All Party Group on Suicide Prevention Inquiry Response

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Summary

- The **APG's proposed inquiry rests on incorrect assumptions**, specifically, that suicide prevention "activity" is easily defined and currently rests mainly with the Department of Health. In reality, suicide prevention is **complex, cross-departmental**, and influenced by biological, psychological, social, societal, and structural factors. It is therefore **misleading and impractical** to treat suicide prevention activity as a discrete, easily fundable category.
- If suicide prevention is broadly defined to include all community and voluntary "mental health prevention and intervention" activities, then existing evidence (Action 17 Mental Health Strategy) already shows that only **35%** of funding comes from the Department of Health, with significant contributions from other departments such as Education. This demonstrates that suicide-related work is **not primarily funded by Health**.
- If suicide prevention is defined in a narrow, more specific way, **Protect Life 2 (PL2)** already outlines specific evidence-based specific actions such as counselling, restricting access to methods and reducing harmful media content. These actions are **already funded across various Departments**, with around **£10 million per year** supporting PL2 delivery. However, the Strategy's action plan **does not yet include** full implementation of the Regional Mental Health Crisis Service, which is a major gap.
- I urge the APG to **focus on ensuring high-quality, evidence-based suicide prevention interventions, especially crisis services, are funded and fully delivered** within the Department of Health framework and monitored through PL2. The **most urgent gap** in the current system is the absence of fully delivered crisis services, and this should be the APG's priority.

Detailed Response

The terms of reference for the inquiry

The purpose of the inquiry is:

"To examine how suicide prevention activity in Northern Ireland is funded, with a particular focus on the extent to which responsibility and investment should be shared across Government Departments rather than resting primarily with the Department of Health".

The purpose statement suggests that suicide prevention "activity" can be easily defined and that it currently rests primarily with the Department of Health. Both of these sentiments are incorrect.

Firstly, if suicide prevention activity is defined broadly as all activity provided by the Community and Voluntary sector in the broad area of mental health (in my view, an inaccurate definition), the recent EY report published as part of Action 17 of the Mental Health Strategy provides the breakdown of funding sources. Only 35% of this activity is funded by Department of Health and the breakdown across the other departments is provided (e.g. 25% through Education). I assume that the APG review intend to produce a similar report to this for "suicide prevention activity" however I would caution that this remit will be very difficult to define.

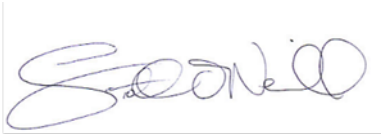
As the numerous models of suicide demonstrate, suicidal behaviour results from a variety of factors, including biological, psychological, societal, structural, social and individual motivational and volitional variables. Ultimately, death by suicide is a result of action and suicidal behaviour accompanied by access to a method of suicide. Suicide prevention "activity" includes any issue that may motivate a person to feel that their life is not worth living, or contributes to the physiological response to stress, distress and crisis. This is an enormous remit, arguably covering the entire Programme for Government (given the links with financial stress), and it is therefore an inappropriate remit for an APG inquiry.

Notwithstanding this, there are specific actions that can address key elements of suicidal behaviour, these are included in national suicide prevention strategies, and our own Protect Life 2 Suicide Prevention Strategy. For example, limiting access to methods of suicide, efforts to address the cognitive factors that bring suicidal behaviour to mind as potential response in times of distress or crisis, including information about suicide in the media and social media. This Strategy is already funded by the different Government Departments responsible for the individual actions, information regarding where the (approx.) £10 million per annum for this Strategy comes from is easily available. Importantly, the Action Plan does not include the full delivery of the Regional Mental Health Crisis Service which provides the comprehensive, evidence-based interventions for people in suicidal crisis.

Why do we need to fund the Regional Mental Health Crisis Service?
Importantly, suicide prevention "activity" also includes services to help people who are in crisis and distress. The current evidence supports safety planning interventions to target suicidal thoughts and behaviours, alongside problem solving and coping focused support to address underlying issues which have led to the suicidal thoughts and behaviour. Because of the training and quality assurance needed and the need for links with Statutory services, they funded through the Department of Health. Delivery should be through the Towards Zero Suicide programme for people with mental illness who are suicidal, and the Regional Mental Health Crisis service. Since the launch of the policy for this service in 2021, I have repeatedly highlighted the need for it to be fully funded, and for the urgent delivery of the Community and Voluntary sector element of this service which would deliver a two-week face to face crisis support, service saving at a minimum £5 million per annum when compared with the cost of a one-off Emergency Department consultation. I will be launching a review of the cost effectiveness of crisis services later this year with the exact figures.

I would very strongly urge the APG to concentrate on ensuring that high quality evidence-based suicide prevention interventions that are based on recognised

theories of change and safety planning models, are funded through the Department of Health, and the delivery monitored as part of the PL2 Suicide Prevention Strategy (which is cross-departmental). The current action plan does not include these types of crisis services, that is the most urgent gap that needs to be fixed to improve suicide prevention and ensure that Community and Voluntary sector suicide prevention services are delivered in an effective manner. This gap should be the focus of the APG.



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