Northern Ireland Assembly

Research and Information Service Research Paper

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Suicide: Northern Ireland

This research paper considers the complex issue of suicide in the context of:

- mental health;
- the impact of the COVID-19 pandemic;
- support services;
- suicide data: including the most recent suicide data for Northern Ireland (2020) and suicide rates from neighbouring jurisdictions; and
- suicide prevention strategies.

Contents

Key Points

- The circumstances that may lead a person to take their own life are complex.

- Suicide is preventable and many types of support and services exist. Getting people to avail of help and support is crucial. Whilst some people may show signs of suicidal behaviour, for others, there are no signs at all.

- The strong association between suicide and mental illness is well established. Yet around 70% of people who die by suicide in Northern Ireland are not known to mental health services. This is particularly challenging in regard to efforts to prevent suicide.

- People in Northern Ireland are estimated to experience 20-25% higher levels of mental health illness compared to the rest of the UK. In addition, Northern Ireland has the lowest levels of mental health spend in the UK and Ireland. Despite considerable improvements in mental health services and pathways since the Bamford Review, a number of local reports illustrate deficits in service provision.

- Research indicates that one in eight children in Northern Ireland report having suicidal thoughts or having attempted suicide. Men are more likely to die by suicide than women, although more women attempt suicide. Suicide rates in the most deprived areas are three times higher than the least deprived areas.

- The increased mental health burden associated with the COVID-19 pandemic is likely to be profound and felt for many years. Staff and services have had to work under even greater pressure, and in new ways. Demand for services, such as GP care, has increased and is anticipated to continue to rise after the pandemic subsides.

- Interpreting suicide data is inherently difficult and reliable data is needed. Previously, Northern Ireland was said to have the highest rates of suicide in the UK. However, Northern Ireland suicide statistics between 2015 to 2018 are currently under review following an anomaly detected in the data series. This review is not likely to be completed until autumn 2021.

- The latest provisional data released from the Northern Ireland Statistics and Research Agency indicates that the number of suicides rose from 197 deaths in 2019 to 263 deaths in 2020: an increase of 33.5%. Importantly, because of registration delays, not all suicide deaths reported in 2020 occurred within the pandemic timeframe. It will be some time before a more complete picture emerges.

- Protect Life 2, the long awaited and updated suicide prevention strategy for Northern Ireland was published in 2019. It sets out two key aims and a number of actions. Whilst many positive initiatives are ongoing, funding constraints remain a significant challenge, as does the need to address other priorities resulting from the pandemic. It is also not yet clear how progress against the strategy's actions will be evaluated.

1. Introduction: Suicide

Suicide is a serious global public health issue which devastates families and communities. It is also an issue that is subject to various government policies and prevention strategies.[1]

The circumstances that may lead a person to take their own life are complex and unique. However, whilst much has been written about suicide in the literature, it is still poorly understood.[2]

Suicide may occur after a long period of experiencing suicidal thoughts or feelings.[3,4] Research also suggests that thoughts of suicide or suicidal behaviour may be triggered by a single adverse event or a series of events over time. A number of risk factors, shown in Figure 1, may also increase the risk of suicide or suicidal thoughts:[5,6,7]

Figure 1. Factors that may have an impact on suicide risk.

Mental illness (treated or untreated)[8]	Self-harm
Drug and alcohol misuse	Imprisonment
Family history of suicide	Violence
Chronic disease, disability, or pain	Legacy of conflict and transgenerational trauma
Unemployment/financial loss	Family breakdown
Social isolation	A previous suicide attempt
Poverty	Abuse
Poor social conditions	Homelessness
Damage to reputation	Trauma

[1] Royal College of Psychiatrists (2020) Self-harm and suicide in adults. Final report of the Patient Safety Group https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10 p4.
[2] British Psychological Society (2018) Understanding and Preventing Suicide: a psychological perspective. Available online at: https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Understanding%20and%20preventing%20suicide%20-%20a%20psychological%20perspective.pdf
[3] Mental Health Foundation website. Suicide Risk factors https://www.mentalhealth.org.uk/a-to-z/s/suicide
[4] World Health Organization (2019). Suicide https://www.who.int/news-room/fact-sheets/detail/suicide#:~:text=Prevention%20and%20control,pesticides%2C%20firearms%2C%20certain%20medications)%3B
[5] Centre for Disease Control website. Suicide: Risk and Protective Factors. https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html
[6] Mind website. Suicidal feelings. Available online at https://www.mind.org.uk/information-support/types-of-mental-health-problems/suicidal-feelings/causes-of-suicidal-feelings/
[7] Mental Health Foundation website. Suicide. https://www.mentalhealth.org.uk/a-to-z/s/suicide
[8] Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.

It is important to note that experiencing risk factors does not necessarily mean a person will think about or attempt to take their own life. Whilst psychiatric illness, in particular depression, underlies many suicides, a complex interplay of stressful personal, social or economic problems can lead to feelings of being unable to cope, hopelessness and thoughts of suicide (suicidal ideation).

For every person who dies by suicide, many more will attempt it.[9] Some people may show signs of suicidal behaviour while for others, there is no warning at all. This is particularly challenging in regard to efforts to prevent suicide.

In many cases, suicide is said to be preventable.[10] Literature indicates that people who receive support from friends and family, and who are connected or directed to early intervention services, are less likely to act on suicidal impulses than those isolated from sources of care and support.[11]

2. Mental health need in Northern Ireland

The strong link between suicide and mental illness is well established.[12] Mental ill health is one of the leading causes of disability in Northern Ireland. Moreover, research suggests that Northern Ireland, being a post conflict society, experiences 20-25% higher levels of mental health illness compared to the rest of the UK, and around 1 in 5 adults have a diagnosable mental health condition at any given time.[13] There are also significantly higher levels of depression in Northern Ireland than in the rest of the UK,[14] higher antidepressant prescription rates,[15] higher incidences and presentations for self-harm[16] (albeit that in many cases, people who self-harm do not present for medical attention and are not visible to healthcare professionals)[17] and high rates of post-traumatic stress disorder.

[9] World Health Organisation. Suicide Key facts who.int/news-room/fact-sheets/detail/suicide
[10] World health Organisation Suicide Key facts who.int/news-room/fact-sheets/detail/suicide
[11] Cleveland Clinic website. Recognising suicidal behaviour https://my.clevelandclinic.org/health/articles/11352-recognizing-suicidal-behavior
[12] Royal College of Psychiatrists (2020) Self-harm and suicide in adults. Final report of the Patient Safety Group https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10 p5.
[13] Department of Health (NI) Making Life Better (2014). https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf p18.
[14] Donnelly, K.J. (2014). Primary Care Prescribing. Northern Ireland Audit Office: Belfast. http://www.niauditoffice.gov.uk/primary_care_prescribing-2.pdf
[15] Prevalence and variation in antidepressant prescribing across Northern Ireland: a longitudinal administrative data linkage study for targeted support. https://www.ulster.ac.uk/__data/assets/pdf_file/0007/307816/SDAI-ESRC-report.pdf p38.
[16] Northern Ireland Registry of self-harm (2016) p11. http://www.publichealth.hscni.net/sites/default/files/NIRSH%203%20year%20report%2014.11.06.pdf Based on European age standardised rates per 100,000 for those aged 15 and over, the incidence of hospital treated self-harm in Northern Ireland, Republic of Ireland and England was compared across cities, using data from the National Self Harm Registry Ireland and the Multicentre Study of Self Harm in England.
[17] Royal College of Psychiatrists (2020) Self-harm and suicide in adults Final report of the Patient Safety Group https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10 p11.

Although mental health is said to be as important as physical health, the "parity of esteem" between the two is yet to be realised.[18] Expenditure on mental health care in Northern Ireland remains the lowest in the UK, estimated to be around 7% of the total healthcare budget.[19] According to the Department of Health (NI), this is 27% less than the mental health budget in England and 20% less than in Ireland.[20]

2.1 Children and young people

In 2018, it was reported that over 750 young people aged between 16 and 24 died by suicide in the UK and Ireland.[21] Many challenges can be experienced at this young time of life which can lead to mental distress. Risk factors may be compounded by peer pressure, bullying, the influence of social media, academic stress, eating disorders, discrimination regarding sexual orientation, gender identity, and ethnicity, amongst many others. In 2020, 13,348 referrals were made to Child and Adolescent Mental Health services in Northern Ireland.[22]

Research regarding children and young people from Northern Ireland also suggests that:

- One in 10 children in Northern Ireland experience anxiety or depression, which is around 25% higher than in other UK jurisdictions.[23]
- One in eight children meet the criteria for mood and anxiety disorders, and one in eight report having suicidal thoughts, or having attempted suicide.[24]
- Rates of suicide in children under 18 in Northern Ireland is disproportionately higher when compared to rates in the rest of the UK.[25]
- A significantly higher percentage of young people who died by suicide in Northern Ireland had a history of alcohol and/or drug misuse when compared to the rest of the UK.[26]

[18] Parity of esteem describes the need to value mental health equally to physical health. People with complex mental health needs should have the same access to health care services and support as people with physical health needs. The DOH (NI) recognizes that that this does not mean a 50:50 split in funding, rather that mental health should receive its fair share of health education, attention, and resource, including staffing.
[19] Figures quoted for 2016/17 in DOH (NI) Service Framework for Mental Health and Wellbeing 2018-2021 https://www.health-ni.gov.uk/sites/default/files/consultations/health/MHSF%20-%20Service%20Framework%20-%202018-2021.PDF
[20] Mental Health Strategy Draft 2021-2031: Department of Health (NI) 2020 https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-mhs-draft-2021-2031.pdf p10.
[21] Samaritans. Suicide statistics report (2019) http://www.nspa.org.uk/wp-content/uploads/2019/09/SamaritansSuicideStatsReport_2019_AcMhRyF-3.pdf
[22] NI Assembly Question AQW 14125/17-22 Mr Gerry Carroll *(PBPA - West Belfast)* To ask the Minister of Health to detail the number of young people presenting to child and adolescent mental health services in 2020; the number that received support. Referrals figures include Step 2, Step 3, Eating Disorders, Drug and Alcohol Mental Health Service, Crisis and the Regional Family Trauma Centre. Answered on 15/02/2021.
[23] Bunting, L. et al, (2020) Youth Wellbeing Child and Adolescent Prevalence Study. http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/youth-wellbeing/Youth-Wellbeing-Young-Persons-Version.pdf
[24] Ibid
[25] NISRA, as cited in NICCY's Child and Adolescent Mental Health in NI scoping paper (2017) https://www.niccy.org/media/2810/niccy-scoping-paper-mental-health-review-apr-2017.pdf p17.
[26] National Confidential Inquiry into Suicide and Safety in Mental Health (2018) https://www.hqip.org.uk/wp-content/uploads/2018/10/Ref-69-Mental-Health-CORP-annual-report-v0.4.pdf p40.

3. The COVID-19 Pandemic

The mental health burden associated with the COVID-19 pandemic is likely to be profound and felt for many years.[27] Restrictive measures put in place during the pandemic coupled with, for example, loneliness, job and income loss, bereavement, and the direct or indirect impacts of COVID-19 has led to increased levels of anxiety and had a negative effect on many people's mental health. The pandemic has also been shown to affect subsections of the population differently, for example, frontline workers, those hospitalised by COVID or suffering post-infection, and those with fewer social or economic resources.[28,29,30] There is also evidence emerging that the mental health of younger people in particular has been disproportionately affected.[31,32] A UK-wide study suggests that this group has experienced an increase in suicidal thoughts since the pandemic began.[33]

Research cited in a review on the mental health impact of the pandemic in Northern Ireland suggested that it "*will leave many people vulnerable to mental health problems and suicidal behaviour".*[34] Anecdotal evidence from Northern Ireland suggests that there has been an increase in those presenting with severe mental health problems.[35] Furthermore, an increasing number of people are presenting to healthcare services with a complex range of needs which require collaboration between specialist services (such as dual diagnosis, eating disorders, and forensic mental health).[36]

[27] Holmes at al, (2020) Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science; *The Lancet Psychiatry* https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30168-1/fulltext; and The Centre for Mental Health: Covid-19 could widen mental health inequalities for a generation: Understanding inequalities in mental health during the pandemic (2020) https://www.centreformentalhealth.org .uk/news/covid-19-could-widen-mental-health-inequalities-generation-says-centre-mental-health-report, and Webb, C. et al. (2021) The Health Foundation, Emerging evidence on health inequalities and COVID-19: March 2021.

[28] See the Mental Health Foundation website: Coronavirus: The divergence of mental health experiences during the pandemic. https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic

[29] See for example, O'Connor, K. et al (2020) Mental Health impacts of COVID-19 in Ireland and the need for a secondary care mental health service response. *Irish Journal of Psychological Medicine* https://www.researchgate.net/publication/341708406_Mental_Health_Impacts_of_COVID-19_in_Ireland_and_the_Need_for_a_Secondary_Care_Mental_Health_Service_Response

[30] NI Assembly. Official Report: 18 March 2021 Committee for Health: Briefing by Professor Siobhán O'Neill, Interim Mental Health Champion http://aims.niassembly.gov.uk/officialreport/minutesofevidencereport.aspx?AgendaId=25749&eveID=12979

[31] See for example, Pierce M, et al. (2020) Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. Lancet Psychiatry. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30308-4/fulltext

[32] Meredith, R. for BBC News NI (January 2021) Covid-19 having 'devastating effect' on children. https://www.bbc.co.uk/news/uk-northern-ireland-55698214

[33] O'Connor, R. et al (2020) Mental Health and wellbeing during the COVID-19 pandemic. https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/mental-health-and-wellbeing-during-the-covid19-pandemic-longitudinal-analyses-of-adults-in-the-uk-covid19-mental-health-wellbeing-study/F7321CBF45C749C788256CFE6964B00C

[34] As cited in: The Mental Health Impact of the COVID-19 Pandemic in Northern Ireland. https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-impact-covid-pandemic.pdf, p44.

[35] Department of Health (NI) Rebuilding Health and Social Care services – strategic framework https://www.health-ni.gov.uk/sites/default/files/publications/health/rebuilding-hsc.pdf p10.

[36] Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings.

The pandemic has also raised concerns about the potential impact on suicide rates.[37] In March 2021, the Health Minister in Northern Ireland, Robin Swann stated that *"suicide rates have not shown any increase during the pandemic period. I want to reassure people that services continue to be available for anyone in distress or despair."*[38] Yet provisional suicide data released from the Northern Ireland Statistics and Research Agency (NISRA) in March 2021 shows an increase of 33.5% in suicide deaths between 2019 and 2020.[39] However, given delays in registration processes, not all deaths recorded in 2020 will have occurred within the pandemic period (see section 5 for more information). Moreover, it will be some time yet before a more complete picture emerges.

At the same time, there have been calls for caution regarding possible consequences of poor mental health and suicide risk. For example, a recent article in *The Lancet* (2020) suggests that conflating declining mental health with suicide and suicide risk should be avoided, especially in relation to media reporting, which could increase the risk of normalising suicidal behaviour.[40]

During the pandemic, health and social care staff have had to work under even greater pressure, and in incredibly challenging circumstances. New ways of delivering services have had to be found (for example, via online or telephone consultations) as the health system tries to balance COVID-19 care with the care required for other health issues. Demand for services, such as GP care, has increased and is anticipated to continue to rise after the pandemic subsides.[41] Likewise, the nature of the pandemic has led to staff shortages and capacity issues. Reports suggest that people have delayed seeking help or found services difficult to access due to the disruption. Deteriorating waiting times that pre-existed the pandemic have also been exacerbated.[42]

3.1 Plans for recovery

In terms of a strategic way forward, the Department of Health (NI) has published a COVID-19 Mental Health Response Plan in the annex of its Mental Health Action Plan to try to mitigate the effects of the pandemic on psychological distress and mental ill health,[43] in addition to a strategic framework for rebuilding services.[44]

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[37] John, A. (2020) Trends in suicide during the covid-19 pandemic. British Medical Journal. https://www.bmj.com/content/371/bmj.m4352

[38] Northern Ireland Executive website. Fourth meeting of Mental Health and Suicide Prevention Group. https://www.northernireland.gov.uk/news/fourth-meeting-mental-health-and-suicide-prevention-group

[39] NISRA Registrar General Quarterly Report. https://www.nisra.gov.uk/system/files/statistics/2020Q4%20Infographic.pdf

[40] Hawton, K. (2020) Reporting on suicidal behaviour and COVID-19 – the need for caution. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30484-3/fulltext

[41] NI Assembly Official Report. 25 March 2021 Briefing on GP Services - Royal College of General Practitioners and BMA GP Committee https://niassembly.tv/committee-for-health-meeting-thursday-25-march-2021/

[42] NI Assembly Official Report. 11 March 2021 Waiting Lists and Waiting Times: Department of Health; Health and Social Care Board. http://aims.niassembly.gov.uk/officialreport/minutesofevidencereport.aspx?AgendaId=25663&eveID=12947

[43] See Annex B COVID-19 Mental Health Response Plan, cited in Department of Health Mental Health Action Plan. https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf p31

[44] Department of Health (NI) Rebuilding Health and Social Care services – strategic framework. https://www.health-ni.gov.uk/sites/default/files/publications/health/rebuilding-hsc.pdf

These plans sit against a backdrop of several former reviews that called for major transformation in Northern Ireland's health and social care system.[45]

In charting a way forward, the Interim Mental Health Champion for Northern Ireland, Professor Siobhan O'Neill has called for a trauma-informed recovery plan to address the stress and trauma caused by the pandemic. In evidence given at the Assembly's Committee for Health in March 2021, Professor O'Neill stated:

> *"The phrase "trauma-informed" recognises that, whilst our well-being can be impacted on by our normal emotional responses to what has happened over the past year, for most of us, the pandemic will not have caused trauma or mental illness. It recognises also that several population groups have been disproportionately affected and have suffered very real trauma, which comes on the top of previous trauma... The goal of the trauma-informed approach is to promote emotional regulation of the biological dysregulation that happens with stress and trauma. Normal stress happens and then goes away, but, with chronic stress, we can get stuck in a state of dysregulation. That is the basis of mental illness. Trauma-informed practice prioritises our physical and psychological safety: if we do not feel safe, we will become dysregulated, because it is a source of stress for us."*[46]

Professor O'Neill emphasised that reconnecting, particularly for the groups most affected, should be the primary goal of the recovery plan, in addition to the adoption of a cross-departmental approach. She also noted that:

> *"Crisis intervention services need to be improved urgently so that people who are suicidal have compassionate support and interventions for safety planning and problem-solving, and there should not be waiting times. It is about providing continuous support within 48 hours of someone feeling suicidal."*[47]

In relation to crisis intervention, a review of mental health crisis services and its interface with different crisis responses (such as emergency departments, Multi Agency Triage Teams, primary care, and emergency services) is currently underway.[48] The forthcoming review seeks to make recommendations to the Department of Health (NI) to further the development of mental health crisis services.

[45] See Dayan, M. and Heenan, D. (2019) Change or collapse: Lessons from the drive to reform health and social care in Northern Ireland. https://www.nuffieldtrust.org.uk/files/2019-07/nuffield-trust-change-or-collapse-web-final.pdf
[46] NI Assembly. Official Report: 18 March 2021 Committee for Health: Briefing by Professor Siobhán O'Neill, Interim Mental Health Champion http://aims.niassembly.gov.uk/officialreport/minutesofevidencereport.aspx?AgendaId=25749&eveID=12979
[47] NI Assembly. Official Report: 18 March 2021 Committee for Health: Briefing by Professor Siobhán O'Neill, Interim Mental Health Champion http://aims.niassembly.gov.uk/officialreport/minutesofevidencereport.aspx?AgendaId=25749&eveID=12979
[48] See QUB website for details. Review of mental health crisis services in Northern Ireland. https://pure.qub.ac.uk/en/activities/review-of-mental-health-crisis-services-in-northern-ireland

4. Support services

Notwithstanding the current challenges, much help is available, and a wide range of supports exist for those who feel suicidal or are concerned about others.[49] One of the first steps is to encourage people to talk more about how they feel. Despite increased awareness, the stigma associated with poor mental health means that people can still be reluctant to talk to others, and this can be barrier to seeking treatment.

Support may come in many ways, from informal means - such as family and friends, to more formal services through GPs and healthcare settings, and various intervention services offered by statutory, community, voluntary and private sector agencies. Several care pathways also exist to support those with specialist mental health needs or who are in crisis, which are detailed elsewhere in the literature.[50] Confidential helplines such as the Samaritans or Lifeline also offer support. A directory of mental health and emotional wellbeing services is available online for the public which details support services in each HSC Trust area.[51] Many other online resources exist that promote good mental health and self-care both for individuals or those who are concerned for someone,[52] such as the COVID-19 well-being hub, services listed under Minding Your Head, those for specific age groups, and free online training (such as that provided by the Zero Suicide Alliance). [53,54,55,56,57,]

4.1 What does the research say about how services can be configured?

In Northern Ireland, there have been considerable developments and reshaping of mental health services since the completion of the Bamford Review.[58] However, a UK-wide report in 2020 from the Royal College of Psychiatrics suggests that approximately three quarters of people who have died by suicide have not been in contact with mental health services[59] and that people at risk of suicide "*are not being*

[49] See NI for example, NI Direct website https://www.nidirect.gov.uk/articles/mental-health-emergency-if-youre-crisis-or-despair or Minding your head website https://www.mindingyourhead.info/topics/suicide
[50] For various pathways see HSC Board Mental Health. http://www.hscboard.hscni.net/our-work/social-care-and-children/mental-health/
[51] PHA Directory of services to help improve mental health and emotional well-being. Available online at: https://www.publichealth.hscni.net/publications/directory-services-help-improve-mental-health-and-emotional-wellbeing
[52] Rethink Mental Illness Suicidal thoughts - How to support someone https://www.rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/
[53] Health and Social Care Board website. A useful guide to Mental and emotional wellbeing resources http://www.hscboard.hscni.net/coronavirus/covid-19-rebuilding-services/mental-health/useful-guide-mental-emotional-wellbeing-resources/
[54] Zero Suicide Alliance website https://www.zerosuicidealliance.com/
[55] https://covidwellbeingni.info/
[56] Minding Your Head website https://www.mindingyourhead.info/services
[57] Public Health Agency website: The Healthy Ageing Research Group, Keeping Well At Home. https://www.publichealth.hscni.net/sites/default/files/2021-03/Keeping%20Well%20at%20Home%20Dv.01-NI%2019%20June%202020-WEB.pdf
[58] A review of the law, policy and provisions affecting people with mental ill-health or a learning disability in Northern Ireland which was conducted between 2002-2007. The review proposed significant changes to the delivery of mental health services. See also https://pureadmin.qub.ac.uk/ws/portalfiles/portal/156095879/An_Evaluation_of_Mental_Health_Service_Provision_in_Northern_Ireland.pdf
[59] Royal College of Psychiatrists (2020) Self-harm and suicide in adults. Final report of the Patient Safety Group. https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10 p28

identified and/or offered the mental health treatment that could have prevented their death".[60]

Several reports suggest areas where further work is required regarding how services can better meet the needs of the population, for example:

- In 2018, the Northern Ireland Commissioner for Children and Young People (NICCY) report entitled "Still Waiting", detailed 50 recommendations for improvements to mental health service provision and supports for children and young people across Northern Ireland.[61]
- An evaluation of mental health service provision in Northern Ireland from the perspective of stakeholders in 2018 reported a number of strengths but also noted service variations, a void in leadership and lack of focus for service improvement, resource constraints, poor communication, the need to move away from a medical model of care, and a disconnect between hospital and community services, and child to adult mental health services.[62]
- A report by the Northern Ireland Affairs Committee in 2019 documented the need for further service transformation post Bamford, the many impacts of chronic underfunding in mental healthcare, and the lack of an up-to-date mental health strategy for Northern Ireland.[63]
- Also 2019, the Regulation and Quality Improvement Authority (RQIA) published a review on emergency mental health service provision in Northern Ireland, and, whilst recognising improvements, it also made nine recommendations.[64]
- A further review in 2019 by Ulster University on mental health policies stated "*the issue is not a lack of knowledge or awareness of what is required. Rather, it is a lack of commitment to prioritise, adequately resource and implement recommendations that have already been made."* It also suggested *"Suicide is one manifestation of failing to adequately fund and develop psychological therapies and the voluntary and community sector."*[65]
- In 2020, a new draft mental health strategy for Northern Ireland published by the Department of Health (NI) described public concerns around long waiting lists for psychological therapies, crisis support being unavailable when

[60] Royal College of Psychiatrists (2020) Self-harm and suicide in adults. Final report of the Patient Safety Group. https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10
[61] See NICCY's Still Waiting report (2018) A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland. https://www.niccy.org/media/3114/niccy-still-waiting-report-sept-18-web.pdf pp16-21.
[62] Montgomery, L. et al. (2018). An Evaluation of Mental Health Service Provision in Northern Ireland. Health and Social Care in the Community. https://doi.org/10.1111/hsc.12627 Methodology involved the completion of semi-structured interviews and focus groups with a wide range of stakeholders.
[63] Parliament UK: Health funding in Northern Ireland (2019) https://publications.parliament.uk/pa/cm201919/cmselect/cmniaf/300/30002.htm
[64] RQIA (2019) Review of Emergency Mental Health Service Provision across Northern Ireland. https://www.rqia.org.uk/RQIA/files/0a/0a8432b1-d9c0-4620-9ad4-7c2dafc9fc3d.pdf
[65] O'Neill, S. et al (2019) Review of Mental Health Policies in Northern Ireland: Making Parity a Reality. https://www.ulster.ac.uk/__data/assets/pdf_file/0004/452155/Final-Draft-Mental-Health-Review-web.pdf

required (such as out-of-hours), exclusion criteria from services, and the need for a more preventive approach - with earlier interventions required to mitigate against the onset of more serious illness.[66]

[66] Department of Health (NI) (2020) Draft Mental Health Strategy 2021-2031: Consultation Draft. https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-mhs-draft-2021-2031.pdf

5. Suicide Statistics

5.1 UK and Ireland data

The number of deaths by suicide is collated by several agencies across the UK - NISRA[67] in Northern Ireland, the Office for National Statistics[68] in England and Wales, and the National Records of Scotland.[69] In Ireland, suicide data is collected by the Central Statistics Office.[70]

Suicides are officially recorded according to specific definitions linked to standardised International Classification of Disease codes (ICD10) relating to cause-of-death.[71]

Caution should be applied to any interpretation of suicide data, as significant differences exist in the coronial, inquest and registration processes across the UK and Ireland.[72] For example, new coding practices have been introduced in England and Wales,[73] a different death registration process is in operation in Scotland, and a review of suicide data is currently being undertaken in Northern Ireland (see section 5.3).

There can also be issues in terms of determining intent, possible misclassification, and under-reporting (or in some instances possible over-reporting) of suicides. This limits how effectively suicide data from each of these jurisdictions can be reliably compared.[74] Nevertheless, for indicative purposes, the most recent data available regarding the standardised rate of suicide per 100,000 population in UK jurisdictions and Ireland is shown in Figure 2 overleaf.

[67] NISRA -the Northern Ireland Statistics and Research Agency. https://www.nisra.gov.uk/statistics/cause-death/suicide-deaths
[68] ONS Website https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/previousReleases
[69] National Records of Scotland. https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/suicides
[70] Central Statistics Office. https://www.cso.ie/en/
[71] ICD codes are recommended by the World Health Organization. Suicide deaths in Northern Ireland are defined using the UK definition which includes deaths from Self-inflicted Injury (ICD10 codes X60 -X84, Y87.0) as well as Events of Undetermined Intent (ICD10 codes Y10 -Y34, Y87.2).
[72] For example, in Northern Ireland all suspected suicides are referred to a coroner. Inquests are only held in complex cases or if the family request it, so a Registrar will register the death on receipt of the Coroner's report. In England and Wales inquests are held for all suspected suicides. The death cannot be registered until the inquest is completed. In Scotland a death must be registered within eight days.
[73] In 2018 there was a change that lowered the standard of proof used by coroners in England and Wales around ruling deaths as suicides. It is likely that lowering the standard of proof will result in an increased number of deaths recorded as suicide. See https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/
[74] Samaritans Suicide statistics report 2017. Challenges with suicide statistics. https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf p19.

Figure 2. Age standardised suicide rate per 100,000 in UK jurisdictions (2019)

Jurisdiction	Rate per 100,000 population in 2019
Ireland	8.6 per 100,000 (provisional)[75]
England	10.8 per 100,000[76]
Northern Ireland	11.4 per 100,000 (provisional)[77]
Wales	12.2 per 100,000[78]
Scotland	23.3 per 100,000[79]

5.2 Northern Ireland suicide data

In Northern Ireland, suicide deaths are classified as deaths from "Self-inflicted Injury" as well as "Events of Undetermined Intent".[80] This is consistent with the UK national statistics definition.

Annual and quarterly statistical suicide data is produced by NISRA.[81] Suspected suicide deaths must be referred to the Coroners Service, and can only be registered after the Coroner has completed their investigation.[82] However, the investigation of an unexpected death can take time between the date of death occurred and the date of registration.[83] Around half of all deaths by suicide registered in a given year will have occurred in the previous year or earlier, so not all data pertains to the year the suicide may have occurred in.[84] To add further complexity, Northern Ireland is currently undergoing a review of its suicide data around the 2015-2018 timeframe,

[75] Personal Correspondence with Central Statistics Office, Ireland on 1.3.21 Data available at: https://www.cso.ie/en/releasesandpublications/ep/p-vsys/vitalstatisticsyearlysummary2019/
[76] Office of National Statistics: Suicides in England and Wales 2019 registrations. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations#:~:text=In%202019%2C%20the%20suicide%20rate%20in%20England%20was%2010.8%20deaths,highest%20rate%20seen%20since%202000.
[77] NISRA Northern Ireland https://www.nisra.gov.uk/publications/registrar-general-quarterly-tables-2019 Quarter 4 Table 1c and NI Assembly Question AQW 8053/17-22 Mr Alex Easton (DUP - North Down) To ask the Minister of Finance to detail the suicide rates for the last three years. Answered on 15/10/2020.
[78] Ibid
[79] Gov.Scot website https://www.gov.scot/publications/review-scotlands-suicide-prevention-action-plan-2018-2020/pages/6/#:~:text=2.1%20Recent%20trends%20in%20suicide%20in%20Scotland&text=The%20overall%20European%20age%2Dstandardised,the%20highest%20rate%20since%202013.
[80] NISRA Suicide Statistics https://www.nisra.gov.uk/publications/suicide-statistics
[81] NISRA website. Suicide Statistics https://www.nisra.gov.uk/publications/suicide-statistics
[82] NISRA Guidance note to users on suicide statistics in Northern Ireland (February 2021) https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Guidance%20Note%20to%20Users%20on%20Suicide%20Statistics%20in%20Northern%20Ireland.pdf p1.
[83] NISRA (August 2016) Suicide statistics in Northern Ireland: Impact of Time Taken to Investigate the Death. Available at: https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/IMPACT-OF-REGISTRATION-DELAYS-ON-SUICIDE-STATISTICS-IN-NORTHERN-IRELAND.pdf p1.
[84] Data relates to deaths registered (but not necessarily occurring) in a given year. Under the provisions of Section 7 of the Coroner's Act (Northern Ireland) 1959, where a person has died from any cause other than natural illness for which they have been seen and treated by a registered medical practitioner within 28 days prior to the death, the death must be referred to the Coroner. A death which is suspected to be suicide must be referred to the Coroner and can only be registered after the Coroner has completed their investigation.

meaning that this data can no longer be accurately relied upon, as is described in more detail below.

5.3 Review of Northern Ireland's suicide data

Until very recently, Northern Ireland was said to have the highest rates of suicide per 100,000 population in the UK.[85] However, suicide data between 2015 and 2018 (which reported some of the highest suicide rates) is currently subject to a review, due to an anomaly being detected in the data series.

Guidance from NISRA indicates that in some cases it has been difficult to establish whether suicide was the cause of death.[86] If unclear, or if the Coroner did not specifically state that the death was a suicide, then those deaths were recorded as 'undetermined'. Since 2015, all drug-related deaths were classed as 'undetermined', unless NISRA received documentation from the Coroner indicating that the death was the result of self-inflicted injury or an accident (and therefore outside the definition of suicide).

The review of drug-related deaths and intent within the 'undetermined deaths' category has resulted in improved statistical coding.[87] This has led to an increase in deaths classed as being accidental, instead of suicide.

- As a result, the number of deaths coded under 'undetermined intent' has decreased. The change in coding has also led to a decrease in the suicide rate in the provisional data for 2019 (197 deaths), from the previous higher rates noted between the years 2015 to 2018. It is probable that data from years 2015 to 2018 are also likely to see a reduction in suicide numbers once the review completes.
- NISRA recommends that *"until a course of action has been agreed, a sub-series relating to self-inflicted injury only should be used*."[88] This is shown in the Table 1 under Category C.

[85] See Black, LA. NI Assembly https://www.assemblyresearchmatters.org/2019/11/28/suicide-statistics-and-strategy-in-northern-ireland-update/
[86] Further information on the review is available at: https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Guidance%20Note%20to%20Users%20on%20Suicide%20Statistics%20in%20Northern%20Ireland.pdf
[87] For further details see NISRA's Guidance Note: https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Guidance%20Note%20to%20Users%20on%20Suicide%20Statistics%20in%20Northern%20Ireland.pdf
[88] For further details see NISRA's Guidance Note: https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Guidance%20Note%20to%20Users%20on%20Suicide%20Statistics%20in%20Northern%20Ireland.pdf

Table 1. Analysis of suicide deaths and intent over time 2012-2019 (NISRA)

A Registration year	B Total number of suicides	C *Of which:* Self-inflicted	D Undetermined	E Proportion of undetermined deaths which are also drug related
2012	278	203	75	81%
2013	303	243	60	78%
2014	268	191	77	82%
2015	318	204	114	96%
2016	298	149	149	71%
2017	305	173	132	78%
2018	307	184	123	93%
Provisional 2019	197	187	10	-

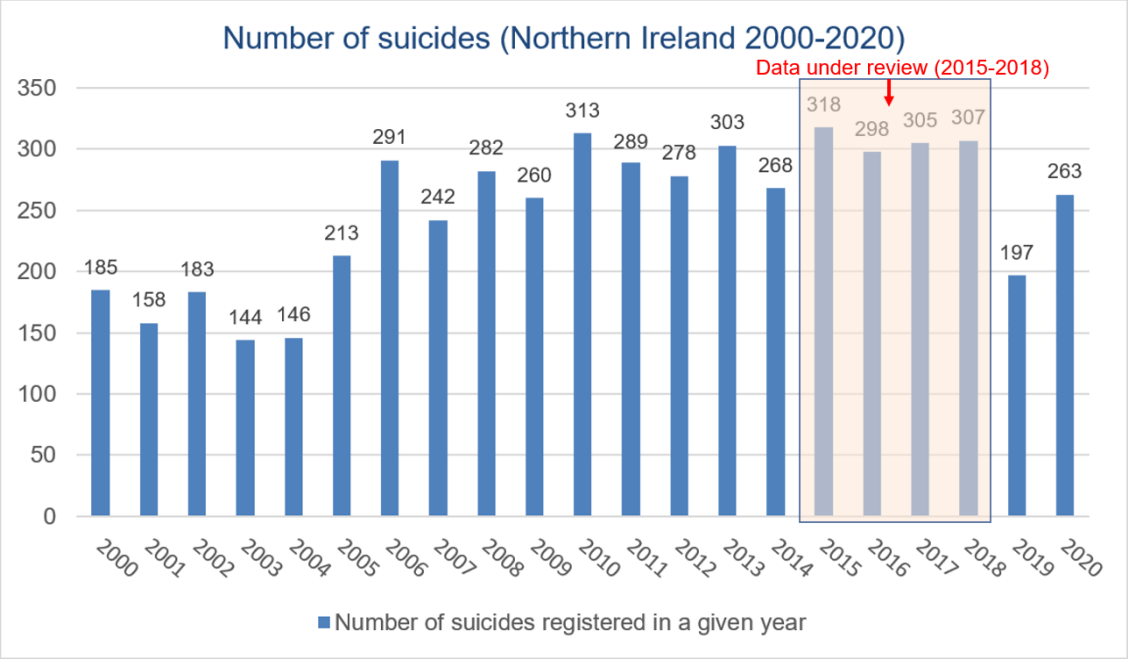
NISRA also suggests that revisions further back in the data are not considered necessary, due to different processes being in place at that time.[89] It has also indicated that the review is taking longer than expected given the ongoing pandemic and that the revised figures are unlikely to be available before autumn 2021.[90]

5.4 Number of suicides in Northern Ireland

For illustrative purposes only, Figure 3 shows the number of deaths registered as suicide in Northern Ireland between 2000 and 2020, with the following caveats: that the data under review between 2015-2018 is likely to change, and that the review of suicide data for that timeframe has not yet been completed. As can be seen in Figure 3, there has been a 33.5% increase in suicide deaths between the data reported in 2019 (197 deaths) and the data reported in 2020 (263 deaths).[91]

[89] However NISRA has advised that "if a break in the series is evident on completion of the review this will be assessed and a course of action agreed in conjunction with the Coroners' Service."
[90] NISRA Guidance Note to Users on Suicide Statistics in Northern Ireland updated February 2021. https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Guidance%20Note%20to%20Users%20on%20Suicide%20Statistics%20in%20Northern%20Ireland.pdf
[91] NISRA Registrar General Quarterly Report. https://www.nisra.gov.uk/system/files/statistics/2020Q4%20Infographic.pdf

Figure 3. Number of registered deaths by suicide between 2000-2020 in Northern Ireland[92]



In light of the ongoing review, the remainder of this section of the paper will provide information on suicide data for Northern Ireland pre-2015, as NISRA does not envisage it will be impacted by the current review.

5.5 Gender

Although women are significantly more likely to attempt suicide and to self-harm, [93,94] men in Northern Ireland are three times more likely to die by suicide than women. This pattern of inequality occurs across the UK.[95] In Ireland, men are four times more likely to take their own lives than women.[96]

Figure 4 provides the number of deaths by suicide in Northern Ireland, broken down by gender, between 2000 and 2014. It shows that both male and female registered deaths have increased over time. For example, in the year 2000, 45 female and 140 male deaths were officially registered. By 2014, 61 female and 207 male deaths by suicide were registered.

[92] Source NISRA website: Suicide Statistics and NISRA Registrar General Quarterly Report. https://www.nisra.gov.uk/system/files/statistics/2020Q4%20Infographic.pdf and https://www.nisra.gov.uk/publications/registrar-general-quarterly-tables-quarter-4-2020

[93] Adult Psychiatric Morbidity Survey (published 2016) Chapter 12 Suicidal thoughts, suicide attempts, and self-harm 2016, Health and Social Care Information Centre, p299. Available online at: https://webarchive.nationalarchives.gov.uk/20180328140249/http://digital.nhs.uk/catalogue/PUB21748

[94] Further data on self-harm is provided in the DoH Protect Life – A Shared Vison strategy 2012-2014.

[95] Samaritans Suicide Facts and Figures. Available online at: https://www.samaritans.org/about-us/our-research/facts-and-figures-about-suicide

[96] Independent.ie. (5 November 2018) Men four times more likely to die by suicide than women. Available online at: https://www.independent.ie/irish-news/health/men-four-times-more-likely-to-die-by-suicide-than-women-36710994.html

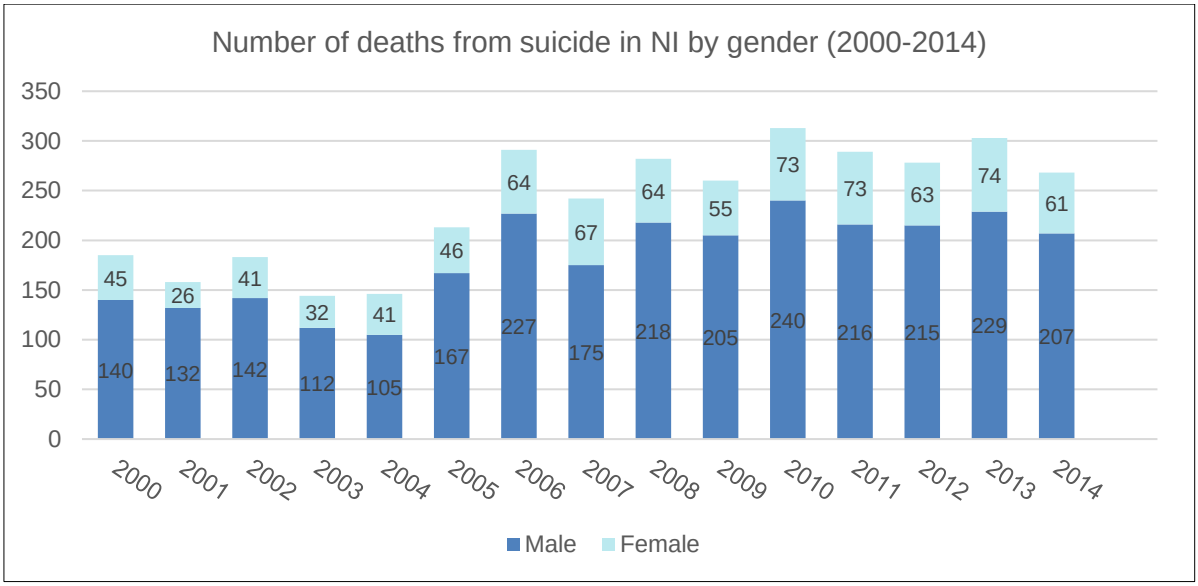


Figure 4. Number of registered deaths by suicide (Northern Ireland) by gender (2000-2014)[97]

Studies have been conducted to ascertain the increased risk of male suicides and why they are such a hard-to-reach group.[98] For example, middle aged men are thought to present greater risk for several reasons; the perceived stigma attached to discussing mental health issues and reluctance to seek support, higher rates of alcohol and substance misuse, access to more lethal methods of suicide and impulsivity, and certain 'at risk' groups. These include men who are gay, transgender, members of the travelling community, ethnic minorities, victims of domestic abuse, farmers, unemployed, rurally isolated, and those who are separated or divorced.[99]

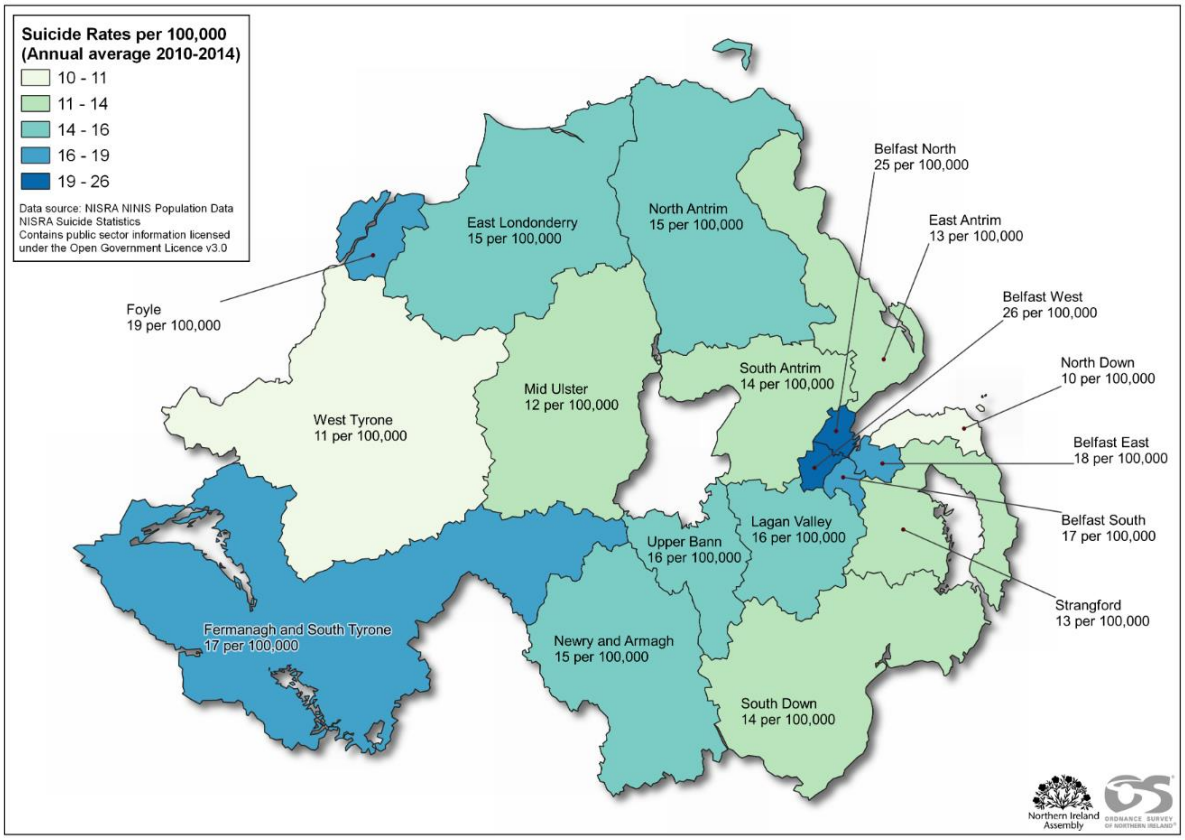
5.6 Occupation

In terms of suicide by occupational group, data from Northern Ireland between 2006 and 2015 shows that the highest number of suicides were in those who were in the "unemployed category". For those in employment, the "construction industry and building trades" had a significantly higher number of deaths by suicide than any other employment group.[100]

[97] NISRA Suicide Statistics.
[98] See for example: Samaritans: Men, Suicide and Society (2012). Available online at: https://www.samaritans.org/sites/default/files/kcfinder/files/press/Men%20Suicide%20and%20Society%20Research%20Report%20151112.pdf
[99] O'Donnell, S. and Richardson, N. (2018). Middle-Aged Men and Suicide in Ireland. Dublin: Men's Health Forum in Ireland. Available online at: https://www.mhfi.org/MAMRMreport.pdf
[100] See Inspire website. Suicide by occupation in Northern Ireland data published. https://www.inspirewellbeing.org/inspire-autism/news/2018/july/suicide-by-occupation-in-northern-ireland-data-published

5.7 Constituency data

Suicide rates also vary by geographical area. Map 1 shows the average rate of suicide per 100,000 persons in each parliamentary constituency area between 2010 and 2014.



Map 1. Average suicide rate per 100,000 persons by constituency area (2010-14)[101]

The three constituencies with the highest average annual suicide rates over the five-year period 2010-2014 were:

- Belfast West (26 per 100,000)
- Belfast North (25 per 100,000)
- Foyle (19 per 100,000).

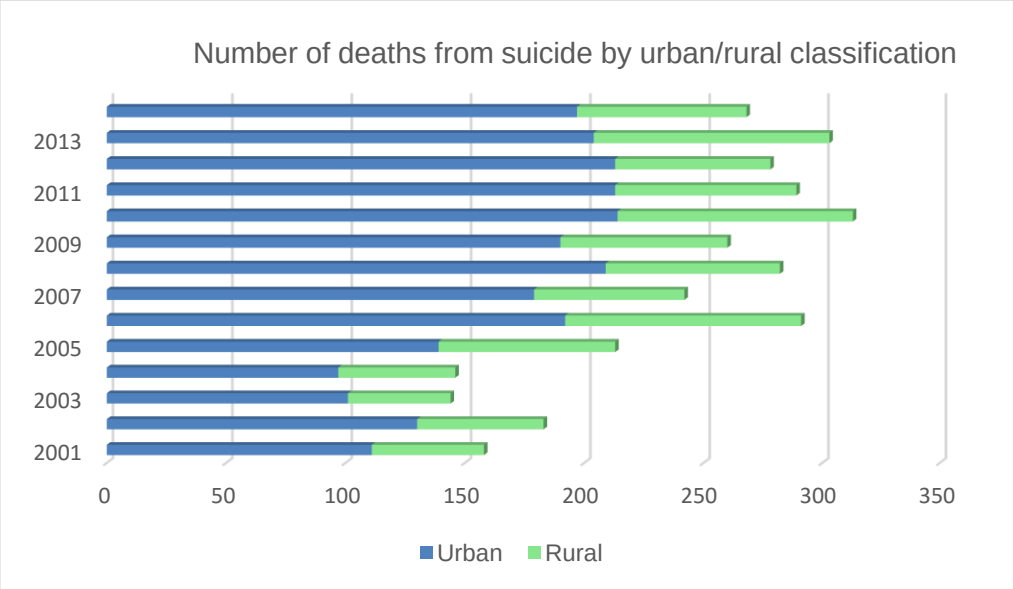
Both Belfast West and Belfast North are small urban geographical areas with dense populations. The Foyle constituency also encompasses the city region of Derry/Londonderry. The lowest average suicide rates per 100,000 population occurred in the North Down and West Tyrone constituencies (each with a rate of under 11 per 100,000).

[101] NINIS Crude suicide death rates. Data available online from NISRA suicide statistics and NINIS.

5.8 Urban/rural data

Approximately one third of the Northern Ireland population (36%) live in rural areas. The remaining two-thirds live in urban areas[102] and this is where suicides are more likely to occur - as shown in Figure 5. However, it is important to note urban/rural populations can differ in a number of ways, for example in terms of attitudes, isolation, community cohesion, mental health status, and accessibility to services or facilities.[103]

Figure 5. Suicide in Northern Ireland 2001-2014 by urban/rural classification



It is still not known why there is such a difference between urban-rural suicide rates in Northern Ireland.[104] Part of the explanation may relate to deprivation. Life expectancy and health outcomes for people in deprived areas are significantly less than those experienced by people residing in more affluent areas.[105] In Northern Ireland, the suicide rate is around 70% higher in deprived areas than non-deprived areas.[106] These inequalities require further research.

[102] Protect Life – a shared Vision p53. Available online at: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/suicide-prevention-strategy-2012-14_0.pdf
[103] Leavey, G. et al Understanding Suicide and Help-seeking in Urban and Rural Areas in Northern Ireland, pp17-18 http://www.research.hscni.net/sites/default/files/EXECUTIVE%20SUMMARY.pdf
[104] Leavey, G. et al. (2016) Understanding Suicide and Help-seeking in Urban and Rural Areas in Northern Ireland. Available online at: http://www.research.hscni.net/sites/default/files/EXECUTIVE%20SUMMARY.pdf
[105] Former DHSSPS: Moore Stephens Evaluation of the Protect Life 1 Strategy, p13.
[106] Samaritans website: minding the deprivation gap. Available online at: https://www.samaritans.org/dying-from-inequality/deprivation-gap-northern-ireland

6. Suicide prevention strategy developments

The final section of this paper focusses on suicide prevention strategies. In 2014, the World Health Organisation encouraged individual nations to develop strategies to prevent suicide whereby:

> *Resources should be allocated for achieving both short-to-medium and long-term objectives, there should be effective planning, and the strategy should be regularly evaluated, with evaluation findings feeding into future planning."*[107]

Suicide prevention strategies typically comprise of a range of approaches and actions. However, literature indicates that there is a widescale lack of evidence in terms of the evaluation of these strategies. This may be due to limited resources allocated for evaluation purposes, a lack of reliable data, as well as a number of methodological challenges, such as the difficulties measuring impact and determining the factors that may directly influence outcomes.[108]

Across Ireland and the United Kingdom, suicide strategies or plans are in place that aim to prevent suicide and promote good mental health. The key strategies or plans specifically relating to suicide for each jurisdiction are presented in Table 2.

Table 2. Current suicide strategies or plans in Ireland, Northern Ireland, England, Scotland and Wales (March 2021)

Jurisdiction	Suicide prevention plan
Ireland	Connecting for Life: Ireland's National Strategy to Reduce Suicide (2015-2024)
Northern Ireland	Protect Life 2: Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019-2024
England	Preventing suicide in England – a cross government outcomes strategy to save lives (including 4 progress reports to date)
Scotland	Suicide prevention Action Plan: Every Life Matters
Wales	Talk to me 2: Suicide and Self Harm Prevention Strategy for Wales

[107] WHO Preventing suicide: A global imperative. Executive Summary, p2. Available online at: https://www.who.int/mental_health/suicide-prevention/exe_summary_english.pdf?ua=1

[108] See for example https://www1.health.gov.au/internet/publications/publishing.nsf/Content/suicide-prevention-activities-evaluation~findings-effectiveness~challenges-of-measuring and https://www1.health.gov.au/internet/publications/publishing.nsf/Content/suicide-prevention-activities-evaluation~methods~evaluability

6.1 Suicide prevention strategies Northern Ireland – a timeline

According to the Department of Health (NI), suicide and mental health remain key priority areas.[109] Raising awareness, early intervention, changing the notion of stigma in terms of help seeking, and increasing resilience and coping strategies can help to reduce the risk of suicide and suicidal behaviour.[110]

A timeline of the key local strategies developed by the Department in relation to suicide prevention is presented in Table 3.

Table 3. Timeline of suicide prevention strategies in Northern Ireland (2006-present)

Timeline	Strategy / plan name
October 2006-2011	Protect life 1 Northern Ireland Suicide Prevention **Strategy and Action Plan**[111] (not available online)
June 2012-March 2014	Refreshed Protect Life 1: A shared vision. The Northern Ireland Suicide Prevention **Strategy**[112]
June 2012-March 2014	Refreshed Protect Life 1: The Northern Ireland Suicide Prevention Strategy **Action Plan**[113]
October 2012	**Evaluation** of the Implementation of the NI Protect Life 1 Suicide Prevention Strategy and Action Plan 2006-2011[114]
September 2016	Protect Life 2: A **draft strategy** for suicide prevention in the north of Ireland. Consultation for the draft strategy closed in November 2016.[115]
September 2019	Protect Life 2 (2019-2024) Suicide Prevention **Strategy**

6.2 Protect Life 1: Strategy and Action Plan (2006-2011)

In 2006 Protect Life 1 was the first suicide strategy to be published. Its aim was to reduce the suicide rate in Northern Ireland. It contained a specific target to reduce the suicide rate by 15% by 2011.[116] This target was not achieved.

[109] DoH (NI) 2016. Protect Life 2: A draft strategy for suicide prevention in the north of Ireland. Available online at: https://www.health-ni.gov.uk/consultations/protect-life-2-strategy-suicide-prevention-north-ireland
[110] See for example O'Neill, S. et al. Suicide and Suicidal Behaviour. Available online at: https://www.profsiobhanoneill.com/key-publications
[111] Not currently available on DoH (NI) website at the time of writing.
[112] DoH (NI): The Northern Ireland Suicide Prevention Strategy 2012-March 2014. Available online at: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/suicide-prevention-strategy-2012-14_0.pdf
[113] DoH (NI): Refreshed Protect Life 1: The Northern Ireland Suicide Prevention Strategy Action Plan. Available online at: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/suicide-prevention-protect-life-evaluation-report-2012_0.pdf
[114] DoH (NI) and Moore/Stephens: Evaluation of the Implementation of the NI Protect Life Suicide Prevention Strategy and Action Plan 2006-2011 (2012). Available online at: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/suicide-prevention-protect-life-evaluation-report-2012_0.pdf
[115] DoH (NI): Protect Life 2: A draft strategy for suicide prevention in the north of Ireland. https://www.health-ni.gov.uk/sites/default/files/consultations/health/protect-life-2-consultation.pdf
[116] DoH (NI): Protect Life 1, p21

The strategy also contained 8 key objectives and 62 short, medium, and long-term actions to be delivered with involvement from government departments and agencies. The actions concentrated on themes such as self-harm, communities, children, media reporting, and coroner reporting, amongst others.[117]

6.3 Evaluation of Protect Life 1 (2012)

In 2012, accountancy firm Moore Stephens published an evaluation of the Protect Life 1 strategy and Action Plan. The report examined many areas of the strategy from structures to funding, and interviews were conducted with relevant stakeholders. Previous evaluations of aspects of suicide prevention linked to Protect Life 1 - such as the Lifeline (telephone helpline service), and the expansion of the Self-Harm Registry to the Belfast Trust area were also provided in their report.[118]

In its overall assessment of the Protect Life 1 strategy, Moore Stephens concluded that progress and examples of good work had been made in some areas. Nevertheless, there was much work still required. Eighteen recommendations were also made, including:

- better governance and accountability for oversight and delivery of the strategy;
- ongoing involvement of and support for the community and voluntary sectors and greater involvement of other Government Departments;
- development of a robust monitoring and evaluation framework, and
- more effective tracking of resources to ensure that they are targeted appropriately and effectively.

In terms of the 62 original actions and their effectiveness, the evaluation reported that the success of these were variable. Around 20% of the original actions included in the new Action Plan were deemed to be "*progressing according to plan*." The report highlighted a number of issues, whereby some actions were difficult to measure and others, such as those requiring cross departmental or interagency working, had made the least progress. The evaluation also noted that the newly published Refreshed Protect Life Strategy (2012) would see a reduction in the original number of actions to 50, and 10 new actions added (a total of 60 actions) into a new Action Plan.[119] It suggested they were still too many actions; and that these should be reclassified and reduced to afford greater focus.[120]

[117] DoH NI website – suicide prevention. Available online at: https://www.health-ni.gov.uk/articles/suicide-prevention
[118] DoH (NI) and Moore/Stephens: Evaluation of the Implementation of the NI Protect Life Suicide Prevention Strategy and Action Plan 2006-2011, p29.
[119] Ibid, p32
[120] Ibid, p54

6.4 Protect Life 1 – A Shared Vision (Refreshed Strategy 2012)

Protect Life 1 was refreshed in 2012 and became known as *Protect Life – A Shared Vision*. While the reduction of the suicide rate remained the main goal, the strategy suggested that it was important not to rely solely on a suicide reduction target given the broader social, economic, and environmental factors which can influence suicide rates. Instead, the strategy sought to address where it was felt the biggest impact could be made in terms of lives saved. Hence a new aim, "*to reduce the differential in the suicide rate between deprived and non-deprived areas*" was added. The refreshed strategy also included 6 measurable objectives and 4 additional longer-term objectives with success indicators for monitoring purposes.[121]

The strategy also stated that progress had been made in relation to the establishment of the Lifeline 24/7 crisis response helpline, delivery of awareness raising public information campaigns, regional and local training programmes, and the development of community-based suicide prevention initiatives. However, it also acknowledged that more needed to be done to tackle suicide.[122]

6.5 Protect Life 1 – Action Plan (2012) Progress report

Alongside the refreshed strategy, a refreshed Action Plan (2012) was published. It included a red, amber and green (RAG) status report of progress against many of the original actions from Protect Life 1 and several new actions. Contrary to the recommendation to reduce the extensive number of actions, the Department's refreshed strategy still contained over 60 action points. Progress against those actions can be summarised as:

- 13 actions have no RAG indicator against them; it is likely that it was too early to comment on those actions;
- 11 actions were rated Green: "Activity progressing to plan. Ongoing monitoring required";
- 36 actions were rated Orange: "Moderate progress to-date. Additional focus required";
- 5 actions were rated Red: "Limited progress to date. Enhanced focus required".

The results were similar to those published in the Moore Stephens Evaluation Report. Based on the RAG status, progress appears to be mediocre. Although the strategy was extended, no further information was published on its progress in terms of actions since the 2012 Moore Stephens report. The Department was contacted in 2018 for comment on whether more recent information was publicly available on

[121] Protect Life Refreshed Strategy (2012), p
[122] DoH website: The Northern Ireland Suicide Prevention Strategy 2012-March 2014. Ministerial Forward. Available online at: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/suicide-prevention-strategy-2012-14_0.pdf

progress against the Action Plan, given the apparent limited progress and that many actions still required "additional or enhanced focus". In a response dated November 2018, the DoH stated:[123]

> *"There have not been further published reports, however the Department and Public Health Agency continues to monitor implementation and drive forward new initiatives through the transformation programme [including]:*
>
> - *A crisis de-escalation centre for Belfast is currently being tendered for and is expected to commence in early 2019;*
> - *A Multi Agency Triage Team (street triage) initiative in the South Eastern area has been running since summer 2018;*
> - *A down to zero suicide initiative in all Trusts*
> - *Our Future Foyle programme to tackle suicide through artistic means at Foyle riverfront has been launched and business cases being developed;*
> - *Further initiatives relating to enhancing resilience and emotional wellbeing in the school and higher education setting are planned for.*
>
> *This has been the focus alongside final preparation of Protect Life 2".*

Given that no further information is available on the 62 actions underpinning the refreshed strategy, nor the objectives, it has not been possible to assess the impact or effectiveness of the original or refreshed strategies in the longer term.

6.6 Protect Life 2: Draft Strategy (2016)

In 2016, a new draft strategy was developed called Protect Life 2. The purpose of the strategy was stated as: "*to define priorities and objectives for reducing the prevalence of suicide in the north of Ireland and the differential in suicide rates between the most deprived and least deprived areas.*"[124] The draft strategy focused on the following areas: people experiencing self-harm; those in emotional crisis and at risk of suicide; and those bereaved by suicide. It highlighted many ongoing initiatives in terms of prevention. It also contained ten objectives, again linked to high level actions. It was proposed that an evaluation framework would be developed to include indicators as a means to measure progress towards the strategic objectives.[125]

The Department consulted on the new draft strategy in 2016. Analysis of the responses showed that governance arrangements for Protect Life needed to be strengthened.[126] In addition, consultees asked for more detail on proposed actions with specific, measurable targets and dates for completion.[127]

However, at the time, Northern Ireland had been without a functioning Executive since January 2017. This meant that the Department of Health (NI) had not been

[123] Personal correspondence with author and DoH. Response dated 8/11/2018.
[124] Protect Life 2: A draft strategy for suicide prevention in the north of Ireland, p13. Available online at: https://www.health-ni.gov.uk/sites/default/files/consultations/health/protect-life-2-consultation.pdf
[125] Ibid, p77.
[126] Personal correspondence with author and DoH. Response dated 8/11/2018.
[127] DoH (2017) Protect Life 2: a draft strategy for suicide prevention in the north of Ireland Consultation Analysis Report https://www.health-ni.gov.uk/sites/default/files/publications/health/protect-life-2-consultation-analysis-report.pdf

able to implement the strategy.[128] When asked what the implications of this would be in terms of having a relevant strategy in place, the Department responded:

> *"There is a Suicide Prevention Strategy in place. The Protect Life [1] strategy remains extant until the Department is able to publish Protect Life 2. Publication of the finalised Protect Life 2 strategy in its entirety would be beneficial; however, it would be totally wrong and misleading to suggest that support for those who need it is being compromised because of any delay in its publication. Help is available and much is being done to further develop services, despite pressures on resources across the health and social care system."*

6.7 Current Strategy: Protect Life 2 (2019-2024)

Three years after the original consultation, and despite the absence of a Minister and an Executive, the Department of Health (NI) published Protect Life 2 (2019-2024) in September 2019.

The Department of Health's website currently states that the strategy "*recognises that no single organisation or service is able to influence all the complex interacting factors that lead someone to harming themselves or, ultimately, to taking their own life*."[129] The strategy recognises that suicide rates have been unacceptably high and also "*stresses the importance of services, communities, families and society working together to help prevent suicides."*

The strategy lists two main aims, namely:

- To reduce the suicide rate in Northern Ireland by 10% by 2024.
- To ensure suicide prevention services and support are delivered appropriately in deprived areas where suicide and self-harm rates are highest.[130]

The approaches taken include:

- Population-based approaches designed to influence attitudes and behaviours such as help-seeking behaviour, restricting access to means of suicide, raising awareness and supporting responsible media reporting.
- Targeted intervention such as training for health and social care staff and people working in the community, self-harm referral from emergency departments, self-harm case management, improving risk management within mental health services, screening in health and substance misuse services, and supporting recovery in those who have made suicide attempts.

[128] House of Commons Library Briefing Paper (2018) Suicide Prevention: Policy and Strategy https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8221#fullreport
[129] Department of Health NI website. Protect Life 2 - Suicide Prevention Strategy https://www.health-ni.gov.uk/protectlife2
[130] Protect Life 2 - Suicide Prevention Strategy https://www.health-ni.gov.uk/sites/default/files/publications/health/pl-strategy.PDF p11.

- Crisis de-escalation and case management to prevent attempted suicide by people in mental health crisis and/or emotional or social crisis.
- Postvention support for those bereaved or affected by suicide and improving data collection and analysis in relation to suicide in order to inform service improvement.

The strategy includes 10 objectives which have associated action points which will be added to the actions from the previous strategy.

An up-to-date Action Plan (March 2021) on progress within Protect Life 2 highlights an extensive array of ongoing work, various initiatives, training programmes, in collaboration with a range of other Government Departments, agencies, and services - including for example, those linked to health, education, community, sports, and criminal justice settings. The most recent summary on progress, which is soon to be updated, is available online from the Departments' website.[131]

The Public Health Agency has also recently undertaken a pre-consultation on suicide prevention services and postvention services (that is, support for those affected by suicide) to meet the actions contained in the Strategy, and the design of future services.[132] It acknowledges the challenges of doing this in light of the "*financial resources available and the need to achieve value for public money*."[133]

A more detailed implementation plan with associated indicators of progress is also still awaited from the Public Health Agency.

When asked about what impact measures and milestones have been progressed in relation to the evaluation of Protect Life 2 for the purposes of this paper, the Department's response states that this has been challenging, given the need to channel resources towards the pandemic:

> *"The Evaluation framework is under development and is not yet finalised and will be discussed further at next Protect Life 2 Steering Group meeting planned before the summer. It has been challenging progressing this area with key HSC staff needing to prioritise [the] Covid response."*[134]

7. Conclusion

Suicide has a devastating impact on families, communities and society as a whole. Yet with timely and appropriate support, people can get through a suicidal crisis and recover. This paper has examined some of the challenges concerning mental health,

[131] Department of Health. Action Plan at a Glance Update. https://www.health-ni.gov.uk/sites/default/files/publications/health/actionplanataglance-aug2020.pdf
[132] Public Health Agency website https://www.publichealth.hscni.net/news/pha-launches-pre-consultation-suicide-prevention-and-post-vention-services
[133] Ibid
[134] Personal Correspondence with author and Department of Health – Health Improvement Policy Branch. Response dated 24.3.21

in the light of the pandemic and the rebuilding of services. An overview of suicide data is also presented which illustrates the need for accurate data to help inform policy decisions. The final section of the paper highlights the development of suicide prevention strategies in Northern Ireland, the range of progress and work ongoing, and the difficulties associated with seeking to measure suicide prevention outcomes and their impact.