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Issue: The NI Suicide Prevention Strategy & Action Plan

The Community Relations Council was established as an independent body in 1990 to lead and support change in Northern Ireland towards reconciliation, tolerance and mutual trust. Our aim is to lead and support change towards a peaceful, inclusive, prosperous, stable and fair society founded on the achievement of reconciliation, equality, co-operation, respect, mutual trust and good relations”.

CRC welcomes the Suicide Prevention Strategy. The conflict of the past 30 years has and continues to have a huge impact on the health and mental well being of our community – economic and social deprivation, unemployment and recovery from the trauma of the Troubles.

In 2005 the Department of Health compiled a report which involved examining the impact of the troubles on the health of the population. There were a number of findings, including “those people living in areas that experienced high violence reported having poor health; that the understanding of the long term effects of Northern Ireland’s Troubles on the minds of young people was very poor; and it also found that people from poorer households were more likely to have borne the brunt of the troubles”.

Furthermore the Bamford Review of Mental Health & Learning Disability presented statistics on mental health and the increasing high levels of suicide. “People who said they have been affected a lot by the troubles were almost twice as likely to show signs of a possible mental health problem (34%) as those who had not been affected much (18%). Suicide trends over the last 10 years show a 27% increase in Northern Ireland compared to a 9% decrease in the UK overall and rates of depression and anxiety among teenagers have increased by 70% in the past 25 years.¹ There are no easy answers to the problem of suicide but it is widely acknowledged that ‘during the conflict, communities bonded together much more so than they would otherwise, and

¹ The Bamford Review of Mental Health and Learning Disability, 2005, p7.

now that we are coming out of conflict, society is opening up much more and individuals are being exposed to other pressures'².

The Suicide Strategy specifies different groups and individuals who may be at risk of suicide and self harm and has put in place a range of measures that will help pinpoint vulnerable people and subsequent strategies that will assist and help prevent suicide or self harm.

However there is another group of people who CRC feel should be included in the list of targeted groups - those individuals who are victims and targets of paramilitary activity. Evidence of this emerged two years ago when at least five young men committed suicide in Ardara, it was acknowledged in the Belfast Telegraph that all had been beaten and intimidated by paramilitary groups.

The Bamford Review acknowledges this grouping, "whilst socio economic and environmental factors have greatly improved, and paramilitary activity has reduced over the past decade or so, there are still in many sectors of society thinly veiled underlying threats of violence and intimidation".³ Research carried out by Marie Smyth supports this ongoing threat, "Well I've had 13 punishment beatings. Iron bars, sledgehammers, hurley bats, made you lie on streets, made you lie on a fence, made you run and hide. My own just stick it out, I couldn't come near any of my family's houses because paramilitaries told them that if they got me in the house they would break the house and do me in and the people beside me...it happened since I was 13 up to right up to 17....."⁴

These experiences can cause 'hyper-vigilance' and 'psychological traumatising'. Other symptoms reported were sleeping problems and flashbacks, "I can't go out anymore because the fear never leaves you. I'll always get nightmares. I still get nightmares to this day. And I waken up, and I waken the whole house with the roaring you do. Because when you sleep, everything just flashed back in front of you."⁵ It is essential that the suicide strategy recognizes this vulnerable grouping and includes them as a 'targeted area'. Many paramilitary victims are young people and are facing physical and psychological problems, as well as that many may have been forced to leave their home and families. They have been exiled from their communities and will require professional support and assistance.

Last year more young men committed suicide in Banbridge and other rural areas. Those in rural areas feel much forgotten and it is important to acknowledge that suicide is not just an urban problem.

² Joe Barnes, Pips Counsellor, BBC News NI,2004.

³ The Bamford Review of Mental Health and Learning Disability,2005, p8.

⁴ Marie Smyth, The Impact of Political Conflict on Children in Northern Ireland, 2004, p87.

⁵ Marie Smyth, The Impact of Political Conflict on Children in Northern Ireland, 2004, p91.

It is also crucial that this strategy is properly funded. There have been concerns in the past that mental health services, particularly in North and West Belfast, are inadequate and seriously underfunded. In the past few years the number of suicides in these areas have reached 'epidemic proportions' and campaigners have lobbied for extra resources. It is important that adequate capital is directed to this strategy. This strategy should also be delivered in conjunction with other strategies to ensure there is a joined up approach to tackling suicide.

CRC recognises there is considerable expertise in the field of mental health and suicide and we are happy to comment in this debate. Our comments should be taken under our commitment to help Northern Ireland move forward and deal with the impact of the conflict on our whole community and in line with Government's *A Shared Future Policy and Strategic Framework for Good Relations in Northern Ireland* which states that:

The legacy of conflict and violence must be dealt with

Conflict and violence between and within communities have left a profound legacy. This legacy is visible in terms of deaths, injuries and bereavements - civilian and security forces; in terms of those who have served time in prison as a result of being directly involved in the conflict; in terms of how lives, identities, attitudes, perceptions and behaviours have been shaped. All of these have crafted and continue to shape people's life chances.