoholism and increased risk to suicidal behavior can be related to adverse childhood experiences. For example the to be rolled out for 13-25 year olds as per the CAMHS research and yet the programme was rolled out for 18-25 year olds. A suicide prevention strategy that's purpose does not focus on research and evidence that supports an early years/ intervention approach to comprehensively address these issues is failing in its efforts to prevent the development of risk factors that potentially lead to suicidal behavior.

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

Yes [x] No [ ]

If No, please state why.

Yes we are in agreement with the stated aim to reduce the incidence of suicide and the differential in suicide rates between the most deprived and least deprived areas however we would include reducing the suicide rates between the most and least deprived groups also. However as outlined above, this strategy is aimed at intervening when people are *in* mental distress and suicidal crisis and therefore we believe the overall aim is *too* narrow and is not highlighting the need for early intervention initiatives where protective factors could be built to mitigate the risk of crisis type behavior in later life.

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

Yes [x] No [ ]

If No, please state why.

Yes we very much welcome the principles of an evidence based approach, effective partnership and collaboration with a wide range of bodies from statutory community and voluntary sectors agencies. A coordinated cross sector, cross departmental approach can only create a more inclusive response to suicide prevention and intervention. However as stated previously the evidence base in relation to risk factors that can be addressed at a much earlier stage regarding suicide prevention have not been taken into consideration and therefore is disappointing.

We also question whether this strategy adopts a holistic approach and whether it is person centered.

We also feel that the Future Search process recently undertaken provides a much more grounded and specific piece of work around suicide prevention and as such creates opportunities for focused and resourced areas of work. We also feel that the Future Search process is much more aligned to the Programme for Government in particular when outlining how to reduce health inequalities.

RISK AND PROTECTIVE FACTORS

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

We feel that there a few communities not considered within the priority list and include the LGBTQ community, women, those affected by the troubles and children. These communities are also who are exposed to the risk factors that can potentially lead to suicidal behavior, without the necessary early intervention help and support, are potentially the next generation of suicidal people.

Again we feel that the strategy bears no focus on these critical considerations. We also express concern that the strategy lists priority groups and then does not include actions against each priority group and by doing so only runs the risk of diluting specific needs of each priority group.

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 [x] No [ ]

Yes we agree with the gaps and services that need to be enhanced. However there is no reference to the gaps and services that need to be addressed at a much earlier stage to build the early intervention evidence based protective factors that can help mitigate suicidal behavior.

We acknowledge the need for clinicians (in particular GPs and hospital emergency departments) to uphold patient confidentiality, however our experience when supporting bereaved families in South Belfast, it has been made clear to us that more and timely communication between clinicians and families when a suicide attempt has been made is imperative for some families to become aware of suicidal thoughts of their loved ones.

We also support the PSNI's pilot initiative in the Northern Trust area on the attempted suicide notification process thus ensuring the service provision can be provided at its earliest point of care.

OBJECTIVES

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

Yes [x] No [ ]

If Yes, please provide comments.

We welcome the objectives stated in the strategy aimed at frontline intervention to prevent suicide and addressing the need for postvention support. However again we

feel this strategy completely lacks an early intervention approach in tackling the issue of suicide. It is a prevention strategy for those in mental distress, suicidal crisis. It is not aimed at preventing, mitigating the risk factors that may lead to suicide from an early interventionist point.

We feel that more education is required and resourced that aims to reduce the stigma of experiencing mental health issues.

We also feel that a clearer referral pathway is required at primary care level for those who present risk of self-harm, for example Mental Health Hubs and drug and alcohol services.

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)

Comments:

Any improvement regarding raising awareness, assessment process, current service provision for those in mental distress and in suicidal crisis, support for families bereaved by suicide and those staff members working in the field is very much welcomed. However we feel the strategy lacks focus on objectives to prevent the incidence of suicide at a much early stage.

The strategy proposes a newly established Protect Life 2 Implementation Steering Group chaired by the PHA. Any new governance arrangements must ensure clear lines of responsibility and accountability for all suicide prevention monies allocated. Emphasis must also be on an outcomes based accountability and is aligned to the Programme for Government.

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)

Comments:

An evidence based accountability approach to the monitoring and progress development of the strategy would be welcomed. It is important to use/create bodies that can ensure accountability practices regarding those tasked with objectives and funding to deliver on the various aspects of the strategy. It will be important for those working in this field to be clear on who has overall responsibility for ensuring the monitoring and effectiveness of the strategy.

AWARENESS RAISING

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

Comments:

We feel that more awareness raising work (as outlined in the Building Emotional Resilience Strategy) is required for children and young people in primary and post primary schools, youth and sports clubs. It would also be imperative that training for teachers/teaching assistants, youth leaders and sport coaches is provided and emotional resilience programmes resourced.

ANY OTHER MATTERS

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

Comments:

We express concerns with the use of some of the language used within the strategy and request that alternative words are used instead of words like “burden” “suicide process” “copycat behavior”.

The strategy refers to a new mental health plan that will address protective factors. We feel that through creating a separate mental health plan and suicide prevention strategy, a real opportunity has been lost, to create greater awareness among public, statutory, voluntary and community sector of the need to address protective/ risk factors at the earliest stage in life. The human and economic case has to be considered for addressing risk factors at a much earlier stage. Research tells us that it is much more cost effective to intervene at as early a stage as possible, across the life span, regarding risk factors to an individual’s emotional wellbeing.

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 ☒

Comments:

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 [x] No [ ]

Comments:
As stated previously we feel that there a few communities not considered within the priority list and include the LGBTQ community, women, those affected by the troubles and children. These communities are also who are exposed to the risk factors that can potentially lead to suicidal behavior, without the necessary early intervention help and support, are potentially the next generation of suicidal people. Again we feel that the strategy bears no focus on these critical considerations and therefore runs the risk of not promoting equality of opportunity.

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 [x]

Comments:

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.