Date: 3 November 2016

College of Occupational Therapists

Protect Life 2 – a draft strategy for suicide prevention in the north of Ireland

Response from the College of Occupational Therapists

Introduction

The College of Occupational Therapists is pleased to provide a response to the Northern Ireland Department of Health consultation on the **Protect Life 2 – a draft strategy for suicide prevention in the north of Ireland.**

The College of Occupational Therapists is the professional body for occupational therapists and represents over 30,000 occupational therapists, support workers and students from across the United Kingdom of whom about 1000 are in Northern Ireland.

Occupational therapists deliver services across health and social care, housing, education, prisons, the voluntary and independent sectors, as well as in vocational and employment rehabilitation services. They work in many settings, such as in Trusts, educational settings/schools, forensic settings/prisons as well as in community settings in people's homes, workplaces and communities.

Occupational therapists are regulated by the Health and Care Professions Council and work with people of all ages, supporting them to lead independent lives. They assess a person's holistic needs including physical, psychological, practical, social and emotional –helping individuals to achieve the occupational goals that are important to them.

Occupational Therapists are experts in assessing functional performance. They have a unique understanding of the impact of disability and illness on occupation (e.g. activities) recognizing that poor physical and mental health, disabilities, or the effects of ageing can affect people in different ways.

Date: 3 November 2016

College of Occupational Therapists

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Protect Life 2 – a draft strategy for suicide prevention in the north of Ireland
Consultation Questionnaire

Please use this questionnaire to tell us your views on the draft strategy.

Please send your response by **Friday 4 November 2016** to:

phdconsultation@health-ni.gov.uk or to

Health Improvement Branch
Room C4.22
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

I am responding as... *(Please tick appropriate option)*

[X] on behalf of an organisation, or

[ ] Other……(*Please specify*);

Name:	Kate Lesslar
Job Title:	Policy Officer
Organisation:	College of Occupational Therapists
Address:	Po Box 1509
	Dungannon, BT70 9AA
Tel:	028 8773 8999
Fax:	Same as above
e-mail:	Kate.Lesslar@cot.co.uk

Date: 3 November 2016

PURPOSE, AIMS AND SCOPE

Q1. Do you agree with the overall purpose of the Strategy. If not, what alternative do you suggest? (p 14)

Yes [x] No [ ]

If No, please state why.

Q2. Do you agree with the stated aims of the Strategy? If not, what alternative do you suggest? (p 14)

Yes [x] No [ ]

If No, please state why.

Q3. Do you agree with the stated principles of the Strategy? If not, what alternatives would you suggest? (p 15)

Yes [ ] No [x]

If No, please state why.

The College agrees with the principles, however they seem somewhat vague. How is it intended to measure "*Improve cross-sectoral, crossdepartmental and cross-jurisdictional collaboration in the development and delivery of policy and services which contribute to suicide prevention*"

From past experience words such as cooperation and collaboration across government need to be matched with joint budgets across government. We are hopeful that the new Programme for Government will be better at a whole systems approach and allow for better joined up working.

Suggested Principles

- be coherent with actions, intended outcomes and an evaluation process.
- involve health & social care, all government departments, and all associated organizations across all stakeholders, those affected and wider society/public and the media
- have identified actions and budgets across departments and agencies.
- address the risks factors which have been identified by research
- be preventative through building resilience and good emotional and mental health and well-being in individuals of all ages and in communities.

- be responsive with interventions along a continuum from prevention, through to all involved in crisis situations and providing longer term support
- be evidence based as well as gather information on what works

RISK AND PROTECTIVE FACTORS

Q4. We have identified a number of priority population groups who are most at risk. Are there any other groups that are particularly at risk that have not been included in this list? (p 34)

We would suggest that whilst targeting certain group is needed, it is also important to whole population approaches such as for example those under 18 years of age- especially as it says in the report "*there was a significant increase in suicide in this age group, in line with that experienced by the general population, between the ten year period covering 1995 to 2004 and the subsequent ten year period 2005 to 2014."* This should ring alarm bells in terms of prevention. With a rapidly changing society especially in terms of technology, it is critical something is done now.

We suggest that special consideration is given to women with mental health issues in the perinatal period.

In terms of risk it may be beneficial to look issues related to people who die by suicide more comprehensively such as:

Being on benefits Looking at Box 2 on page 31 we wonder what is the impact of being on benefits. By virtue of the fact that a large number of people were unemployed at the time they died by suicide this would lead to the conclusion there is involvement of the benefits system. What are the risks regarding management of this service to vulnerable people?

In the Death by Suicide: A Report Based on the Northern Ireland Coroner's Database (deaths that occurred in the years 2005 to the end of 2011). 50.3% were classified as unemployed.
http://www.research.hscni.net/sites/default/files/Final%20Report_0.pdf

Relationship problems. In this same report it said that '*The largest category of adverse events, experienced by a third of those who died by suicide, is that of relationship breakdown or discord'.* This is significant and would suggest that this is an area for more examination.

Medication: There were a high number of people who were on medication. This is information which needs to be looked at in more detail.

Date: 3 November 2016

SERVICES

Q5. We have identified a number of gaps or services that need to be enhanced. Do you agree with these? Are there any other gaps that you think need to be addressed? (p 56-58)

Yes ☐ No ☒

Within objective 3 it says "*Low levels of engagement with mental health services by those who have died by suicide is a cause for concern. This is particularly true for men and probably reflects a reluctance to disclose mental health difficulties. This further highlights the need to raise public awareness of mental health, address stigma around disclosure of suicidal feelings, and encourage help-seeking.*"

The fact that a number of people are on medication as in Q4 response but are not engaging with mental health services would point to a gap somewhere.

There is a lot of reference to the stigma associated with mental health and seeking help, there is nothing here to suggest that this is being addressed. If stigma is a huge issue, then something needs to be thought about how services are provided and what can help in terms of where people may feel more comfortable in relation to seeking services.

Barriers can be practical reasons, so look at the barriers and consider practical solutions such as taking the services into the community or workplace such as the 'Farm Families Health Checks Programme'
'Fhttp://www.publichealth.hscni.net/farm-families-health-checks-programme
http://www.northerntrust.hscni.net/about/1020.htm.

Consideration also needs to be given to the known factors i.e. economic inactivity therefore ensuring that males in particular can access services beyond the traditional 9 – 5, Monday to Friday would assist in maintaining employment whilst engaging in services to increase and reconnect with the individuals protective factors. Current configuration of services is a barrier to individuals gaining support at early stages of distress

There is also something about the traditional male psyche and how we acknowledge we welcome males into the health environment. More creative ways of doing so should be considered.

Addressing gaps at primary care is needed greatly; however this is also needed at the preventative level and engagement with a wide range of services. GPs are critical but there should be examination of the roles of other professionals to support the GP role as well.

Condition Management Programmes could have the potential for preventative action if access and referral were possible at GP/Primary Care level. Presently there is a lack of referral pathway/access to these Programmes at this level.

Better provision of occupational health services to all employees is needed especially those in smaller businesses.

Occupational therapists in Northern Ireland consider that mental health is an area of great importance and in need of significant service improvement. It is essential that the correct referral mechanisms and interventions are in place to effectively manage and quantify need in this area.

There needs to be wider population actions towards developing better emotional health such as specific education programmes in primary and secondary schools aimed at increasing understanding and awareness about one's own mental health, emotional resilience and the resources available to support vulnerable young people.

Care also needs to be taken as to what are the programmes being used in schools and monitoring and evaluation to ensure they are suitable and effective.

OBJECTIVES

Q6. Do you agree with the stated objectives of the Strategy? If not, what alternatives do you suggest? (p 66-69)

Yes ☐ No ☒

If Yes, please provide comments.

We agree with these objectives to a point but they do not have enough focus on prevention or early intervention.

We would also like to see objectives related to providing effective prevention and early interventions for individuals and communities, which would lead to a reduction in risks that might lead to self-harm or suicidal behaviour.

Many of the protective factors identified within the document are core to the occupational therapists skills.

Occupational Therapy as a profession provide holistic interventions tailored to the individual to enable them to lead healthy, productive and meaningful lives through occupation. Occupational therapists working in services across physical and mental health will always seek to enhance many of the protective factors, described; for example assessment of the individuals current functioning in relation to their role i.e.

personal relationships, work, socially, family and in connecting with society. Occupational therapists will assess the individual's physical, psychological, environmental and spiritual capabilities and when deficits are identified are solution focused so ensure that protective factors are enhanced.

Occupational therapists can work across sectors to ensure that the impact of physical illness of the individuals daily functioning is maximized building confidence and hope.

The core ethos of Occupational Therapy supports kindness, compassion, understanding, and hope in practical and emotional forms

Occupational therapists assist the individual to reconnect with life skills that may be diminished; to build hope and motivation and a positive outlook for the future not only based in being economically active but having a rewarding and fulfilled life based on the individuals skills and interests which may include re-engagement in hobbies, groups, education and /or retraining.

Occupational Therapists focus on assisting the individual by identifying barriers to health, relationships, work, social outlets, accessing Voluntary and Community services, family relationships and provide practical and meaningful interventions specific to the individual to increase the individuals protective factors.

While the strategy clearly outlines what the protective factors are and what is required to support individuals it fails to identify how this can be done in a measurable and meaningful way. If a person is unable to see a role for themselves in life going forward, there is a sense of hopelessness. A disconnection from roles due to loss of work, change in relationship, how a person feels they are viewed by society.

An occupational therapist can work with people through occupation to see viable options of life going forward and which are not only discussed but linked to the individual's hopes, dreams, pre morbid skills and vision of a new future.

For example a young man with a recent diagnosis of a neurological condition who can no longer work. As part of their assessment and interventions an occupational therapist could review his home environment and ensure that he can function and remain independent. The occupational therapist could also review his hopes and aspirations and interests to assist him to set goals such as seeking retraining or engage in meaningful activity which will increase self-esteem, problem solving and motivation. They will link the individual with retraining, organisations who can provide support going forward specific to that individual's needs and interests. This is an example of how Occupational Therapy can increase protective factors

ACTIONS

Q7. The Public Health Agency will be responsible for implementation of the action plan and will develop it in conjunction with a multi-agency implementation group. We would invite your views on the draft action plan and welcome suggestions on additional actions. (p 70-74)

Comments:
Occupational therapy as a profession be included in all consultation and action plans

Some of these actions need to be more specific.

For example '*Encourage employers to create an environment that helps ensure the mental health wellbeing of their employees at work*,' needs to have some more specific actions such as: *Provide occupational health services to employees*.

'*Strengthen cross-departmental engagement in addressing risk factors for suicide and self-harm'* – this is vague

There must be more in relation to occupation and employment in these objectives. Also see comments in Q6. We are happy to speak to you regarding this or send more information. We have commented to previous strategies in relation to work/employment such as the economic inactivity strategy and the disability employment strategy. There needs to be more recognition of the link between work and health. A joined up approach is needed as worklessness is everyone's business given the well evidenced impact it has on individual's health, family and society as a whole.

We suggest that there is a proper vocational rehabilitation strategy in Northern Ireland. This area continues to be approached in a piecemeal fashion.

Access and referral should be made possible at GP/Primary Care level for Condition Management Programmes.

Integration and joint working is also needed between health, job centre staff, work programmes and employers.

MEASUREMENT, REVIEW AND EVALUATION

Q8. Progress in delivering the Strategy will be monitored and its effectiveness will be reviewed periodically. We would welcome your views on how best to monitor and assess the impact of the Strategy over time. (p 78)

Comments:

The measure is the number of people who self-harm or die by suicide. We should be aiming for zero suicides/self-harm. We can analyze all the parts in-between but this really is the overall aim.

AWARENESS RAISING

Q9. We would welcome your views on how best to raise public awareness of suicide, suicidal ideation, suicidal behaviour and self-harm.

Comments:

We believe there needs to be on a positive focus of 'choosing life' and building skills in relation to emotional resilience and coping skills, dealing with relationships, roles in life, activity, occupation and leading meaningful lives. We believe that services should function well such as health and social care, benefits systems and the justice system/police. If awareness is raised services and communities must be functioning well to be able to respond in a timely and appropriate way.

Care needs to be taken to ensure that messages are around people and their everyday lives and 'it's okay to talk'. Young people get a lot of messages now about computer safety, road safety etc so care also needs to be taken not to bombard them and that all these messages are working in tandem. Messages need to be delivered in ways and at levels that speaks to that group or community – and in a way that is accessible (not everyone may read or understand written messages or indeed understands spoken language in the same way) and in places and at times that will cut across barriers. Stigma related to services needs to be considered.

ANY OTHER MATTERS

Q10. Please provide any other comments or suggestions that you feel could assist the development and delivery of the Strategy.

Comments:

The College believes that this strategy contains many good elements such as reacting to the immediate crisis, strengthening some services and consideration for all those affected. However the College does still feel there needs to be more focus on prevention and early intervention. There is a lot of information about people who have died by suicide and this needs to be analyzed in more detail such as 'medication'. What are the other options for treatment, support and population

approaches being considered?

The College would like to see more detail on how this strategy intends to deliver on the Minister's Vision for the next ten years for Health and Wellbeing in areas such as:

- **'Leading 'long, healthy and active lives**
- **Building capacity in communities and in prevention'**
- **Enhancing support in primary care'**

We would like to see more of an analysis around risks and what is being done in terms of supporting and enhancing protective factors. This should include what we are doing to ensure purposeful and meaningful lives (occupation, activity, roles skill building, emotional resilience, hope and recovery)

We believe that employment is one aspect and that there are other areas in relation to occupation and activity that we should also be including in actions. We do feel that this is not reflected in services in terms of occupational therapists- for example Home treatment Teams or Child and Adolescent Mental Health.

Occupational Therapy can provide outcome based accountability as interventions are tailored and specific to increase the individuals functioning across all domains and we feel that 'occupation' giving people back roles and meaning in life needs to be stronger in this strategy

There should be an overall vocational rehabilitation strategy. There should be an emphasis on work across a continuum to leading productive lives and having meaningful occupation in cases where people are unable to work in full time permanent employment.

This may be of interest 'Working for health – occupational therapy and how it can can benefit your organisation'.
https://www.cot.co.uk/sites/default/files/publications/public/Working-For-Health.pdf

Systems should work well across agencies and departments with a whole system approach.

Young people are faced new situations in terms of technology, what is the forward planning and future proofing taking place now to deal with what may be the risks in future.

Sensitive and responsible media should also consist of programmes and dramas reflecting positive behaviour as these are also messages absorbed by society.

Occupational Therapy assessment, treatment and outcomes encompass the following:

- Appraisal of abilities, interest and motivation, choice and future goals.
- Routine, adaptability, roles, responsibility
- Communication and interaction including inter personal and intra personal
- Processing, knowledge, organisational skills, problem solving skills
- Posture, mobility, coordination, strength, effort and energy
- Physical environment such as space, physical resources, social groups and current occupational demands.

Occupational Therapy is the only profession currently who can provide full assessment, treatment and provide measurable outcomes across all the domains above.

Here is a film about Matt who had excellent occupational therapy intervention;

https://www.cot.co.uk/ot-helps-you/mental-health

STATUTORY EQUALITY DUTIES

Q11. Are the actions set out in this draft Suicide Prevention Strategy likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

If Yes, please state the group or groups and provide comment on what you think should be added or removed to alleviate the adverse impact

Yes ☐ No ☐

Comments:

Q12. Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in the consultation document may have an adverse impact on equality of opportunity or good relations?

If you answered yes to this question, please give details and comments on what you think should be added or removed to alleviate the adverse impact.

Yes ☐ No ☐

Comments:

Q13. Is there an opportunity for the draft Strategy to better promote equality of opportunity or good relations?
If you answered yes to this question, please give details as to how.

Yes ☐ No ☐

Comments:

Q14. Are there any aspects of the Strategy where potential human rights violations may occur?
If you answered yes to this question, please give details as to how.

Yes ☐ No ☐

Comments:

Please return your response questionnaire.
Responses must be received no later than 5pm Friday 4 November 2016
Thank you for your comments.

Annex A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department may publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act 2000 gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. **If you do not wish information about your identity to be made public, please include an explanation in your response.**

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence, if it is necessary to obtain that information in connection with the exercise of any of the Department's functions, and it would not otherwise be provided;

- The Department should not agree to hold information received from third parties “in confidence” which is not confidential in nature; and

- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner’s Office (or see the web site at: https://ico.org.uk/)

Annex B

Equality and Human Rights

Section 75 of the Northern Ireland Act 1998 requires departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

In accordance with guidance produced by the Equality Commission for Northern Ireland and in keeping with Section 75 of the Northern Ireland Act 1998, the Framework has been equality screened and a preliminary decision has been taken that a full EQIA is not required.

Departments also have a statutory duty to ensure that their decisions and actions are compatible with the Human Rights Act 1998 and to act in accordance with these rights.