New Script
FOR MENTAL HEALTH

Response to the
Review of Protect Life 2 Strategy
by the Department of Health

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Summary of Main Points Raised in this Response

Issues

1. There is an absolute lack of transparency and accountability surrounding the Department of Health's decision to extend the Protect Life 2 Strategy (PL2).
2. No evidence base was provided by the Department for Health to inform its decision to extend PL2 until 2027, and possibly 2029.
3. There is no clarity as to whether the Strategy has reduced the rate of deaths by suicide.
4. The reduction target of 10% is not sufficiently ambitious.
5. No data is provided on outcomes achieved as a result of the Strategy.
6. The Strategy has failed to target objective need.
7. No information is provided on the relevant legislative and regulatory frameworks.

Solutions

1. The Department for Health must provide detailed information on the evidence based which informed its decision to extend the Strategy. This must include progress made in reduction of deaths by suicide, measured against the revised target.
2. The Department for Health must consult with communities on an appropriate overall reduction target.
3. The Department of Health must provide a detailed progress report, based on the Evaluation Framework and Performance Indicators set out in Appendix of PL2.
4. The Department of Health must ensure that PL2 includes targeted actions based on objective need.
5. The Department of Health must set out the relevant legislative and regulatory frameworks PL2 is required to comply with.

Context

Suicide is a major public issue in our society. Each death by suicide is a preventable rather than an inevitable death. Every single death causes devastation to the family and friends affected, but also impacts the wider community and society as a whole.

The causes of suicide are complex, but we know that a number of factors, including trauma, abuse, poverty, unemployment and discrimination in its various forms, increase the risk of death by suicide. Rates of death by suicide are over three times higher in deprived communities than in wealthy areas.

A societal response is needed, one that addresses the underlying drivers of despair and hopelessness that lead to suicide. To do that we need a high level, properly resourced, cross-departmental Strategy.

These are the reasons why the Protect Life 2 Suicide Prevention and Self-Harm Strategy needs to be effective and has the data to support that.

In this context New Script for Mental Health is extremely concerned by the absolute lack of transparency and accountability surrounding the Department of Health's decision to extend Protect Life 2 Suicide Prevention and Self-Harm Strategy.

Background

In a press release issued by the Department for Health on 5 September 2023, it was announced that this Strategy, due to end in 2024, was being extended until 2027, with the possibility of a further extension until 2029.

A Freedom of Information response obtained by PPR from the Department of Health (dated 25 March 2024 Ref: DOH/2-24/0054) indicated that an initial request for an extension of PL2 was actually made back in 2022, to the then Health Minister Robin Swann.

The decision to extend the Strategy was made by the Permanent Secretary Peter May and the Chief Medical Officer, Professor Michael McBride, in the absence of any parliamentary or public scrutiny. No evidence base was provided for this decision, beyond what was contained in the Department's press release. It cited '*the very challenging financial situation facing the Department and the necessity to direct resource into the COVID-19 pandemic response and recovery, (which) has unfortunately impacted on the pace of implementation of Protect Life 2'*.

Following this announcement, the Department for Health on 2 January 2024 announced a Review of the Protect Life 2 Action Plan. The stated purpose of this Review was to provide '*an opportunity to take stock of progress to date on implementation of the extended Protect Life 2 Strategy (2019) and inform the future Action Plan for delivery'*.

The Review's Terms of Reference notes that in relation to the Scope of the Review, the Permanent Secretary decided that the aims and objectives of the Strategy would not be within the scope of the Review, but rather that it would only focus on actions.

New Script for Mental Health has identified a number of serious issues, outlined below, which arise from this lack of transparency and accountability.

1. **No clarity as to whether the Strategy has reduced the rate of deaths by suicide**

The aim of Protect Life 2 is to *'reduce the suicide rate in NI by 10% by 2024'*

The PL2 Strategy indicated that the 10% reduction target was based on the 3-year rolling average annual rate of suicide for the period 2015/17 (16.5 deaths per 100,00 of population). This equated to a target of 14.9 deaths per 100,00. This was to be measured for the period 2021/23.

Following NISRA's reclassification exercise, which looked at data from 2015-2020, the age standardised rate was lowered.

The revised age standardised rates are as follows :

- 2015 13.7
- 2016 12.9
- 2017 13.1

The estimated average baseline rate of deaths per 100,000 between 2015-2017, based on the above figures, is 13.2. The previous rate, prior to the reclassification exercise, as outlined above, was 16.5 deaths per 100,000, with a target reduction rate of 14.9 per 100,000. **To date the Department of Health has not indicated what the revised target equates to.**

New Script for Mental Health raised this at a meeting of the All-Party Group on Mental Health, held on 7 September 2023. Mr. Brian Dooley, Department of Health lead official on Protect Life 2, informed the meeting that they had always intended to revise the baseline and target in light of the NISRA review, but '*hadn't gotten around to it'* Ms. Órlaithí Flynn MLA, APG Chair asked Mr. Dooley to provide this revised figure to the APG, which he agreed to.

In a response to an FOI from PPR, received on 28 November 2023 (Ref: STOF/0496/2023) , the Department of Health stated '*The 2022 figures are due to be published shortly and this will then allow for the 2020-22 average to be calculated. You can see that there is very little difference between the crude and age standardised figures. A revised baseline will be considered as part of the Protect Life 2 Review and included within the Strategy after the Review is completed. The 10% target reduction will then apply to that revised baseline'* .

Four years into the Protect Life 2 Strategy, the Department of Health has not published data that shows the change in the rate of deaths by suicide. Without this fundamental data, it is not possible for politicians or the public to hold the Department to account on the effectiveness or otherwise of the Strategy. It is also difficult to understand how, in the absence of this information, a decision was made by the Permanent Secretary to extend the Strategy for another 3, and possibly 5 years.

The Department of Health must explain why it needs to wait until the completion of the PL2 Review to publish the revised baseline and progress in relation to 10% reduction in deaths by suicide? The data is available and this is simply a calculation, as the Department has already said that the 10% reduction target will not change.

2. **Reduction target is not ambitious enough.**

New Script has previously highlighted that the overall reduction target needs to be more ambitious. The first Protect Life Strategy launched in 2006, set an overall target of 15% reduction in deaths by suicide. Protect Life 2 stated that its lowered target to reduce the rate of suicide by 10% by 2024 was ' *in line with WHO advice'*. However, the WHO in its Comprehensive Mental Health Action Plan for 2013-2030 , which built on its previous Mental Health Action which had included a 10% reduction rate, set a global target for the rate of suicide to be reduced by one-third by 2030. It should also be noted that targets set by WHO are guidance only and should be developed in response to the particular context of individual countries. In the context of NI, the target set also needs to respond to the wide differential of over 3 times higher death rates in deprived compared with affluent areas. (see below).

3. **No data on outcomes as a result of the Strategy**

The most recent Protect Life 2 Progress Report, issued in March 2023, details a range of activities and outputs under each of the 10 objectives. However, it doesn't report against Actions under each Objective as set out in the Strategy and doesn't provide comprehensive, systematic evidence of outcomes. Without such data it is not possible to accurately and fully assess the effectiveness of the Strategy.

The following details illustrate the lack of data provided:

Objective 4 : Enhance community capacity to prevent and respond to suicidal behaviour within communities

Performance Measure Baseline:

- Suicide prevention is embedded in, and an active part of, all District Council Community Plans.

No data is provided.

Objective 5: Reduce incidence of suicide amongst people under the care of mental health services

Performance Measure Baselines:

- Number of people in contact with mental health services who die by suicide
- Number of self-harm and suicide related serious adverse incidents within mental health services.

No data is provided.

Given that the Towards Zero Suicide Programme has been funded from 2019 and focuses on suicide prevention in mental health services, robust data would be expected in relation to these points.

Objective 7: Enhance the initial response, care and recovery of people who are suicidal

Performance Measure Baseline:

- 50% of frontline HSC staff trained in suicide awareness and prevention (concentrating on those working in primary care, emergency services and mental health/addiction services by 2022).

No data is provided.

In an FOI response received by PPR from the Department of Health (Ref: 2023-0233) the Department stated that Action 7.2 '*has been difficult to monitor and collation of data is challenging'*. It also confirmed that data on numbers of HSC staff undertaking suicide prevention training cannot be disaggregated by profession, because data is not captured at training.

People are told to go to their GP as their first point of contact when experiencing emotional distress or suicidal ideation. It is vital therefore that GPs are trained in suicide prevention. Yet, the Department of Health nor the Public Health Agency are able to say how many GPs have been trained in suicide prevention since the launch of PL2 in 2019.

Given the implementation of the Towards Zero Suicide Programme with targets for addressing suicide awareness and intervention training with staff across mental health services, robust data would be expected for that sector.

Performance Measure Baseline:

- Waiting time targets met for access to psychological therapies.

No data is provided.

4. Serious concerns regarding lack of baseline data and monitoring

In response to an Assembly Question on a timetable for publication of waiting times for psychological therapies and other mental health data sets, the Health Minister said that the Department '*was not in a position to publish mental health data sets, including waiting times for these specific mental health services, as data is not currently available or of sufficient quality'*.

In short, the Department has invited people to respond to its Rapid Review, but has failed to provide the data required to enable people to assess the effectiveness of current actions.

The serious issues regarding lack of baseline and monitoring data inherent in Protect Life 2 Strategy are mirrored in the Mental Health Strategy and mental health services.

A highly critical review into mental health data in NI in 2021 by the Office for Statistics Regulation (OSR) found that mental health statistics in NI were not serving the public good, by not enabling a range of statistics users to answer key important questions on a particular topic. Such was the extent of the OSR's concern that it recommended the Department of Health consider the development of a separate mental health data strategy to support the Mental Health Strategy. This has not happened.

The OSR report was followed by the Audit Office NI Review of Mental Health Services in Northern Ireland in May 2023. As per the OSR findings, the Audit Office stated that '*In the absence of an identified outcome framework and appropriate measures to assess whether services are making a difference in terms of improving mental health, we are unable to conclude on whether mental health services in Northern Ireland are providing value for money*'.

PPR raised the lack of data directly with the Chief Medical Officer, Professor Michael McBride. His response, which failed to address the issues raised by PPR, is available here.

5. The Strategy has failed to target objective need

The most recent data published by NISRA on suicide deaths, for the year 2022, shows that the percentage of suicides in the most deprived areas (31.0 per cent) was over three times that of the least deprived areas (9.4 per cent).

Protect Life 2 includes as one of its dual aims (to) '*ensure suicide prevention services and support are delivered appropriately in deprived areas where suicide and self-harm rates are highest*'. The Strategy acknowledges the inequality differential, citing the figures above. Yet the Strategy fails to include any targeted actions which would direct resources and programmes in favour of those geographical communities with the highest levels of objective need. These deprived communities are also the same communities with the highest rates of drug related deaths self-harm and anti-depressant prescribing. PPR has previously highlighted the Department of Health's failure through PL2 to address the serious inequalities that exist. Any revised PL2 action plan must prioritise this issue.

6. No information on legislative and regulatory frameworks

No information is provided as to what legislative frameworks Protect Life 2 Strategy fits within and is required to comply with. It appears to sit outside of the normal policy and legislative frameworks, whether they be in mental health, equality or human rights. The draft Strategy was screened out under Section 75, despite evidence of differential impacts on a number of equality grounds.

Equally there is no reference to oversight or regulatory requirements that arise from its objectives and actions. The complete failure by RQIA to regulate community mental health services for 14 years, coupled with serious concerns around its regulation of in-patient mental health services, raises questions as to what, if any, oversight is applied to the relevant elements of PL2.