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**To ask the Minister for Health the way in which the collection, collation and dissemination of data pertaining to suicide, that is, the CSO or other State agency, the period during the last lockdown and the period of the current lockdown will be prioritised; if his Department has data on suicides pertaining to the last lockdown at its disposal; if so, if he will share any such data; and if he will make a statement on the matter.**

Dear Deputy,

The HSE National Office for Suicide Prevention (NOSP) has been requested to respond to your question above.

It is not currently possible to accurately determine changes in national suicide rates during lockdown. In Ireland, the decision as to whether someone has died by suicide is a *legal* determination made by Coroners, *not* a medical decision by doctors or the HSE.

Death due to intentional self-harm is classified as an unnatural death and therefore, must be referred to the Coroner for investigation. This investigation can take a protracted length of time to complete for various reasons (such as getting medical reports, health and safety reports, engineer's report, the involvement of the Director of Public Prosecutions etc.) and this delays the registration of such deaths.

Annual data from the CSO is delivered in three stages;

1. Provided firstly by year of registration – “provisional”
2. Revised later, by year of occurrence – “official”
3. Revised later again, to include “late registrations”.

At present provisional data is publicly available for the full year 2019 and for Q1 2020 at <https://www.cso.ie/en/statistics/birthsdeathsandmarriages/vitalstatistics/>.

You are welcome to contact the Central Statistics Office (which is an independent Office) directly for additional information.

### **Other information to note**

#### *Real-time suicide data*

- The Suicide and Self-harm Observatory (National Suicide Research Foundation, School of Public Health UCC, National Centre for Geocomputation Maynooth University, HSE) works to access and maintain real-time data on suspected suicide in advance of coroner’s inquests, in Cork County and City.
- To date, the data on suspected suicide in Cork County for the period March-August 2020 *does not* indicate a significant increase during the initial stage of the COVID-19 pandemic, in comparison with data from the same period in 2019. Gender ratio and high-risk age brackets of deaths by suspected suicide are consistent overall. Death by suspected suicide in men aged 40-44 years account for a significant proportion of cases recorded during the months of concern in 2020, indicating an increase in this age group from the equivalent period in 2019. Findings need to be interpreted with some caution due to the relatively small population size.

### *Key international research*

- Members of the International COVID-19 Suicide Prevention Research Collaboration (ICSPRC) are monitoring trends on suicide based on available data including real-time suicide mortality data at international level. Based on the available data on suicide and suspected suicide obtained during the first months of the COVID-19 pandemic (March-July 2020), there does not appear to be a significant increase in suicide in high income countries during this period. There are some suggestions that the picture may be different in low- and middle-income countries but it is not possible to be definitive about this due to the paucity of data from these countries. The absence of a significant increase in suicide in high income countries may be associated with protective factors, as well as the implementation of national suicide prevention strategies, with all high-income countries involved currently implementing their second national strategy.
- [The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review](#) - “There is thus far no clear evidence of an increase in suicide, self-harm, suicidal behaviour, or suicidal thoughts associated with the pandemic. However, suicide data are challenging to collect in real time and economic effects are evolving.”
- [The Impact of Infectious Disease-Related Public Health Emergencies on Suicide, Suicidal Behavior, and Suicidal Thoughts A Systematic Review](#) - Eight primary papers were included, examining the effects of five epidemics on suicide-related outcomes. There was evidence of increased suicide rates among older adults during SARS and in the year following the epidemic (possibly motivated by social disconnectedness, fears of virus infection, and concern about burdening others) and associations between SARS/Ebola exposure and increased suicide attempts. A preprint study reported associations between COVID-19 distress and past-month suicidal ideation. Limitations: Few studies have investigated the topic; these are of relatively low methodological quality. Conclusion: Findings support an association between previous epidemics and increased risk of suicide-related outcomes. Research is needed to investigate the impact of COVID-19 on suicide outcomes.
- [Suicide risk and prevention during the COVID-19 pandemic.](#)

*Connecting for Life, Irelands National Strategy to Reduce Suicide*

- A NOSP [review of research and available evidence](#) suggests key overarching themes which are likely to have implications for the implementation of Connecting for Life, including:
  - the potential exacerbation of pre-existing mental health problems
  - the highlighting of existing identified priority groups within the strategy and the potential for emerging groups at risk of suicide and self-harm
  - the role social economic impacts will play arising as a result of the pandemic on the mental health and wellbeing of the general population and priority groups
  - the structural changes required to the delivery of services and supports to reflect the changing environment within which services will be delivered.
- To mitigate negative mental health impacts of COVID-19, the ongoing implementation of priority actions of Connecting for Life is crucial in preventing suicide during and after the pandemic. Particular attention should be given to the mental health needs of priority groups in accordance with Connecting for Life, including young people, middle-aged men, older people, homeless people, people with pre-existing mental health and physical health conditions, people who have experienced child sexual abuse, and those who experience domestic violence.

I trust this information is useful for you. Please do revert should you require anything further.

Yours sincerely,



Mr John Meehan

HSE Assistant National Director, Mental Health Strategy and Planning

Head of National Office for Suicide Prevention (NOSP)