Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Connecting for Life

National Office for Suicide Prevention

Report from the Policy Advisory Group

June 2015

Introduction

The Policy Advisory Group was established as part of the process of drawing up a new Strategic Framework for Suicide Prevention for the period 2015-2020. Reporting to the Planning Oversight Group for the Framework, the Advisory Group met four times and completed its work in December 2014.

Remit of the Policy Advisory Group

To review the research commissioned to identify core and peripheral policy areas relevant to the Strategic Framework, to include:

(i) Identification of the specific policies and planning objectives that have a bearing on suicide prevention;

(ii) Identification of specific policy and planning areas where the NOSP should make an input;

(iii) Review of the paper commissioned by the NOSP in relation to core and peripheral policy areas.

The work of the Advisory Group was facilitated by the National Office for Suicide Prevention and the Department of Health.

Policy Context – Review of paper commissioned by the NOSP in relation to core and peripheral policy areas

In addressing its remit, the Advisory Group first considered the detailed Policy Paper on Suicide Prevention presented by Dr Jane Pillinger[1], and commissioned by the National Office for Suicide Prevention as part of the overall preparation of the new Framework. The Group agreed with the broad thrust of the content and recommendations of this report, and considered that it constituted a significant input into the development of the Framework. The Group felt that the categorisation of policy approaches into (a) population based and high-risk interventions and (b) universal, selective and indicated interventions, provided a strong basis upon which it could consider its own examination of the specific policy and planning areas where the NOSP should make an input into the new Framework. The conclusions of the Pillinger Report that suicide prevention should be developed through a co-ordinated multi-sectoral strategy were accepted, a strategy that would draw together a range of suicide prevention approaches and interventions that would target risk factors at different levels. Many of the recommendations of the Advisory Group (below) therefore parallel the policy approaches identified in the Pillinger Report, with an emphasis on the particular issues arising in the current Irish context.

---

[1] *Policy Paper on Suicide Prevention – A review of national and international policy approaches to suicide prevention – Dr Jane Pillinger,* NOSP July 2014

Universal (population based) interventions which the Group felt could be prioritised include (i) raising public awareness, (ii) media reporting, (iii) restriction on access to means, (iv) reducing stigma and discrimination, (v) responding to health inequalities and social exclusion, (vi) gender-based issues, (vii) new at-risk groups, and (viii) the needs of children and young people.

Selective interventions of particular interest to the Group included (i) the links between alcohol, drugs and suicide, (ii) risk management, (iii) training and awareness of front-line responders and gatekeepers, (iv) training and guidance for GPs, and (v) schools programmes.

Indicated interventions of interest to the Group include (i) people with severe mental health problems and who self-harm, (ii) coordinated local prevention programmes, (iii) public health interventions and guidance for health care professionals, and (iv) stakeholders involved in suicide prevention.

A number of these areas were considered by the Group in greater detail and are highlighted in the Groups Policy Recommendations.

Evidence for effectiveness of Suicide Prevention Policies

As outlined in the Pillinger Report, the World Health Organisation (WHO) suggests that national suicide prevention strategies can make a difference to suicide rates within countries. International research has shown a 10 to 17% reduction in suicide rates can be achieved over a three year period when suicide prevention strategies involve a range of approaches at an individual, community and whole of population level.

An evaluation of the effectiveness of national suicide prevention programmes in 21 OECD countries revealed that, overall, suicide rates decreased after nationwide suicide prevention programmes had been introduced, in particular among young and older people (Matsubayashi and Ueda, 2011). No significant effects in terms of reduced suicide rates were found among men and women in the working-age groups. However, the Pillinger Report confirms that, internationally, substantive evidence is lacking for the effectiveness of different interventions and the synergies between population and high-risk interventions. The effectiveness of prevention strategies seems to depend therefore on the implementation of a broad range of interventions, both universal and targeted.

The Advisory Group accepted the need for evidence-based policy formulation for suicide prevention strategies. In line with WHO (2012) guidance in this area, the group felt that the issue needed to be contextualised for the situation in Ireland, with actions at multiple levels and gaps in legislation and service provision addressed. The importance accorded by the WHO to the need to address multiple risk factors was strongly supported, the risk factors including not just mental health problems but also underlying cultural and socio-economic risk factors which can be equally influential. In particular, the need to address the underlying causes of suicide at "multiple interaction points" was strongly supported, noting that the individual, socio-cultural and situational risk factors identified by the WHO are very relevant to the both the underlying trends in Irish society over time, but also to the current social and economic situation.

The WHO recognises the need to develop prevention strategies at both the general population level, and also specifically for vulnerable sub-populations such as the groups at increased risk identified in Section 2 (p18) of the Pillinger Report. These groups include the homeless, minority ethnic groups, Travellers, refugees and asylum seekers, people with chronic illness and chronic pain, older people and young people, LGBT people, prisoners, drug and alcohol users, people experiencing trauma from gender based or domestic violence, and people experiencing distress as a result of key lifecourse events (unemployment, financial and housing, etc). In considering these at-risk or vulnerable groups, the question arises as to whether the needs of all groups can be responded to, or whether some groups should be prioritised. The particular issues of concern to the Group are identified below.

Requirement for ongoing Evidence and Research into Suicide Prevention

In line with the international evidence, and in order to underpin an optimal mix of interventions, the group agreed that a strong evidence base needs to be developed and maintained through on-going research, development and evaluation of suicide prevention measures. The WHO finding of improved suicide rates following implementation of national strategies was accepted, qualified as this finding is by the fact that it is generally not possible to identify the explicit impact of individual measures, given the broader contextual or societal factors that may be at play. The research cited by Pillinger highlights the importance of both (i) the effectiveness of specific elements of suicide prevention interventions and their connection to the wider societal context, and (ii) the significance of epidemiological studies in selected risk groups in informing policies. The Group also felt that there was an imbalance in the nature of the international evidence base when it comes to suicide and suicidal behaviour, with the evidence weighted towards medical compared to sociological evidence. (Scourfield et al, 2010).

The Group therefore recommended an ongoing commitment to addressing gaps in the evidence underpinning all relevant policies. It was felt that the new Framework should make provision to address the limited evidence for the impact of policies in this area by directing research towards understanding the broader social, societal and environmental issues underlying suicidal tendencies. In particular, social change is a key influence on the changes being experienced in suicide rates in Ireland. This is borne out by the rise in suicide and self-harm among identified groups. Accordingly, the Group felt that research under the new Framework should seek a greater understanding of the emotional, identity and anxiety-related issues among these groups, arising from the current socio-economic situation in Ireland.

Issues with existing policies

The Advisory Group highlighted that the existing policy response, as outlined in *Reach Out*, recommended interventions across Government departments and the public service. However, in practice, the response to suicide seemed to have become overly dependent on Health-sector interventions, and therefore lacked the necessary cross-sectoral focus. In line with the inter-sectoral and multi-disciplinary approaches being recommended at the international level, the Group felt there was a strong need to address the wider societal issues around suicide in a more outcomes-focussed, multi-sectoral approach across Government departments and agencies. It was felt that the new Framework should build on the mainstreaming principles now well established in the Social Care sector by re-focussing existing relevant aspects of *Reach Out*, with an emphasis on evidence-based implementation and demonstrable outcomes across the various sectors. A complete re-iteration of the existing strategy was not seen as necessary, rather the new Framework should contain a more practical series of responses based on the best available evidence on suicide prevention.

The Group wished to highlight, in particular, the contradictions which are very evident in both the devising, support for and application of policies across Government departments where such policies have inadvertent or unintended impacts on vulnerable groups where the risk of suicide is greater. Examples of contradictory policy approaches include, for example:

- The widespread promotion of alcohol when set against known alcohol-related factors in suicide and self-harm. Policies which could address alcohol use and abuse could therefore have a very significant impact on societal well-being in general;
- Policies which tend to reinforce eating pathology and therefore increase the risks associated with weight, and more specific eating disorders, when account is taken of the recognition in *A Vision for Change*, and in suicide research, of the risk factors attaching to this area.

In drawing up a new Framework, the Group therefore felt that it would be useful to highlight where policies are interlinked, often with unintended consequences. The devising of appropriate outcome measures should also enable more achievable actions, for example with a focus on population wellbeing, adequate counselling and other primary care interventions.

Mainstreaming of Suicide Prevention and Cross-departmental Framework

Consultation with other departments on a cross-departmental framework for the new Strategy began in parallel with the work of the Group. Regular updates were provided by the Chair on the progress of discussions between DOH/NOSP and other Government departments which operate policies which could contribute to a shared objective of suicide prevention, and which would be also beneficial for those Departments in terms of achieving their own objectives with assistance from the Health sector. The scale of the challenge in co-ordinating and streamlining Government policies and interventions was accepted. However, the Group agreed that the new Framework was a significant opportunity to make a lasting impact in terms of other departments' and agencies' engagement with the issues around suicide prevention in their own policy areas. This would not necessarily be in respect of policies

which were the specific responsibility of the Health sector but would recognise that the issue of suicide prevention was an important underlying objective from a societal well-being point of view, and that it was in the interests of key sectoral areas of public policy implementation to see the best possible co-ordination of policies, and demonstration of actions within the new Framework.

The Group accepted that there is no mandatory requirement on any Government department or agency to implement its policies having regard to suicide prevention objectives, and that a significant commitment by the Government may be the only way in which this could be achieved. The strong commitment and interest of the Department of the Taoiseach was acknowledged in this regard. The Group also felt that there was a clear need to develop cross-departmental and cross-agency policy co-ordination and governance in this area.

The Group felt that the Education and Children's' sectors, in particular, had a significant role to play in assisting with suicide prevention initiatives. A key challenge for the new Framework would be to demonstrate its reach into schools and communities, by providing guidance and advice to young people, with links to support services in these sectors and to the Health sector where necessary. A particular focus on children and young people would be justified by the reported rates of hospital presentation following self-harm, suicide rates among people in their 20's, international evidence around the age of onset of mental health problems and the association between childhood trauma and suicidal behaviour in later life.

Significant Government policies relevant to a cross-sectoral application of a new suicide prevention framework which the Group felt should be considered include:

Education sector:	Well-Being in Post-Primary Schools, Guidelines for Mental Health Promotion and Suicide Prevention (2013) Well-Being in Primary Schools, Guidelines for Mental Health Promotion (in development)
Children & Family sector:	*Better Outcomes, Brighter Futures*, the national policy framework for children and young people 2014-2020

In addition, the work of the Justice and Criminal sectors, Local development committees in the Local Government sector, and the work of the Department of Social Protection at the frontline of dealing with persons at risk, were all identified as being of particular relevance.

Health and Wellbeing/Healthy Ireland

The whole of Government response under Healthy Ireland constituted, in the Groups view, the most significant context to address both the contradictory policies outlined above and the mainstreaming imperative in health and social care generally. Overall, the Group felt that the new framework should target both population and high-risk groups equally. The health and wellbeing interventions under the Healthy Ireland initiative provided a significant opportunity

for the implementation of the new Strategic Framework. In that regard, a number of Healthy Ireland initiatives and policies which had broadly common objectives to the positive physical and mental health objectives of a new suicide framework were identified by the Group. These include:

- Healthy Ireland – a Framework for Improved Health and Wellbeing 2013-2025 – which is the national, whole-of-government and society framework focussed on public health, wellbeing and prevention, developed in response to a number of health and lifestyle concerns in Irish society;

- Better Outcomes, Brighter Futures – the national policy framework for children and young people 2014-2020 which has an outcomes-focussed whole-of-government approach, with a comprehensive Action Plan;

- The National Physical Activity Plan – which aims to improve general population health and wellbeing through physical activity, in turn promoting wellbeing, physical and mental health, and therefore wider economic, social and cultural benefits;

- The National Positive Ageing Strategy – to support older people and enable them to live independent full lives, and provide a vision for positive ageing in society;

The Group agreed that these were significant initiatives which aim to tackle critical links between health, lifestyle and positive mental health, key determinants which should also be encouraged in a new suicide prevention framework.

Online information

In the Group's view, policies should address public awareness of online information. Cyberbullying is referenced in the Pillinger Report but the Group felt that this was a difficult issue to manage in practice, compared to say face to face bullying, which may be more prevalent. However, both needed to be addressed in policy terms.

The issue of public awareness arises in the context of UN recommendations, identified in the Pillinger Report, which highlight the need to (i) increase public and professional access to information about all aspect of preventing suicidal behaviour, and (ii) promote public awareness with regard to issues of mental wellbeing, suicidal behaviours, the consequences of stress and effective crisis management. The Group suggested that if these two recommendations could be achieved in a real and meaningful way, the widespread fear and anxiety associated with suicide could be greatly alleviated. In this context, the increasing availability of online information was very positive for the range of supports and services that are now available for people who would otherwise not otherwise seek direct face to face assistance.

Target for reduction in suicide rates

The Group felt that a target reduction over the lifetime of the new framework merited serious consideration. It noted the WHO recommendation for a global target reduction of 10% by 2020, referenced in the Pillinger Report, and the fact that a target was set for *Reach Out* two years after it commenced. Factors which would be relevant to setting a target include agreement on an accurate baseline figure and consistency of statistics. Variations between systems of recording suicides in different countries also needed to be taken into account when comparing performance against a target. The establishment of similar targets in Scotland and Northern Ireland could provide guidance in this regard. If agreed, a target should also be written into the Framework from the outset. While a measured reduction in suicide would be both challenging to demonstrate, and while it would be debatable to attribute it to successful policy implementation, on balance the Group felt that it could bring a focus to suicide prevention efforts and therefore merited serious consideration.

Policies and planning objectives that have a bearing on suicide prevention

Finally, the Group decided to focus its recommendations at the higher level of policy, consistent with its remit. This would be in line with the definition of policy outlined in the Pillinger Report such as legislation and other higher level Government statements of intent, principles or protocols that guide the delivery and implementation of services. However, given the fact that specific issues are very clearly identifiable in the Irish context, the Group also made recommendations relating to specific areas of intervention which it felt were particularly relevant here. Therefore, having regard to the issues identified above, and based on its review of the Pillinger Report commissioned by NOSP, the Group made the following broad recommendations, as follows:

Policy recommendations of the Group

The need for a whole of Government approach to Policy formulation and implementation in this area, involving multi-agency collaboration and an emphasis on practical achievable outcomes;

The Framework should operate in parallel to the Healthy Ireland initiative and acknowledge the Health and Wellbeing Strategy, as well as the *A Vision for Change* mental health policy;

There is a need to cross-reference suicide prevention with the development of a new mental health policy when *A Vision for Change* comes to the end of its term. A greater emphasis on both Mental Health promotion and a Recovery focus within broader mental health service delivery has clear links with suicide prevention policies;

Close links are required with policies on children and young people, and with the work of the Education sector at all levels;

The need to acknowledge the vital role of wider Primary and Community Care, in order to

address issues of discharge from mental health settings and follow-up in the case of all service users who may move from one health setting to another over the course of treatment;

Policies should recognise the importance of evidence and research in this area, and the need to address key research gaps;

Both universal and selective interventions (high risk groups and tendencies) are appropriate;

The issue of addressing suicide rates and possibly inserting a target reduction should be considered;

The need to address the prevalence of medical/preventive compared to alternative approaches which would recognise the wider social dimension to treating people who are vulnerable or at-risk;

The need to increase public and professional access to information about all aspects of preventing suicidal behaviour, and to promote public awareness with regard to issues of mental wellbeing, suicidal behaviours, the consequences of stress and effective crisis management.

A strong Communications Strategy is required in the new Framework.

The need for the regulation of the delivery of services in this area was raised by the Group, with a need to devise appropriate standards for the increasing number of organisations which NOSP funds in this context.

Membership of the Policy Advisory Group

Name	Organisation
Colm Desmond (Chair)	Mental Health Policy Unit, Dept. of Health
Odhran Allen	GLEN
Orla Barry	Mental Health Ireland
Derek Chambers	Inspire Ireland
Suzanne Costello	Alcohol Ireland
Margaret Grogan	NEPS, Dept. of Education and Skills
Jacinta Hastings	Bodywhys
Susan Kenny	National Office for Suicide Prevention
Rachel Wright	Samaritans Ireland
Anne O'Donnell replaced by Dr Sean Denyer on 18/8/14	Dept. Children and Youth Affairs,
Ronan Toomey/Malachy Corcoran	Health & Wellbeing Policy Unit, Department of Health
Sandra Walsh	Mental Health Policy Unit, Department of Health
Barbara Walsh (Secretary)	Dept. of Health