The Way Forward

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Outline

- Context

- Research funded by HSC R&D Division

- Other Research Funders

- US Research prioritisation process

- Funding Opportunities
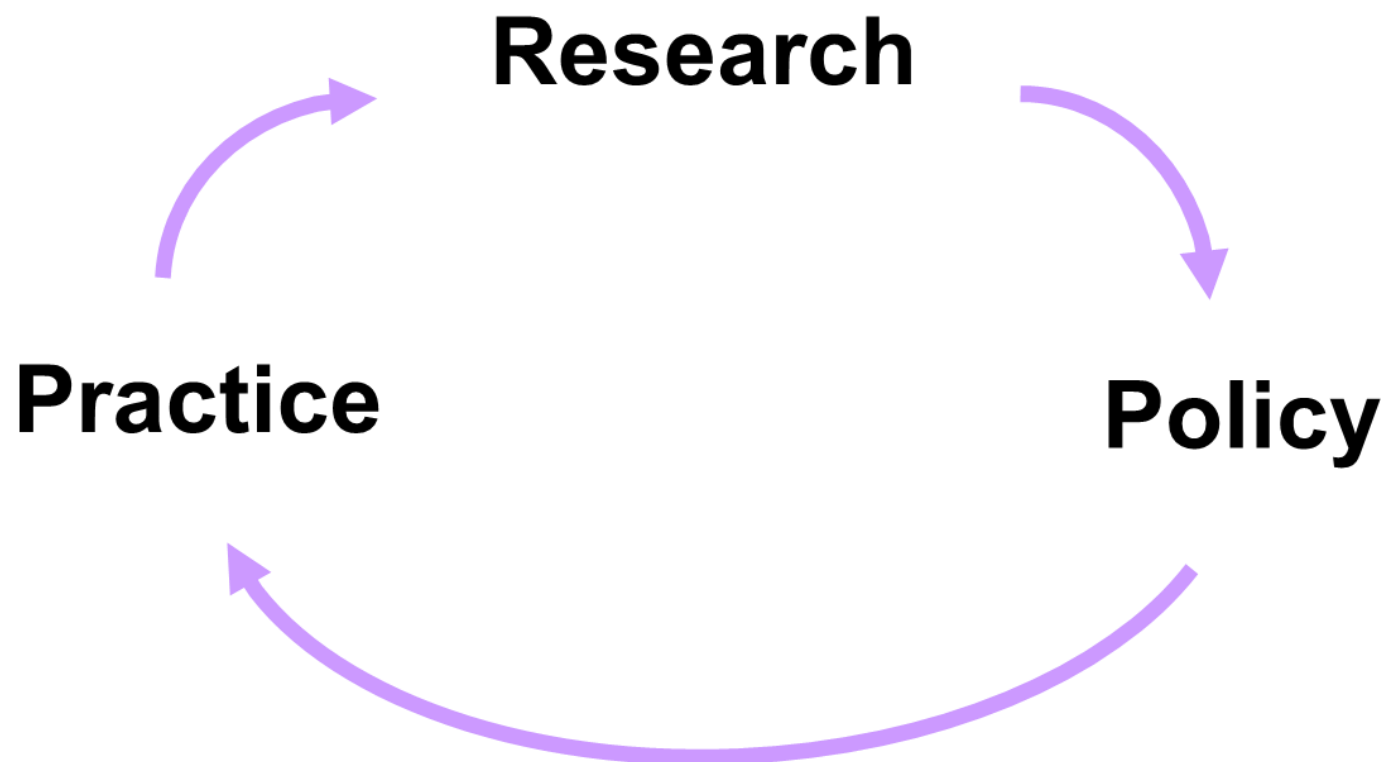
- Initiatives to Support R&D

Context

Background

- Culyer report (1994)

- DHSS initiated project to implement Culyer Report recommendations (1996)

- R&D Office established (1998)

- Research for Health & Wellbeing (1999) and (2007)

- Research for Better Health & Social Care (2016)

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Research in Suicide Prevention

- Despite our best efforts, it remains very difficult to predict who will attempt suicide and, thus, difficult to intervene

- The presence of mental illness is a risk factor, but it is not universally present or identified in those who attempt suicide

- To reduce suicide, we need to know how to target our efforts to be able to reliably identify who is at risk, how to reach them, and how to deter them from acting on suicidal thoughts

Research in Suicide Prevention

- The prioritisation of the research agenda aims to identify the research needed to guide practice and inform policy decisions across many areas - health care, criminal justice, education and social media – which will cumulatively contribute to the reduction goals

- More refined estimates of the significance of suicide and modelling that focus on risk factor abatement, resilience enhancement, and intervention effects will further identify opportunities for reducing the impact of suicide and more effectively direct future suicide research expenditures

Research in Suicide Prevention

- Future reductions in the impact of suicide will require multiple actions, and research can determine the potential benefits of suicide prevention efforts

Research funded by
HSC R&D Division

HSC R&D Division Suicide Prevention

3 Phases of Commissioned Research Funding

- Phase 1: Suicide survivors

- Phase 2: National Confidential Inquiry

- Phase 3: Broad understanding of characteristics of the individual who died by suicide

Total spend to date: £1, 054,699

Title	Chief Investigator	Institution	Start Date	End Date	Funding	Status
Providing meaningful care: learning from experiences of suicidal men to inform mental health services	Dr Joanne Jordan	Queen's University and Ulster University	31 March 2007	30 September 2009	£248, 316	Project Complete; Summary Final Report on website
National Confidential Inquiry into suicide and homicide people with mental illness	Prof Louis Appleby	University of Manchester	1 January 2009	31 March 2010	£68, 590	Project Complete; Summary Final Report on website
Death by suicide: A report based on the Northern Ireland Coroner's database	Prof Brendan Bunting	Ulster University	1 June 2010	31 January 2014	£346, 614	Project Complete; Summary Final Report on website
Understanding suicide and help-seeking in urban and rural areas in Northern Ireland	Prof Gerry Leavey	Ulster University	1 June 2010	31 August 2014	£391, 179	Project Complete; Summary Final Report on website

Providing Meaningful Care: Research Recommendations

- The understandings and experiences of health care professionals caring for suicidal (young) men

- The effectiveness of care delivered by HCPs trained in the provision of care focused on meeting the emotional and interpersonal needs of young suicidal men (on helping them to *reconnect with humanity)*

- The components of effective care for older suicidal men

- How types of media that have become a regular means of communication between young people could be used in suicide prevention work

- Young people
  - develop youth services for under 25s
  - better collaboration between self-harm, mental illness and substance misuse services
- Alcohol and drugs
  - public health approach to alcohol misuse
  - substance misuse and dual diagnosis services
- In-patient and community care
  - tackle absconding & abandon use of intermittent observations
  - follow-up in the community within 7 days & assertive outreach function

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Other Research Funders

DH, NIHR & ESRC

- ## DH 2012:
  - Policy Research Programme (PRP), Research Initiative to Support the Implementation of the National Suicide Prevention Strategy

- ## NIHR 2014:
  - Effectiveness & Mechanism Evaluation (EME) Commissioned Call, Self-Harm and Suicidal Behaviours

DH PRP: 5 Research Areas

1. How to reduce the risk of suicide in a key high-risk group – people with a history of self-harm

2. How approaches and interventions can be tailored to improve mental health in specific groups

3. How self-harm can be better managed and suicide reduced in children and young people, including looked after children and care leavers

4. How the media can be better supported in delivering sensible and sensitive approaches to suicide and suicidal behaviour

5. How the health and social care system can provide better information and support to those bereaved or affected by suicide

DH PRP: 6 Projects Funded

Title	Chief Investigator	Institution	Start Date	End Date	Funding	Status
Exploring the use of the Internet in relation to suicidal behaviour: identifying priorities for prevention	Dr Lucy Biddle	University of Bristol	1 October 2013	31 March 2016	£234,496	Final Report due 30 April 2016
The 'Listen-Up!' Project: Understanding and Helping Looked-After Young People Who Self-Harm	Dr Ellen Townsend	University of Nottingham	1 November 2013	30 June 2016	£483,783	Final Report due 31 July 2016
Understanding the role of social media in the aftermath of youth suicides	Professor Jonathan Scourfield	Cardiff University	1 September 2013	30 June 2015	£188,147	Project Complete; Summary Final Report on website

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DH PRP: 6 Projects Funded

Title	Chief Investigator	Institution	Start Date	End Date	Funding	Status
Self-harm in primary care patients: a nationally representative cohort study examining patterns of attendance, treatment and referral, and risk of self-harm repetition, suicide and other causes of premature death	Dr Roger Webb	University of Manchester	1 February 2014	30 July 2015	£203,513	Project Complete; Summary Final Report on website
Risk and resilience: Self-harm and suicide ideation, attempts and completion among high risk groups and the population as a whole	Ms Sally McManus	National Centre for Social Research	1 October 2013	30 July 2015	£155,829	Final Report due 15 March 2016
Understanding Lesbian, Gay, Bisexual and Trans (LGBT) Adolescents' Suicide, Self-Harm and Help-Seeking Behaviour	Dr Liz McDermott	University of Lancaster	1 February 2014	30 June 2016	£313,694	Final Report currently under peer review

NIHR EME: Broad Scope

- Translational research into interventions to reduce the occurrence of self-harm or suicidal behaviours
- Focus on people at high-risk
- May explore cognitive, personality and behavioural mechanisms of self-harm
- Potential to contribute to the clinical management of patients
- May investigate novel or repurposed interventions and technologies

NIHR EME: 1 Project Successful

- October 2015 Board – currently going through contracting

Chief Investigator	Institution	Title
Dr Patricia Ann Gooding	Manchester Mental Health and Social Care Trust	A psychological intervention for suicide applied to patents with psychosis: the CARMS trial (cognitive approaches to remedying suicide)

US Research Prioritisation Process

A Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives

- Responding to the challenge of such an important societal problem

- 3-year effort, published in 2014 - National Action Alliance for Suicide Prevention Research Prioritization Task Force

- Developing a prioritised approach for allocating funds and monitoring future suicide research to ensure that available resources target research with the greatest likelihood of reducing suicide morbidity and mortality

6 Research Key Questions

1. Why do people become suicidal?

2. How can we better or optimally detect/predict risk?

3. What interventions are effective? What prevents individuals from engaging in suicidal behaviour?

6 Research Key Questions

4. What services are most effective for treating the suicidal person and preventing suicidal behaviour?

5. What types of preventative interventions (outside health care systems) reduce suicide risk?

6. What new and existing research infrastructure is needed to reduce suicidal behaviour?

8 Cross-cutting themes

Primarily methodological issues that would facilitate progress in multiple research areas:

1. Enhance and extend surveillance measures of suicide

   – Timely & useable

   – Natural history of when and how individuals move through low- and high-risk states

2. Leverage investments - encouraging the use of:

    – Common data elements in all suicide research

    – Plans for data banking

    – Data sharing with appropriate consent & privacy protections

3. Use patient registries and rigorous designs to test the feasibility of fast-acting medications. Test new technologies for prediction of risk and/or intervention response

8 Cross-cutting themes

4. Field studies of practical, randomised trials to determine the benefits of quality improvement in H&SC. Adapt and test appropriate components within other systems that have responsibility for housing or managing at-risk populations (eg justice, education, services for older adults)

5. Use multi-disciplinary approaches to understand and harness media influence and community values on individual means preferences and behaviours

6. Test approaches to initiate and maintain healthy behaviours and/or interventions that are aimed at reducing risk factors, including technological enhancements to facilitate social connections and help-seeking

7. Include measures of suicidal behaviour outcomes into studies targeting known risk factors to test the putative role of the risk factors

8. Determine how to improve the adoption, fidelity of implementation and sustainability of effective suicide prevention programmes, with attention to efficient ways of training various types of providers (from lay to specialists)

Funding Opportunities

Key Award Schemes

- Commissioned Research

- Enabling Research Award

- Knowledge Exchange Award

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Commissioned Research

- Specific, targeted funding calls

- Policy-driven

- Drawn up in partnership with key stakeholders

- Budget tailored to call requirements

Enabling Research Award

- Experienced Northern Ireland-based investigators

- Support the completion of preparatory and/or developmental work for a grant application to a NIHR research programme

- Assist interdisciplinary teams to develop proposals through the conduct of feasibility studies, pilot studies and other activities

- Maximum value: £40,000

- Prof Siobhan O'Neill
- The development and pilot testing of a systematic recording system for deaths by suicide in Northern Ireland to enhance the validity of the NI suicide database

  – To evaluate the impact of police training and enhanced data capture protocols in NI
  – To examine risk factors for death by suicide in NI and establish the characteristics of the sub populations of people who take their own lives

Knowledge Exchange Award

- Aim is to facilitate transfer of knowledge generated by research between one or more Northern Ireland user communities

- Appropriate peer review of the underpinning evidence for the KE programme

- Knowledge exchange will realise benefits for health or social care practice, policy, or the economy

- Maximum value: £100,000

Initiatives to Support R&D

- **Networks**

  – Northern Ireland Clinical Research Network
  – Northern Ireland Public Health Research Network

- **Data linkage**

  – Northern Ireland Longitudinal Study
  – Honest Broker Service
  – Administrative Data Research Centre

Purpose

- improve patient care
- improve research co-ordination
- improve research start up times
- improve research quality
- increase research participation
- strengthen collaboration with industry
- increase access to and participation in high quality clinical research studies

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Interest Groups

- NICRN (Cardiovascular)
- NICRN (Children)
- NICRN (Critical Care)
- NICRN (Diabetes)
- NICRN (Dementia)
- NICRN (Primary Care)

- NICRN (Respiratory)
- NICRN (Stroke)
- NICRN (Vision)
- NICRN (Renal)
- NICRN (Mental Health)
- NICRN (Gastroenterology)

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Northern Ireland Public Health Research Network (NIPHRN)

- Complements NICRN and NICTN

- Complements Centre of Excellence for Public Health

- Launched 7 March 2012

- Membership of ~ 300

- Become a member: www.niphrn.org.uk

Northern Ireland Longitudinal Study (NILS) – 28%
sample (c. 500,000), based on health card registrations, routinely
linked to:

- 1981, 1991, 2001, 2011 Census
- vital events (births, deaths, marriages)
- change of address/migration
- Land and Property Service address information

AND potential to link to
- distinct Health & Social Care datasets

Northern Ireland Mortality Study (NIMS) – total
enumerated population on 2001 Census Day linked to:

- 2001 Census returns
- subsequently registered mortality data

NILS Research Brief 2
February 2011: Area factors and suicide

Key Findings:

- in the 5 year period from 2001-2006, 566 deaths to study members were classified as due to suicide/undetermined intent

- 75.1% of these deaths were to males and 75.3% were to people aged less than 55 at the time of the Census 2001

- those who were currently married/cohabiting showed the lowest risks of suicide compared to all other marital status categories

NILS Research Brief 2
February 2011: Area factors and suicide

- among the economic activity categories, those who were permanently ill had the highest suicide risks

- there was a strong and graded relationship between individual and household deprivation and risk of suicide

- poorer self-reported health status was strongly associated with higher suicide risk

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Data Linkage: Honest Broker Service (HBS)

- All HSC organisations have signed an MOU

- HBS enables the provision of anonymised, aggregated and in some cases pseudonymised health and social care data from Data Warehouses (held within the Business Services Organisation) to the DHSSPS and HSC organisations

- HBS provides a service to researchers carrying out ethically approved health and social care related research in a safe and secure setting

Data Linkage:
Administrative Data Research Centre

- Linkage service
- Safe setting
- Data acquisition

- Public engagement
- Training, capacity building
- Research

Researcher support

Conclusion

- Draw all this information together to allow us to support further research into suicide prevention

- Support the Suicide Prevention Strategy

- Help our HSC and community & voluntary sector to give the best support to individuals and families in NI experiencing issues related to poor mental health and suicide

www.research.hscni.net

Finally...

- Thank you for coming and participating

- We hope that you found the day useful

- We will need your input

- We will keep you informed of developments

- Summary reports on our website