



PROTECT LIFE 2

A strategy for preventing suicide and self-harm in Northern Ireland 2019 - 2024

Progress report 2023 - 2024

Summary

This document sets out an overview of the collective activities for the 2023 - 2024 year which meet the objectives and actions contained within Protect Life 2

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Introduction

Suicide deaths in Northern Ireland are defined as deaths due to intentional self-harm as well as Events of Undetermined Intent. This is consistent with the UK National Statistics definition. A statistical review of Northern Ireland suicide figures since 2015 has been completed [1]. In 2022 there were tragically 203 registered deaths due to suicide (including self-inflicted injury and events of undetermined intent) in Northern Ireland compared with 237 in 2021[2]. Males accounted for almost three quarters of these deaths (156). The statistics underline the need for continued investment and delivery of Protect Life 2 and the Mental Health Strategy. Now this statistical review [1] has completed, further work will be undertaken to consider trends over this period since 2015 and review differential between most deprived and least deprived communities. Full implementation of all Protect Life 2 Strategy actions will be dependent upon further investment.

The following report is a summary of work in suicide prevention that has taken place across Northern Ireland during 2023/24 by a range of organisations. There is an acknowledgment that additional work delivered during this timeframe has not been included in this report.

[1] <u>Review of suicide statistics in Northern Ireland (nisra.gov.uk)</u> [2] <u>Annual report of the Registrar General 2022 (nisra.gov.uk)</u>

Objective 1 | Ensure a collaborative, coordinated cross departmental approach to suicide prevention

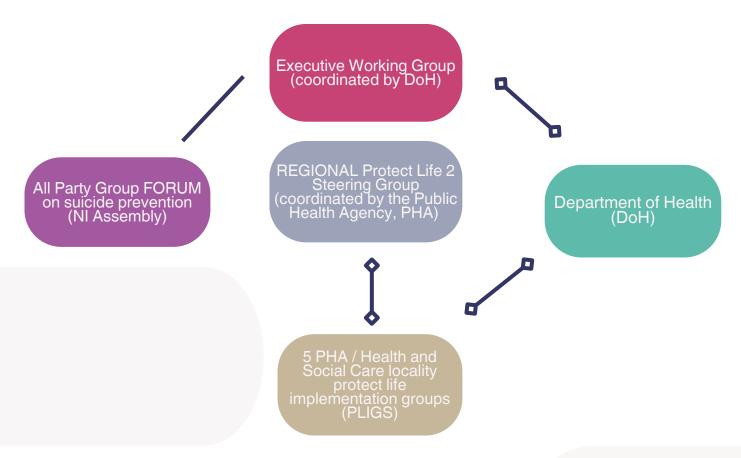
Introduction

Each and every death by suicide is a tragedy and has a life changing impact on family, friends and the wider community. Protect Life 2: A Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019 – 2024, which is extended to 2027, sets ambitions that will only be achieved by working together across government departments and with stakeholders from across society. It requires a sustained collaborative and coordinated response across government, statutory and community services, along with the various sectors of society at regional and local level. Working towards this collective response is the primary purpose of this strategy.

Partners

All Party Group Dept. for Communities Dept. of Education Dept. of Health Dept. for Infrastructure Dept. of Justice Education Authority Health and Social Care Trusts Northern Ireland Prison Service Public Health Agency Strategic Planning and Performance Group

Protect Life 2 implementation structure and governance



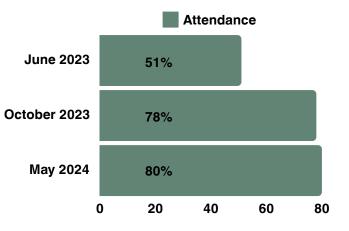
Protect Life 2 regional and local implementation groups

Cross departmental collaboration is a key element of Protect Life 2 which is supported through working arrangements and joint initiatives. Throughout 2023/24 the regional and local Protect Life steering groups met to progress strategic actions.

Implementation continued on a number of initiatives. Mental health and suicide awareness training programmes have been delivered within agencies to support both staff and those who use services.

During the 2023/24 financial year the regional Protect Life 2 steering group met on three occasions with high attendance from partners.

A further single item agenda meeting was held in January 2024 to discuss the review of the Protect Life 2 action plan.





During the 2023/24 financial year each of the local Protect Life implementation groups met regularly to progress actions.

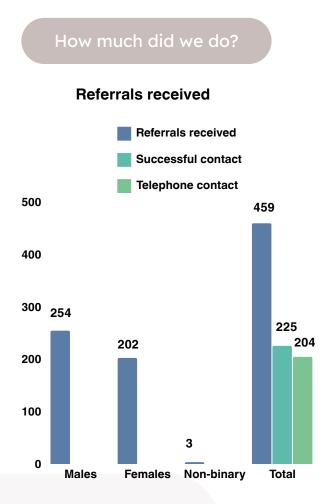
Groups have representation from all sectors, to include:

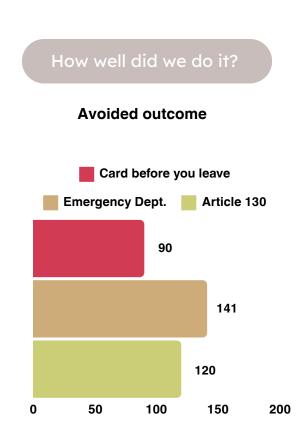
- Community and Voluntary sector
- Public Health Agency
- Health and Social Care Trusts
- Police Service of Northern Ireland
- Education/University
- Dept. for Communities
- GP Federations
- Local councils
- Lived experience representatives

Multi Agency Triage Team (MATT)

The Multi Agency Triage Team (MATT) is a crisis de-escalation service available for those experiencing an acute mental health crisis (aged 18 and older) who are in contact with emergency services by phoning 999 or 101. The team comprises of mental health professionals from Health and Social Care Trusts.

The project aims to successfully de-escalate the majority of people it sees and prevent them from having to go to Emergency Department/to receive a Card Before You Leave (CBYL) and/or be retained by Police Service of Northern Ireland under Article 130 of the Mental Health (NI) Order 1986.





Objective 2 | Improve awareness of suicide prevention and associated services

Introduction

Raising awareness and breaking down the taboo is important to make progress in preventing suicide. People need to know about the potential causes of suicidal behaviour, recognise the signs of such behaviour, know how to ask the right questions and deal with difficult conversations that may follow. It is important people are aware of what suicide prevention services exist and how to access those services. Low levels of engagement with mental health services by those who have died by suicide is concerning and highlights the need for greater public awareness about mental health, addressing stigma around disclosure of suicidal feelings, and encouraging helpseeking. It also highlights the importance of community crisis services for those experiencing situational crisis that may lead to suicidal thoughts and behaviours.

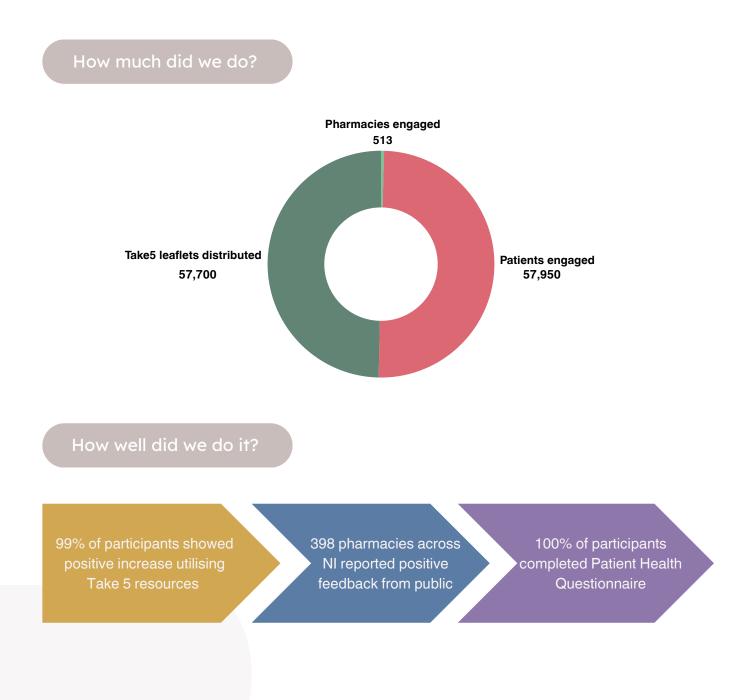
Public Health Agency commissioned services focus on promoting broader positive mental health, addressing stigma, and promoting help-seeking for those experiencing emotional or psychological difficulty.

Partners

Community and Voluntary sector Dept. for Communities Dept. of Health Health and Social Cares Trusts Public Health Agency Strategic Planning and Performance Group

Living Well Campaign

'Take 5 steps to wellbeing' community pharmacy Living Well campaign promoted key emotional wellbeing messages to local areas. The campaign encouraged people to think about their mental health and increased awareness that mental health, just like physical health, needs to be looked after and protected. Pharmacies were provided with campaign materials such as leaflets which were used to start conversations about the campaign with customers/patients.



Training

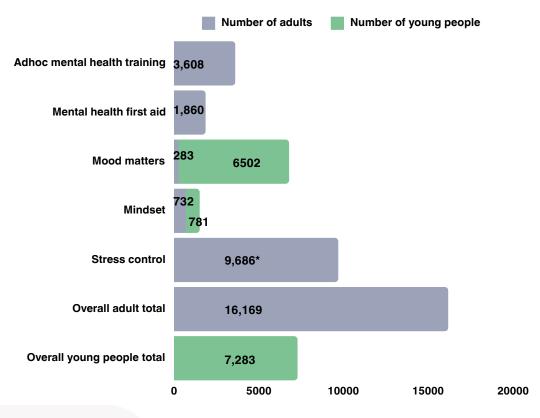
A range of training and education programmes are delivered across Northern Ireland.

Sessions aim to improve help seeking behaviour for individuals, help support others in need and raise awareness of where support can be accessed.

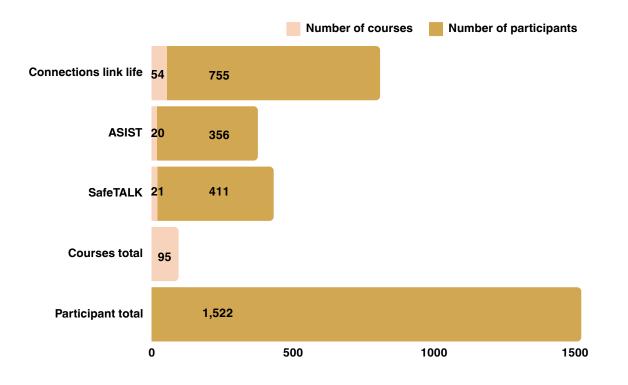


How much did we do?

Mental Health Awareness Training



*number of people watching a stress control session



Suicide Prevention Awareness and Skills Training

The Mental Health Lesson Plan

Police Service of Northern Ireland have a mental health lesson plan, as part of the probationers degree programme. This programme aims to increase awareness of mental health as a significant public health issue in Northern Ireland.

This training was developed to support officers responding to incidents where no crime has been committed, but where the individuals they come into contact with were experiencing a mental health or emotional crisis.

The online lesson incudes content provided by the Minister of Justice and the Mental Health Champion.

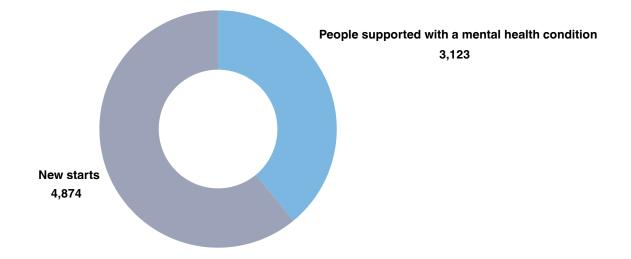
Mental health lessons delivered in probationers degree programme

Suicide awareness training and ASIST is mandatory for all student officers

Condition Management Programme

A range of projects aimed at promoting mental wellbeing, detecting and preventing suicidal intent across the social security claimant customer base have been delivered. These include the Condition Management Programme (CMP), *a work-focused, rehabilitation programme that provides collaborative, multi-disciplinary support, advice and information for customers in relation to their health condition, including mental health, helping customers progress towards, move into and stay in work.*

This voluntary programme is delivered by the Department for Communities in partnership with the five Health and Social Care Trusts within the Department of Health, and facilitated by healthcare professionals.



Mental Health First Aid Pilot Scheme

As part of a commitment to provide health and wellbeing support for staff, a Mental Health First Aiders (MHFA) pilot scheme was developed by the Department of Health (DoH).

The scheme had already been a resounding success in both the Child Maintenance Service and the Belfast Service Centre. The DoH are keen to replicate this scheme in different types of business areas to assess its value and review any adjustments required. 114 accredited MHFA's with a further 43 volunteers completing training

A MHFA is a point of contact to provide immediate support for colleagues experiencing mental ill health or in emotional distress

Mental Wellbeing at Work Advisory Service

The mental wellbeing at work advisory service within the Health and Safety Executive for Northern Ireland (HSENI) continues to offer webinars for employers and line managers on the HSE Management Standards, this is an assessment based approach to manage work-related stress. The group have developed a range of online resources for line managers and employees.

Since 2020 the 'Work Related Stress – Working from Home' advisory leaflet has been downloaded over 1,800 times from the HSENI website Since 2020 a resource for line managers entitled 'Talking Toolkit, Preventing work-related stress' has been downloaded 951 times from the HSENI website

'Our Generation' PEACE IV project

'Our Generation' a cross-border PEACE IV project, focused on the five urban village areas in Belfast, Derry/Londonderry and border counties. The project was launched in 2020 to develop and promote emotional resilience in children and young people between 6-24 years old and was match-funded by the Executive Office and the Department of Rural and Community Development in Dublin.

The project complemented existing community–led projects aimed at developing selfesteem, mental and physical wellbeing and encouraged more joined-up ways of working to reach those most in need.

<u>*********</u>

The programme concluded on 30 September 2023 and reached over 51,000 young people and adults across the five urban village areas and border counties in Ireland, exceeding its target of 36,000.

Farm Families Health Check Programme

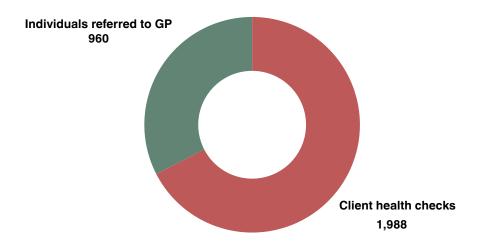
Farm families health check programme provides rural communities across Northern Ireland with a comprehensive physical and mental health screening service. Where health issues are detected a referral is made to a GP via a trained nurse to assess current health status and encourage solutions.

This service is delivered by Department of Agriculture, Environment and Rural Affairs in partnership with Public Health Agency and Health and Social Care Trusts.



The farm families health check programme has screened the physical and mental wellbeing of over 25,000 individuals since 2012.

In 2023/24 1,988 clients underwent health checks with 960 individuals asked to make contact with their GP for further investigation. This amounts to 48%, almost half of participants.



Objective 3 | Enhance responsible media reporting on suicide

Introduction

Media influences on suicidal behaviour are well established. The risk of media reporting influencing imitational suicidal behaviour significantly increases if details of suicidal methods are reported, if the story is placed prominently, or if coverage is sensationalised and/or extensive. Insensitive, sensationalist, and graphic reporting of suicide can contribute to the imitation of the act by others and causes great distress to those bereaved. On the other hand, media reporting can break down taboos, challenge stigma, identify sources of support, and encourage help-seeking. Further work is required in this area to support responsible approaches for the reporting of suicide.

Partners

Dept. of Health Public Health Agency Samaritans

ComKit.info website

The ComKit.info website was launched and promoted throughout 2023/24.

ComKit.info is an interactive platform designed to aide communication in the community at a time of heightened suicide concern.

The website includes information for the media to encourage responsible media reporting.





Objective 4 | Enhance community capacity to prevent and respond to suicidal behaviour within local communities

Introduction

Communities have a critical role in suicide prevention through the provision of social support to vulnerable people, engaging in follow up care and implementing suicide prevention programmes. Facilitating community engagement in suicide prevention is a key task and a range of initiatives are already supported within the community sector that focus on empowering, building resilience and promoting positive mental health and wellbeing. PHA also fund Suicide Prevention Officer posts who focuses on awareness raising and education; capacity building and resilience; partnership working and information management.

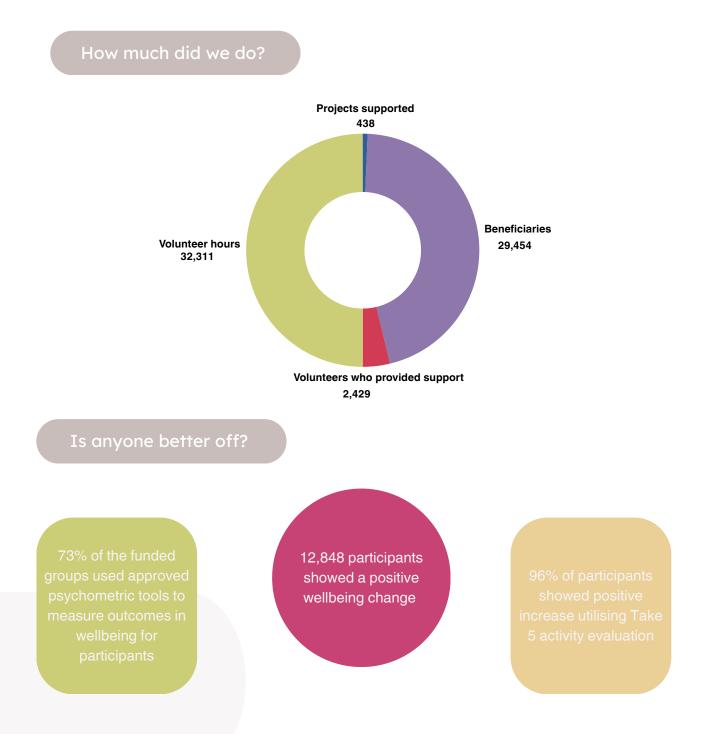
Partners

Chamber of Commerce Community and Voluntary sector Dept. for the Economy District Councils Education Authority Health and Safety Executive for NI Private sector companies Public Health Agency

Short term funding

CLEAR short-term funding

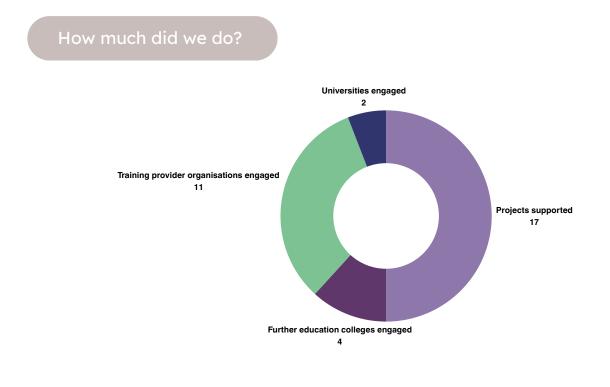
Making Life Better short term funding supported a range of projects which focused on improving mental health and emotional wellbeing. Short-term funding plays a vital role in supporting programmes within the community. This work can take a range of forms from self-help and life skills initiatives supporting those in need to giving groups the opportunity to develop and build their capacity to help others.



Mental Health Strategy Early Intervention and Prevention Student Grant Programme

Working with the Department for the Economy, the Public Health Agency administered a total of £160,000 of short-term funding to fund initiatives focused on improving the mental health and wellbeing of students and trainees across universities, further education colleges and training providers.

Applicants were encouraged to consider impact on both students and staff. Focus was placed not only on individual interventions and activities, but also initiatives which could support systemic change within teams or departments and enhance connections with the wider community.



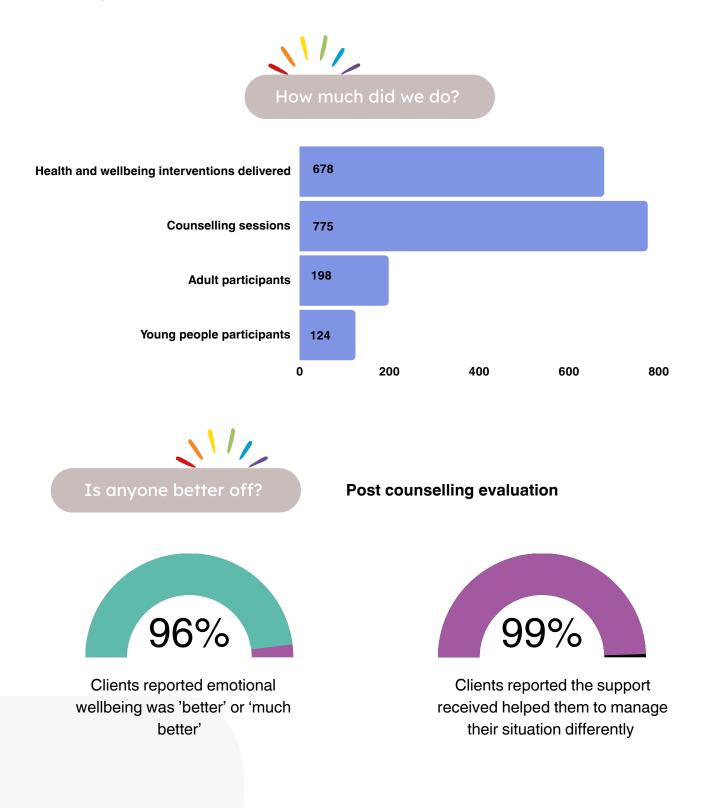
Is anyone better off?

Projects funded included enhanced training for staff, wellness days, one to one counselling services, awareness raising workshops, meaningful activities, connecting with nature trips, and resilience programmes and toolkits.

Project evaluations are underway in partnership with Department for the Economy.

LGBTQIA+

The Public Health Agency commission projects which deliver mental and emotional wellbeing support to LGBTQIA+ individuals across Northern Ireland.



Objective 5 | Reduce incidence of suicide amongst people under the care of mental health services

Introduction

People with mental illness are at increased risk of suicide. Effective assessment, diagnosis and treatment of mental disorders can reduce suicidal behaviour. Safe mental health services are also key - 55% of the people who die by suicide in Northern Ireland are known to mental health services [1]. There has been improvement within inpatient safety over recent years and there is now substantial scope for action in community mental health services to reduce the number of patients who take their own lives. Furthermore, the enhanced focus on the 'recovery' approach within broader mental health service delivery has clear links with suicide prevention policy. Where people at high risk of suicide are known to services, there is an opportunity to reduce that risk and improve patient safety.

Partners

Dept. of Health Health and Social Care Trusts Public Health Agency Strategic Planning and Performance Group

[1] National Confidential Inquiry into suicide and safety in mental health annual report 2022, supplementary data tables Northern Ireland patient data, 2009-2018

Towards Zero Suicide

Towards zero suicide patient safety collaborative works across the five Health and Social Care Trusts and Healthcare in Prisons to identify and implement evidencebased practice focused on suicide prevention work across mental health services and the prison population.

Regional quality improvement workstreams are supporting implementation of improved practice including safety planning, minimising restrictive practice, early post-discharge follow-up after inpatient care, workforce suicide prevention learning and development.

A towards zero suicide workforce learning plan was developed to increase access to suicide specific knowledge and skills across the adult mental health workforce.

How much did we do? All five HSC Trusts have completed self-assessments against the national confidential inquiry 10 safer services commendations developed Suicide prevention care pathway being launched late 2024 in each HSC Trust

Objective 6 | Restrict access to the means of suicide

Introduction

Restricting access to the means of suicide such as ligature points, high places, firearms, pesticides, and medicines is a proven method of reducing suicide; particularly for people known to be self-harming or vulnerable to suicidal thoughts. While it is challenging to identify effective approaches to reduce the incidence of suicide by hanging, there is potential for reducing certain means of suicide. Given that location is often important in suicide attempts, restriction of access to means can include restriction on media reporting in regard to means and location of individual suicides.

Partners

Community and Voluntary sector Dept. of Health Dept. for Infrastructure Dept. of Justice Health and Social Care Trusts Local councils Northern Ireland Court Service Northern Ireland Prison Service Police Service of Northern Ireland Public Health Agency Strategic Planning and Performance Group

Foyle Bridge and Westlink

The Department for Infrastructure (DfI) is focused on potential interventions at two high risk locations at the Foyle bridge and Westlink. The project aims to provide barriers to prevent access to bridge parapets.

How much did we do?

Foyle Bridge

Dfl continues to work as part of the cross departmental coordinated action group on crisis services and suicide prevention in Derry/Londonderry to identify funding for the assessment of enhanced parapet protection on the Fovle Bridge



Westlink

- Dfl is currently developing proposals for the Divis Street and Clifton Street bridges
- The proposals will incorporate planting to soften the appearance of the bridges
- Work is ongoing to finalise the design and secure funding

Objective 7 | Enhance initial reponse, care and recovery of people who are suicidal

Introduction

Crisis intervention and de-escalation for people in distress or despair saves lives. This is supported by follow-up care and safety planning supported by a range of partners across primary, secondary and community care including by third sector services in order to prevent suicide. Early identification of suicidal behaviour and ensuring appropriate intervention and signposting can reduce suicide rates. This can be achieved through gatekeeper training, and effective risk assessment.

Work across agencies has continued to enhance the initial response care and recovery of people who are suicidal. Significant community-based training has been delivered (pages 9-12) in line with the newly developed mental health and suicide prevention training framework and towards zero suicide continues to prioritise training of health and social care professionals.

Key services have contributed to the achievement of this objective including Lifeline (page 24), MATT (page 6) and SHIP (page 28) services.

Partners

Community and Voluntary sector Dept. of Health Health and Social Care Trusts Public Health Agency Strategic Planning and Performance Group Police Service of Northern Ireland

Lifeline crisis response service

Lifeline is Northern Ireland's crisis response helpline. Lifeline is available 24 hours a day, every day of the year. Calls are free from landlines and mobile numbers. All calls are answered by trained counsellors.

Lifeline counsellors focus on de-escalation of those in crisis and providing immediate help and support. Follow-on support is available including safety check-ins and support calls. With consent, Lifeline will signpost and refer to other services which can best meet the individual's needs.

Call demand **Clients supported** Missed calls 2.594 3000 2500 Active calls 2000 2,601 42,008 1500 2,241 Calls total 58,454 1000 500 0 New clients Returning clients Inactive calls 13,852 **Client referrals** 299 Referred to other services 881 Signposted to other services 983 Referred to Lifeline for community counselling 2,163 **Overall total** 0 500 1000 1500 2000 2500

Where suitable, Lifeline may also offer an individual short-term counselling.

Objective 8 | Enhance services for people who self-harm particularly for those who do so repeatedly

Introduction

Self-harm is any non-accidental behaviour that causes or could cause harm to a person. Often the person self harming does so as a way of coping with difficult feelings. Self-harm increases the risk of suicide, in particular repeat self-harm is a significant risk factor for suicide as well as being a public health issue in its own right. Early identification of people who self-harm and provision of support to help them come to terms with the underlying problems and finding other ways of coping, is important in reducing suicide. Presentation at hospital emergency departments due to self-harm or emotional crisis provides an opportunity to intervene and connect those at risk with appropriate services.

A multi-agency and cross policy response is required to enhance services for people who self-harm. This was recognised in Action 27 of the Mental Health Strategy 'Create a regional mental health crisis service that is fully integrated in mental health services' and which will provide help and support for persons in mental health or suicide crisis. Many partners working on the implementation of PL2 are also influencing the development of the regional mental health service.

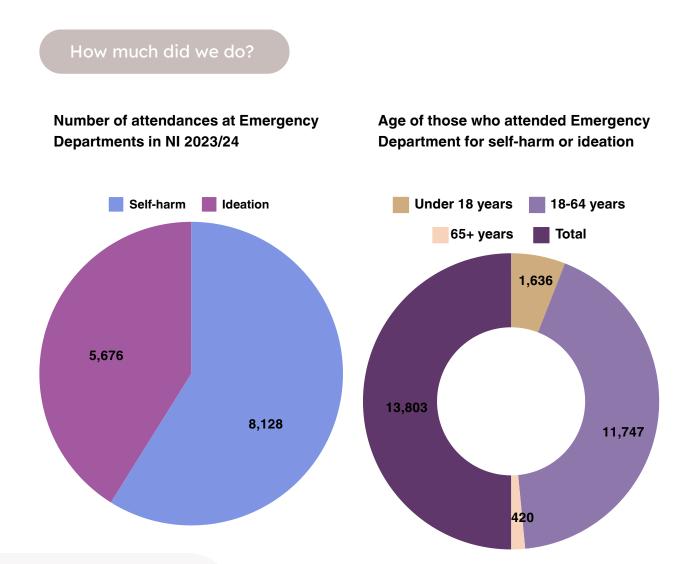
Partners

Community and Voluntary sector Dept. of Health Health and Social Care Trusts Public Health Agency Strategic Planning and Performance Group

NI Self-harm Registry

The Self-harm Registry has been in place across all acute hospitals in Northern Ireland since 2012. The registry collects data on self-harm presentation and also records hospital attendances with ideation (thoughts of self-harm and suicide).

Since the Registry was introduced, a range of new interventions and service improvements have been implemented aiming to address this issue. The Registry has also enabled local research to be undertaken.



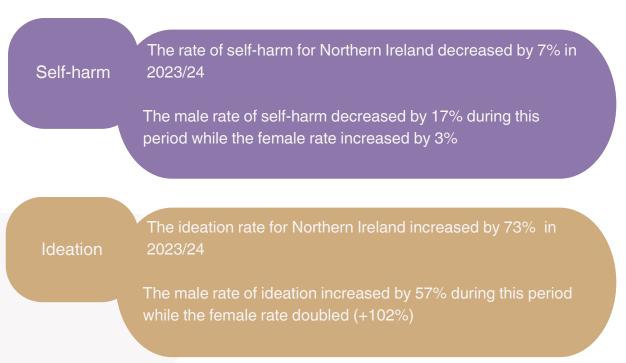
NI Self-harm Registry

How well did we do?

Highest rate of self-harm was observed among 15-19 year old females and among 20-24 year old males, with rates of 1,138 per 100,000 and 748 per 100,000 respectively NI Self-harm Registry observed Overall agestandardised rate of selfharm for NI was 310 per 100,000. The male rate was 280 per 100,000 and the female rate was 343 per 100,000

Overall age-standardised rate of ideation for NI was 221 per 100,000. The male rate was 261 per 100,000 and the female rate was 184 per 100,000 Highest ideation rate was observed among 25-29 year old males with a rate of 599 per 100,000. Among females, the highest rate occurred in the 20-24 year old age group at 491 per 100,000

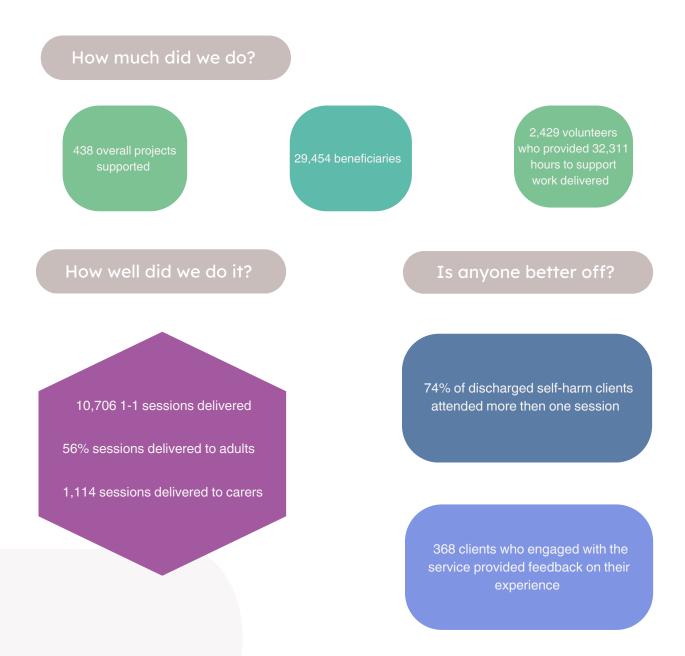
Is anyone better off



Self-harm Intervention Programme (SHIP)

The SHIP service is offered to people aged over 11 years who have engaged in selfharm either currently or who have a history of self-harm. Referrals are accepted from Trust mental health professionals or mental health professionals within primary care teams.

The SHIP providers work with the person who self-harms to identify the problems causing distress or leading to self-harm and support individuals to develop alternative coping mechanisms. The service also offers support to family/carers.



Objective 9 | Ensure the provision of effective support for those who are exposed to suicide or suicidal behaviour

Introduction

This objective relates to those bereaved by suicide, those (whether in a professional or voluntary capacity) who have been supporting someone who was suicidal, and those caring for a relative or friend who is suicidal. Bereavement through suicide has a lifealtering and potentially destructive impact on bereaved family and friends leaving them highly vulnerable to trauma, risk of family breakdown, poor mental health, emotional problems and suicidal behaviours. Up to half of those bereaved through suicide experience moderate to chronic trauma in the initial years. Support is often essential to help the grieving process, prevent longer term emotional distress, and promote healing. It also serves as a vehicle to reduce risk of further suicide.

The type of support and how long it will be needed for varies from person to person. Support is provided for persons bereaved by suicide through each of the Health and Social Care Trusts. Suicide surveillance is used to determine if additional supports are needed following a suicide. This may include the activation of multi-agency response plans to help support communities and those impacted by the death.

Partners

Community and Voluntary sector Dept. of Education Dept. of Health Health and Social Care Trusts Northern Ireland Prison Service Police Service of Northern Ireland Public Health Agency Strategic Planning and Performance Group

The sudden death process

The sudden death process in Northern Ireland allows police officers to identify (with permission) individuals who may require support. This information is shared with the relevant Health and Social Care Trust who will contact the individual.

How much did we do

Monthly Cross checks between PHA/TRUSTs to ensure all SD1 forms have been received and support is offered

Timely support offered Robust process in place between PHA/Trusts and PSNI to ensure accurate real-time collation of information on probable suicides

Processes in place to identify emerging suicide clusters to act promptly All Trust areas have multiagency Community Response Plans in place

Family Voices Forum

Families Voices Forum represent those people who have been bereaved by suicide. It presents an opportunity for people who have lost love ones by suicide to directly engage with Government and other decision makers.

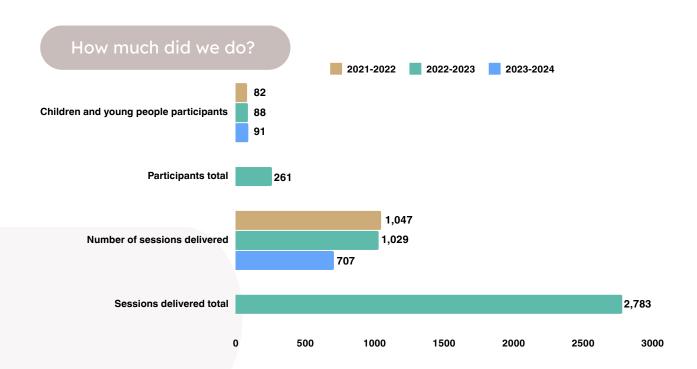
With their knowledge and experience, they focus on critical areas that will bring about the greatest improvement and change in services and hope for those bereaved by suicide. How much did we do?

22 partnership meetings 11 active core forum members 81 active wider members 5 community events



Bereaved by suicide

Bereaved by suicide service provides support and advice to individuals bereaved by suicide. This service offers one-to-one interventions, local support group provision and raises local awareness.



Public Health Agency Quality Standards

Public Health Agency Quality Standards promote standards to a variety of organisations across NI. Standards are designed to encourage and support improved services.

How much did we do?

Four workshops held in 2023/24, with 61 participants. Workshops focused on promoting the standards with participants encouraged to review the online standards portal and start their self-assessment

340 organisations have registered to start/complete their self-assessments

To date 25 independent assessments have been carried out. Each organisation has received a completed report and recommendations for improvement

Objective 10 | Strengthen the local evidence on suicide patterns, trends and risk, and no effective interventions to prevent suicide and self-harm

Introduction

In order to accurately monitor trends in suicide and self-harm, improve insight into risk factors, and enhance understanding of interventions that prevent suicide and self-harm, it is essential to have good quality information obtained through systematic data collection. Improved recognition and understanding of clinical, psychological, sociological, and biological influences on suicidal behaviour can help in the detection of high-risk individuals and in treatment. Research provides the evidence base for effective interventions.

There are a number of sources for accessing information on suicide and self-harm. These include the Self-harm Registry, NISRA / General Registry Office death statistics, Sudden Death Notification process, National Confidential Inquiry, Child Death Inquiry, Coroner's records, and the HSC adverse incident report system. There is a need to collect and interpret data on deaths by suicide in a more systematic and integrated way to enhance our understanding of suicide and suicide prevention in Northern Ireland.

Partners

Dept. of Finance Dept. of Health Public Health Agency Ulster University Queens University Belfast

Dept. of Finance Review of suicide statistics

The Northern Ireland Statistics and Research Agency (NISRA) and Coroner's Service for Northern Ireland (CSNI) have finalised work in relation to the 2015-2020 review of cases previously assigned to the sub-category 'undetermined intent' which forms part of the official suicide definition. On 30 November 2022 NISRA published Finalised Suicide Statistics in Northern Ireland, 2015 – 2021 [1] which included the full reviewed period of 2015-2020 for the first time. This followed a publication in Review of suicide statistics in Northern Ireland May 2022 [2] which covered the period of 2018-2020 only.

How well did we do?

542 registered deaths previously classed as being of 'undetermined intent' were re-assessed by the Coroner Service for NI 78.4% (425) of these deaths were reclassified as 'accidental' or 'natural' and thus moved out of the official suicide definition

The overall effect of the review was to reduce the total number of registered suicides over the period 2015-2020 by 25.1%

1] Review of Suicide Deaths in Northern Ireland 2022 (nisra.gov.uk) 2] Review of suicide statistics in NI May 2022 (nisra.gov.uk)





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