

MENTAL HEALTH PROMOTION EXPERT WORKING COMMITTEE

Chapter 4 – Policy Issues

THE POLICY ENVIRONMENT

4. INTRODUCTION

The importance of mental health promotion and its contribution to overall health has achieved growing recognition across the UK and Internationally (Jenkins 2002; WHO 2005; Jane Llopis and Anderson 2005).

4.1 NATIONAL POLICIES

England, Scotland and Wales, as well as Northern Ireland all have policies with a specific mental health promotion focus and have all in recent years developed strategies for the delivery of mental health promotion.

4.1.1 Northern Ireland

In Northern Ireland, the overall policy environment is currently considered relatively favourable to promoting mental health, stimulating a wide range of activity. Promoting social inclusion (PSI) is a key element of New Targeting Social Need, (Northern Ireland Office 2003) which has a special focus on mental health; promoting mental health and well-being at an individual and community level is one of the objectives of Investing for Health, the regional health strategy for Northern Ireland launched in 2002.

The Promoting Mental Health Strategy and Action Plan 2003, was published by the Department of Health, Social Services and Public Safety (DHSSPS) in January 2003, following responses to the consultation document Minding our Health (2000). In addition, responses to the wider Investing for Health consultation highlighted mental health as a key priority for action. (DHSSPS 2003)

Promoting Mental Health aims to improve mental and emotional well-being and to prevent or reduce the impact of mental illness. In addition, it has two aims concerned with the determinants of mental health at a policy level and building capacity and skills for effective mental health promotion practice. Overall, the Strategy strikes a balance between addressing life circumstances and developing life skills and is based on three principles: a holistic approach, empowerment and respect for

personal dignity. The Action Plan addresses four areas: policy development, raising awareness and reducing discrimination, improving knowledge and skills and preventing suicide.

Overall monitoring of the Strategy is the responsibility of the Ministerial Group on Public Health, with a DHSSPS-led Multi-Agency Group overseeing the action plan. Each of the four Health and Social Services Boards across Northern Ireland is required to develop local mental health promotion strategies. The Western Board (WHSSB) was the first to launch its plan at a major consultation event in Strabane in November 2003. A similar launch by the Southern Board (SHSSB) took place in January 2004. Within the Western Board, delivery of the suicide prevention element of the strategy is overseen by two suicide awareness co-ordinators, with a strong focus on both public and professional education, working with the media and an extensive programme in schools and prisons.

RESPONSE TO PROMOTING MENTAL HEALTH – STRATEGY & ACTION PLAN 2003-2008

The Strategy has been widely welcomed by people in the mental health field in Northern Ireland and represents an important milestone in putting mental health promotion on the health agenda. In addition, involvement by a range of agencies, statutory, community and voluntary, has meant a collaborative approach to mental health promotion which has been beneficial. Nevertheless, feedback outlined below suggests that there are some concerns about the impact of the strategy.

Implementation – Progress to Date

The Health Promotion Agency in Northern Ireland (HPA) were charged with the task of taking forward an implementation group to monitor progress with the 30 stated actions.

Ultimately the Implementation Group will report to the Ministerial Group for Public Health (currently under review).

In addition to implementation group meetings which have been held, 2 sub groups have recently been established to look in further detail at (a) suicide prevention and (b) education. These consultation groups have been set up with the aim of engaging with local stakeholders to help assess progress to date in terms of the actions relating to these 2 areas.

As part of its own consultation, the Expert Working Committee in MHP designed a questionnaire to be sent out to key stakeholders provide-wide, seeking feedback on issues relating to mental health promotion generally and more specifically seeking comment on the current strategy and perceived progress to date.

Outlined below is a summary of feedback received following the circulation by the Expert Working Committee on Mental Health Promotion of a “consultation questionnaire”, one of whose questions asked for comment on the strategy and perceived progress.

Fifty questionnaires were completed by a diverse range of agencies and individuals from the statutory, voluntary and community sectors. In addition to the questionnaire, views from members of the committee and from other individuals working in the statutory and community sectors have been sought on a one-to-one basis.

Support for the Strategy was clear, with a number of agencies involved in taking forward some of the actions outlined. However, respondents of the questionnaire and others commenting expressed concerns as following:-

- **Unrealistic Timeframes** - A number of the target dates for completion of action had already passed by the time the document was disseminated.
- **The Need for Guidance** - Quite a number of those commenting on the Strategy have highlighted the lack of guidance (such as DOH’s Making It Happen – a Guide to Delivering Mental Health Promotion – published to assist with the implementation of the National Services Framework Standard on mental health promotion in England).
- **Inadequate Resources** - Approximately £200,000 is earmarked for mental health promotion in Northern Ireland. This is currently allocated to the Health & Social Services Boards to help them resource local board initiatives. This is considered to be woefully inadequate, particularly in the light of the higher incidence of mental health problems in Northern Ireland compared to the rest of the UK.
- **Targeting Resources** - Given that many of the actions do not simply involve the health sector, consideration would need to be given to resourcing education, district councils, community organisations, prison service, etc.

The Scottish National Programme for Mental Health Promotion, with an allocation of £24 million represents a major investment and commitment to mental health promotion. On a pro rata basis, the Committee believes that £5-6 million would be required to develop the infrastructure of the Mental Health Promotion Directorate in the province. This level of resourcing would facilitate funding streams to be developed from other sectors such as education and employment.

- **Reinforcing of Cross Sectoral Collaboration** - Although a number of the actions (eg. Action 15 & 14) have an expectation of, for example, HSS Boards and HSS Trusts and Education and Library Boards working

together, there seems little evidence that this is happening, except at local level.

The Health Promoting School is one example of an initiative in an education setting being driven forward by the Department of Health solely in terms of funding with the Health Promotion Agency progressing the action.

- **The Need for Ministerial Direction** - There is a need for clear direction at the most senior level to drive the strategy forward (as in the Scottish Executive Model) – someone who can call people to account.
- **Question of Mainstreaming/Sustainability** - It is at present unclear what will happen beyond 2008. The issue of short term interventions with lack of resources to mainstream successful initiatives has long been a feature of mental health promotion in Northern Ireland.
- **Representation on the Implementation Group** - Members of the group should be in a position to influence the policy-makers and properly oversee relevant actions.
- **Gaps in the Strategy/Lack of Specificity** - A number of gaps have been identified in terms of vulnerable groups such as:
 - Victims of domestic violence
 - Those with learning disability
 - Needs of the autistic
 - Ethnic minorities
 - Specific at risk groups, eg. children, elderly and the isolated
- **Gaps in the Consultation Process** - Some respondents commented on their lack of consultation as follows:-
 - Midwives
 - Occupational therapists
 - Student population
 - Users of services
- **Other Comments**

Telephone Helplines -Telephone helplines are not cited in the strategy despite the emphasis on information campaigns and information on local services of support. (Actions 13 & 14).

Research - Further research into assessment of need is required.

4.1.2 National Service Framework for Mental Health - England

In 2001, the Department of Health developed a revised performance management framework to monitor progress on the implementation of all NSF standards and the NHS Plan as it relates to mental health.

The NSF Standard One on mental health promotion meant that a clear remit for the first time had been given to health and social services to promote mental health for all and to reduce the discrimination experienced by people with mental health problems. Recently, the importance of standard one has been reinforced in the public health White Paper, *Choosing Health*, which includes a specific commitment to new services to improve the mental and emotional well-being of the whole population and states:

“we will ensure that standard one of the NSF for Mental Health, which deals with mental health promotion, is fully implemented.”
(Department of Health 2004a)

The importance of mental health promotion is also recognised in the NSF progress report by the National Director for Mental Health, *The National Service Framework for Mental Health: Five Years On*, which notes:

“we need to broaden our focus from specialist mental health services to the mental health needs of the community as a whole.” (Department of Health 2004b)

In England to date, the main focus nationally has been on tackling discrimination and social exclusion, notably with the publication of *Mental Health and Social Exclusion* by the Social Exclusion Unit (2004) and NIMHE's strategy *From here to equality*. (NIMHE 2004). Guidance on developing local mental health promotion strategies: *Making it happen*, was published in 2001 (Department of Health 2001) and by the end of 2004, 91% of primary care trusts had met the requirement to have a mental health promotion strategy, although resources for mental health promotion delivery vary widely and are generally very limited. There are some indications that this might improve with the impetus provided by *Choosing Health* and the fact that NIMHE has recently commissioned a National Framework for Mental Health Promotion in England, to inform the further development and delivery of mental health promotion.

Lessons: England has been successful in putting the exclusion and discrimination experienced by those who use mental health services high on the agenda; if implemented, the recommendations in the SEU's report are likely to make a significant difference to the quality of life of people with severe and enduring mental health problems. However,

there is still a need for a greater focus on promoting mental health for all and moving mental health promotion higher up the public health agenda.

4.1.3 Mental Health in Scotland – A National Programme Approach

In 2000 the Scottish Executive policy outlined a commitment to mental health as an integral part of the wider agenda for public health and health improvement in Scotland (Scottish Executive 2000).

As a result of this in October 2001, the Scottish Executive unveiled a new programme for improving mental health and well-being (Henderson et al 2002).

Resources to the value of £24 million have been dedicated to this programme – the first of its kind in Scotland, where national policy and resources have been dedicated to improving mental health.

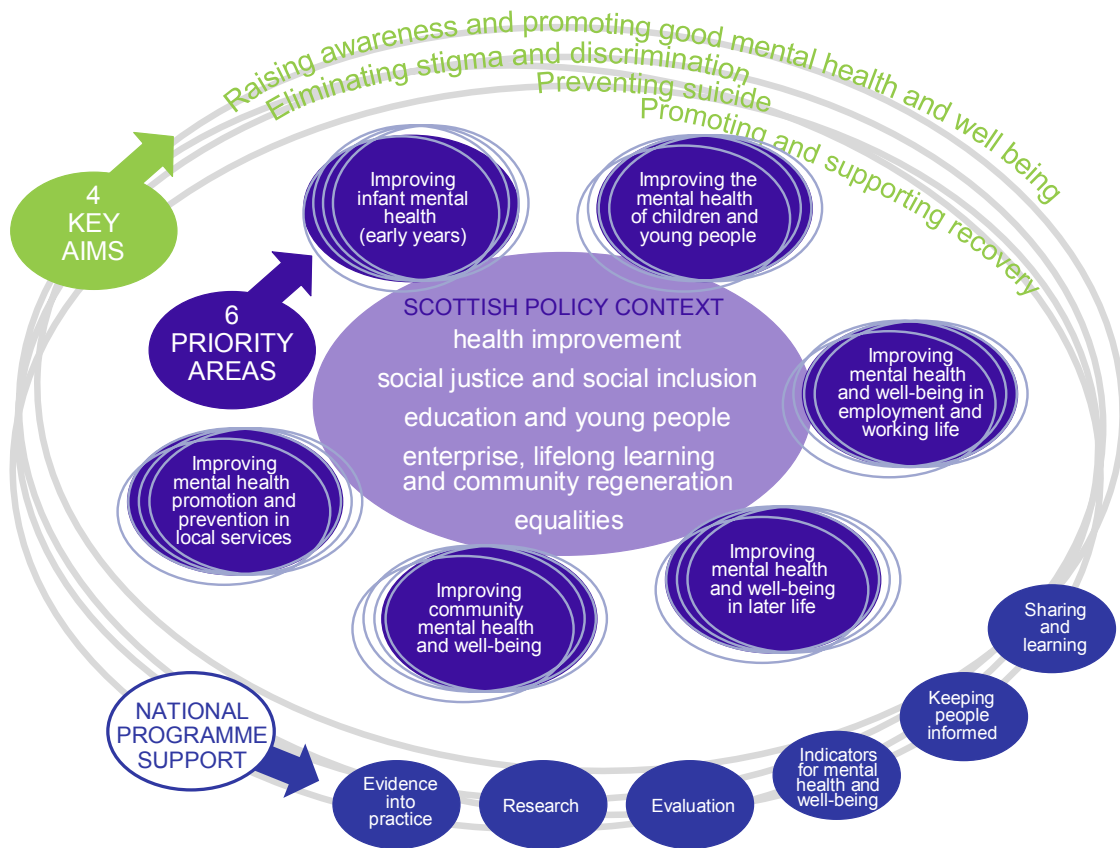
Commitment from the top (always a predictor of success) is manifested by the consultation and support body – the National Advisory Group, chaired by the Deputy Minister for Health and Community Care, which advises Scottish ministers on the programmes, strategic direction and implementation.

There is wide representation on the group – including those who work in health, education, housing, local authorities, employment, learning and justice.

An Action Plan was published in September 2003, setting priorities for actions such as:-

- Raising awareness and promoting good mental health and well being.
- Eliminating stigma and discrimination
- Preventing suicide
- Promoting and supporting recovery

ACTION PLAN



The Action Plan is supported by a range of activities including collecting and disseminating the evidence base and supporting local practice, developing and commissioning a programme of national research and establishing public health indicators.

The strength and profile of the Scottish National Programme for Improving Mental Health and Wellbeing (www.wellontheweb.net) means that the environment in Scotland is widely seen as extremely favourable to mental health promotion. In addition to a high profile media campaign and a wide range of activities to promote mental health and address discrimination, suicide and recovery, Scotland has seen a major investment in building capacity for the delivery of public mental health. This has included a range of training, research and resources commissioned by the Scottish Executive and NHS Health Scotland. A further major programme of mental health improvement training, with a focus on evidence into practice, is scheduled for 2005/2006, with events across all Scottish Health Boards (contact Scottish Development Centre for Mental Health www.sdcmh.org.uk)

Lessons: in addition to specific action on stigma and discrimination, it is also crucial to create an environment which promotes the mental health of the whole community – in schools, in workplaces, in neighbourhoods,

in primary care, in local government, the voluntary and private sector. This cannot be achieved without dedicated resources to build knowledge, skills, expertise and capacity.

This innovative and progressive approach is a model to be admired. One of the important factors is that, although the funding comes to an end at the end of 2006, the National Programme seeks to embed itself in Scottish policy and practice before that, leading to a long term commitment.

In a journal article recently published, Research Specialist, Emma Hogg, states that:-

“The work programme described should help to secure lasting commitment to mental health improvement and contribute to the shift from a focus on treatment issues to a more equal balance between treatment and promotion and prevention”.
(Hogg, 2004)

For information on progress to date of the work of the National Programme, please see Appendix v.

4.1.4 International Policy

A resolution passed by the Council of the European Union in November 1999, calls on the European Commission to recognise the importance of promoting mental health and to assess the mental health impact of policy.

The resolution invites the members to:-

- Develop mental health promotion policies
- Collect and share relevant data
- Develop and implement action to promote mental health and prevent mental illness.
- Stimulate research into mental health and its promotion

It calls on the European Commission to:

- Incorporate mental health into the public health programme.
- Monitor mental health as a component of the community health monitoring system
- Analyse the impact of community activities on mental health
- Consider drawing up a recommendation on the promotion of mental health

Also relevant to mental health promotion is the European Convention of Human Rights and the Human Rights Act (1998).

Although many countries have started to recognise that mental health policy to enhance public mental health has significant potential in terms of improving economic, social and human capital, Lahtinen (et al 1999) in their analysis of the position of mental health in Europe have argued that mental health has not achieved equal recognition with physical health among decision makers.

WHO Ministerial Conference on Mental Health

This Conference brought together all 52 countries in the European region of the WHO. Organised in partnership with the European Union and the Council of Europe. Arising from this conference was the “Mental Health Action Plan for Europe Facing the Challenges, Building Solutions”.

This Action Plan was endorsed in the Mental Health Declaration for Europe by Ministers of Health of member states in the WHO European Region.

This Action Plan sets out the details of commitments and responsibilities of both the WHO and national governments. It has 12 priority areas, with a strong public mental health focus, including:

1. Promote mental well-being for all
2. Demonstrate the centrality of mental health
3. Tackle stigma & discrimination
4. Promote activities sensitive to vulnerable life stages
5. Prevent mental health problems and suicide
6. Ensure access to good primary care for mental health problems
7. Offer effective care in community-based services for people with severe mental health problems
8. Establish partnerships across sectors
9. Create a sufficient and competent workforce
10. Establish good mental health information
11. Provide fair and adequate funding
12. Evaluate effectiveness and generate new evidence

It stresses the need for “mental health activities capable of improving the well-being of the whole population, preventing mental health problems and enhancing the inclusion and functioning of people experiencing mental health problems.” Of special note is the emphasis on increasing awareness of the importance of mental well-being, the inclusion of

promotion and prevention (alongside the need to improve treatment and services) and the recognition of the need for a competent workforce in all these areas.

4.2 SUMMARY

Regionally the Promoting Mental Health – Strategy & Action Plan 2003-08, is welcomed. Its ethos, underpinning values and actions are all highly appropriate. It also helps to reinforce much good practice in the field of mental health promotion over the years (much of which is captured in the Health Promotion Agency's Database) and is therefore encouraging to those who believe there must be a positive impetus for the future.

However, as outlined above, the implementation process is difficult.

The hard reality of the cost benefits of taking action – a projected £30billion savings by 2022 cited in the NHS Improvement Plan, may well be an incentive for action, in addition to the cost to Northern Ireland economy of mental ill health of £228 million, as outlined in Chapter One..

Whether the reasons are “hard” or humanistic, or a combination of both, the important thing is to progress towards mental health for all.

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MENTAL HEALTH PROMOTION EXPERT WORKING COMMITTEE Chapter 5 –Recommendations

PRIMARY RECOMMENDATION:

The Creation of a Regional Mental Health Promotion Directorate

The stated vision of this Committee’s report has been “mental health for all”: As the WHO states: “There is no health without mental health”.

As the title of this report reflects, mental health promotion needs to have the following dimensions: personal; public and political.

Personal – Early prevention and the enhancement of individual mental health and well being helps promote social inclusion, autonomy, resilience and the capacity to learn, develop and contribute meaningfully to society.

Public – Environmental factors such as feeling safe, access to appropriate local support, education, opportunities for employment and meaningful activity all need to be generated by good cross sectoral working particularly by the health, education and employment agencies.

Political – In the current climate of scarce resources, it may take a political “leap of faith” by policy makers, however, resource allocators in all sectors need to be convinced of the fact that good mental health is the starting point for all health. The current WHO European Action Plan reinforces these points in terms of European Policy. This needs to be translated in local, regional terms in Northern Ireland.

In the light of the above, the Review Committee believes that in order to achieve strategic, coordinated, cross-sectoral and multi agency action on mental health promotion, a Regional Mental Health Promotion Directorate, with a Regional Director should be established.

A properly resourced directorate would increase awareness and visibility of mental health promotion, facilitate the achievement of existing mental health promotion targets, as well as setting targets for the future. This would provide a necessary degree of permanence, leadership and sustainability to drive forward mental health promotion in Northern Ireland.

The costs of mental ill health are felt across a wide range of public sectors. Effective responses therefore require a multi-agency approach. The joined up Government is

notoriously difficult to achieve and practise. A Regional Mental Health Promotion Directorate would therefore have the task of promoting this multi-agency approach with a shared ownership and a mental health promotion vision.

We believe that for the Directorate to have maximum impact it should not be part of a generic health promotion structure but rather be sited within the part of mainstream DHSSPS which deals with mental health and learning disability.

The belief of the necessity of the establishment of such a body, with proper executive powers is to a large extent predicated on the fact that, although excellent in content, the current regional strategy is not having the impact it should. Some of the barriers to the full and effective implementation of the strategy have been outlined in Chapter 4 of this document, and include inadequate resources; lack of ministerial direction; lack of guidance and authority to promote cross sectoral collaboration, and importantly, lack of coordination.

The challenges, for the next 10-15 years as outlined in the WHO Mental Health Action Plan for Europe (2005) can only be addressed through such a body, established with authority within the DHSSPS Mental Health Executive.

This would enable proper coordination of any mental health promotion strategies, identified directions for the future, and through the promotion of cross-sectoral responsibility enhance the understanding and development of social capital in relation to mental health promotion.

Key Functions & Responsibilities of the Directorate:-

- To co-ordinate the implementation of existing policies, including the current regional strategy – Promoting Mental Health – Strategy and Action Plan 2003-08.
- To facilitate the necessary cross sectoral approach to mental health promotion by providing a focus for liaison between the various governmental bodies.
- To facilitate capacity building via training and research with regard to mental health promotion across all health, social care and education professions, with a particular focus initially on primary care level.
- To facilitate the establishment of a research body providing a focus on mental health as opposed to mental illness, specialising in non clinical domains; providing an information base and guidance; and identifying examples of good practice; quality assurance approaches and independent evaluation on public mental health promotion strategies and interventions.
- To ensure that there is a focus on relevant legislation regarding equality of opportunity and human rights as regards to mental health.
- To identify priorities in terms of the population, vulnerable groups, etc.
- To liaise with other UK and International Programmes.

- To ensure the permanence of mental health promotion, by embedding it in all public sector policies, especially health and education
- Implement effective responses required.

It is suggested that the Directorate, once established would have to prioritise in terms of its own remit. A useful exercise would be to carry out an extensive mapping exercise to identify comprehensively current work in the field of mental health promotion and gaps which need to be addressed.

However, the following recommendations for 2005-2015 are suggested:

These are listed under the 3 headings of the Health Education Authority “map” for mental health promotion:

- Settings for Action
- Stages of Life
- Levels of Action

5.1 SETTINGS FOR ACTION – MAJOR RECOMMENDATIONS

5.1.1 Schools

The Health Promoting Schools initiative has had some limited success in Northern Ireland, but needs to be properly resourced to have an impact. This is a vital area of work, given that early interventions in the school setting can be highly effective in enhancing protective factors and reducing risk factors for mental health.

5.1.2 Further & Higher Education

The Health Promoting University/College is an initiative which has been completed in England and elsewhere and shown to be beneficial as promoting an organisation-wide culture based approach to the promotion of mental health. Its approach should be assessed for its usefulness in the Northern Ireland context.

5.1.3 Rural Areas

As rural areas have been identified as particularly prone to risk factors such as isolation, problem related to the farming community and suicide, any suicide strategy needs to help raise awareness of the issues involved and help people in terms of where to get support.

5.1.4 Communities

Work needs to be carried out with a range of communities in Northern Ireland, with priority given to marginalized communities such as ethnic

groups, also faith communities. Training in mental health issues would be beneficial for clergy for example.

5.1.5 Primary Care

Social prescribing as a vehicle for offering patients in primary care alternative forms of support has been proven to be effective and should be encouraged.

GPs – Training for GPs in mental health is required. Additionally, with the contracting system, GPs are particularly well placed to promote mental health.

5.2 STAGES OF LIFE – AT RISK GROUPS – MAJOR RECOMMENDATIONS

5.2.1 Children & Adolescents

There is evidence to show that enhancing protective factors and building resilience in children and adolescents helps reduce the likelihood of many mental health problems developing in later life.

Primary and secondary schools should implement appropriate programmes such as The Resourceful Adolescent Programme (RAP) to enhance the mental health of the young.

We are including children and adolescents of all needs and abilities, and from a range of communities. Action in schools should also include action for those with special needs, for example.

5.2.2 Older People

It is projected that by the middle of the 21st Century there will be in excess of 12 million older people in the UK. The quality of life of those with or without diagnosed mental health problems can be improved and can involve:

- Reducing age discrimination.
- Involving older people.
- Early recognition or diagnosis of mental health problems to ensure patients receive prompt care.
- Meeting the needs of carers.

5.2.3 Those in Receipt of Statutory Mental Health Services

Alternative, or adjunct treatments and forms of social support should be provided, at primary care level, such as social prescribing programmes. These can help reduce isolation, increase social inclusion and socialisation and maintain better mental health.

5.3 LEVELS OF ACTION – MAJOR RECOMMENDATIONS

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5.3.1 REGIONAL LEVEL – BUILDING CAPACITY

The effective delivery of mental health promotion in all sectors and settings in Northern Ireland will depend on building knowledge, expertise and capacity. This should include a) training, b) information and guidance and c) research.

Training – Colleagues in many different sectors have the potential to promote mental health and will benefit from knowledge, training and support to promote psychological well-being and to identify early indications of difficulties. Training packages need to be designed to meet the different needs of different sectors and to recognise the specific context of promoting mental health in Northern Ireland. Training should be made available for a wide range of different sectors and professional groups e.g.

- GPs
- Other Primary Care Staff
- Teachers/University Faculty Staff
- Child care/early years workers
- Youth workers
- Priests, Clergymen
- Community Leaders
- Staff in a Range of Voluntary and Community Agencies
- Housing
- Occupational health and human resources
- Mental Health Services
- Mental health service users
- A&E staff

Guidance – Guidance and resources on implementing and evaluating mental health promotion should be made easily available and adapted, where necessary, for the Northern Ireland context. Examples of guidance from elsewhere in the UK include the English document *Making it Happen – A Guide to Delivering Mental Health Promotion* (Department of Health 2001); and the wide range of resources produced as part of the Scottish Executive's National Programme for improving mental health and wellbeing (www.wellontheweb.net)

Research – The focus of the research should be on the promotion of positive mental health, rather than on mental illness. An integrated research policy should be established.

5.3.2 REGIONAL LEVEL – MAJOR RECOMMENDATION – IDENTIFICATION OF RESOURCES

A regional structure needs to be properly resourced in order to achieve its goals.

The resource allocation to create this structure should reflect the cost of mental ill health in Northern Ireland and should be in the region of £5-6 million over a 3 year period from 2006-2008 with a commitment to sustainability for the future.

This figure has been calculated on a pro rata basis taking the Scottish model as an exemplar, but does not take into account the higher levels of deprivation and mental ill health in Northern Ireland than in the rest of the UK.

This initial seeding cost, allowing for the establishment of a Directorate would also facilitate over time additional funding streams to be made available from other sectors than the health budget, such as education and employment.

5.3.3 REGIONAL COMMUNITY, FAMILY & INDIVIDUAL LEVELS – MAJOR RECOMMENDATION

REDUCING DISCRIMINATION & INCREASING AWARENESS - Several actions within the existing regional strategy address these issues.

Ensuring awareness of the relevant existing legislation such as the Disability Discrimination Act to tackle discrimination;-

For example, Information should be sought on how many employers are aware that their duty of care relates to psychological well-being and reduction of stress in the workplace.

5.4 SUICIDE PREVENTION – MAJOR RECOMMENDATION

Within Northern Ireland, suicide now exceeds road traffic accidents (RTA's) as a cause of death with 163 dying by suicide and 129 dying by RTA's in 2000. It is a particular cause of concern with young males.

A refined suicide strategy, based on the WHO guidelines for suicide prevention should be put in place, addressing the issue in 4 ways:

- Education
- Environment
- Media
- Research

(See 3.3.3)

A paper specifically on suicide has been drafted for this report (See iii. Outlined below are some of its key recommendations:

- There needs to be a sense of urgency brought to this phenomenon of suicide in order for it to be considered a national priority.
- An actual suicide prevention strategy, based on the UN/WHO guidelines, needs to be developed with an identified action plan with target dates, responsibilities and be properly resourced. (For full list of recommendations – see Appendix ii)

It is recommended that such a strategy should be separately resourced from an overall mental health promotion strategy but should run in parallel with the mental health promotion strategy.

