



# **HEALTH AND SOCIAL SERVICES COUNCILS NORTHERN IRELAND**

***Response to:***

***Committee Inquiry into the Prevention of  
Suicide and Self Harm***

**October 2007**

## **Health Committee Inquiry into the prevention of suicide and self harm:**

### **Response from the Health & Social Services Councils**

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1. The Health & Social Services Councils (HSSCs) were set up by Government in 1991 to represent the views and opinions of the public. There are four Councils in Northern Ireland with local offices currently based in Belfast, Broughshane, Lurgan and Omagh. We are independent from those who plan, manage and provide health and social care.
2. The HSSCs welcome the opportunity to provide evidence to the Health Committee Inquiry into the prevention of suicide and self harm. This is a topic that individual Councils take a keen interest in because we feel that this issue goes to the core of the health and social care needs of our communities. This response has come out of a joint Council Forum on the Protect Life strategy held on 25 October 2007.
3. This response will comment on each of the Committee's terms of reference.
4. Assessing the scope and appropriateness of 'Protect Life':
  - a. The strategy has been extremely useful in focusing attention on the issue.
  - b. There is concern that the strategy has 'hit the target and missed the point' in that while of the strategic aims of bringing people together has been achieved, this has not necessarily been reflected in more timely service delivery.
  - c. Some of the activity is in danger of becoming a box ticking exercise eg the depression awareness training for GPs. Take up in some areas has been slow. Where one GP in a practice has been trained, there is little evidence that this has been cascaded to other staff in the practice or has impacted on working practices.
  - d. When a GP identifies mental health problems, there is often a difficulty with the lack of readily available services for onward referral. Long waiting lists may mean that the patient is left with little support. Referral to on-line resources may work well for

some people but we feel that this requires personal contact to ensure the ongoing well-being of the patient. Where interim mentoring services are put into place to support families, there needs to be a clear treatment and ongoing support pathway identified.

5. Examine the level of stakeholder involvement:
  - a. Stakeholder involvement appears to have been proactive and at the heart of the strategy and the Task Force's work.
  - b. However, it appears that some stakeholders still require to take greater ownership of their role. For example, the evidence suggests that mental health issues may occur in one-third of GP consultations. This indicates the importance of the mental health component of core general practice training as well as the need for GPs to up-take on additional training opportunities such as the depression awareness initiative.
  - c. Involvement of bereaved families is a positive element in the work of the Task Force and the implementation of the strategy. The personal commitment of bereaved family members involved in the Task Force and local support groups is to be commended. However, the experience of the Family Forum/Families' Voice and the local support groups shows the difficulties faced by bereaved families. At such a vulnerable time, they are endeavouring to support their own families and other bereaved families. They are perhaps involved in fund raising for, and running, local services as well as contributing to strategic discussions about the future planning and delivery of services. Further work needs to be done on the best way of supporting families in shaping the delivery of services and contributing to the strategic direction of the strategy.
  
6. Level of services and support available:
  - a. The provision of timely services is a long way from being in place.
  - b. A range of services is required for GP referral and self referral.
  - c. The early identification of those people at risk appears to be a gap in service provision. This needs to be supported by adequate research to underpin service development.
  - d. Parental support in regard to recognising risk taking behaviour in their offspring appears to remain a gap in service provision.
  - e. Additional support to schools to tackle this area is required.

7. Further action required:
  - a. The Bamford Review proposals should be adopted.
  - b. The strategy can only succeed if it becomes genuinely cross-Departmental and is driven by the Assembly as a political priority.
  - c. A Northern Ireland co-ordinating office should be established to co-ordinate local plans and regional activity.
  - d. Further research is needed to assist us as a community in answering the question 'why'? This would assist in the development of preventative services and help to counter the 'ripple' effect of suicide and attempted suicide.
  - e. Clear regional targets should be set. These should include a range of targets for referral/service delivery eg 13 week target of cognitive behavioural therapy.
  - f. There needs to be an increased understanding that suicide and self harm is not solely a threat to young people. The needs of people of all ages require to be built into the strategy.
  - g. The central role of GPs requires to be strengthened by further training and increased engagement by GPs with the strategy.
  - h. HSC Trusts should be required to put in place a family support service capable of providing intervention within 48 hours to a bereaved family.
  - i. Responsibility for implementing the Protect Life strategy lies with those bodies funded to deliver against its objectives. There needs to be an across the board evaluation of the outputs and outcomes delivered to date to ensure that the strategy develops as an evidence based process.
  
8. The HSSCs have welcomed the opportunity to reflect upon the Protect Life strategy. As part of our role to represent the public interest in health and social care, we will continue to scrutinise and comment on the implementation of strategy.

S Cunningham  
26 October 2007