

CVSNI RESPONSE TO THE CONSULTATION ON THE LIFELINE CRISIS RESPONSE SERVICE

The Commission for Victims and Survivors for Northern Ireland (the Commission) was established in June 2008 under the *Victims and Survivors (Northern Ireland) Order 2006*, as amended by the *Commissioner for Victims and Survivors Act (2008)*.

The Commission is a Non-Departmental Public Body (NDPB) of the Office of the First Minister and deputy First Minister (OFMDFM). The principle aim of the Commission is to promote awareness of the interests of victims and survivors of the Troubles/Conflict. It has a number of statutory duties that include:

- Promoting an awareness of matters relating to the interests of victims and survivors and of the need to safeguard those interests;
- Keeping under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors;
- Keeping under review the adequacy and effectiveness of services provided for the victims and survivors by bodies or persons;
- Advising the Secretary of State, the Executive Committee of the Assembly and any Body or person providing services to victims and survivors on matters concerning the interests of victims and survivors;
- Ensuring that the views of victims and survivors are sought concerning the exercise of the Commission's functions; and
- Making arrangements for a forum for consultation and discussion with victims and survivors.¹

Introduction

1. The Commission for Victims and Survivors (the Commission or CVSNI) welcomes the opportunity to respond to this consultation relating to the future development of the Lifeline Crisis Response Service. The Commission recognises the very important contribution Lifeline makes to the wider suicide prevention strategy in Northern Ireland. With Northern Ireland currently experiencing one of the highest national rates of suicides and self-harm compared to neighbouring jurisdictions in the past decade, the effective development of Lifeline is a priority public health issue.

¹ The functions of the Commission relate to those set out in the *Victims and Survivors (Northern Ireland) Order 2006* as amended by the *Commission for Victims and Survivors Act (Northern Ireland) 2008*.

2. A key statutory duty of the Commission is to 'keep under review the adequacy and effectiveness of services provided for victims and survivors by bodies or persons.'² This is a particularly important role in the context of mental health service delivery for victims and survivors. The lives of many individuals and families across Northern Ireland and elsewhere continue to be blighted by the devastating psychological and physical health impact of the Conflict/Troubles.
3. Research conducted in recent years indicates a link between exposure to conflict-related violence and the rising rates of suicide in Northern Ireland in the past decade. According to a study completed by Tomlinson in 2012, children and young people who grew up in the worst years of violence, during the 1970s have the highest and most rapidly increasing suicide rates, and account for the steep upward trend in suicide following the 1998 Agreement.³ This finding indicates that for a significant number of individuals in their thirties and forties their early child and adolescent years predisposed them to often very traumatic experiences linked to the conflict. For many they have carried a considerable psychological burden for years which has not been recognised and treated. Meanwhile, evidence provided by our colleagues at the Victims and Survivors Service (VSS) would indicate that clients presenting to the Service are at a relatively high risk of self-harm and suicide.
4. It is difficult to accurately establish the number of victims and survivors who have sought support through Lifeline since it became operational in 2008. However, given the profound impact of the conflict's legacy on population mental health and on victims and survivors in particular, Lifeline is a critically important frontline service for those living with the traumatic legacy of our troubled past.

Discussion

5. In contributing to the future design and delivery of Lifeline ensuring that this crisis response service remains fit for purpose in the years ahead, the Commission would like to highlight a number of issues contained in the Consultation Context Paper and Questionnaire.
6. Data presented in the context paper clearly reflects an increasing demand for the Lifeline service in recent years including initial crisis response and referral on to psychological therapy based treatment. While the increasing number of client referrals into counselling services is concerning it is equally reassuring that clients experiencing a range of psychological conditions are getting timely access to therapy-based support.

² Northern Ireland. The Victims and Survivors (Northern Ireland) Order 2006 (2006), London; HMSO. Available electronically at:
http://www.legislation.gov.uk/nisi/2006/2953/pdfs/uksi_20062953_en.pdf

³ Tomlinson, M. (2012) 'War, Peace and Suicide: The case of Northern Ireland', *International Sociology*.

7. With the establishment of Lifeline in 2008 as the regional suicide prevention helpline for Northern Ireland the results from the 2013 public awareness survey are surprising. While the 2013 survey recorded an increase to 29% of respondents who were aware of the helpline, a large proportion of those survey were not aware of the crisis response service. While this figure may correlate closely with the DHSSPS target, it should be a priority for the PHA to ensure that public awareness of Lifeline continues to grow significantly in the years ahead.
8. In monitoring the operation of Lifeline by Contact NI, the PHA indicate that 'regular anonymised data downloads' are received by the PHA. It is not clear if the operational data received from the Provider capture individual outcomes from the counselling or other psychological therapy support provided. While acknowledging that Lifeline is a crisis response service focussed on short-term interventions, it is imperative that individuals, including victims and survivors psychologically affected by their experience receive effective evidence-based support in a timely manner.
9. Collection and collation of outcome data that can inform future service development of Lifeline could be included in the clinical audit recently commissioned by the PHA. Engagement with the Commission, the Victims and Survivors Service (VSS) and the counselling service providers funded by the VSS may assist the PHA with this work.
10. Information contained in the Consultation Context Paper indicates that there is provision for an 18 month extension to the 2012-15 contract 'dependent on finance, performance and outcome evaluations'. An important element of the decision to award an extension to the existing contract would be an evaluation of the impact of the counselling based services clients are referred onto. It is not clear from the information provided if individual outcome data is routinely provided by the Contractor to the PHA to assist with the decision to award a contract extension.
11. Data relating to the percentage of Lifeline clients exceeding the limit of 6 counselling sessions suggests that the set target of 'less than 5%' is not reflecting the appropriate level of counselling support for some of those referred into psychological therapy-based treatment. It is unclear from the information provided for this Key Performance Indicator whether this refers to Tier 2 or Tier 3 level interventions. Given the range of psychological and emotional needs of clients requiring support through the Lifeline service, including those affected by conflict-related trauma, some reconsideration may need to be given to this particular Indicator.
12. The Commission acknowledges the limited funding available in support of this vital regional crisis response service. It is therefore imperative that Protect Life financing of the service is managed effectively and efficiently to ensure access to a high quality and professional service addressing the emotional needs of clients. Strategic and operational engagement with statutory and non-statutory based partners including counselling-based organisations funded by the Victims and Survivors Service is therefore critically important whichever organisation is contracted to operate Lifeline.

Concluding Summary

13. CVS welcomes this opportunity to comment on the future development of the Lifeline regional crisis response service. It is important that this vitally important frontline service continues to support victims and survivors of the Troubles/Conflict who engage with Lifeline ensuring they get the high quality support they need and deserve.

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