

Review of Actions Underpinning the Protect Life 2 Strategy

1.

Protect Life 2 is Northern Ireland's strategy for the prevention of suicide and self-harm, launched in 2019. Protect Life 2 (health-ni.gov.uk)

The Department of Health Permanent Secretary, Peter May, extended the Protect Life 2 Strategy (2019) for a further three years to the end of 2027 at this stage. This will be reviewed by an incoming Minister with the potential for an additional extension to 2029. This decision was taken given challenges in implementing Protect Life 2 against a difficult financial situation and delays due to the necessary response to the COVID-19 pandemic.

As part of the Strategy extension, the Department agreed to undertake a **Review of the Protect Life 2 Action Plan** to inform the future Action Plan and implementation. The aims and objectives of the Protect Life 2 Strategy are not being reviewed and will not change at this point.

Your experience and feedback is critical for the Review of the Protect Life 2 Action Plan. We will seek feedback in two stages. The first stage is this questionnaire. The second stage will be a series of face-to-face workshops in February 2024. At these workshops we will present the initial analysis of this survey and seek more in-depth feedback from you.

The Action Plan for the Protect Life 2 Strategy contains 10 Objectives and a total of 45 Actions to progress these Objectives. The Action Plan was developed to align with 10 key principles. We have designed this questionnaire to seek your views on how well the current Actions align to the key principles; if the Actions are progressing the Objectives of the Strategy; if they remain relevant; and, if and what are the gaps in Actions to fully delivery Protect Life 2 objectives.

It is a necessarily lengthy questionnaire so we would ask that you set aside time to complete. We have included free text boxes for you to elaborate and provide more information.

1. Can you please confirm in what capacity you are responding (please tick all that apply)

*

- Service User
- Carer
- Member of the Public

X Professional Staff Members

(on behalf of organisation - Royal College of Psychiatrists NI)

2. Principles

Protect Life 2 actions are informed by a set of agreed principles that are presented on page 12 of the Strategy.

Can you tell us how well you think the Action Plan is informed by each of the 10 agreed principles?

(If you have specific points for any particular action, please note this in the relevant comment box)

2. Principle 1: Be evidence-based where possible, achieve measurable outcomes and be fully evaluated.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

3. Principle 2: Be collaborative with public / private sector organisations, academia, professional bodies, service users, carers, voluntary & community agencies, and groups representing bereaved families.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
X	<input type="checkbox"/>				

Comment:

4. Principle 3: Be co-ordinated across government.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
X	<input type="checkbox"/>				

Comment:

5. Principle 4: Be informed through engagement and learning from suicide prevention approaches in other jurisdictions, especially those that have achieved reduction in suicide rates.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Research and Data mentioned is only local - and there seems to be little evidence of attention being given towards achieving learning from other Jurisdictions as to what worked or did not work.

6. Principle 5: Contribute to reducing inequalities.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

There is no mention of the vulnerabilities of certain groups and there is not enough emphasis on localities in which suicide rates are high. Examples which require attention are the high rates of suicide among Prisoners, within the Farming Community, within extended vulnerable families who have experienced more than one suicide – as well as the role of isolation in rural areas and the role of inner-city deprivation.

7. Principle 6: Be person centred and informed by those with lived experience of suicide and self-harm.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Whilst Service Users and Carers have significant representation on the Protect Life 2 Groups, this presence does not seem to have been translated across into the objectives.

8. Principle 7: Where appropriate, action will be tailored to the diverse needs of different sub-populations at greater risk of suicide in terms of age, gender, ethnicity, social class, sexual orientation, location, physical and mental health, and occupation.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

There is a lack of specificity. For an Action Plan, we would expect to see detail on what is being planned for this particular group or that particular group. Principles need tailored to each group mentioned and to the NI context as well.

9. Principle 8: Promote sustainable funding for suicide prevention.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>

Comment:

10. Principle 9: Be aware that measures to address the wider determinants of mental health and wellbeing also contribute to reducing suicide.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
X	<input type="checkbox"/>				

Comment:

11. Principle 10: Build on existing strengths such as strong community engagement.

Always	Usually	Sometimes	Rarely	Never	Don't Know/Unsure
<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

3. Actions Underpinning Objective One

Objective One: Ensure a collaborative, coordinated cross departmental approach to suicide prevention

Underpinning Actions

1.1 Support the Ministerial Co-ordination Group on Suicide Prevention to link suicide and self-harm risk prevention to strategic activity across Government

1.2 Work with the All Party Group on Suicide Prevention to build further societal commitment to reduce suicide and self-harm.

1.3 Promote UK-wide & North / South cooperation on suicide prevention.

1.4 Develop a joined up framework across government to support the wellbeing of children and young people in educational settings and beyond. This will include the development and implementation of policies and guidance which promote emotional resilience in educational settings.

1.5 Promote mental health & wellbeing through arts, culture, leisure, libraries and sport.

1.6 Implement suicide prevention and self-harm elements of the Improving Health within Criminal Justice Strategy.

12. How effectively do you think the stated actions support progress of Objective One?

- Extremely effectively
- Very effectively
- Somewhat effectively
- Not so effectively**
- Not at all effectively

Further Comment and Explanation:

The NI Assembly is not functioning and we are not aware of cross jurisdictional work. The All-Party Groups tend not to co-work either, but often operate in silos.

1.5 needs an evidence base to support it and give it real value in this context.

There have been cuts to Leisure Centres and Social Prescribing post pandemic.

The non-Health budget is not protected and funding for valuable services in libraries, arts, culture, leisure and sports has been lost.

13. Are there other new actions that you think could be included in support of Objective One?

There is a need to look at the experience of other countries – eg Scandinavian countries.

There needs to be better linkage between this and initiatives on alcohol, substance use, minimum unit pricing, gambling etc – and in particular the effects of all of these and their influence on the incidence of Suicide. Links are also required between this and Anti-Poverty Strategies/Work, given the association of Suicide with deprivation.

14. Are there any of the current actions underpinning Objective One that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
1.1	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
1.4	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
1.6	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answer:

1.3: Add the words: & *international learning*

1.5 is not a specific Suicide Prevention issue and whilst wellbeing is easy to promote and may attract funding, is it preventing actual deaths? We therefore suggest changing the words “mental health & wellbeing” to “reduction of social isolation and improvement to social cohesion and connections”

15. Do you think that the actions underpinning Objective One are being progressed comprehensively?

	Yes	Partially	No	Don't know/Unsure
1.1 Support the Ministerial Co-ordination Group on Suicide Prevention to link suicide and self-harm risk prevention to strategic activity across Government	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>

	Yes	Partially	No	Don't know/Unsure
1.2 Work with the All Party Group on Suicide Prevention to build further societal commitment to reduce suicide and self-harm.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Promote UK-wide & North / South cooperation on suicide prevention.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
1.4 Develop a joined up framework across government to support the wellbeing of children and young people in educational settings and beyond. This will include the development and implementation of policies and guidance which promote emotional resilience in educational settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
1.5 Promote mental health & wellbeing through arts, culture, leisure, libraries and sport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
1.6 Implement suicide prevention and self-harm elements of the Improving Health within Criminal Justice Strategy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

What are some of the constraints to implementing these actions?

Absence of NI Assembly - and silo working even when Assembly was functioning, was still a big impediment.

4. Actions Underpinning Objective Two

Objective Two: Improve awareness of suicide prevention and associated services

Underpinning Actions

2.1 Develop and deliver public education programmes: to increase awareness of the signs and symptoms of emotional distress and of the appropriate response; to reduce stigma around mental illness; and to encourage help-seeking behaviour.

2.2 Promote awareness of available support, including de-escalation and bereavement services.

2.3 Promote positive use of the internet & social media in relation to suicide prevention & self-harm reduction

16. How effectively do you think the stated actions support progress of Objective Two?

- Extremely effectively
- Very effectively
- Somewhat effectively**
- Not so effectively
- Not at all effectively

Further Comment and Explanation:

Further work on 2.3 *locally* would be welcome.

17. Are there other new actions that you think could be included in support of Objective Two?

Deliver more specific raising of awareness of the risk factors for Suicide - ie Substance Use, Alcohol, Gambling – and of the things which may prevent Suicide - and of the support available to people who are known to be triggered by certain things/events.

Promote awareness of prevention and support in a less generic and much more specific way.

Deliver the support being there at sufficient scale for those who need it, once their awareness of it has been raised.

18. Are there any of the current actions underpinning Objective Two that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
2.1	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
2.2	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answer:

2.1: Deliver and adapt for the local population, the already developed programmes. Make use of what we have. There is no need to reinvent the wheel, as the saying goes. Do not start from scratch, but *localise* better what we already have.

2.3: *Locally* promote by placing a NI emphasis on it.

19. Do you think that the actions underpinning Objective Two are being progressed comprehensively?

	Yes	Partially	No	Don't know/Unsure
2.1 Develop and deliver public education programmes: to increase awareness of the signs and symptoms of emotional distress and of the appropriate response; to reduce stigma around mental illness; and to encourage help-seeking behaviour.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Promote awareness of available support, including de-escalation and bereavement services.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Promote positive use of the internet & social media in relation to suicide prevention & self-harm reduction.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

What are some of the constraints to implementing these actions?

Absence of NI Assembly, NI legislative limitations in terms of internet and social media - and better cohesion is needed between the DoH and PHA.

5. Actions Underpinning Objective Three

Objective Three: Enhance responsible media reporting on suicide

Underpinning Actions

- 3.1 Promote use of, and compliance with, media guidelines on the reporting of suicide; review & update guidelines as necessary.
- 3.2 Monitor media reporting and challenge inappropriate reporting.
- 3.3 Promote best practice guidelines on memorials/ public gatherings/ social media postings.
- 3.4 Ensure that Northern Ireland is part of the UK-wide arrangements to promote & encourage sensitive reporting of suicide online and in social media, and for making the internet safer for those who are vulnerable to suicide.

20. How effectively do you think the stated actions support progress of Objective Three?

- Extremely effectively
- Very effectively**
- Somewhat effectively
- Not so effectively
- Not at all effectively

Further Comment and Explanation::

Education work is required to be done with families, as to how, in practical terms, they could go about raising a concern around challenging inappropriate reporting.

It is not clear who is doing the monitoring mentioned at 3.2.

There is a lot of concern around the lack of control on the online reporting. Moderation is slow and clunky and Companies need to be encouraged to take a more rapid and proactive approach to setting algorithms in an effort to prevention *in advance* of complaints *as well as* in an effort to reaction to complaints once made.

21. Are there other new actions that you think could be included in support of Objective Three?

C & V Groups need to observe the media guidance in their PR work and realise that such work also constitutes media work.

Work is needed around education in the appropriate use of language – eg avoidance of the word “commit” in the suicide context.

Media, Governing and Regulatory bodies would need ongoing training in the relevant Mental Health issues around Suicide, say every 3 years - and not just one-off training.

Journalism and Emergency Services training courses should all include Mental Health coursework – given what they may witness. This should also be offered to all the known high-risk professions and workers.

22. Are there any of the current actions underpinning Objective Three that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
3.1	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answer:

23. Do you think that the actions underpinning Objective Three are being progressed comprehensively?

	Yes	Partially	No	Don't Know/Unsure
3.1 Promote use of, and compliance with, media guidelines on the reporting of suicide; review & update guidelines as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
3.2 Monitor media reporting and challenge inappropriate reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
3.3 Promote best practice guidelines on memorials/ public gatherings/ social media postings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

	Yes	Partially	No	Don't Know/Unsure
3.4 Ensure that Northern Ireland is part of the UK-wide arrangements to promote & encourage sensitive reporting of suicide online and in social media, and for making the internet safer for those who are vulnerable to suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

What are some of the constraints to implementing these actions?

There are limitations as to what can be done locally around the Social media aspect.

Identifying and clarifying responsibilities and relevant implementation, thereafter, can all be difficult.

It is unclear what processes are in place to monitor these actions.

6. Actions Underpinning Objective Four

Objective Four: Enhance community capacity to prevent and respond to suicidal behaviour within local communities

Underpinning Actions

- 4.1 Support, encourage and procure community-based suicide prevention services.
- 4.2 Ensure effective co-ordination with Council community planning on suicide prevention by embedding suicide prevention in all District Council "Community Plans".
- 4.3 Deliver a multi-sectoral training framework in suicide intervention for people working in the community.
- 4.4 Provide practical support to employers on mentally healthy workplaces and supporting employees experiencing emotional crisis.
- 4.5 Encourage universities, colleges, schools and training organisations to promote a culture of help-seeking behaviour and suicide prevention awareness among their students and trainees.

24. How effectively do you think the stated actions support progress of Objective Four?

- Extremely effectively
- Very effectively
- Somewhat effectively**
- Not so effectively
- Not at all effectively

Further Comment and Explanation:

There needs to be a focus post Covid on those who worked in, for example, Health and Social Care settings during the pandemic, who may have suffered psychological /moral injury. How is this being monitored, managed or dealt with? - would be the question to ask here.

There needs to be linkage by Employers between the actions of their HR Departments and their ethical obligations towards the mental health of their staff. The former must not operate in ignorance of the latter.

Small employers need to be supported towards the provision of mentally healthy workplaces, as the tendency is to focus only on larger Employers, thereby leaving many individuals vulnerable in smaller Employment settings.

25. Are there other new actions that you think could be included in support of Objective Four?

None

26. Are there any of the current actions underpinning Objective Four that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
4.1	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answer:

27. Do you think that the actions underpinning Objective Four are being progressed comprehensively?

	Yes	Partially	No	Don't know/Unsure
4.1 Support, encourage and procure community-based suicide prevention services.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Ensure effective co-ordination with Council community planning on suicide prevention by embedding suicide prevention in all District Council "Community Plans".	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Deliver a multi-sectoral training framework in suicide intervention for people working in the community.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Partially	No	Don't know/Unsure
4.4 Provide practical support to employers on mentally healthy workplaces and supporting employees experiencing emotional crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
4.5 Encourage universities, colleges, schools and training organisations to promote a culture of help-seeking behaviour and suicide prevention awareness among their students and trainees.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

What are some of the constraints to implementing these actions?

Employers can be encouraged, but not compelled and a lot will depend on their cooperation and their resources in order for these actions to be realised in all settings.

A question would be: who takes actual and ongoing responsibility for all the work involved in each of these underpinning actions?

7. Actions Underpinning Objective Five

Objective Five: Reduce the incidence of suicide amongst people under the care of mental health services

Underpinning Actions

5.1 To establish a regional mental health collaborative across HSC Trusts using a Towards Zero Suicide approach and concepts for adult mental health to improve patient safety and to reduce levels of suicide.

5.2 Continue participation in the National Confidential Inquiry on Suicide (NCISH) & support practice improvement in line with NCISH recommendations.

5.3 Improve the process for learning from suicide & self-harm related adverse incidents.

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28. How effectively do you think the stated actions support progress of Objective Five?

- Extremely effectively
- Very effectively
- Somewhat effectively
- Not so effectively**
- Not at all effectively

Comment:

5.1: Towards Zero Suicide needs better embedded in local Trusts with sufficient local Champions for it in place in each Trust. It also needs greater expansion into working with Children and Young People Mental Health. It must not be confined alone to Adult Mental Health as suggested above.

5.3: We are uncertain how this is progressing as there continues to be huge delays between a death and the process starting. This affects both staff and families and can last years. A relevant question would be – is the learning regional at all or is it just by individual Trusts by way of internal silo learning? There needs to be a system for the learning to be genuinely Regional and this appears not to be in place as yet.

29. Are there other new actions that you think could be included in support of Objective Five?

Support for all Staff involved with people who have died by Suicide needs actioned.

SHARE recent Guidance should be implemented and training in same provided and it needs linked in to Protect Life 2 and not left in isolation.

30. Are there any of the current actions underpinning Objective Five that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
5.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answer:

5.1: needs amended to refer to ALL mental Health services and not just those for Adults.

5.3: needs more specific additional clarifications and commitments.

31. Do you think the actions underpinning Objective Five are being progressed comprehensively?

	Yes	Partially	No	Don't Know/Unsure
5.1 To establish a regional mental health collaborative across HSC Trusts using a Towards Zero Suicide approach and concepts for adult mental health to improve patient safety and to reduce levels of suicide.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Continue participation in the National Confidential Inquiry on Suicide (NCISH) & support practice improvement in line with NCISH recommendations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Improve the process for learning from suicide & self-harm related adverse incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What are some of the constraints to implementing these actions?

Education is needed in how to actually in practical terms learn from SAIs. Research, Audit and Quality Improvement Projects should be properly and directly derived from SAIs.

Towards Zero Suicide Champions and Clinical Leads need to be given sufficient allocations of job time within Trusts to afford them the chance to develop the Towards Zero Suicide initiatives into practice.

8. Actions Underpinning Objective Six

Objective Six: Restrict access to the means of suicide

Underpinning Actions

6.1 Reduce risk of suicide at high risk locations, engaging with local stakeholders and developing plans for enhancing safety at those locations.

6.2 Work with professional groups to encourage safer prescribing and develop policy proposals where restricted access to certain medications demonstrates positive outcomes in terms of reductions in this means of suicide.

6.3 Ensure safe custody in relation to suicide prevention.

32. How effectively do you think the stated actions support progress of Objective Six?

- Extremely effectively
- Very effectively
- Somewhat effectively
- Not so effectively**
- Not at all effectively

Further Comment and Explanation:

Progress is still awaited on high-risk areas such as the Foyle Bridge.

Better coordination is needed between PSNI and Mental Health Services.

33. Are there other new actions that you think could be included in support of Objective Six?

Work with professional groups and PSNI to improve understanding and collaborative working.

34. Are there any of the current actions underpinning Objective Six that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
6.1	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
6.3	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answer:

6.2: Add the words: *and also to prevent prescription medicines being purchased online* (which is a significant current danger to vulnerable people.)

35. Do you think that the actions underpinning Objective Six are being progressed comprehensively?

	Yes	Partially	No	Don't Know/Unsure
6.1 Reduce risk of suicide at high risk locations, engaging with local stakeholders and developing plans for enhancing safety at those locations.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
6.2 Work with professional groups to encourage safer prescribing and develop policy proposals where restricted access to certain medications demonstrates positive outcomes in terms of reductions in this means of suicide.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Ensure safe custody in relation to suicide prevention.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

What are some of the constraints to implementing these actions?

Funding and determination of responsibility issues seem to be preventing progress on the Foyle Bridge example.

There are Workforce shortages across all disciplines in the Mental Health workforce, PSNI, Social Workers etc which are causing delays in the expedition of cases and problems in the achievement of better coordination of services.

9. Actions Underpinning Objective Seven

Objective Seven: Enhance the initial response to, and care and recovery of people who are suicidal

Underpinning Actions

7.1 Provide timely, accessible de-escalation services for those in emotional crisis or despair.

7.2 Develop and implement a regional training framework which will include suicide awareness and suicide intervention for HSC staff with a view to achieving 50% staff trained (concentrating on those working in primary care, emergency services, & mental health / addiction services) by 2022.

7.3 Encourage health and social care professionals, & others, who provide services to people at risk of suicide to (as a matter of course) seek patient / client permission to engage trusted family or friends in their safety planning for that person.

7.4 Embed suicide prevention in drug and alcohol policy and services.

36. How effectively do you think the stated actions support progress of Objective Seven?

- Extremely effectively
- Very effectively
- Somewhat effectively**
- Not so effectively
- Not at all effectively

Further Comment and Explanation:

SHARE needs embedded and all staff need trained in order to better realise 7.3

The Regional Mental Health Crisis Service needs appropriate resourcing in order to achieve its aims.

A commitment is required to provide access to commissioned Alcohol & Drug Crisis services.

37. Are there other new actions that you think could be included in support of Objective Seven?

Provision of specialist areas for patients who are both intoxicated and at high risk of suicide so they can be appropriately monitored until they can be assessed, which will require learning from other jurisdictions.

(Without this provision, such patients are currently at high risk in the A&E setting. In England there are examples of suites provided beside A&E where Police may detain such

patients and they do not then disturb other patients and staff in A&E itself. There are other examples of constructive solutions in other places to resolve this issue.)

38. Are there any of the current actions underpinning Objective Seven that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
7.1	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
7.3	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answer:

7.2 should refer to all HSC staff – not merely 50% - and 2022 needs amended also.

7.2 also needs widened to include PSNI, NIAS, Fire Service, Prison Service, Probation Service, Social Workers and relevant C&V staff who provide direct services.

39. Do you think that the actions underpinning Objective Seven are being progressed comprehensively?

	Yes	Partially	No	Don't Know/Unsure
7.1 Provide timely, accessible de-escalation services for those in emotional crisis or despair.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Develop and implement a regional training framework which will include suicide awareness and suicide intervention for HSC staff with a view to achieving 50% staff trained (concentrating on those working in primary care, emergency services, & mental health /	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Partially	No	Don't Know/Unsure
addiction services) by 2022.				
7.3 Encourage health and social care professionals, & others, who provide services to people at risk of suicide to (as a matter of course) seek patient / client permission to engage trusted family or friends in their safety planning for that person.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
7.4 Embed suicide prevention in drug and alcohol policy and services.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

What are some of the constraints to implementing these actions?

A more integrated approach is needed between Mental Health services and Drug & Alcohol Services.

The absence of a commitment to provide access to commissioned Alcohol & Drug Crisis services.

10. Actions Underpinning Objective Eight

Objective Eight: Enhance services for people who self-harm, particularly for those who do so repeatedly

Underpinning Actions

8.1 Improve access to, and uptake of, a range of therapies and interventions for those who self-harm in line with NICE guidance on the management of self-harm and relevant guidance on other associated conditions.

8.2 Maintain the NI Self-harm Registry to determine trends over time, inform service provision, & improve understanding of self-harming behaviour.

8.3 Embed psychological support in the new mental health liaison service.

8.4 Ensure all people who attend the ED with self-harm are offered a psychosocial assessment by the new mental health liaison service

40. How effectively do you think the stated actions support progress of Objective Eight?

- Extremely effectively
- Very effectively
- Somewhat effectively**
- Not so effectively
- Not at all effectively

Further Comment and Explanation:

It can be difficult to access some of the therapies, with individual Trusts offering such services in different ways or at different levels from one another.

There is a lack of psychological support in the mental health liaison service.

41. Are there other new actions that you think could be included in support of Objective Eight?

All such services need to be provided to children and young people as well as to adults.

42. Are there any of the current actions underpinning Objective Eight that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
8.1	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
8.2	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
8.4	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answer:

Add to 8.1 the words: *evidence based* -following the words *a range of*

In 8.3: Replace the word *support* with the word *therapy* (as much more than mere support is required.)

Add to 8.4 the words: *and carry out an evaluation of the work being done by the mental health liaison service.*

Change the order so that 8.4 precedes 8.3 in the order in which they are set out above.

43. Do you think that the actions underpinning Objective Eight are being progressed comprehensively?

	Yes	Partially	No	Don't Know/Unsure
8.1 Improve access to, and uptake of, a range of therapies and interventions for those who self-harm in line with NICE guidance on the management of self-harm and relevant guidance on other associated conditions.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Maintain the NI Self-harm Registry to determine trends over time, inform service provision, & improve understanding of self-harming behaviour.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Embed psychological support in the new mental health liaison service.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
8.4 Ensure all people who attend the ED with self-harm are	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Partially	No	Don't Know/Unsure
offered a psychosocial assessment by the new mental health liaison service				

What are some of the constraints to implementing these actions?

Resource and training issues with not enough staff available 24/7.

11. Actions Underpinning Objective Nine

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

Underpinning Actions

- 9.1 Provide a consistent, compassionate approach to supporting those bereaved/affected by suicide, including family and social circle.
- 9.2 Facilitate support networks for people bereaved by suicide and their role in influencing policy and service delivery.
- 9.3 Provide support and reflective practice for professionals who experience loss of patient or client to suicide and their work on suicide prevention.
- 9.4 Support families and other informal carers in caring for suicidal individuals to help them manage suicidal behaviours and emotional distress; and to look after their own mental wellbeing.
- 9.5 Ensure collation of accurate real time information on probable suicides through the Sudden Death Notification process.
- 9.6 Identify emerging suicide clusters and act promptly to reduce the risk of further suicides in the community through proportionate activation of multi-agency Community Response Plans.
- 9.7 Implement recommendations of the PHA review of the Sudden Deaths Notification process and the Community Response Plan process.
- 9.8 Ensure contracted organisations adhere to PHA Quality Standards of Services promoting mental and emotional wellbeing and suicide prevention.
- 9.9 Support for school staff to help them provide effective support to children & young people affected by suicide or suicidal behaviours at home.

44. How effectively do you think the stated actions support progress of Objective Nine?

- Extremely effectively
- Very effectively
- Somewhat effectively
- Not so effectively**
- Not at all effectively

Further Comment and Explanation:

There is little support for those families who have experienced both suicides and suicide attempts.

Reflective practice should be undertaken as a matter of routine and not just when something is perceived to have gone wrong.

45. Are there other new actions that you think could be included in support of Objective Nine?

Follow up support for families who have experienced a suicide, given awareness of the copying aspects within some families.

46. Are there any of the current actions underpinning Objective Nine that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
9.1	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
9.4	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.8	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.9	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Add to 9.3 the words:[and] for [their work on suicide prevention] as a matter of routine practice and not based on perceptions of failings.

All these actions need to be carried out more effectively.

47. Do you think that the actions underpinning Objective Nine are being progressed comprehensively?

	Yes	Partially	No	Don't know/Unsure
9.1 Provide a consistent, compassionate approach to supporting those bereaved/affected by suicide, including family and social circle.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>

	Yes	Partially	No	Don't know/Unsure
9.2 Facilitate support networks for people bereaved by suicide and their role in influencing policy and service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
9.3 Provide support and reflective practice for professionals who experience loss of patient or client to suicide and their work on suicide prevention.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
9.4 Support families and other informal carers in caring for suicidal individuals to help them manage suicidal behaviours and emotional distress; and to look after their own mental wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
9.5 Ensure collation of accurate real time information on probable suicides through the Sudden Death Notification process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
9.6 Identify emerging suicide clusters and act promptly to reduce the risk of further suicides in the community through proportionate activation of multi-agency Community Response Plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
9.7 Implement recommendations of the PHA review of the Sudden Deaths Notification process and the Community Response Plan process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
9.8 Ensure contracted organisations adhere to PHA Quality Standards of Services promoting mental and emotional wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

	Yes	Partially	No	Don't know/Unsure
and suicide prevention. 9.9 Support for school staff to help them provide effective support to children & young people affected by suicide or suicidal behaviours at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

What are some of the constraints to implementing these actions?:

Inconsistent practice within and between Trusts

Not alone better resources, but also better coordination is required, so that all know precisely who is responsible for each action.

There is a lack of data to inform useful comment on all of these actions.

12. Actions Underpinning Objective Ten

Objective Ten: Strengthen the local evidence on suicide patterns, trends and risk, and on effective interventions to prevent suicide and self-harm

Underpinning Actions

10.1 Identify priorities for local research into suicide, self-harm & their prevention including data linkage; promote, encourage and commission local research.

10.2 Support promotion and delivery of the 2019 International Association for Suicide Prevention Congress.

10.3 Conduct ongoing surveillance to monitor changing behaviours or trends in suicide and self-harm means to inform preventative action, particularly where new methods emerge.

48. How effectively do you think the stated actions support progress of Objective Ten?

- Extremely effectively
- Very effectively
- Somewhat effectively**
- Not so effectively
- Not at all effectively

Further Comment and Explanation:

There is a need to look at local trends in NI by way of regular research, audit and quality improvement work being locally presented. This local sharing of best practice would in turn encourage the production and use of data from each Trust, which would in turn improve a consistent regional approach across Trusts. This would be a better focus now rather than events such as another International Congress.

49. Are there other new actions that you think could be included in support of Objective Ten?

Examine local trends in NI by way of regular research, audit and quality improvement work being locally presented.

50. Are there any of the current actions underpinning Objective Ten that you think should be amended or removed?

	Retain As Is	Retain and Amend	Remove	Don't Know/Unsure
10.1	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
10.3	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

10.3: Add the word *continuously* before the word *monitor*

51. Do you think that the actions underpinning Objective Ten are being progressed comprehensively?

	Yes	Partially	No	Don't know/Unsure
10.1 Identify priorities for local research into suicide, self-harm & their prevention including data linkage; promote, encourage and commission local research.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
10.2 Support promotion and delivery of the 2019 International Association for Suicide Prevention Congress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
10.3 Conduct ongoing surveillance to monitor changing behaviours or trends in suicide and self-harm means to inform preventative action, particularly where new methods emerge.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

What are some of the constraints to implementing these actions?

This work is at the mercy of funding, University research staff and expertise and funding availability, the recent NISRA Budget cuts and their effect on data provision etc.

13. General Questions

52. There are 45 actions in total. What is your opinion of this number of actions?

Far too many

Too many

About the right amount

Too few

Far too few

Comment:

There are overlapping actions and having so many leads to a lack of focus and of prioritisation. Some actions could be amalgamated. This is a complex area and of necessity is cross cutting and needs to cover a lot of ground. Nonetheless, important points risk being lost in the fog of so much dense information. The actions are a challenging read and could be simplified as it is important that they are read, retained and worked on, whereas at present their presentation is very difficult.

53. Any other specific comments relating to the actions in the strategy:

None

54. Please provide your name or your organisation's name if you'd like your response acknowledged in the final report:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental

health of individuals, families and communities.

The College has approximately 450 members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Royal College of Psychiatrists in Northern Ireland Devolved Council.

Dated: 22 January 2024

A handwritten signature in black ink, appearing to read 'R. Wilson', with a horizontal line underneath it.

Dr Richard Wilson Chair RCPsych NI & Vice President RCPsych

- on behalf of RCPsych NI

Contact Details:

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