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PQ Ref 19433/21

To ask the Minister for Health the considerations that are being given to improve data collection regarding suspected cases of suicide, which will help develop proactive suicide prevention policies; 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.

The NOSP is presently exploring the feasibility of the development of a system to produce real-time suicide data on a national basis. This will involve the design and implementation of a new system, or the evaluation and scaling up of an existing local system. This is a particularly complex undertaking, mainly because:

- data recording for such systems has been typically contingent on the prolonged coronial or medico-legal processes
- it involves multiple data custodians working across different sectors
- deliberate or unintentional issues can impact on data analysis, including stigma, misclassification and methodological differences
- there are significant data security, privacy, and confidentiality considerations.

Variations in data collection and dissemination models within and between countries have resulted in no single recommended approach to real-time suicide surveillance. International best practice in real-time monitoring of suicide is still evolving - but it is improving since the onset of the pandemic.

A paper to be peer-reviewed and published soon ("Real-time surveillance of suicide mortality data:

recommendations for international best-practice criteria”) will further assist our planning in this area.

Background information

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. Thereafter, data is published by the CSO in three stages;

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

This information is made publicly available on the Central Statistics Office website www.cso.ie. A related stand of their work is the ongoing “CSO-Suicide Mortality Statistics Liaison Group”, which has a broad aim to improve the quality of suicide statistics and their dissemination. Membership of this Group includes representatives from the Department of Health, HSE NOSP, Department of Justice, the Coroner’s Office, Health Research Board (HRB) and National Suicide Research Foundation (NSRF).

Lastly, you might like to know that the improvement of data related to suicide and self-harm in Ireland, is a priority for this office. It has been particularly informed by actions and objectives under strategic goal 7 of Connecting for Life, Ireland’s National Strategy to Reduce Suicide – “to improve surveillance, evaluation and high quality research relating to suicidal behaviour”.

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

Yours sincerely, etc



Mr John Meehan

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