

FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY
Michael McGimpsey MLA



Department of
**Health, Social Services
and Public Safety**

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AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MANNYSTRIE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

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Our Ref: SUB/347/2009

1/11
April 2009

Michelle

Further to the Committee's Inquiry into the Prevention of Suicide and Self-Harm, the Executive has now endorsed a cross-departmental response and timeframe for implementation of the recommendations contained in the Committee's report. I have attached a copy of the response for your information.

Following the Assembly's approval of the Inquiry Report on 19 May 2008, the Ministerial Co-ordination Group on Suicide Prevention, at its meeting of 24 June 2008, considered and approved the DHSSPS-led draft response to the Report's recommendations. At that meeting, I gave a commitment to present the response and proposed timeframe for implementation of the recommendations to the Executive.

The draft response and timeframe were included on the agenda for the 3 July 2008 meeting of the Executive. However, that meeting was cancelled and the Executive did not meet again until November 2008. The response has therefore been updated to reflect developments and progress in the period since July 2008. It was finally endorsed by the Executive at its meeting on 26 March 2009.

May I take this opportunity to once again thank the Committee for its important contribution to this issue, and for supporting my efforts to address suicide and self-harm in our society.

Michael
McGimpsey

Michael McGimpsey MLA
Minister for Health, Social Services and Public Safety

HEALTH COMMITTEE REPORT ON PREVENTION OF SUICIDE AND SELF HARM

CROSS-DEPARTMENTAL RESPONSE TO RECOMMENDATIONS

Recommendation		Lead Dept.	Action / response	Timescale
1	Re-examine Protect Life Strategy targeted approach to include other priority groups, eg older people and those living in rural areas.	DHSSPS	<ul style="list-style-type: none"> - The dual population and targeted approach of “Protect Life” attempts to reach all affected groups. The interests of rural communities are represented on the regional Suicide Strategy Implementation Body by “Rural Support”. - Direct support is provided to rural communities, via the local action plans developed by the four Health and Social Services Boards in partnership with local communities. This work is supported by the Department through the allocation of community support package funding (£2m in 2008/09). - Given the levels of suicide among our older people, a targeted focus on this age group may well be appropriate. The annual review of the strategy’s action points will allow for consideration of any equality issues that have emerged and for the need to target specific actions at additional “at risk” groups. A Strategic Review Sub-group of the Suicide Strategy Implementation Body is taking this work forward. 	<p>Current</p> <p>Current</p> <p>July 2009</p>
2	Structure for managing implementation of “Protect Life” requires a dedicated directorate – this should be part of the proposed new Regional Public Health Agency.	DHSSPS	<ul style="list-style-type: none"> - The Suicide Strategy Implementation Body established to oversee and advise on implementation of the Strategy comprises a wide range of stakeholders but does not have any executive authority. It cannot be held accountable for progress on the delivery of the strategy. 	April 2009

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			<ul style="list-style-type: none"> - The Minister is convinced of the need for the greater co-ordination in the delivery of “Protect Life” and agrees that the health service reforms provide an opportunity for fresh thinking on the issue. This recommendation will be factored into the considerations on the roles and remits of the proposed new bodies. 	
3	<p>Independent evaluation of implementation of the Protect Life Strategy should be commissioned without further delay.</p>	DHSSPS	<ul style="list-style-type: none"> - The Strategy is currently being reviewed and evaluation of various components of the Strategy has been completed or is underway – this includes evaluation of the GP depression awareness training programme, the public information campaign, the pilot helpline, and pilot self harm projects. . In addition, HSS Boards and/Trusts are encouraged to evaluate their local action plans funded under “Protect Life”. - An overarching evaluation framework has been developed and overall evaluation will be taken forward when sufficient time has passed to allow for meaningful evaluation of the impact of the five year strategy. - Experience of “Choose Life”, in Scotland indicates that early evaluation of “Protect Life” would likely be of limited value. Many of the “Protect Life” initiatives are new and need to be allowed sufficient time to make an impact which can then be meaningfully evaluated. 	<p>Review - July 2009</p> <p>Component evaluation ongoing</p> <p>Commence overarching evaluation – autumn 2009</p>
4	<p>a. Ring-fenced funding for a number of years is necessary to sustain and implement the Protect Life strategy.</p>	DHSSPS	<ul style="list-style-type: none"> - Protect Life is a five year strategy, funding will continue to be ring-fenced for the duration of the strategy. Boards have been provided with indicative allocations for this area up to 2011. 	In place

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b. Must be full transparency, accountability and scrutiny of how this funding is used.		<ul style="list-style-type: none"> - The Suicide Strategy Implementation Body advises the Department on the allocation of the Strategy's Funding. Its cross sectional representation helps ensure that all future funding decisions are transparent and accountable. Local action plans and associated funding are agreed at Board level with cross-sectional input. Normal Government accounting rules also apply. 	In place
5 Community sector initiatives require three-year period of funding commitment.	DHSSPS	Department has notified Health and Social Services Boards of indicative recurrent budget allocations for suicide prevention over a three-year period up to 2011. This allows Boards greater flexibility to make longer term funding commitments to community and voluntary groups.	In place
6 Review suicide reduction targets when figures become available in 2008. Consider setting targets in relation to self harm.	DHSSPS	<ul style="list-style-type: none"> - Targets will be reviewed when 2008 figures become available. Strategy acknowledges the need to keep targets under review pending the outcome of further work on improving the accuracy of suicide recording arrangements and in light of the understanding that reducing stigma surrounding death by suicide has potential impact on recording. - Outcome of evaluation of the Self Harm Mentoring and Deliberate Self-Harm Registry Pilot schemes, in the Western Board area, is due early 2009. Final reports on these pilots will provide data for meaningful analysis and assist in developing targets. Further work is also needed to establish means of measuring true rates/baseline for self harming & to set appropriate targets for reducing the incidence of self harming. Existing figures for hospital admissions due to self harm provide a starting point. 	<p>April/May 2009 (earliest date for release of 2008 suicide rate data).</p> <p>June 2009</p>

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7	Ensure views of families bereaved by suicide “Family Voices” are taken into account.	DHSSPS	Families bereaved by suicide have played a key role in the development and delivery of the Strategy to-date. Their ongoing active participation in “Protect Life” regional and local implementation bodies & steering groups ensures they can influence & shape implementation of the strategy. Their ongoing contribution will be considered as part of the review/of “Protect Life”.	In place and will be assessed as part of review – due to report May 2009.
8	Executive should examine how role of Ministerial co-ordination Group on Suicide Prevention could be developed further to secure greater commitment to suicide prevention by all Departments.	DHSSPS	<ul style="list-style-type: none"> - The Minister has stated publicly that DHSSPS alone cannot address the issue of tackling suicide in our local communities. The Committee’s report comments on the role of sport and potential contribution of sporting bodies. The Health Minister has therefore invited the Minister for Culture, Arts and leisure to participate in future meetings of the Ministerial Co-ordination Group. The Minister is also in discussion with his Ministerial colleague for Employment and Learning about how best to co-ordinate his Department’s future input into this group. - Current review of Promoting Mental Health Strategy will consider potential for improved cross-departmental working on mental health promotion. This will have read across for suicide prevention. 	<p>Ongoing</p> <p>Report due May 2009</p>
9	We call on the Minister for Education to extend the independent counselling support service & the Pupils’ Emotional Health and Wellbeing Programme to the primary school sector.	Dept of Education	The Department is fully committed to implementing a programme to promote pupils’ emotional health and wellbeing across all sectors - pre-school, primary, post primary and special. Additional resources have now been made available to begin the scoping of appropriate age- related therapeutic interventions which may include counselling support. On the basis of available funding, the expansion will have to be phased over three years from 2008/09	Implementation of a counselling service for pupils in the primary and special sectors is planned for 2010/11.

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<p>10 Useful initiatives linked to the prevention of suicide and self harm are being undertaken by the Department for Employment and Learning. We call on the Department for Employment and Learning to review its contribution to implementing the Protect Life strategy and, in particular, to ensure that initiatives taking place in some FE colleges are available to all in that sector.</p>	<p>Dept of Employment & Learning</p>	<p>The Department's primary contribution to the prevention of suicide and self harm hinges on its core business of improving the skills and employability of individuals. Employment raises self esteem, provides improved income and a focus in life. Awareness training for advisory staff and a focus on each customer as an individual have also helped to ensure the Department is increasingly sensitive to issues in this area. Further Education and Higher Education institutions have pastoral care arrangements in place to provide assistance and counselling to students. Appropriate fora exist to promote the sharing of good practice</p>	<p>Ongoing</p>
<p>11 Greater collaboration of churches with Suicide Strategy Implementation Body in the development and delivery of suicide awareness training for clergy.</p>	<p>DHSSPS</p>	<p>The local churches have a key role and are represented on the regional Suicide Strategy Implementation Body. Discussions have taken place with church representatives on this issue & the local churches have been asked to bring forward proposals, including proposals for suicide awareness training for the clergy.</p>	<p>Ongoing</p>
<p>12 Greater involvement of sports bodies and Department of Culture Arts and Leisure in implementation of "Protect Life".</p>	<p>DCAL / DHSSPS</p>	<p>- The role of sport and exercise in helping to combat stress emerged as an important issue in the development of the new 10 year Northern Ireland Strategy for Sport and Physical Recreation. A draft of this Strategy, which was developed by DCAL in partnership with Sport NI, was published for consultation in October 2007. It contains a number of proposals for improving health, including promoting positive mental health, through sport and physical recreation involving a range of stakeholders including DHSSPS and sports bodies. A final Strategy is currently being considered by the NI Executive.</p>	<p>Sept 2008</p>

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<p>Minister should explore how prescribing of an exercise regime can be developed for</p>	<p>DHSSPS</p>	<ul style="list-style-type: none"> - The Health Minister agrees that sport and exercise have an important role to play in helping to combat stress, and to promote positive mental health. The Health Promotion Agency (HPA) is currently in discussion with Sport NI in relation to what role it can play in the future rollout of the suicide prevention and promoting mental health strategies. - HPA gained the backing the GAA, IFA and IRFU in helping to support the Mental Health Public Information Campaign targeting young men aged 16-25 years. The GAA printed the main campaign message in its programmes at all provincial fixtures. - HPA facilitated Mental Health First Aid Training organised by Sports NI and delivered to representatives from various sporting bodies and local councils. Discussion is ongoing with Sports NI regarding future roll out the training programme in 2009/10. - HPA commissioned research into physical activity referral schemes operating across Northern Ireland. Findings indicate that just over three quarters of GP practices who responded to the study are referring to a Physical Activity Referral Scheme. Referral activity was highest in the EHSSB area probably due to the presence of full time coordinator operating under the "Healthwise Scheme". - Other findings are that some GPs require additional information on making appropriate referrals and setting targets for physical activity. The new Exercise Referral Toolkit being developed by the British Heart Foundation National Centre for Physical 	<p>March 2009</p>

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	use as an option by GPs.		Activity and Health will provide guidance for commissioners, referring practitioners and exercise professionals.	
13	We are disappointed that Sports NI and sports bodies have not been directly involved in developing and delivering the strategy to prevent suicide. We call on the Health Minister to explore with the Minister for Culture Arts and Leisure how Sports NI and other sports organizations can fully participate in delivering the suicide strategy. We strongly recommend the Scottish model of involving sporting icons and using major sporting occasions to raise awareness of the issue.	DHSSPS / DCAL	<ul style="list-style-type: none"> - Sport NI has been invited to join the Suicide Strategy Implementation Body. - The proposed Strategy for Sport and Physical Recreation, which has been developed by DCAL, in partnership with Sport NI, makes a number of recommendations for partnership working with DHSSPS and other stakeholders in order to deliver sporting outcomes and health benefits. 	Sept 2008
14	There is clear potential for local authorities to play a significant role in suicide prevention. We urge the Health Minister to explore with local authorities how solid partnerships can be developed. We believe that this should include full participation in the Suicide Strategy Implementation Body and other structures.	DHSSPS	<ul style="list-style-type: none"> - Improving the interaction between our local authorities and health and social services is key aim of the Minister's reforms to health and social services structures. - A representative from NILGA has joined the Suicide Strategy Implementation Body. 	<p>April 2009</p> <p>In place</p>

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15	The ASIST (Applied Suicide Implementation skills) training programme should be evaluated.	DHSSPS	<ul style="list-style-type: none"> - HPA has undertaken an Audit of Suicide Prevention Training. The report and recommendations are to be presented to the Suicide Strategy Implementation Body. A Regional Training Advisory Group has been established. - HPA is working with the National Office of Suicide Prevention (RoI), as part of the all island action plan on suicide prevention, to evaluate ASSIST Training. All Island evaluation is currently at field work stage. 	<p>March 2009</p> <p>In place</p>
16	A number of key issues should have been addressed before the establishment of regional crisis response helpline, e.g. formal evaluation of North and West Belfast pilot helpline.	DHSSPS	<ul style="list-style-type: none"> - The pilot telephone helpline in north and west Belfast was receiving approx 100 calls per day (50% of the calls came from outside the N&W Belfast area). The regional helpline was established earlier than planned because the volume of calls to the pilot indicated significant demand for this type of service and because there was clear demand emerging from elsewhere in Northern Ireland. Full evaluation of the pilot in terms of impact on suicide would have taken some considerable time. The level and spread of demand for helpline services made it imperative to establish a regional service without delay. - Findings from the review of the pilot scheme have helped in shaping the operation of the regional helpline and its associated counselling and support services. While we continue the modernisation of our local mental health provision, the helpline will provide immediate and much needed help for vulnerable people across Northern Ireland at times of crisis in their lives - New service has been branded as “Lifeline” and was formally launched with publicity campaign on 1 May 2008. It is currently 	<p>Review of pilot has been completed by HPA</p> <p>In place</p>
	The new regional helpline should have an easily			

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<p>identifiable title such as “Lifeline” and should be launched with an appropriate level of publicity.</p>		<p>handling around 1500 calls per week.</p>	
<p>17 Mater Hospital self harm service pilot project should be promptly evaluated and extended to all A&E departments.</p>	<p>DHSSPS</p>	<ul style="list-style-type: none"> - Evaluation has been completed by the EHSSB. The Board has agreed to fund from its baseline allocation. Currently the Belfast Trust is looking at expanding the available resources of the team to enable it to operate city –wide. - Responsibility for the assessment of the need for self harm services rests with individual Boards and Trusts. Minister is encouraging the Boards and Trusts to use some of the additional funds, allocated for mental health through the final budget settlement, for the development of self-harm services over the next 3 years, where such need has been identified. 	<p>Evaluation completed; expansion under consideration</p>
<p>18 Urgent need for improved access to talking therapies, such as Cognitive Behaviour Therapy.</p> <p>Proposed psychotherapy strategy should be developed without delay.</p>	<p>DHSSPS</p>	<ul style="list-style-type: none"> - The further development of psychological therapies was a key element within the final budget settlement for mental health. Services have been enhanced to improve access. - HPA is involved in evaluation of the planned pilot CCBT Programme which is part of the DHSSPS developments in relation to access to Psychological Therapies. - A draft strategy on counselling and psychotherapies has been completed. Subject to Ministerial approval, this will be issued for public consultation in early 2009. 	<p>Ongoing</p> <p>April 2009</p>
<p>19 Consider how information on innovative activities at local</p>	<p>DHSSPS</p>	<ul style="list-style-type: none"> - A Five Nations Working Group advises on how best to take forward issues of mutual interest. It has met on three occasions. 	<p>Ongoing</p>

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level can be shared effectively between the local jurisdictions.		<p>A number of recommendations are being taken forward in relation to internet safety, sharing of research, and evaluation of training.</p> <ul style="list-style-type: none"> - An All-Island Action Plan is being delivered in conjunction with RoI counterparts. Information /best practice is shared on a regular basis. - Senior DHSSPS official has visited Pieta House facility in Dublin & has shared learning with HSC. 	Ongoing
20 DHSSPS should establish a “Protect Life” website.	DHSSPS	<ul style="list-style-type: none"> - HPA hosted website “Minding your head” provides a range of support for people who are vulnerable and in crisis. This will be carried forward into the new Public Health Agency and will encompass “Protect Life” 	April/May 2009
21 A Northern Ireland version of the RoI Headline media monitoring programme should be established ASAP.	DHSSPS	<p>The media, both online and offline, have a key role to play in ensuring that suicide is reported in both a sensitive and appropriate manner. As part of an All-Island action plan on suicide prevention, officials are currently considering a proposal for the development of a media monitoring service similar to that which already exists in the RoI. HPA is in discussion with Headline, the media monitoring project in RoI, to establish how their approach might be replicated in NI.</p>	April/May 2009
22 Media campaigns to date have concentrated on general mental health promotion. DHSSPS should consider how the specific issues of suicide and self harm can be addressed through a public media	DHSSPS	<ul style="list-style-type: none"> - “Protect Life” highlights the need to develop campaigns to destigmatise mental health. The evaluation of the first phase of these campaigns highlighted the need for focussing on young males. This has been the focus of the latest campaign. - Evidence of the impact of more direct reference issues of suicide and self harm in public media campaigns is mixed. It is vital that 	Ongoing Ongoing

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	campaign.		<p>public awareness campaigns are based on sound evidence of what works.</p> <ul style="list-style-type: none"> - Media campaigns have recently been evaluated. The outcome of this evaluation will inform the current progress review of Protect Life. - Media campaigns for “Lifeline” make reference to “Protect Life – the suicide prevention strategy”. 	<p>May 2009</p> <p>In place</p>
23	Boards and Trusts should examine potential for provision of “chill out rooms” at or adjacent to A&E departments	DHSSPS	<ul style="list-style-type: none"> - The Department is currently reviewing Boards’ and Trusts’ policies and procedures on those at risk of self-harm or suicide who present to GPs, Out-of- Hours Doctors and A&E Departments. An action plan based on best practice will be formulated. - Safe rooms” at A&E departments are not currently provided in Northern Ireland and careful consideration would need to be given to the design and operating protocols of any such unit to ensure the safety of both patient and staff 	Date for completion of action plan to be inserted
24	A “card before you leave” referral appointment system should be established for people at risk of suicide or self harm who attend A&E or are discharged from hospital	DHSSPS	It is acknowledged there is currently no regional standard system for onward referral for those people who have attended Accident and Emergency Departments and who have been seen by the hospital’s psychiatric liaison service. Each Trust has its own protocol and arrangements. The Department has tasked the Director of Mental Health in the South Eastern to convene a working group to develop regional operational protocols.	April 2009– pending outcome of discussions
25	Recommendation in the O’Neill Report in relation to	DHSSPS	- The recommendations of the O’Neill Report form the basis of a Regional Action Plan against which the Department expects each	In place

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	communication should be implemented ASAP.		<p>HPSS Board to report every four months.</p> <ul style="list-style-type: none"> - Early evidence shows that already much progress has been made but this will continue to be monitored. The Department is also currently developing guidance with a view to providing a standard operating protocol for the transfer of patients and their records between hospitals. 	
26	Urgent consideration should be given to establishing a structured system of care and support (similar to that in place in Ayrshire) for health care & frontline staff who are at increased risk of suicide.	DHSSPS	<ul style="list-style-type: none"> - Under the Occupational Health Service operated by HSC organisations, employees have access to range of support services. - Mental health promotion standards within the draft Mental Health Services Framework will aim to establish HSC organisations as exemplar workplaces in terms of promoting employee mental health. - The new Promoting Mental Health and Wellbeing strategy will identify the workplace as a key setting for mental health promotion and support. In developing this strategy (and the above Framework standards) officials will examine the system of care in place in Ayrshire and, in collaboration with the HSC, consider if there areas of best practice that should be implemented in Northern Ireland. 	<p>In place</p> <p>Insert date for publication of framework</p> <p>May – July 2009</p>