College of Psychiatrists of Ireland
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The College of Psychiatrists of Ireland

Submission to the National Office of Suicide Prevention on a

National Suicide Prevention Framework

Main Points of this Submission:

- The College of Psychiatrists welcomes the opportunity to present a submission to the NOSP and will be glad, if asked, to follow up with further submissions and/or face to face meetings with key personnel from the NOSP to help develop a National Suicide Prevention Framework.
- The nationwide delivery of the mental health services and supports outlined in *Vision for Change* is a key element to any genuine response to Suicide.
- Research into the applicability of internationally proposed models of suicide prevention to the Irish context must be prioritised and inform the development of any framework.
- The Framework should address all groupings at risk of taking their own lives as identified in research and experience and prioritise initiatives for each (adolescents, young adults, older age population, ethnic minority groups, travelling community for example).
- Audit of existing support networks and the outcomes of the different approaches used is needed so as to focus resources on programmes that work.
- The Framework must co-ordinate and regulate the activities of the multitude of voluntary groups that exist in Ireland in order to disseminate and support models of good practice and ensure the best use of and accountability for scarce resources.
- Counselling Services and individual Counsellors must be statutorily regulated and governed as a matter of urgency to ensure the highest standards of assessment and intervention for vulnerable people in crisis.
- People in crisis must have access to suitable environments for assessment and support. All hospital emergency departments must have staff available that are

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appropriately trained and must have environments that are supportive to the needs of individuals in emotional crisis.

- Programmes that aim to reduce the stigma of mental illness and to promote help seeking behaviour by those who need it must be audited and evolve according to the lessons learned from such audits.
- Public education about mental health and well-being should be given the resources needed and should be part of the school curriculum from an early stage.
- A national sign posting initiative to guide those who are aware of people at risk and who want to get help for them must be developed.
- Programmes that aim to deal with alcohol and substance abuse must be prioritised as part of any framework.

Introduction

The College of Psychiatrists welcomes the opportunity to comment on this important topic.

The College of Psychiatrists of Ireland is the professional body for psychiatrists in Ireland and is recognised by the Medical Council and the HSE for training and competence assurance in psychiatry in Ireland. Our members are qualified doctors who have further trained to specialise in psychiatry or are currently part of a specialist training programme in psychiatry.

Suicide has always occurred, but due to issues such as stigma, judgemental attitudes and religious interdictions, it has been ignored as a problem in Irish society for generations. Over the last few years there has been an increasing effort to openly address this issue with the ultimate aim of reducing its incidences and in alleviating the suffering of those bereaved by suicide and of those contemplating or attempting suicide. We have travelled far, but we still have a long way to go. There have been conferences, documents, initiatives, training and planned implementations. Yet we are still unsure of what works and what does not work in the area of suicide prevention. What might work for one individual may not work for the population as a whole. We believe we can reduce suicide, but belief and good intentions do not always translate into positive results.

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What makes suicide so difficult to study and prevent is the complexity and multifaceted nature of its causes. Not only are there mental health factors associated with suicidal behaviour, but there are social, cultural, economic, anthropological and philosophical aspects to this issue. The College with its expertise in mental health as well as mental illness is pleased to share its views with the National Office of Suicide Prevention (NOSP). The College hopes that this submission is an initial step in the relationship between it and the NOSP as regards the development of a framework and it will be available to the NOSP for further deliberations if asked.

Priority actions for the new framework on suicide prevention in Ireland

The nationwide delivery of the mental health services and supports as outlined in *Vision for Change (2006)* is key to any genuine response to Suicide. But it has only been partially implemented. The plan for the development of Community Mental Health Teams nationally is far from completion and the development of fully supported Child and Adolescent Mental Health Services has been sporadic and inadequate, these are both key to any attempt at tackling suicide prevention.

Not all those presenting to either primary or secondary care with thoughts of deliberate self-harm are suffering from a psychiatric disorder. But many are. They have the right to be assessed in a timely manner by a trained mental health professional to ascertain if there are mental health or substance abuse problems that need to be addressed. To view Deliberate Self Harm (DSH) or thoughts of DSH as an end in itself is to miss the point that they are frequently the symptoms and actions of an underlying mental disorder. It is the mental disorder that needs to be treated. To do so, professional resources have to be available to rapidly intervene to aid the individual. Trained mental health professionals need to be available on a 24 hour basis, seven days a week. These professionals need to be able to rapidly access further care, including inpatient admission if this is required. In practice these resources are becoming scarcer in Ireland.

The area relevant to suicide prevention that is most seriously neglected is that of adolescents presenting in crisis. This group require professionals with specific training and

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experience. These resources are frequently not available at all and if they are, it is usually only during normal working hours.

Therefore the full implementation of *Vision for Change* is essential as a first line intervention in reducing the level of suicide in Ireland. It is resource intensive, yet it has the most potential to reduce mental health suffering within Ireland.

What has worked well in suicide prevention in Ireland?

It is very hard to fully understand what is working and what is not working. Further research is needed in order to try and obtain some form of understanding of what works. There are plenty of research studies from all over the world as well as a growing body of research from within Ireland. The College recommends that the NOSP encourages and facilitates research into various models of suicide prevention that are specific to Ireland.

There are a growing number of national charitable bodies who are offering support for those who are in suicidal crisis. Some of these bodies have provided an excellent service and they have filled some of the gaps left by the inadequate funding of the mental health services. Often these bodies have been set up in response to a specific event that has resonated deeply with the community. They have challenged the stigma about suicide and they have contributed substantially to an open discussion about suicide and other forms of deliberate self-harm within the media and society in general. The College would recommend that the NOSP integrates and coordinates these different organisations so that they are used in a consistent, collaborative and optimum way nationally.

What we think can be improved

There are many counsellors and psychotherapists who are providing services for what is a very vulnerable population. Many are providing an excellent service to people with complex needs, but counsellors are not statutorily regulated or accredited at a national level. As a result there is the definite risk of the under-trained, under-supervised and unregulated personnel providing an inadequate or detrimental counselling or psychotherapy service to

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those who are at risk of taking their own life. This is unacceptable. The NOSP in its Framework Document needs to address this issue and add its voice to demanding that government develop appropriate standards and regulations of a statutory nature for counsellors in Ireland. Registration with the statutory authority must be the basic requirement before a person can deliver counselling services to people with mental health problems, especially those at risk of self-harm.

What we think are the gaps in suicide prevention?

The College repeats its call for implementation nationally of *Vision for Change*.

Emergency mental health services for children and adolescents who are in suicidal crisis is one area that needs to be addressed urgently.

Due to the nature of our health services, people in crisis tend to present at Emergency Departments (ED). The ED is not the ideal place for a person to assessed and treated when they are in a suicidal crisis. They may need to visit the ED due to self-inflicted physical injuries or overdose and when this is the case they should be assessed there. However arrangements should be made in all hospitals for a quieter area for assessment, that does not have protracted waiting times, so that the individual in crisis can rapidly obtain the assessment, support and intervention they require in a calm and supportive environment. It should be remembered that those with mental illness, those who are suicidal and those who abuse substances often do not have the personal resources to wait for several hours or more to see a doctor. We know of cases of people in mental crisis who have left an ED without being seen and then proceeded to take their own life. All assessment processes and environments must be set up in a way that meets the needs of those who present in crisis and engages with them urgently.

Older people are another group whose mental health needs need to be addressed. Depression is common in older people and is often under recognised and under treated. Population studies on suicide show a second peak of suicide in older men. There are

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recommendations within *Vision for Change* for the provision of appropriate mental health services for older people. These recommendations have not been realised fully and there are areas in the country either without specialist mental health services for older people, or where such services are under resourced. There needs to be access to community supports and resources in order to reduce social isolation and optimising medical care in the prevention of depression in the older population.

What we think will improve the quality, availability, responsiveness and accessibility of services.

The main intervention required to answer this question are the steps recommended in *Vision for Change.* This includes the adequate recruitment of mental health staff to the emergency departments and the provision within the emergency departments or within the hospitals of suitable appropriate environments for intervention of those in suicidal crisis Close collaboration between primary care and the mental health services is important.

What we think can be done to encourage people to seek help for themselves who may be in emotional distress

This is an area where many government and non-government bodies have been very active in the last few years. There has been some success in overcoming the stigma of mental illness and suicide. Many different initiatives have been rolled out. We believe many have had an impact. It is important that we keep our focus on this area so that progress is sustained.

People in emotional distress need to be reassured that they will be going to a non-judgemental, supportive and healing environment. All those who come into contact with those in crisis, whether it is in primary care, the emergency department, psychotherapy or counselling offices, should be adequately trained to deal with those in mental health crisis and to have a professional non-judgemental approach. All it takes is an adverse encounter and those who are emotionally strained may lose hope and no longer seek help. All

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personnel working in the EDs need to be adequately trained according to their responsibilities and all should be non-judgemental.

We need appropriate services nationally with ease of access for those in crisis and we need public education to ensure that those who require the services, know how to access them and are comfortable doing so.

What needs to be done to encourage people to give help to those they are concerned about?

Education about suicide and mental health are important for all members of society. This education starts in school, where some programmes have already been initiated. The one thing that will lead to avoidance of helping others is if those who want to help feel they are alone and once they have tried to help the distressed person will feel they have nowhere else to go. To overcome this, there is a need for a national sign-posting initiative. Such an initiative will let the emotionally distressed and those who are trying to help them know where they can turn to if the difficulties are too big for them to cope with. Such an initiative can be rolled out in many forms.

What can be done community wide to reduce suicide and promote positive mental health?

The promotion of physical and mental health care as vital components of living a healthy lifestyle is paramount. Those who adopt positive lifestyle changes are usually those least at risk of physical and mental illnesses. The difficulty is getting this message across to that section of the population that is often the hardest to reach and is also at the greatest risk of suicide and deliberate self-harm. This is where the social, cultural, economic, anthropological and philosophical aspects of this problem become more evident.

We know that alcohol and drug abuse contributes to this problem either directly or indirectly. Sometimes, like second hand smoking, the suicidal person is not the substance abuser, but the partner or child of a substance abuser. The societal damage of substance

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abuse spreads out beyond those who are the abusers. It is inevitable that the vested interests of the alcohol industry as well as the illicit drug trade must be addressed. This may take radical thinking and strong determined government action. The NOSP is well placed to also become part of this debate as it has a direct bearing on suicide

Conclusion

The College has proposed some broad steps in this submission that we believe will contribute to developing a national framework to alleviate the numbers of those taking their own lives in Ireland (see page 1 for summary) while recognising the complexity and the difficulties that present in trying to deal with this problem that has touched all communities in the country. We believe urgent attention to the 15 to 25 year old group and the elderly who are most at risk and full, adequately resourced implementation of *A Vision for Change* are key along with other areas outlined in this document. Meaningful engagement with service users, carers and frontline staff should also form part of any consultation process to develop a framework.

We will be glad to engage further with the National Office of Suicide Prevention in order to make this important initiative as successful as possible.

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