

**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@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)*;

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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.

Barnardo's NI welcomes and broadly endorses the Department of Health's draft Protect Life 2 strategy for suicide prevention, notably its core purpose to reduce the suicide rate in Northern Ireland, particularly within areas of high deprivation. We are however disappointed that it is not accompanied by a more detailed, time-bound action plan with clearly aligned targets and measures; in our experience of other high level government strategies this can often lead to significant delays in implementation.

To ensure effective monitoring and implementation of this important Strategy, Barnardo's NI recommends the Public Health Agency prioritises the Department's intended development of a more detailed, timetabled action plan with associated indicators of progress.

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.

Barnardo's NI generally agrees with the stated aims of the Strategy.

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

Yes No

If No, please state why.

Barnardo's NI broadly agrees with the core principles of the Strategy; especially that strategic action is evidence-based, cross-departmental and conducted in partnership with voluntary and community agencies, including those working directly with bereaved families.

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)

Yes – The Strategy currently highlights 'looked after' children and care experienced children as a priority population group for suicide prevention which we agree is important to consider. Barnardo's NI believes it is vital that more is done to ensure children receive a quality mental health assessment on entry to care, have their mental health monitored throughout their time in care and receive support where necessary. However, we would suggest that focusing on one relatively small group excludes other potentially at risk children and young people in the wider population. This would include, for example, disabled young people and children where there is experience of bereavement through suicide; trauma; bullying; and the growing issue of cyber-bullying. Key risk factors are especially relevant for children and young people facing multiple adversities and cumulative stress such as poverty, neglect, and a chaotic family background (including conflict, domestic abuse, parental mental ill-health and/or substance misuse).

Furthermore, while the Strategy states that children are not a specific high risk group for suicide, it does note a worrying increase in suicide amongst under-15s and illustrates at Figure 7 (p.10) that suicide is one of the main causes of

mortality in young people. It also identifies a strong association with future suicide in the form of self-harming as relatively common amongst young people, particularly females. Children in Northern Ireland also make a high number of calls to the NSPCC's 'Childline' service where suicide is the main reason for the call.

The Strategy further acknowledges the increase in young people aged 16 years experiencing serious personal, emotional, behavioural or mental health problems. These are growing issues for Barnardo's NI as a service provider, with mental health and emotional well-being a significant cross-cutting area underpinning much of our work with children and young people of all ages. For example, Barnardo's NI increasingly works with many troubled and/or distressed children through our 'Time 4 Me' primary school-based counselling service who are experiencing a range of emotional, psychological and behavioural difficulties. Anxiety, difficulty regulating emotions and family issues are amongst the main reasons why children access our service¹. Across our wider service base we work with vulnerable, often traumatised, children and young people with multiple and complex needs, who would benefit from greater access to a range of preventative and therapeutic mental health services.

Supported by evidence of growing mental ill-health across the UK youth population, and the diverse risk factors present, Barnardo's NI believes children and young people should be viewed as a priority group in any mental health related strategy.

Barnardo's NI recommends:

Children and young people are identified in the Strategy as a distinct, priority population within which a range of experiences (often multiple and complex) are risk factors for suicidal behaviours and suicide.

Greater emphasis is made throughout the Strategy to the specific needs of children – both in terms of children and young people in crisis

¹ Based on 2014/15 service data relating to 1608 children and young people across 40 primary, post-primary and special schools.

situations, and those in need of support following bereavement through suicide.

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

The Strategy correctly highlights the important role that agencies working with children have in contributing to suicide prevention through improved recognition together with good access to relevant self-harm and CAMHS services. However, Barnardo's NI believes there also needs to be greater, earlier access for children and young people to therapeutic support in the local community. Children's mental health and emotional well-being should also be more widely supported within an integrated mental health model which provides a continuum of tiered interventions beginning at the earliest stage. Drawing on evidence from our direct work, Barnardo's NI also strongly advocates for appropriate access to emotional support and information for children, young people and their families who have been bereaved through suicide.

In our view, significant policy and practice development and a review of available resources towards a more early intervention and preventative approach is urgently required to ensure long term positive outcomes. We know from the evidence that most mental disorders begin during youth (12-24 years of age), including anxiety, mood, psychotic, personality, eating and substance use disorders; with some younger children also being affected. In their most recent periodic report of the United Kingdom of Great Britain and Northern Ireland (2016) the United Nations Committee on the Rights of the Child recommended greater investment in child and adolescent mental health services.

Barnardo's NI recommends:

There needs to be significantly greater investment in prevention work and in early intervention in local communities with those whose risk level for suicide and self-harm would be assessed as low to moderate, and in particular for children and young people.

Recovery through therapeutic support should be provided by a broad range of providers at a local and regional level. There needs to be greater investment in capacity building at a local level to deliver a range of high quality therapeutic services beyond crisis interventions.

All relevant agencies should work together to plan, develop and grow existing good quality therapeutic services throughout the region; the provision of communication mechanisms and forums for providers to exchange information and learning from existing models of good local practice is critical.

For children and families bereaved by suicide there needs to be a particular focus on ensuring better links between practitioners, and that examples of good practice are widely replicated; the creation of specific knowledge transfer platforms to share and learn from good practice and other approaches would also be beneficial in progressing this.

OBJECTIVES

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

Yes No

If Yes, please provide comments.

Yes, Barnardo's NI broadly agrees with the objectives, however we would make the following additional point:

Objective 4 – Enhance the initial response to, and care and recovery of, people who are experiencing suicidal behavior and to those who self-harm: Barnardo’s NI agrees that those who are the first point of contact, such as health care staff, need to have the necessary knowledge, skills and attitudes to deliver compassionate and supportive care. The Strategy usefully references the downward trend in suicides in Scotland over the last ten years which has been attributed to a range of factors such as tackling problem drinking; greater access to evidence-based psychological therapy; and regular evaluation and refreshing of the 10-year national strategy and action plan. Notably, it is also associated with targeted work to increase workforce knowledge and understanding of suicide whereby 50% of frontline NHS staff have received at least one specific course on suicide intervention. ***Barnardo’s NI recommends that a similar training target is considered for inclusion within Objective 4 to strengthen the potential impact of the Protect Life 2 Strategy.***

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:

Barnardo’s NI looks forward to the development of the more detailed, timetabled action plan with associated indicators of progress; and would be pleased to discuss with the PHA how we could most usefully support the work of the multi-agency implementation group. Mental health and emotional well-being is a significant cross-cutting issue underpinning Barnardo’s NI work in Northern Ireland; and is one of our priority areas of work UK-wide. While we broadly agree with the high level actions provided in the draft Protect Life 2 strategy, it is difficult to comment in any detail at this stage without any clearly aligned targets and measures. We would, however, make the following brief comments which we hope are helpful:

Objective 4

A key action within this objective is currently focused on providing counselling support to post primary schools and the post primary cohort in special schools.

Barnardo's NI recommends provision of counselling support is extended to include primary school aged children; particularly when evidence shows that emotional and psychological difficulties can begin at this stage and progress into more complex issues if unresolved.

A further action relates to completing the roll-out of improving access to psychological therapies. ***Barnardo's NI recommends improved access to psychological therapies is expanded to specifically include provision for children and young people in community settings.***

Objective 6

With reference to our previous points at Question 5, the actions relating to the provision of effective and timely information and support for individuals and families bereaved by suicide could be strengthened by the inclusion of an additional action for the PHA:

Ensure better links between practitioners, for example, by the creation of specific knowledge transfer platforms to share and learn from good practice and other approaches.

Objective 8

Barnardo's NI welcomes this objective to enhance responsible media reporting on suicide; however we would ***recommend some specific emphasis within the actions on tackling inappropriate messaging about suicide and self-harm on social media platforms.***

Social media is widely and regularly used by children and young people. As growing evidence emerges about its potential to both positively and negatively

influence suicide related behavior, Barnardo's NI believes social media is an area that should be subject to greater monitoring and challenge. While acknowledging the many legal and other complexities related to use of the internet and social media, it would be helpful for the PHA to give specific consideration to this area (and impact on vulnerable groups).

Objective 10

Ensuring that policy, practice and service development is coordinated, collaborative and evidence-informed is an important cross-cutting issue. As with many other policy areas, a lack of local evidence base in respect of preventing suicide and self-harm is unfortunately a recurring theme and we welcome its inclusion as a core objective. Again, while we generally agree with the objective and high level actions, Barnardo's NI believes this area should be strengthened with specific reference to and inclusion of research, data collection and analysis relating to children and young people. An additional action could consider issues such as the need for consistent definitions; better use of descriptors and indicators; an expanded range of local and national data collection tools; **and greater collection of data from children and young people themselves.**

Barnardo's NI also suggests consideration of a recommendation from the UN Committee on the Rights of the Child in their recent periodic report (2016) as the basis of a potential action to strengthen the local evidence base to prevent suicide and self-harm: '**Regularly collect comprehensive data on child mental health, disaggregated across the life course of the child, with due attention to children in vulnerable situations, and covering key underlying determinants.**'

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:

Barnardo's NI **recommends drawing on evidence and learning arising from the development and implementation of previous suicide prevention strategies.** When discussing all the components which contributed to a reduction in Scotland's suicide rate, the Scottish government included regular evaluation and refreshing of the 10-year national strategy and action plan as helping to provide a sustained focus on suicide prevention actions and outcomes. Under the section Measuring Effectiveness and Impact in the DHSSPS (2012) evaluation of the NI Protect Life strategy², recommendations included: *'.....in line with best practice recommended by the UN, a robust monitoring and evaluation framework should be developed to ensure that not only are outputs under the Strategy evaluated, but impacts for individuals are measured (possibly using a tool such as the CORE Outcome Measure tool measuring psychological well-being and health). This is particularly important for the investment in Lifeline going forward, given the level of resources currently allocated to it'* (p61).

Across all sectors and services / programmes working to prevent suicide and improve mental health and emotional well-being, **providers should be required to routinely measure to inform continuous improvement and demonstrate impact and effectiveness.** This particularly includes all the interventions funded under Protect Life so that we know 'what works' in achieving the best outcomes.

As we have previously indicated, **the sharing of good practice (and also that which hasn't worked so well) could be usefully supported by the creation of cross-sectoral knowledge transfer platforms.**

² DHSSPS (2012) *Evaluation of the Implementation of the NI Protect Life Suicide Prevention Strategy and Action Plan 2006-2011*

With reference to our previous point on evidence at Question 7, ***evaluation should also be strongly underpinned by the voice and direct experience of participants, including children and young people.***

Realisation of the Children's Services Co-Operation Act would also be a useful mechanism for the development of effective structures which ensure collaboration between government departments and the voluntary and community sector; and enable us to maximise available resources. Given its relevance to children, the Protect Life 2 Strategy should also be appropriately aligned with the next Children and Young People's 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:

It is vital that public awareness campaigns / education activities are rigorously tested and evaluated to avoid any unintended messages or outcomes; also to ascertain effectiveness in terms of positive impact. Barnardo's NI recommends drawing on learning and best practice from leading organisations with expertise in the area of public awareness about suicide and its prevention; and also from a range of other experts including relevant medical professionals and those who have been bereaved by suicide.

We would also refer you to our previous point at Question 7 (Objective 8) in relation to greater monitoring / challenge with regards the presentation of suicide and self-harm on social media platforms.

ANY OTHER MATTERS

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

Comments:

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 No

Comments:

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

Comments:

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

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.

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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/>)

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.