

A Visit to Northern Ireland **Kenneth Norton LICSW**

This column will be a little different from the others in the series and will not focus exclusively on suicide. Instead it will be about a recent trip to Northern Ireland and will highlight some of the similarities and differences in suicide prevention efforts as well as the delivery of health and mental health services

Five years ago I presented at a suicide prevention conference in Belfast in which 200 invited delegates from around the country gathered to build a national suicide prevention strategy: Project Life Suicide Strategy was issued 6 months later and incorporated aspects of NAMI NH's Connect Suicide Prevention Program's protocols and community approach to suicide prevention as a model for building trust among key service providers and for providing an integrated suicide prevention effort. I was recently returned to keynote a conference on "What Works" in suicide prevention, present to local groups responding to multiple suicide deaths and advise on their newly expanded countrywide suicide prevention Lifeline 24/7 hotline.

Northern Ireland ended 30 years of sectarian violence with the 1998 Good Friday peace accord facilitated by former Maine Senator George Mitchell and then President Bill Clinton. "The Troubles" as they are referred to locally resulted in over 4,000 deaths and many seriously injured. Few in the country went untouched by the bloodshed and all were impacted by the pervasive distrust and divisiveness created. Ten years on since the peace agreement, visible and invisible effects of The Troubles are still evident. These include the lasting impacts of trauma on individuals who directly witnessed violence as well as the new effects of intergenerational trauma on those too young to have directly experienced violence, but who have lived with the aftermath. Yet resilience is unmistakable as people and communities rebuild their lives and all but the most extreme individuals/factions are moving forward and investing in the political settlement which established a power-sharing government.

The conference was held across the street from Stormont, the magnificent building housing the government. Stormont was vacant when I was there last; the result of a political stand-off between the two parties that threatened the fragile peace. This time Stormont was bustling with activity. Other noticeable changes included fewer walls and barriers throughout the city and security checks that have eased considerably.

One unique aspect of the conference featured a presentation on Art and Science. It involved a researcher who has been conducting studies of families bereaved by suicide and is collaborating with an artist to feature the *Lives Lived* of people who died by suicide through various displays. For instance during research interviews with families, they asked for something from the deceased persons room and then set up a display with 45 different rooms of possessions of people who died by suicide. Their presentation was informative and very touching.

To an outsider the terminology and subtleties of the conflict can be confusing. The Troubles represented historical differences between Protestants and Catholics played out through political divisions between those who wanted to end colonial rule and become part of the Irish Republic ("Republicans" or "Nationalists") and those who wanted to remain governed by the United

Kingdom (“Unionists” or “Loyalists”). Smaller factions wanted neither and desired Northern Ireland to be an independent self governed country. Many people in the US fail to understand that it *is* a separate country as people here kept asking me about the financial crisis (Republic of Ireland) but had difficulty grasping that I was in a different country (Northern Ireland) even when I explained the difference. Prior to my first trip, I was fortunate to have a colleague explain culturally sensitive issues, such as not referring to either country by name (could simultaneously offend both sectarian groups) and instead refer to “the north” or “the south.” Also, as a visiting professional to take care to dress neutrally by not wearing green (associated with the Irish Republic) or red, white and blue (associated with the Union Jack).

With a population of 1.7 million people, the population is higher than NH, however the country itself is much smaller. Northern Ireland has a slightly higher rate of suicide running about 13.0 per 100,000 as compared to NH’s 12.0 (2007). However some communities including particular neighborhoods in Belfast have extremely high rates especially for young people that have increased dramatically since the peace agreement. Poverty is a significant issue in some areas as are related issues like domestic violence, child abuse and neglect. Although they don’t have school resource officers (police) in their schools, many schools do have child protective workers assigned directly to the school. Rates of alcoholism are also high – substance abuse is less of a problem as sectarian paramilitary groups routinely killed suspected drug dealers (among their own people) during The Troubles.

Conversations with social service providers reveal real differences between our countries. The most obvious is around access to care and the level of communication and integration between mental health providers and General Practitioners (GP’s). Everyone is eligible for health care and the General Practitioner (physician) is the point person to coordinate most treatment. The system of health care is the largest employer in the country, and is broken into regional “Trusts” Although the service providers I spoke with were often frustrated regarding gaps in information sharing and the lack of responsiveness of GP’s, from what I observed they were far ahead of us in this regard. Their centralized delivery of services offers a strong safety net for those who have attempted suicide or been identified at high risk for suicide.

Northern Ireland recently expanded its 24/7 “Lifeline” crisis call center operating in the Belfast area to be a country wide service. As a result of a large public awareness campaign, they are now receiving about 10,000 calls per month (NH gets a fraction of that). The organization running the Lifeline: Contact recently dropped youth from its name and is offering an array of services across the lifespan including aggressive outreach and short term stabilization to Lifeline callers in crisis.

The Samaritans are also very big in Northern Ireland as well as Ireland and the United Kingdom. The Samaritans offer a “befriending” hotline meaning they will listen and provide support but unlike the Lifeline they will not call the police/initiate a rescue. This creates a bit of a cultural divide that is often debated in the suicide prevention field. NH has a Samaritans program/hotline in Keene 1-877-583-8336.

In a meeting with the Governor of the prisons in the greater Belfast area I learned of some of their innovative suicide prevention efforts. This includes the use of prisoners trained in suicide

prevention who are available to talk with and support other prisoners when requested. The cells of prisoners considered high risk are equipped with a direct call button which allows them to directly call the suicide prevention Lifeline or Samaritans.

Their prisons share many of the same issues as ours including having prisoners who have severe mental illness and the challenges of balancing treatment and security needs. Northern Ireland has just completed a process which differentiates between individuals with personality disorders and those with mental illness. Separate treatment protocols have been drafted and are being reviewed for each group. They are interested in learning more about mental illness and prisons and I am arranging a call with folks from our Department of Corrections to facilitate mutual exchange of ideas and a possible visit to NH.

A Member of the Legislative Assembly (MLA) and Police Commissioner invited us to a special meeting with members of the police commission. They were interested in learning about suicide prevention training for Law Enforcement and particularly the issue law enforcement dying by suicide. In the US, the issue of law enforcement suicide is rarely spoken openly about yet law enforcement die at a rate up to 3-4 times higher than the general population and it is likely the rate in Northern Ireland is even higher. Police were essentially a military force during The Troubles and exposed to serious trauma, and violence as well as being under a constant threat of personal attack (their families too). One third of the force was forcibly retired after the peace agreement. These individuals likely have similar types of psychological distress as our military veterans, yet little information is available about the impact on them, nor are there specialized services or supports available. They are interested in learning more about how to support current and past law enforcement. Due to the secretive nature of paramilitary civilian groups, no information is available about suicide rates or psychological injury for these individuals.

The trip was a great learning experience and opportunity for dialogue and exchanging ideas. They are very interested in having Connect return to provide training in responding to suicide deaths and prison and police officials are interested in learning more about our system and possibly coming to visit NH.

This is the fifteenth in a series of articles for the NH NASW newsletter on suicide prevention. Previous articles include: Suicide as a Public Health Issue, Suicide Prevention In NH, Survivors of Suicide Loss, No Harm Contracts, Military/Veterans and Suicide, Restricting Access to Lethal Means, Suicide and Older Adults, Suicide Risk and LGBT Youth, Clinicians as Survivors of Suicide Loss, Suicide and the Economy, Media, New Media, Safe Messaging & Suicide Prevention, Ethics and Suicide Prevention, Suicide and Self Harm, and Homicide and Suicide. Previous articles can be viewed in the news and media section of the Connect Program website www.theconnectproject.org Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Program and he can be reached at 225-5359 or knorton@naminh.org