



## **COMMISSION FOR VICTIMS AND SURVIVORS RESPONSE TO PROTECT LIFE 2 – A DRAFT STRATEGY FOR SUICIDE PREVENTION IN THE NORTH OF IRELAND**

The Commission for Victims and Survivors for Northern Ireland (the Commission) was established in June 2008 under the Victims and Survivors (Northern Ireland) Order 2006, as amended by the Commission for Victims and Survivors Act (2008).

The Commission is a Non-Departmental Public Body of the Executive Office. The principal aim of the Commission is to promote awareness of the interests of victims and survivors of the conflict. It has a number of statutory duties that include:

- Promoting an awareness of matters relating to the interests of victims and survivors and of the need to safeguard those interests;
- Keeping under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors;
- Keeping under review the adequacy and effectiveness of services provided for the victims and survivors by bodies or persons;
- Advising the Secretary of State, the Executive Committee of the Assembly and any Body or person providing services for victims and survivors on matters concerning the interests of victims and survivors;
- Ensuring that the views of victims and survivors are sought concerning the exercise of the Commission's functions; and
- Making arrangements for a forum for consultation and discussion with victims and survivors.<sup>1</sup>

1. The Commission welcomes the opportunity to provide a consultation response relating to Protect Life 2 – a draft Strategy for Suicide Prevention in the North of Ireland. Reviewing Protect Life ten years after its launch in 2006 provides an important opportunity for all stakeholders to reflect upon the strategic and operational work to reduce the consistently high suicide rates in this jurisdiction.
2. In recent years, the Commission and the Victims and Survivors Forum have considered the complex link between the intergenerational impact of the Troubles/Conflict and suicide in Northern Ireland. In 2015 the Commission, in partnership with Ulster University produced the research report entitled,

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<sup>1</sup> The functions of the Commission relate to those set out in the Victims and Survivors (Northern Ireland) Order 2006 as amended by the Commission for Victims and Survivors Act (Northern Ireland) 2008.

Towards a Better Future: The Trans-generational Impact of the Troubles on Mental Health. Building on a number of other key studies investigating the link between the conflict's legacy and suicide, Towards a Better Future deepens understanding of how the Troubles and legacy issues may be connected to deaths by suicide.

3. Rather than respond specifically to the questions contained in the consultation document it is more appropriate for the Commission to provide a number of direct comments on the draft consultation document itself and the current environment in which the new revised strategy will be implemented.
4. When we consider the increase in the number of recorded suicides in this region in the past decade and the consistently high figures in recent years, suicide remains one of the most serious public health issues confronting government and wider society in Northern Ireland. In 2013, 303 suicides (and undetermined deaths) were registered in Northern Ireland compared to 144 deaths recorded a decade earlier. Last year (2015) recorded 318 deaths by suicide which represented the highest recorded figure since records began in 1970. Further, the scale of the issue in this jurisdiction is amplified when we consider that almost as many people have died by suicide in Northern Ireland since 1998 as lost their lives during the period of the Troubles/Conflict.<sup>2</sup>
5. At the outset, the Commission is pleased that the Minister for Health within the draft Protect Life 2 strategy formally acknowledges the ongoing impact of the conflict's legacy as a unique risk factor for suicide and self-harm in this region. Further, given the limited reference to the impact of the conflict's legacy on escalating suicide rates in the original Protect Life strategy in 2006, this draft consultation document should be commended on recognising 'victims of the conflict' as a priority population group.
6. Generations of our local population endured an intense civil conflict over a 30-year period resulting in over 3,700 fatalities and leaving approximately 40,000 individuals with conflict-related injuries. Towards a Better Future revealed that around 15% or 213,000 adults in Northern Ireland have developed mental health difficulties linked to their conflict related experiences. Further, earlier Commission research<sup>3</sup> estimated that approximately 18,000 individuals met the criteria for Troubles-related Posttraumatic Stress Disorder (PTSD) and

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<sup>2</sup> The Detail (2014) *Suicide kill as many as the Troubles*, 10 February. Article can be accessed electronically at: <http://bit.ly/2fmn9JP>

<sup>3</sup> CVSNI (2011) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, Commission for Victims and Survivors.

associated with a high prevalence of related conditions including clinical depression, self-harm and substance dependency.

7. Given the significant burden of conflict-related psychological and physical injury over a number of generations it is clear that the conflict's legacy has created a unique set of challenges affecting the lives of many individuals, families and communities throughout this region. Understanding the relationship between the trans-generational impact of the Troubles/Conflict and the rising rates of suicide in Northern Ireland was an important element of the Towards a Better Future study. The report highlighted how traumatic exposure to the Troubles/Conflict may be connected to deaths by suicide through a number of pathways. These included the presence of alcohol and drug misuse in toxicology profiles of individuals who had died by suicide where in many cases substances were used as a means of coping with conflict-related psychological and/or physical distress.
8. Towards a Better Future also noted that major life experiences prior to suicide including relationship breakdowns, unemployment, financial difficulties and health diagnoses may all be indirectly linked to traumatic conflict-related experiences. Related to this and of most concern is the high prevalence of conflict-related mental health disorders among individuals and families including those whose needs remain unmet / undiagnosed. This is a particularly important issue for victims of the Conflict/Troubles given the draft Strategy's reference to the fact that '72% of people who have died by suicide [in NI] had not been in contact with mental health services in the 12 months prior to their death.'<sup>4</sup>
9. The draft consultation document reaffirms how suicide is 'the result of highly complex interactions among various risk factors and protective influences which vary from one individual to another.'<sup>5</sup> Equally, understanding the intergenerational impact of the Troubles/Conflict on elevated suicide rates in Northern Ireland is often complex and multidimensional. Commenting on the potential scale, complex and enduring nature of the impact of the conflict's legacy on individuals and society in Northern Ireland Tomlinson referred previously to a 'trauma narrative'. This narrative links in with our growing understanding of the trans-generational impact of the Troubles/Conflict which is felt beyond individuals and families directly affected to wider societal structures and institutions. At an individual and family level, a cohort of young people growing up in Northern Ireland are affected by the transmission of

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<sup>4</sup> Department of Health (2016) *Protect Life 2: a draft strategy for suicide prevention in the north of Ireland*. DoH: 61.

<sup>5</sup> Department of Health (2016) *Protect Life 2: a draft strategy for suicide prevention in the north of Ireland*. DoH: 28.

prejudiced attitudes, values and beliefs as well being affected by the conflict-related mental health problems of their parents. Moreover, among this cohort of parents themselves, who were effectively the children and young people of the Troubles, Tomlinson has highlighted that they are linked with some of the highest and most rapidly increasing rates of suicide.<sup>6</sup>

10. Closely linked with the intergenerational impact of conflict-related parental mental ill-health including suicidal behaviour is the need to recognise the psychosocial challenges for many individuals and families as our society continues to transition from a significant period of conflict. In addition to growing up in a society where key areas of our public services, including social housing and education as well as communities worst affected by the conflict remain heavily segregated, legacy issues generate a significant stressor effect on many individuals and families throughout Northern Ireland. For example, a particularly challenging and potentially distressing experience for families living with the legacy of the Troubles are linked to their engagement in ongoing historical investigation and information recovery processes. All families wish to find out more about the circumstances surrounding the death of their loved one(s). This can result in families experiencing a range of both positive and negative emotions that can be a source of comfort and reassurance but also frustration and at times anger where they feel let down by the system.
11. Another enduring conflict legacy issue is ongoing paramilitary activity that continues to cause many families throughout Northern Ireland significant harm and distress. Since the ceasefire scores of individuals and their families have been victims of bereavement and physical and psychological injury linked to loyalist and dissident republican paramilitary activity. As an enduring conflict legacy issue paramilitarism can be viewed as a significant factor perpetuating the trans-generational impact of the Troubles, with serious consequences on mental and physical health. In addition to the routine orchestration of paramilitary style attacks including on children and young people, attacks on security force personnel coupled with high levels of gun and bomb attacks reinforces a sense of insecurity and anxiety among many victims and survivors.
12. Reflecting on the complex and multidimensional nature of the trans-generational impact of the conflict and its enduring legacy on mental health including suicide in Northern Ireland, Towards a Better Future provides practical recommendations that could inform the future implementation of Protect Life. The Report concluded that the mental health legacy of the Troubles cannot be effectively addressed in isolation but requires a longer term strategic plan. The

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<sup>6</sup> Tomlinson, M. (2012) 'War, Peace and suicide: The case of Northern Ireland', *International Sociology*, 16 May.

plan would include focussing on providing timely and effective access to evidence-based trauma-focussed treatment and support services and recognising and tackling outstanding legacy issues including their continued impact on children and young people. Employing this coordinated approach providing individualised treatment and the full resources of government departments tackling legacy issues including paramilitarism, sectarianism and segregation is required to address the trans-generational impact of conflict-legacy issues.

13. The establishment of a new Mental Trauma Service as referenced in the consultation document represents a good example of the type of service framework based on cross-departmental cooperation. The Mental Trauma Service is currently developing with ongoing discussions being held between the Department of Health, The Executive Office, the Victims and Survivors Services and the Commission for Victims and Survivors. Forming a new trauma-focussed network of statutory and non-statutory based services, the Mental Trauma Service should represent an important resource supporting post-traumatic recovery and growth which includes preventing suicide. Drawing on the support and experience of community-based service providers receiving funding from the victims sector, the Mental Trauma Service can provide access to a range of health and wellbeing services that can improve psychological outcomes for individuals and families throughout Northern Ireland. Regular liaison between key personnel linked with the Mental Trauma Service and the Ministerial Coordination Group for Suicide Prevention should ensure that the Mental Trauma Service continues to support the implementation of Protect Life in the years ahead.
  
14. The Commission recognises the importance attached to the ongoing monitoring and evaluation of practice and sharing of data to support effective service provision under Protect Life. Clearly, significant evaluation of the existing Strategy and review of local, national and international research on suicide prevention and intervention and providing postvention support will inform Protect Life 2. Building on this work and ensuring the Strategy delivers measurable improvements in the lives of individuals and families affected by suicide and self-harm a supportive culture engendering the routine collection and sharing of service user data should be maintained. This will involve the ongoing development of an effective monitoring and evaluation system routinely collecting standardised mental wellbeing and emotional resilience data across all funded service providers. Having access to a set of anonymised service user data using validated measurement tools including awareness of community-based service provision, psychological therapy outcome data and bereavement support will enhance future service planning and development.

15. This response to the Protect Life 2 consultation has sought to highlight a number of pertinent points to ensure that the regional suicide and self-harm prevention strategy in Northern Ireland responds to the needs of victims of the conflict who may be feeling suicidal as a result of their conflict-related experiences. The Commission's Towards a Better Future research highlights the need for suicide prevention services to recognise and appropriately respond to the unique and complex link between exposure to conflict-related trauma and suicide. Equally, there needs to be continued understanding and effective cross-government and cross-sectoral responses to the impact of enduring conflict-legacy issues on victims' mental health and their enhanced risk of suicide. The Commission will continue to monitor the development and implementation of Protect Life 2 and work collaboratively with strategic and operational stakeholders to ensure the strategy supports individuals and families in the years ahead.

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