

**Working together, we will  
reduce the unacceptable  
level of suicide and  
self-harm in Ireland.**



# National Office for Suicide Prevention Annual Report 2006

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This Report has been prepared in order to meet the statutory requirements of the Health (Miscellaneous Provisions) Act, 2001, Section 14 by the Health Service Executive's (HSE), National Office for Suicide Prevention, Ireland.

### Acknowledgments

The National Office for Suicide Prevention (NOSP) gratefully acknowledges the input of the following in the preparation of the report:

- Department of Health & Children
- Dr Patrick Dooley, National Director Population Health, Health Service Executive
- HSE Resource Officers for Suicide Prevention
- Boyd Dodds, Childcare Manager, HSE Dublin North East.
- National Suicide Research Foundation
- Dr John Connolly, Irish Association of Suicidology
- Console

- BeLonG To
- Headline
- Professor Kevin M Malone, MD SVUH / UCD
- Joe Keating of the Central Statistics Office
- Miriam Stack, Communications, Health Service Executive
- Kelly Jones, Department of Government, University College Cork

Note: This document is available to download on [www.nosp.ie](http://www.nosp.ie) and is also available in the Irish language.

Published September 2007

ISSN: 1649-881X

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## Introduction



Suicidal behaviour is a major public health problem in Ireland. In particular it is a significant cause of death among young men aged 18 – 35, while overall suicide rates in Ireland are lower than the EU average, youth suicide rates are fifth highest. Risk factors for suicide include depression, schizophrenia and alcohol but suicide trends over time in many countries are influenced by major social changes especially those which result in less social cohesion.

The health service therefore cannot solve the problem on its own but clearly has a responsibility to work with other sectors like the non governmental sector and local communities.

Suicide prevention requires long term sustained action which focuses on all the determinants of suicide, particularly those which arise from major changes in society and its institutions.

The annual report sets out the achievements in 2006 in implementing 'Reach Out' the national strategy for suicide prevention. This strategy is based on best international practice and has been validated by a panel of international experts. It comprises action aimed at promoting general mental health and wellbeing among the population, supporting vulnerable people, responding to suicide when it occurs and improving research and information

I would like to thank Geoff Day, Director of the National Office of Suicide Prevention and the staff in the NOSP who drafted the report, and all the organisations, communities who have worked with us this year. We look forward to continuing this work in 2007.

A handwritten signature in blue ink that reads "Patrick Doorley".

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**Dr Patrick Doorley,**

National Director,  
Population Health,  
Health Service Executive

## Overview



2006 was the first full year of implementation of the Actions set out in Reach Out – A National Strategy for Action on Suicide Prevention, and also the first full year of operation for the National Office for Suicide Prevention.

This year's report to the Oireachtas under the Health (Miscellaneous Provisions) Act 2001 provides us with the opportunity to comment on work undertaken at national and local level on the implementation of all 26 Action Areas set out in Reach Out. The partnerships at local and national level between statutory and voluntary organisations continue to be the building blocks for coordinated action to reduce the unacceptable level of self-harm and suicide in Ireland.

Provisional data provided by the Central Statistic Office indicates that there were 409 suicides in the Republic of Ireland in 2006. The estimated number of self-harm presentations for 2005 is 10,800 according to data from the National Suicide Research Foundation. Both are consistent with previous years figures and indicate that although there is much work being undertaken at national and local level it has not yet impacted on recorded figures. All suicides represent a personal tragedy and a lasting trauma for families, friends and communities. We must continue all of our collective efforts until we see a reduction in suicides and a reduction in the levels of self-harm and particularly repeated self-harm. Specifically we need to continue to develop self-harm and suicide prevention specific services in the HSE, support the efforts made by local and national community and voluntary groups and continue to undertake appropriate research to better understand the nature of self-harm and suicide in Ireland.

Current funding available to the National Office for Suicide Prevention stands at €4.46m, in 2006 an additional €1m was made available to twenty community voluntary organisations, through the Dormant Accounts Fund. This represents a substantial annual increase on monies previously made available for suicide prevention.

This report provides an opportunity for the NOSP to report on its 12 point action plan for 2006 and also to report on the many national and local initiatives which took place. In this year's report we include in the 10 point plan agreed for 2007.

The year provided us with the opportunity to consolidate newly established coordinating structures. The first NOSP sponsored Forum took place in 2006 attended by over 100 participants and addressed by President McAleese. Minister of State, Mr. Tim O'Malley also attended the Forum meeting indicating Governments ongoing commitment in this area.

Two other developments of note outside the remit of Reach Out are worthy of mention. Discussions have taken place between Northern Ireland and the Republic of Ireland at Ministerial level and then at strategic level about North South collaboration on suicide prevention. The launch of 'Protect Life – A Shared Vision', the Northern Ireland Suicide Prevention Strategy in October 2006 led to joint discussions and an agreed All Island Action Plan (Appendix 6) was approved. The Strategy is available on [www.northernireland.gov.uk](http://www.northernireland.gov.uk)

Ireland will host the World Congress on Suicide Prevention in August 2007, the biennial world meeting to discuss the latest research and developments in suicide prevention. Hosted by the Irish Association of Suicidology and supported by the NOSP and the DHSS PSNI substantial planning work took place in 2006.

Finally I would like to thank all my colleagues in the NOSP, the HSE Resource Officers for Suicide Prevention, Department of Health & Children colleagues and the many local and national organisations who have undertaken important initiatives referred to in this report. If we continue to work together to implement Reach Out we will have an impact on reducing the unacceptable level of suicide and self-harm in Ireland.



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### Geoff Day

Director,  
National Office for Suicide Prevention,  
Health Service Executive

## 1. Policy Context

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### National

A number of Key policy developments were produced and developed in 2006 which had a direct bearing on the development of suicide prevention and related initiatives.

#### ***Reach Out – National Strategy for Action on Suicide Prevention***

Launched in 2005 by the Minister for Health and Children, Mary Harney TD, Reach Out provides the policy framework for suicide prevention activities in Ireland until 2014.

The strategy calls for a multi-sectoral approach to the prevention of suicidal behaviour in order to foster cooperation between health, education, community, voluntary and private sector agencies. The strategy represents one of the first policy development collaborations between the Health Service Executive and the Department of Health and Children and was produced following extensive consultation with all of the major stakeholders, including the general public.

[www.nosp.ie](http://www.nosp.ie)

#### ***A Vision for Change – Report of the Expert Group on Mental Health Policy***

The Expert Group which reported in early 2006 endorsed the approach to suicide prevention outlined in the strategy Reach Out stating “the strategies recommended to prevent suicide and to improve mental health provision for people engaging in suicidal behaviour should be adopted and implemented nationally”. Furthermore, the Group recommended that “integration and coordination of statutory, voluntary and community activities is essential to ensure effective implementation of suicide prevention initiatives in the wider community. In this regard, the National Office for Suicide Prevention should be supported and developed.”

[www.dohc.ie](http://www.dohc.ie)

#### ***Houses of the Oireachtas, Joint Committee on Health and Children***

#### ***Seventh Report, The High Level of Suicide in Irish Society, July 2006***

In October 2005 a sub-Committee on the High Level of Suicide in Irish Society was established. Many agencies, including the NOSP, gave evidence to the sub-committee in 2005.

The report of the Oireachtas sub committee was published in June 2006 and made 33 recommendations. Some of the recommendations reinforced actions identified in Reach Out while other new recommendations relating to suicide prevention were made. The National Office for Suicide Prevention considered all recommendations as part of its ongoing plans and would welcome the opportunity to meet again with the sub committee to report on progress.

[www.oireachtas.ie](http://www.oireachtas.ie)

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### International

#### ***European Union Green Paper on Mental Health***

In the Green Paper published in 2005 the European Commission confirmed that “the WHO European Ministerial Conference on Mental Health established a framework for comprehensive action, and created strong political commitment for mental health”.

In continuing to develop a European Mental Health Strategy (incorporating suicide prevention) a widespread consultation process took place.

In January 2006 the Director of the National Office for Suicide Prevention made a presentation to the EU consultation process in Luxembourg outlining the content of Reach Out and actions regarding suicide prevention.

[www.ec.europa.eu/comm/health/ph\\_determinants/life\\_style/mental\\_health\\_en.htm](http://www.ec.europa.eu/comm/health/ph_determinants/life_style/mental_health_en.htm)

## 2. Reach Out Strategy Development

Reach Out – A National Strategy for Action on Suicide Prevention was launched in September 2005.

In Reach Out strategy development 2006 represents the first full year of implementation of relevant actions identified in.

In meeting its commitments under the Health Act 2001 the HSE, in this report, will comment not just on health service activities relating to suicide prevention but also on activities across the country which relate to the 26 action areas set out in Reach Out. As recommended in Reach Out an independent evaluation of the work of the NOSP and strategy implementation will be undertaken within three years of the strategy launch, this is scheduled to be commissioned in late 2007.

### 3. Suicide Prevention Network in Ireland

Many voluntary and statutory agencies are engaged in suicide prevention activities in Ireland and a principle function of the NOSP is to coordinate all of this activity.

*Figure 1 is an overview of Reach Out implementation structures, and outlines suicide prevention structures in Ireland for the coming years.*



#### HSE Population Health Directorate

The Population Health Directorate is responsible for promoting and protecting the health of the entire population and target groups, with particular emphasis on health inequalities. It achieves this by positively influencing health service delivery and outcomes through strategy and policy recommendations covering a range of areas. The NOSP links with the Assistant Director for Health Promotion within Population Health and other colleagues in Health Promotion nationally and regionally. The head of the NOSP reports directly to the Director of Population Health.

#### HSE Resource Officers

The Resource Officers for Suicide Prevention have been central to the development of suicide prevention initiatives since they were appointed to each of the former health boards from 1998 onwards. They are a key resource to ensure implementation of Reach Out at a regional and local level. The NOSP and Resource Officers meet on a regular basis to progress the work of strategy implementation and future service planning. There are 11 Resource Officers employed by the HSE. See Appendix 2 for contact details.

#### HSE Primary, Continuing and Community Care and the National Hospitals Office

The NOSP links directly as appropriate with both HSE providers in Primary, Continuing and Community Care (PCCC) and the National Hospitals Office (NHO). Direct links with service providers are in relation to issues such as primary care responses to suicidal crises, the management of deliberate self-harm, bereavement counselling and other specific initiatives recommended in Reach Out.

#### Voluntary/Non Governmental Organisation Sector

As well as working with many local community voluntary groups and organisations working in the area of suicide prevention, the NOSP has formal service agreements with a number of national voluntary agencies. Networks are being established to reflect interest with both voluntary sector and statutory agencies on activity such as bereavement support. The agencies funded by NOSP are indicated on the office website.

[www.nosp.ie](http://www.nosp.ie)

### 3. Suicide Prevention Network in Ireland

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#### National Forum

In Reach Out it was proposed that “a representative national forum would be briefed by the National Office on the achievements overall in suicide prevention and, in particular, in relation to strategy implementation. This forum would also provide an opportunity for the exchange of views on developments in suicide research and prevention.” Membership of the National Forum is reflective of the actions set out in Reach Out with stakeholders representing health, education, the media, voluntary and community groups.

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#### National Research Network

In response to the increasing volume of research into suicidal behaviour in Ireland the NOSP is committed to bringing together all those interested in suicide research in Ireland in order to promote collaboration and encourage the effective use of research findings in planning services and prevention activity.

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#### Cross Border Network

As part of the developing relationship with colleagues working on suicide prevention in Northern Ireland a cross border group has been established to develop and monitor the actions set out in the All Island Action Plan which was considered and endorsed by NI/ROI Ministers in 2006.

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#### National Advisory Group

Reach Out recommends that “a steering group comprised of key individuals who can offer their expertise to guide the work of the National Office should also be appointed. This steering group would replace the National Suicide Review Group.” The National Advisory Group for the National Office for Suicide Prevention has been appointed and is comprised of individuals with expertise and experience in a range of disciplines relevant to suicide prevention work. The function of the Group is to provide strategic direction and guidance to the National Office for Suicide Prevention in implementing Reach Out. The terms of reference and membership of the Group is listed in Appendix 2.

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#### Department of Health and Children

The Department of Health and Children's statutory role is to support the Minister in the formulation and evaluation of policies for the health services. It also has a role in the strategic planning of health services. This is carried out in conjunction with the Health Service Executive, voluntary service providers, Government Departments and other interests.

The Department was a partner in the development of Reach Out and continues to support its implementation, primarily through the Mental Health Section of the Department.

[www.dohc.ie](http://www.dohc.ie)



## 4. Progress Report - Suicide Prevention Activities 2006

This section reports on activities throughout 2006 under the Action Area headings in the Reach Out Strategy. Reach Out comprises 26 action areas with 96 actions over a ten year period covering three phases. The approach taken is based on that recommended by the WHO namely whole population based approach. Focused approaches which are aimed at those individuals who have particular vulnerabilities or show the greatest likelihood of suicide e.g. young men. Reach Out also proposes actions to improve support to many individuals and communities bereaved through suicide (referred to as Postvention).

Staff from the National Office for Suicide Prevention were invited to give talks and presentations at over 40 events during 2006. The Regional Resource Officers for Suicide Prevention also engaged in programmes and presentations at local level.

These included presentations to local community and voluntary groups as well as national and international conferences.

Staff are available to speak on self-harm/suicide prevention and the implementation of Reach at any appropriate event. Please contact any of the National Office for Suicide Prevention offices or Regional Resource Officers for Suicide Prevention (see Appendix 2).

### General Population Activities

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#### Area 1 - The Family

The provision of counselling support to families who may not otherwise be able to afford such support or who would be unlikely to access it, is mainly funded through the statutory Family Support Agency (FSA). The FSA was established in 2003 and since then has administered support to organisations providing counselling to families under a Scheme of Grants covering counselling for children, bereavement support, marriage preparation and marriage and relationship counselling. By 2005, the total allocation of funding was over €8m to over 500 organisations. In 2006, a review of the Scheme of Grants was completed. This review reported that in the 12-month period that was analysed over 70,000 individuals received counselling under the scheme. The breakdown of the overall funding allocation in terms of the four categories of counselling was: 14% child counselling, 18% bereavement support, 10% marriage preparation and 58% marriage and relationship counselling. More information and a directory of services for families is available on the FSA website, [www.fsa.ie](http://www.fsa.ie).

The 5th Annual Partners for Health in Education Conference was held in Roscommon Town in March 2006. This partnership comprises voluntary and statutory groups e.g. HSE, Education and Mental Health Ireland. The theme was "Self-Esteem – Something inside so strong". A total of 115 parents and young people attended the presentations and workshop on building self-esteem.

Parenting programmes are provided widely for example TIDE in Trim provide such a programme to parents in Athboy, County Meath.

#### Area 2 - Schools

Delivery of in-service training with Social, Personal and Health Education (SPHE) teachers within HSE Dublin Mid Leinster in conjunction with the Co-ordinator and NEPS representatives took place. Topics delivered included emotional health, bereavement, crisis management in schools and mental health awareness and suicide.

Crisis Response: A three day workshop held in the Mid West addressed suicide prevention, intervention and postvention among the school going population and the critical role in establishing crisis response/student support team structures within educational settings.

#### 4. Progress Report - Suicide Prevention Activities 2006

The development of Student support/Crisis response structures have been identified as a core resource in promoting the mental health of students in school/centre settings. Training commenced in September 2005. 50 post primary schools have participated in training since that date.

In HSE Dublin North East a symposium entitled "Positive Mental and Emotional Well-Being of Young People" was held in November for teachers and principals. A peer education programme was delivered in Athboy Community School.

A one day conference for transition year students attending post-primary schools in Galway city and surrounding areas was held in May. One of the themes explored in the workshops, facilitated by HSE and Social Personal & Health Education Support staff, was promoting young people's own mental health and exploring ways of coping with difficult situations.

Mental Health Promotion sessions were delivered to parents and staff at Ballinamore secondary school in the North West. [www.partnershipforchildren.org.uk](http://www.partnershipforchildren.org.uk)

The piloting of "Zippy's Friends" mental health promotion programme in Primary Schools was considered in the HSE West and is expected to begin in September 2007.

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#### Area 3 - Youth Organisations and Services

Young Social Innovators is a social awareness education and action programme for 15-18 year olds. Over 5,000 people participated in the annual programme with a showcase event of over 200 projects. Many of the projects relate to mental health promotion and/or suicide prevention. In 2006 the NOSP collaborated with Health Promotion and the Children's programme to formally sponsor the HSE involvement with Youth Social Innovators.

[www.youngsocialinnovators.ie](http://www.youngsocialinnovators.ie)

Spun Out is a website run by young people which provides information and 'sign posting' to young people on issues relevant to them. The NOSP has worked closely with Spun Out to support the expansion and development of its website. Discussions about formal funding of Spun Out by the HSE are ongoing.

[www.spunout.ie](http://www.spunout.ie)

HSE Resource Officers continued to deliver Mental Health/Suicide Awareness Programmes and Resource Packs to various Voluntary Youth Organisations within their regions.

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#### Area 4 - Third Level Education Settings

Outside of service developments and health promotion initiatives with Third Level Students a group of researchers and clinicians from Trinity College and University College Dublin have been developing new ways of using technology in therapeutic settings and scenarios to respond to mental health problems. Among the individual projects developed are: a mobile phone 'mood diary'; a collection of DVDs called 'Working Things Out' showing case studies of real life experiences of mental health problems narrated by the young people themselves and; 'Transforming Stories' – a multi-media programme using cognitive behavioural therapy techniques to work through various scenarios and problems. Other service developments using information technology include Trinity College's online Peer Support Network and online counselling services. The NOSP has had some early discussion with the project leaders with a view to possibly linking these projects with providers of Internet based support services.

Resource Officers in HSE Dublin Mid Leinster in conjunction with design students in Athlone's Institute of Technology undertook a project to update the design of the Samaritans advert which was screened in Cinemas in the region at the end of 2006.

HSE Resource Officers delivered Mental Health/Suicide Awareness Programmes aimed at both students and staff in a number of Third Level Institutions around the country.

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#### Area 5 - Workplaces

The National Office for Suicide Prevention continued to work closely with the ESB's Electric Aid programme and its support for suicide prevention initiatives. Further information on Electric Aid can be found on [www.esb.ie](http://www.esb.ie).

During 2006 the Suicide Resource Officers working in the HSE South in partnership with management, unions and staff and funded by the Health Services National Partnership Forum developed, published and distributed support contact numbers of psychological support organisations and services to all frontline staff in both the acute hospital networks and PCCC disciplines. The resources were also distributed to local voluntary bodies Gardai and Primary Care. Arising from phase one of the project a training deficit was identified by non-clinical front line staff with regard to skills required to efficiently and effectively manage calls from persons in a distressed state. To address the deficit a training programme in telephony skills programme was piloted in the Waterford Local Health Office area and delivered by the Telephone Helplines Association.

The Local Employment Services in counties Cavan and Mayo were provided with suicide awareness training and good practice guidelines for policy development within their organisations.

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### Area 6 - Sports Clubs and Organisations

The Health Promotion department of HSE Dublin North East in partnership with the Department of Public Health and Primary Care, Trinity College Dublin continues to implement a healthy lifestyle programme among GAA clubs in the region. The programme is targeted at changing the lifestyle habits of male GAA playing members by developing the potential of sports clubs as a key health promoting setting. The outcome of the programme will provide a framework for how mental health promotion messages and programmes can be effectively delivered within the sports club setting.

Roscommon GAA expressed an interest in supporting initiatives around reduction in alcohol and drugs consumption and reducing suicide. They are working in partnership with other organisations in the county to address these issues.

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### Area 7 - Voluntary and Community Organisations

Suicide Prevention was a specific measure under the Social and Economic Disadvantage category of the 2006 round of Dormant Accounts funding administered by Pobal. €1m was allocated for this measure and 20 projects were funded following applications by locally based community and voluntary groups working in the area of suicide prevention or a related area. The NOSP worked with Pobal to develop application criteria and advised Pobal during the selection process. Further information on successful projects is available from Pobal, Holbrook House, Holles Street, Dublin 2 or [www.pobal.ie](http://www.pobal.ie)

The Director of the National Office was a speaker at the launch of the Lions Feather Campaign in Fingal and Roscommon during 2006. The Feather Campaign is a major fundraising project for suicide prevention across Ireland.

Lions Clubs in County Galway and County Roscommon all identified suicide prevention as one of the initiatives they plan to support.

The Roscommon Lions Club have adopted a 3 tier approach to their education and training programmes i.e. a conference to address broader mental health issues, followed by a suicide talk presentation, and a 2 day ASIST programme. The Lions Club work in partnership with the HSE, AWARE, the GAA and other community groups in County Roscommon.

Gort Lions Club organised an information evening in Gort, County Galway to highlight the issue of depression and suicide within the community. The Portumna community ran a 4 week suicide awareness programme in the community in October 2006. It was planned and co-ordinated by a committee comprising staff from Na Calai Community Development Project, mental health services, mental health association, and other voluntary organisations.

Concerned About Suicide and ASIST Courses were offered for and in partnership with Community and Voluntary Organisations.

A HSE Resource Office in HSE West delivered five sessions of a "Gatekeeper Training Programme" in 2006 which aims to

- Increase general knowledge about the nature of suicidal behaviour.
- Help build personal confidence and specific skills to recognise, respond appropriately and refer someone for help.
- Improve knowledge about how to interact with and assist family and friends in the aftermath of suicide.

During 2006 the Resource Office in HSE South worked closely with the Wexford area partnership in developing a stress helpline for County Wexford known as the Call helpline [www.callhelpline.ie](http://www.callhelpline.ie) which is an out of hours 7 day a week service. They have also collaborated with the Waterford Area partnership in developing an action plan for the prevention of suicide in Waterford City area. This is a multi-agency approach to addressing the problem at a local level and is modelled on the Wexford County Development Board plan.

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### Area 8 - Church and Religious Groups

Resource Officers have been involved with churches in their areas through delivery of awareness training modules and articles for parish bulletins around suicide issues.

#### 4. Progress Report - Suicide Prevention Activities 2006

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##### Area 9 - Media

Revised Guidelines for Media Reporting of Suicide were prepared by the Irish Association for Suicidology and Samaritans in conjunction with the National Union of Journalists. The NOSP provided funding to produce the guidelines which were launched in June 2006. The guidelines are available to download at [www.ias.ie](http://www.ias.ie) and from [www.samaritans.org](http://www.samaritans.org).

An article outlining the role of the Resource Officer for Suicide Prevention was published in Healthlinks in Spring 2006. Healthlinks is published quarterly by the Health Promotion Department of the HSE West.

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##### Area 10 - Reducing Stigma and Promoting Mental Health

Considerable planning and consultation was conducted in 2006 in the development of the mental health awareness campaign called for in Reach Out, including:

- The preparation of a detailed project plan.
- Consultation with the Director of See Me, the Scottish anti-stigma campaign.
- Planning meetings with the Department of Health, Social Services and Public Safety and the Health Promotion Agency in Northern Ireland.
- Planning meetings with Ogilvy Advertising and Wilson Hartnell Public Relations (the agencies awarded a contract by the Health Service Executive for health promotion and public awareness campaigns).
- The recruitment of an independent research agency to conduct a public attitudes survey and qualitative research to inform the development of campaign materials and to provide baseline data against which the impact of the campaign might be measured.
- The appointment of a Steering Group representing a wide range of agencies from the statutory and voluntary sectors.

In preparation for the background research to inform campaign development, an application for Ethical Approval was made to the Research Ethics Committee of the Faculty of Public Health Medicine, Royal College of Physicians Ireland by the NOSP. Representatives of the NOSP subsequently attended a meeting with the Ethics Committee to respond to a number of queries before approval was subsequently granted with a view to commencing the background research in early 2007. A campaign launch in the autumn of 2007 is planned.

The Director of NOSP addressed a cross border conference entitled "Stigma . . . Media Myths and Mindset" addressing the issues surrounding the stigma of mental health and suicide on June 7th in Monaghan.

A mental health promotion course entitled "Developing Community Capacity through Mental Health Promotion" has been developed. This is a joint collaboration between The Resource Office HSE South the Regional Development Officer of Mental Health Ireland and the Waterford Institute of Technology. It will be delivered on a pilot basis during 2007.

Funding and support provide to stage 'Out of the Silence' a week long arts and theatre based week on challenging attitudes to mental health. This included 'The Mental' a play written based on the story of St Conal's Hospital, Letterkenny. In the North West ' Better Mental Health for All Working Groups' established to promote better mental health across the local population.

A Suicide Awareness Week for the public was held in March in the HSE West entitled "Out of Darkness". This week was attended by over three hundred participants.

The objectives of this awareness raising event were:

- Increase public awareness around suicide and attempted suicide.
- Provide information to the public
- Improving mental health and coping behaviours.

Mental Health Awareness Day - focusing on teenagers, in conjunction with World Mental Health Day on Oct 14th was held in Tullamore, with local speakers and representation from local statutory and voluntary services.

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##### Area 11 - Primary Care and General Practice

A pilot project was funded in South Dublin to provide an early intervention service for those presenting with deliberate self-harm or suicidal intent to primary care services in the area. The service is provided on an outreach basis by the St. John of God Community Mental Health Service at Cluain Mhuire and includes a fast track referral to mental health services for those in crisis. The project will be evaluated to establish if a similar service model can be included in the development of all primary care services.

Skills Training on Risk Management (STORM) programme delivered to General Practitioners and Primary Care Teams by Resource Officers.

The aims of offering STORM training are:

- To increase confidence in dealing with suicidal patients.
- To develop a more positive attitude towards potential suicidal patients.
- To develop skills for the assessment of suicide risk.
- To improve techniques in managing situations in which people are at risk of harming themselves.

Discussions commenced with newly appointed Development Coordinators of Primary Health Care Teams in HSE Dublin Mid Lenister with a view to developing services for those who present having self-harmed. This is particularly relevant in the context of the HSE's overall development of primary care services.

## Targeted Approach

### Area 12 - Deliberate Self-Harm

The NOSP continued to fund the appointment of specialist nurses working in Accident and Emergency Departments who can provide a community based, early intervention and follow up to those who have presented having self-harmed. Funding was provided to develop this specialist role in Portlaoise and University College Hospital, Galway bringing to 32 the number of such posts in A&E departments around the country.

The liaison nurses group held its first inaugural conference in May at which the NOSP made a presentation on suicide and self-harm, the development of Reach Out and plans for future developments.

Pieta House in Lucan was established in January 2006, offering a specialised treatment programme for those who have suicidal ideation or self-harming behaviour. The service aims to fill a gap in existing services by working in conjunction with hospital A&E departments, GP's and psychiatric units. More information is available on [www.pieta.ie](http://www.pieta.ie).

In 2005, the National Office for Suicide Prevention commissioned the National Suicide Research Foundation to conduct a pilot-study investigating assessment and aftercare following deliberate self-harm (DSH) presentations to general hospital A&E Departments. Between January and March 2006 the Data Registration Officers of the National Registry of Deliberate Self-Harm recorded information on assessment and treatment referral on all DSH cases presenting to 24 general hospitals on 28 consecutive days. Evidence of assessment included available information relating to psychosocial needs, psychiatric illness/diagnosis, suicidal risk/intent, and previous self-harm. Preliminary findings based on 474 DSH cases showed that in 74% of the cases, there was evidence of an assessment with 51% being assessed by a mental health care professional. In 16% of the cases no evidence was found for an assessment (61% of whom had left the hospital against medical advice). Provision of assessments by mental health services was dependent on DSH method and Health Service area. In 74% of DSH cases using highly lethal methods (e.g. attempted hanging/drowning) there was evidence of an assessment, while 58% of DSH patients who had taken an overdose, and 55% who engaged in self cutting had received an assessment.

The findings indicate the need for standardised assessment of DSH patients, which is in line with a key priority of Reach Out (Action 12.3). A report on the outcomes of this study will be launched in autumn 2007.

The Outreach Response Service in the HSE West has developed from an identified service need in consultation with the interested client group. The Service is designed to engage all those presenting with deliberate self-harm behaviours at the A&E Department of the Mid-West Regional Hospital. Three Clinical Nurse Specialists are in post since Sept 2006. This initiative facilitates the development of a significant community intervention and will complement current community service provision. A primary objective is to connect and maintain patient engagement with the clinical services as identified by the multi disciplinary team, to be appropriate to their individual clinical needs. Proactive /outreach strategies will be followed to maintain this patient engagement.

The Regional Suicide Resource Office in the South East continues to work closely with the Adult Counselling Service in providing a counselling service in Wexford for people who have self-harmed or at risk of suicidal behaviour. Two information leaflets relating to self-harm were produced. One targeted at young people titled "Deliberate self-harm information for young people" the other targeted at older people titled "Deliberate self-harm in young people information for parent/guardians teachers". Both leaflets are now available nationally on [www.nosp.ie](http://www.nosp.ie).

#### 4. Progress Report - Suicide Prevention Activities 2006

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##### Area 13 - Mental Health Services

The NOSP continued to work closely with the National Care Group Manager for Mental Health in the HSE in order to action the suicide prevention aspects of Vision for Change, the Report of the Expert Group on Mental Health.

The Director of the National Office for Suicide Prevention was invited to be a member of the HSE's Expert Advisory Group (EAG) on Mental Health. The EAG 'provides a platform for health professionals and service users to actively participate in the health transformation programme by influencing and setting operational policy, strategy and quality standards'.

The Director of NOSP made a presentation to an EU meeting on the Green Paper on Mental Health, setting out the progress in Ireland to implement actions in relation to suicide prevention.

For information on EAG's:

[www.hse.ie/en/expertadvisorygroups/mentalhealth/](http://www.hse.ie/en/expertadvisorygroups/mentalhealth/)

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##### Area 14 - Alcohol and Substance Abuse

The NOSP continues to support the implementation of the recommendations of the Strategic Task Force on Alcohol by acting in partnership with the HSE alcohol implementation committee which was established in 2006.

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##### Area 15 - Marginalised Groups

A National Conference: 'Addressing the Mental Health Needs of Minority Ethnic Groups and Asylum Seekers' was held in Sligo in January. Copies of the conference proceedings are available from:

- Resources officers have been involved with traveller primary care group at local level to facilitate.
- Mental Health Promotion/Suicide Awareness to members of the travelling community.
- Research findings on suicide amongst the traveller community in Tallaght were published.

Discussions were held with national traveller organisations to develop a national approach to suicide prevention and mental health. NOSP funded Crosscare to provide this service and a member of staff will be appointed in 2007.

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##### Area 16 - Prisons

Research commissioned by the former Northern Area Health Board into the training requirements of prison staff in Mountjoy Prison regarding suicide prevention was completed in 2006. When published the research report will indicate the views of prison service staff on the training requirements necessary for them to increase their awareness and confidence in responding to self-harm and suicide in the prison setting.

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##### Area 17 - An Garda Síochána

While there are only four actions in Reach Out related to the Gardai, those actions are wide-ranging and address training and awareness, mortality recording practices and bereavement support information. In the area of training and awareness a NOSP staff member addressed the Annual Meeting of the Garda Juvenile Liaison Officers (JLOs) in order to outline suicide prevention efforts to them and to develop some existing partnerships and service developments between the HSE and the JLOs. Given the role of JLOs in dealing with vulnerable young people they are well placed to act as 'community gatekeepers' in recognising and referring young people who might be at risk. Many JLOs have now received ASIST Training which, it is hoped, will help them to support the vulnerable young people they come into contact with.

Addressing the wider training agenda, a meeting was held with representatives from An Garda Síochána, the NOSP and a regional HSE Resource Officer for Suicide Prevention to progress a structured training programme for trainee and established members of the Gardai. This meeting recognised the need to tailor existing training resources for members of the Gardai and a commitment on both sides to work in partnership in developing and planning training for Gardai in 2007.

A training programme of awareness around suicide and bereavement has been designed in collaboration with the Gardai in the South East. This training programme will be delivered to 90 Gardai over three days in May 2007.

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##### Area 18 - Unemployed People

A business plan was completed by a multi-agency partnership to further develop the Winning New JOBS Programme in the North West, which included resources to improving mental health.

Suicide awareness training was included as part of the Navan Career Start Programme, a programme for young mothers in Navan, County Meath.

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### Area 19 - People who have experienced Abuse

Phase one of a study examining the link between childhood institutional abuse and the risk of suicidal behaviour was conducted during 2006 following initial planning meetings between the NOSP, the NSRF and support groups for people who had experienced abuse. This phase of research comprised: a review of the literature in the area of institutional child sexual abuse and suicidal behaviour; consultation with people who experienced abuse in Irish industrial schools and; interviews with specialist support services in order to identify risk and protective factors among survivors of abuse. Over 90 survivors and 15 counsellor/therapists took part in the research.

During consultation the survivors described the effects of their childhood experiences on areas such as relationships, mental and physical health issues and their life situation around the time of experiencing suicidal thoughts. Risk factors for suicidal behaviour included alcohol/substance abuse, social isolation, lack of experience of forming attachments or developing coping skills by those who had entered the institutions as babies, and a feeling of anti-climax following their settlement from the Residential Institutions Redress Board. Protective factors included the ability to form lasting relationships including marriage, having children, education, being in employment and having the support of a survivor group.

In late 2006, a seminar was organised to inform study participants about the outcomes of the first phase and to receive their feedback on a draft report. The seminar was also attended by representatives from the National Counselling Service, the Health Service Executive and the Mental Health Commission. A final Phase One report will be available in Autumn of 2007.

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### Area 20 - Young Men

Partnership working between the NOSP and the Men's Health Forum was developed in 2006. In particular, the NOSP facilitated a suicide prevention workshop during the Forum's Annual Conference. The conference was organised under the banner of "Mind Yourself" and was held during Men's Health Week which focused on "Men and Mental Well-Being". To progress suicide prevention and mental health promotion initiatives aimed at men the NOSP and the Department of Health, Social Services and Public Safety in Northern Ireland committed to working in partnership with the Men's Health Forum as part of the all-island action plan for suicide prevention.

The HSE Dublin North East implemented a Drug, Alcohol & Mental Health Awareness programme targeting young traveller men in Louth community care area.

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### Area 21 - Older People

In relation to supports for Older People, some analysis of the Senior Helpline was conducted by the NOSP in terms of information to be routinely collected on calls, while significant training of Helpline volunteers was supported by the HSE Resource Officers for Suicide Prevention.

The Training and Development Officers in the HSE South provide an Older Adults; Depression and suicide course. This is available to people working directly with older adults.

The health promotion department of HSE Dublin North East delivered a SafeTALK suicide alertness programme among a support group for older persons in the region.

Leaflets and posters to highlight the issue of depression and suicide in older people were distributed to all Health Centres in County Mayo.

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### Area 22 - Restricting and Reducing Access to Means

Since the inception of Disposal of Unwanted Medicines Project in the former South Western Area Health Board in 2003, the project has gone from strength to strength with other areas around the country developing similar projects. There are now 254 pharmacies participating in the project with over 10 tonnes of unused and out of date medicines collected in 2006. A Masters Student is currently evaluating the returns of medicines to pharmacies to ascertain if there is a correlation between the type of medicines being returned and those identified by the National Suicide Research Foundation used in overdoses. The Information Collection Tool used by the pharmacists is also being evaluated. This evaluation is due to be completed and published in 2008.

#### 4. Progress Report - Suicide Prevention Activities 2006

## Responding to Suicide

### Area 23 - Support following Suicide

In 2006, the NOSP issued an invitation to tender for the project entitled "A review of general bereavement support services and specific services available following suicide bereavement". The stated aim of the project was in keeping with Action 23.1 set out in Reach Out and to assist and guide project development 16 distinct objectives were set out, including:

- To draft a report on the availability, accuracy and suitability of information about death, dying and bereavement, including practical and educational information and information specific to suicide.
- To prepare a directory of bereavement support services available in Ireland, including basic information services through to counselling services.
- To prepare a costing of a national suicide bereavement care plan.

After a competitive tendering process the project was awarded to Petrus Consulting Limited. It is expected that the project will be fully completed in 2007.

The Resource Office in the South East has developed a free counselling service to people in the region who have been bereaved through sudden traumatic circumstances. Access to the service is through direct referral to the Bereavement Care Liaison Officer. Alongside this a series of information leaflets covering different aspects of death and dying have been produced in partnership with the Irish Hospice Foundation:

- Talking with Children about Traumatic Death.
- Anticipatory Grief.
- Children's Grief.
- Understanding Grief.
- Grieving the Death of a Child.
- Grieving the Death of a Spouse/Partner.

An advertising campaign in the Mid Western area to raise awareness of the service is on-going "Living Links" posters and leaflets are made available to the public via GP surgeries, Hospitals, Health Advice Centre, Citizen Information Centre and Churches.

Midlands Suicide Bereavement Support Services continues to operate from 6 main centres in Laois, Longford, Tullamore, Birr, Athlone and Mullingar.

The alliance of services supporting those bereaved by suicide continued to meet in 2006 to share information, offer peer support and identify mutually beneficial training needs.

A number of communities including Portumna and Moylough, County Galway, Ballybane in Galway City, and Louisburgh and Belmullett, County Mayo are addressing their information, education and support needs following deaths by suicides in their area.

### Area 24 - Coroner Service

Action 24.2 of Reach Out states that "resource materials for coroners that provide information for bereaved should be reviewed and revised as appropriate". In the course of commissioning the review of bereavement support services (see Area 23 above) it was agreed that directory information on bereavement support services would be compiled and disseminated to coroners in 2007.

Other actions in relation to the coroner service recommended in Reach Out relate to recording practices and to training and support for coroners. There has been some discussion in relation to recording practices, particularly between coroners and representatives from the NSRF in an effort to clarify current practice around death registration. The Coroner Service is an area which requires an increased level of action to meet the outcomes stated in Reach Out.

## Information and Research

### Area 25 - Information

The National Confidential Inquiry into Suicide and Homicide is a UK-wide system for routinely gathering information on sudden deaths, including deaths by suicide. In Ireland, the standard level of information that is routinely gathered and managed by the Central Statistics Office provides useful demographic data and basic data on the circumstances of death. However, it was recognised in Reach Out that the routine gathering of more in-depth information on deaths is needed in order to determine trends in the pattern of death by suicide and to better understand the various risk and protective factors associated with death by suicide. To assess the possibility of developing a similar data collection system to the UK National Confidential Inquiry in Ireland, representatives from the NOSP and the NSRF met with UK colleagues to find out about the workings of the Inquiry. While the UK system only inquires into deaths among users of the mental health service it was agreed that in Ireland there is the potential to seek information on all deaths from external causes. A proposal to develop such a model has been developed by the NSRF with the support of the NOSP.



In 2006, the NOSP website was re-designed with significantly more content and a more user-friendly interface. Along with contact details and information about the office the website now contains the following sections:

- Need Help?
- Reports
- Presentations
- Research
- Training
- Links
- Noticeboard

Site information in terms of visitor activity became available towards the end of 2006 and will be carefully monitored in 2007. A link to Reach Out dominates the homepage given its importance in terms of the NOSP programme of activities. There is also considerable emphasis on providing information on help and support services. The domain is [www.nosp.ie](http://www.nosp.ie).

In terms of the commitment to help in the development of Information and Communications Technology to deliver support, the NOSP continued to support the website [www.spunout.ie](http://www.spunout.ie) which provides some basic information on mental health issues and also provides an online signpost to various services and supports.

The Resource Office in the South East have produced an information booklet on suicide titled Understanding Suicide along with a bereavement information booklet.

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## Area 26 - Research

The commissioned report into mortality recording practices was completed in draft format during 2006 allowing consultation between the relevant stakeholders. This consultation began during 2006 with a view to finalising the report to include recommendations for changing recording practices and ensuring accuracy of mortality data. The research detailed the system for death registration in Ireland, and cause of death determination. It assessed the completeness of the data recorded on Form 104 and assessed the consistency of data recorded on Form 104 in comparison with other data sources. The research will be available in late 2007.

As a first step towards developing a national suicide research strategy (Reach Out 26.1) the NOSP hosted a research meeting in order to encourage coordination and partnership working, to begin mapping current knowledge and to agree some priorities in suicide research to help in meeting gaps in our current knowledge. Overview presentations were made by representatives of both the Health Research Board and the Mental Health Commission. Apart from these overviews the meeting used small

group work to map current knowledge and to agree priorities for future research. Among the general suggestions agreed were the need for a national database of researchers and research projects which would be linked to the Mental Health Commission Research Database and the need for clear governance in the area of suicide research. Some research priorities identified included the need to evaluate the impact of various training programmes (including ASIST), evaluation of telephone helplines and the need to review approaches to suicide bereavement support.

The NOSP made a detailed submission to the Mental Health Research Division of the Health Research Board in relation to their Draft Research Programme, 2007-2011. A number of issues were highlighted including: the need for a population health focus within mental health research; the important inter-face between primary care and mental health services; and, discharge policies for mental health services.

International links (Action 26.2) included participation in a workshop entitled "Evaluation of National Suicide Prevention Strategies" at the 11th European Symposium on Suicide and Suicidal Behaviour". Other country representatives participating including colleagues from Australia, Denmark, England and Norway. Information sharing on strategy implementation is ongoing with colleagues from Scotland, England and Northern Ireland.

County Limerick VEC in partnership with HSE, West has embarked on an initiative to develop an integrated school based crisis response/student support concept.

The study aims to determine if establishing a Student Support Team (SST) for school personnel who come in contact with potentially suicidal students results in better outcomes. The research will identify if knowledge of warning signs will increase the ability of school personnel to identify at risk students, know how to respond to a disclosure, how to refer to relevant services and how to formulate and implement a student care plan. This will assist the school in responding to a critical incident i.e. sudden death or a death by suicide.

The HSE West began work in 2006 to carry out a needs assessment of organisations working with out of school youth. The views of both management and youth workers was sought in relation to their training, information and support needs in promoting mental health. The results will be published in 2007.

## 5. Partnership Development and Capacity Building

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### NOSP Annual Forum

Some 110 people attended the Forum. Participants at the Forum were asked to evaluate its content and usefulness. The responses to these questions were looked at and common themes were selected. Some of the main issues raised included the need for more networking opportunities, more detailed progress reports on Reach Out implementation and the need to bridge the gap between professionals and non-professionals working in suicide prevention.

Thirty-three evaluation forms were returned to the National Office for Suicide Prevention from the National Forum on Suicide Prevention, held in March 2006.

[www.nosp.ie](http://www.nosp.ie)

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### Cross Border Working

The Northern Ireland suicide prevention strategy Protect Life – A Shared Vision was launched for consultation in March 2006. In Protect Life it is acknowledged that “during the development of the Northern Ireland Suicide Strategy the Taskforce has been in the fortunate position of being able to draw on the experiences and support of counterparts in both the Republic of Ireland and Scotland”. Building on this cooperation, an all-island suicide prevention action plan was prepared in 2006. An overview of the All-Island Suicide Prevention Action Plan is set out in Appendix 5.

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### Voluntary Sector Activity in Partnership with the NOSP

#### **National Suicide Research Foundation:**

The mission of the NSRF is to provide a nationally and internationally recognised body of reliable knowledge from a multidisciplinary perspective on the risk and protective factors associated with suicidal behaviour. The ultimate aim is to provide a solid evidence base for policy development and intervention in the prevention of suicide and the management of patients presenting with deliberate self-harm. The NSRF consists of a research team drawn from a broad range of disciplines, including epidemiology, psychology, psychiatry and biostatistics. The unit has been recognised as a centre of excellence regarding suicide research and its prevention by the World Health Organisation. Over the last ten years, the NSRF has carried out work on:

- (1) The incidence and determinants of suicidal behaviour (fatal and non-fatal) in the population.
- (2) The analysis of trends in suicide mortality in Ireland.
- (3) The extent and determinants of suicidal ideation in the population.

(4) The efficacy of intervention and prevention programmes for suicidal behaviour.

A major benefit of the work carried out by the NSRF has been to provide valid information on the extent of the problem of suicidal behaviour, and to identify at risk groups in the population. The outcomes of the research projects have been shown to be an important resource for the development of prevention and intervention programmes, and mental health policy in general. The NSRF responds to numerous requests for information from members of the community some of whom have been directly affected by suicide. Many seminars and public talks have been given to promote the importance of mental health. The NSRF played a major role in developing Reach Out, the National Strategy for Action on Suicide Prevention, 2005-2014.

Presently, the NSRF is working with the Northern Ireland Department of Health, Social Services and Public Safety as well as CAWT (Co-operation and Working Together) in extending the National Registry of Deliberate Self-Harm to include Northern Ireland.

Key priorities in the NSRF Research Strategy are in line with the Reach Out National Strategy for Action on Suicide Prevention:

- To establish a National Inquiry into Suicide Deaths and Other Deaths Leading to a Coroner's Inquest.
- To establish a link between the National Registry of Deliberate Self-Harm and suicide mortality data.
- To conduct research into the assessment and treatment referral of patients presenting to Accident and Emergency departments following deliberate self-harm.
- To conduct research into risk and protective factors associated with suicide among people who were resident in industrial schools as children.

#### **A National Psycho-biographical and Creative Arts Autopsy**

Professor Kevin Malone and Professor Cecily Kelleher, University College Dublin undertook “Researching Suicide Clusters and Hotspots in Ireland”. A National Psycho-biographical and Creative Arts Autopsy, part-funded by the 3Ts charity (Turning the Tide of Suicide) and part-funded by NOSP commenced in late-Autumn 2006. The study aim is to interview suicide-bereaved family and friends over the past 3 years, to understand more about the lived life, and the connectivity (or not) between other suicide deaths, thus providing unique insights into possible suicide clusters across Ireland. The study aims to review 1,000 lost lives, and to interview a sub-set of families in great detail. The Creative Arts component (supported by The Ireland Funds) brings humanities practice-based research to the lived lives, lost to suicide. An age, sex and county-matched living community control for each

suicide death is also being interviewed, thus forming an additional case-control study design. Preliminary data has identified that clusters exist in Ireland, especially amongst younger suicide deaths, and that over 80% of those who died by suicide had shared their suicidal intentions with at least one friend or relative in the month prior to death. Discussions are on-going to include Northern Ireland in the Study design, thus constructing an all-island study.

A study of all rail-deaths between 1988 and 2003 was conducted to research the possible existence of clusters and hot-spots on the Irish Rail network. The study was funded in-part by Iarnród Éireann. 6 clusters and hot-spots were identified nationally, providing the possibility of introducing targeted prevention strategies to reduce suicide deaths on the Irish rail network.

A study of all drownings in Ireland between 2001 and 2005 was conducted in collaboration with the Irish Water Safety Association, with the aim of identifying possible hot-spots for drowning by suicide in Irish waters. Analysis of these data are on-going, and will be presented at IASP Conference in Killarney in August 2007.

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### Youth Suicide Prevention and Research Initiative

In 2005 the high number of suicides by adolescents in County Meath in 2005 shocked the professional community and led to the questioning as to whether this number in such a small county represented an abnormal sub cultural trend which may lead to more young people taking their own lives. Psychiatric and Psychology health professionals were aware of research undertaken in the United States of America into "suicide clusters" among young people. The research suggested that to understand the influencing factors leading to young people taking their own lives, that some form of psychological autopsy in respect of each suicide was required. From this if any correlating factor between suicides is then found direct and informed positive action can be taken with young people in the community to hopefully prevent further tragedies.

A local multi disciplinary/agency consultation group was pulled together to enlist as much support as could be found to progress an effective prevention and research plan. The first meeting of this consultation group, which meets quarterly took place on the 30th of May 2006. Members of the consultation group include representatives from Children and Adult Mental Health services, Public Health, Schools, Education Psychology and a range of community support organisations. Kevin Malone Professor of Psychiatry University College Dublin and the National Suicide Prevention Office have also lent their support to the work of the group.

As a first step in a national research initiative families from County Meath who had experienced the suicide of a young person were invited to participate in the research study and relevant early research data has been shared with the consultation group. Also in an effort to discover the most effective approaches that might be used to support young people's mental health, the consultation group has undertaken a process of reviewing all supports that are available locally to young people and has also looked at international and national research on youth suicide. The learning that has been gathered from the work of the group is now being used by a working party of the consultation group to put together a specific service project proposal for County Meath. An outline of the service proposal will be presented to the larger group in September 2007.

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### Irish Association of Suicidology

During 2006 arrangements were being put in place for the XXIV Biennial Conference of International Association for Suicide Prevention (IASP) which is to be hosted by the Irish Association of Suicidology (IAS) 28th August to 1st September 2007 in Killarney. The title of the conference is 'Preventing Suicide Across the Lifespan: Dreams and Realities'.

Guidelines for the Portrayal of Suicide in the Media, originally developed in partnership with Samaritans and launched in 2001 were revised and updated. The document was launched simultaneously in Dublin and Belfast on 20th June 2006. The guidelines attracted a great deal of attention from the media. A PDF version of the document can be accessed on [www.ias.ie](http://www.ias.ie).

The IAS commissioned Millward Brown IMS to undertake a survey of attitudes to suicide in Ireland. The results of the survey were launched by the Minister of State for Mental Health on the 1st November 2006. The survey showed that 74% of people in the Republic of Ireland personally knew someone who had ended their life by suicide. The stigma of suicide has decreased. 40% of young men had no knowledge of organisations that could provide help and support for someone feeling suicidal.

The survey reveals knowledge gaps that need urgent attention as well as a lot of understanding of, and goodwill towards, suicide prevention waiting to be harnessed into action. This survey can be accessed on the IAS website [www.ias.ie](http://www.ias.ie)

In September the 11th Annual Conference of the IAS was held in Ennis, County Clare, on Women's Health and Suicide. While women in general have lower suicide rates than men, rates of deliberate self-harm are higher and consequently demands on services are higher. Particularly interesting was an address on mental health and suicide in and in the year following childbirth. Specialist perinatal psychiatric services are not provided in Ireland.

## 5. Partnership Development and Capacity Building

The 6th National Conference Suicide Prevention: School as a Place of Healing, held in Sligo, aroused a great deal of media interest. It was preceded by a teacher Training Seminar.

Both the conference and the seminar dealt in with practical approaches to the role of the school and its staff in suicide prevention. Of major interest was a presentation illustrating the use of drama, in the school setting in creating awareness of and changing attitudes to suicide and suicidal behaviour.

Feed back from the teachers, school guidance counsellors and other delegates showed that the conference and the various training seminars on suicide prevention in schools are very topical and fill a huge knowledge gap in the system.

[www.ias.ie](http://www.ias.ie)

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### Console

In 2006, Console continued to enhance and develop its national services for people bereaved through suicide. Console's primary services include Counselling, General Support & Helpline facilities.

Significant developments include:

- Enhancement of the Console Child Psychotherapy Service in partnership with the Daughters of Charity.
- Provision of the 'Support Group' Services within the communities of Drumcondra, Clondalkin & Finglas in Dublin and Galway Central. Console also established a new 'Season's for Growth' Support Group in Limerick.
- Establishment of a Console Centre in Limerick.
- Formation of the 'Seasons for Growth' National Office in Limerick. The 'Seasons for Growth' programme is a validated education program for children, young people & adults helping people explore the effects of change, loss and grief in their lives.
- Console hosted a well attended Conference in Clondalkin entitled 'Suicide Prevention – Protecting the Family of Tomorrow'.
- Console hosted the Annual 'Christmas Celebration of Light' in the larger venue of St Patrick's College, Maynooth, County Kildare.
- Console Board of Management approved the establishment of a new service in Waterford in September 2007.
- Console Board of Management approved the recruitment of a new Chief Executive Officer, Senior Development Manager & Human Resource Manager.
- Console Board of Management commissioned an Independent Audit & Review of the Console Service.

[www.console.ie](http://www.console.ie)

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### Headline

Headline is Ireland's national media monitoring programme, working to promote responsible and accurate coverage of mental health and suicide related issues within the Irish media. Headline was set up in September with funding from the NOSP and is managed by Schizophrenia Ireland. Headline works with journalists, including the NUJ (National Union of Irish Journalists) to develop guidelines for the media for reporting on Suicide and mental health. Headline has sponsored a category in the Smedia awards (Student media awards) through funding for reporting on suicide and mental health.

The Headline website [www.Headline.ie](http://www.Headline.ie) provides information on suicide, stigma, mental health and related issues. There is access to Irish and international research and other media guidelines. Headline monitors the National and regional press and radio broadcasts on a daily basis for coverage relating to suicide and mental health. Headline also serves as a vehicle for the public to become involved in helping to monitor Irish media on issues relating to mental health and suicide. Anybody can sign up to Headline media alerts where articles both positive and negative relating to suicide and mental health are e-mailed to participants.

[www.headline.ie](http://www.headline.ie)

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### BeLonG To

In September the National Office for Suicide Prevention began funding BeLonG To Youth Project, Ireland's only designated youth service for Lesbian, Gay, Bisexual & Transgender (LGBT) young people, to develop and implement a national programme. This funding was allocated in response to recommendation 15.2 of Reach Out. BeLonG To's National Development Programme commits to improving the lives for LGBT young people in Ireland by:

- Supporting the development of designated LGBT youth groups outside Dublin.
- Addressing the inclusion of LGBT issues in mainstream youth work.
- Providing a national voice for LGBT young people and their issues.
- Supporting research and training in the area.

Through this programme, in 2006 BeLonG To worked with groups in Galway and Waterford; engaged with the Department of Education on the issue of homophobic bullying in schools; delivered university inputs, and worked on the coordination of a national study on mental wellbeing amongst LGBT people.

[www.belongto.org](http://www.belongto.org)

## 6. Training and Education

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### ASIST

A Training for Trainers (T4T) programme was coordinated in May in association with SAOL / North Inner City Drugs Task Force (NICDTF). SAOL received funding from the Dormant Accounts Fund for ASIST training. It was agreed that the NOSP would coordinate a T4T with 9 trainers from SAOL, and the funding would be deployed to meet the costs associated with the delivery of 15 two-day workshops over a one-year period.

The remainder of the T4T places were organised through the existing ASIST coordinators.

By the end of 2006, there were almost 70 trainers in the national network.

ASIST workshops were coordinated through 12 sites – 10 HSE sites, the NICDTF and the NYHP of NYCI.

Information was gathered from the 12 sites:

- 131 workshops were delivered.
- 2,995 participants completed the workshops.

A number of Irish delegates attended a conference for ASIST trainers in Banff, Canada in May 2006.

13 delegates from the South attended the inaugural All-Ireland ASIST trainers' conference at Lusty Beg in Northern Ireland in March 2006.

NOSP coordinated a meeting of all ASIST trainers in Portlaoise in August, at which 45 trainers attended. The aim of this event was to share the wider work being undertaken in response to Reach Out 2005 – 2014 and provide trainers with the opportunity to discuss the overall objectives of the ASIST programme.

Eight ASIST trainers became trainers in safeTALK in 2006, safeTALK is a half day training programme. Four attended a T4T at the conference in Banff and an additional four trained at a T4T in Belfast in September.

## 7. Current Mortality and Self-Harm Data

### National Suicide Mortality Data

The Central Statistics Office (CSO) has responsibility for classifying the causes of death in Ireland. An annual report on vital statistics is prepared which provides information on the various causes of death registered in the previous year. Deaths are coded according to the 9th revision of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD 9). This classification system distinguishes external causes of deaths natural causes of death. External causes include accidents, homicides, suicides and those external deaths whose cause cannot be determined. These deaths are subject to an inquest. A Coroner's Certificate is completed for each inquest.

The CSO consults a number of sources of information before making the classification of cause of death. These include the Medical Cause of Death Certificate, the Coroner's Certificate and an additional statistical form, Form 104, which is completed by the Gardaí and returned to the CSO following an inquest.

The CSO makes data available by 'year of occurrence' and 'year of registration'. Tables 1 to 3 below contain both sources of information in relation to deaths that occurred since 1980. "Year of occurrence" data is provided from 1980 to 2004, and "year of registration" data is available for 2005 and 2006. Note these two types of information are not comparable. That is, the figures for 2006 are not comparable to the figures for 2004, for example. Data by year of occurrence is the official data, and refers to deaths that occurred in that calendar year. Data by year of registration refers to deaths which were registered with the CSO in a particular year. Deaths which occur from an external cause are often not registered in the year in which they occur, as

registration happens after an inquest closes.

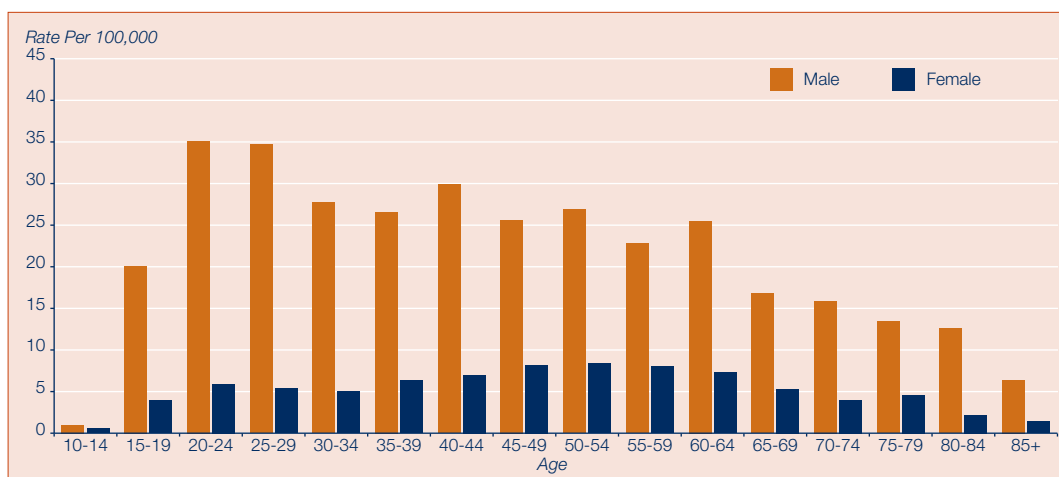
As inquests may not take place until the following calendar year, there is an inevitable delay in registering these deaths. The result is that a death which occurred in 2004 may be recorded in the official 2004 data (year of occurrence data) and in the 2005 figures for registered deaths. For example, 708 of all deaths registered in 2006 occurred in previous years. For this reason, year of registration data is provided separately in the first three tables, and is not included in later tables which aggregate the data over a five-year period.

Tables 4, 5 and 6 present data on suicide by age, gender, method and county. The information is aggregated over a 5-year period from 2000 to 2004, the most recent year for which official data is available. Rates and percentages are provided, rather than the number of deaths in each category. This allows for meaningful comparison across groups, as the population varies significantly across age groups, counties and gender.

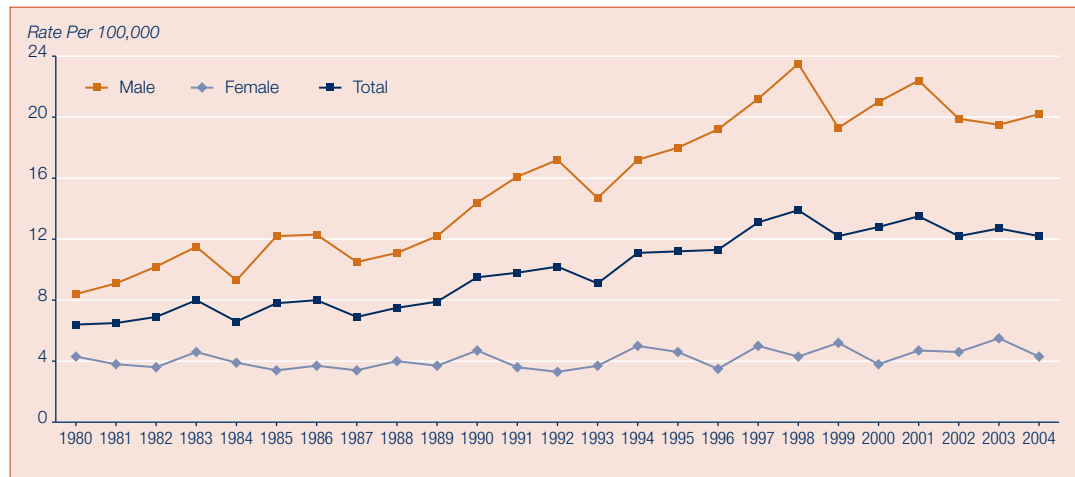
Based on this data from the CSO, a total of 2,473 deaths by suicide occurred in Ireland between 2000 and 2004. This corresponds to a rate of 12.6 per 100,000 population. Of particular concern in Ireland, as elsewhere, is the high rate of deaths by suicide among young adults. More than a quarter (26%) of all deaths by suicide occurred in young adults in their 20's. Figure 1 shows the average annual rate of suicide by age group and gender to portray a snapshot of the current pattern of death by suicide.

In relation to the trends in suicide mortality over time, figure 2 demonstrates that the male suicide rate increased steadily until the late 1990's with more fluctuation and a general levelling of the rate in recent years. The overall female rate has remained fairly constant since the early 1980s.

**Figure 1. Average Annual Male and Female Suicide Rate by Age per 100,000 Population (2001 – 2004)**



**Figure 2. Republic of Ireland Male and Female Rate of Suicide (1980 – 2003).**



**Table 1. Overall Population Rate of Suicide and other Causes of Death (2000 – 2004).**

Suicide, undetermined death, death by external causes, death by all causes, per 100,000 total population

Year	Suicide		Undetermined death		Death by external causes (ICD9: E800-E999)		Death by all causes	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
2000	486	12.8	69	1.9	1,752	48.3	31,391	821.6
2001	519	13.5	78	2.0	1,832	47.6	29,812	785.5
2002	478	12.2	88	2.2	1,768	45.1	29,683	757.8
2003	497	12.7	87	2.2	1,601	40.9	28,823	735.8
2004	493	12.2	81	2.0	1,594	39.4	28,665	708.9
<b>Deaths by Year of Registration</b>								
2005	432	11.0	89	2.3	1,458	37.2	27,441	700.5
2006	409	9.6	66	1.6	993	23.4	27,479	648.1

Source of all Irish data used in Tables 1-5: CSO

Data by year of occurrence is provided from 1980 to 2004. This is official data.

Data by year of registration is provided for 2005 and 2006. This is provisional data.

Points of note

- Deaths by suicide represent 1.7% of all deaths and 29% of deaths from external causes (2000-2004).

## 7. Current Mortality and Self-Harm Data

**Table 2. Male Population Rate of Suicide and other Causes of Death.**

Suicide, undetermined death, death by external causes, death by all causes, 2000-2004, per 100,000 population (Males).

Year	Suicide		Undetermined death		Death by external causes (ICD9: E800-E999)		Death by all causes	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
2000	395	21.0	46	2.6	1,215	67.5	16,192	847.0
2001	429	22.4	34	1.8	1,330	69.7	15,691	820.2
2002	387	19.9	67	3.4	1,248	64.1	15,390	790.8
2003	386	19.8	59	3.0	1,108	56.9	14,735	757.1
2004	406	20.2	60	3.0	1,127	56.0	14,801	735.9

### Deaths by Year of Registration

2005	354	18.2	63	3.2	1,036	53.2	13,904	714.4
2006	318	15.0	47	2.2	646	30.5	14,111	665.2

Note:

- The average rate of death by suicide among males across the 5 years from 2000-2004 was 20.7. The corresponding figure for the previous 5 years (1995-1999) was 20.2.
- Deaths by suicide account for one third (33%) of external causes of death, and 2.6% of deaths from all causes (2000-2004).

**Table 3. Female Population Rate of Suicide and other Causes of Death.**

Suicide, undetermined death, death by external causes, death by all causes, 2000-2004, per 100,000 population (Females).

Year	Suicide		Undetermined death		Death by external causes (ICD9: E800-E999)		Death by all causes	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
2000	91	4.8	23	1.3	537	29.4	15,199	796.6
2001	90	4.7	20	1.0	502	26.0	14,521	750.8
2002	90	4.6	21	1.1	520	26.4	14,293	725.2
2003	111	5.6	28	1.4	493	25.0	14,088	714.8
2004	87	4.3	21	1.0	467	23.0	13,864	682.1

### Deaths by Year of Registration

2005	78	4.0	26	1.3	422	21.4	13,537	686.8
2006	91	4.3	19	0.9	318	15.0	13,368	631.0

Note:

- Deaths by suicide among females represent 19% of deaths from external causes and 0.65% of all deaths (2000-2004).



**Table 4. Average Suicide Rate by Age and Gender, 2000-2004.**

Rate of suicide occurring between 2000 and 2004 (inclusive) by age group and gender.

Age Group	Persons	Males	Females
	RATE PER 100,000 POPULATION	RATE PER 100,000 POPULATION	RATE PER 100,000 POPULATION
00-04 yrs	0.0	0.0	0.0
05-09 yrs	0.0	0.0	0.0
10-14 yrs	0.8	1.0	0.6
15-19 yrs	12.2	20.1	3.9
20-24 yrs	20.6	35.1	5.9
25-29 yrs	20.0	34.7	5.4
30-34 yrs	16.3	27.7	5.0
35-39 yrs	16.4	26.6	6.3
40-44 yrs	18.4	29.9	7.0
45-49 yrs	16.9	25.6	8.2
50-54 yrs	17.8	26.9	8.4
55-59 yrs	15.5	22.8	8.0
60-64 yrs	16.5	25.5	7.3
65-69 yrs	10.9	16.8	5.3
70-74 yrs	9.5	15.9	4.0
75-79 yrs	8.2	13.4	4.6
80-85 yrs	6.1	12.6	2.2
85+ yrs	2.9	6.4	1.4
Total	12.6	20.6	4.8

Note:

- The highest rate of suicide at 20.6 per 100,000 was recorded for the 20-24 year age group in the total population.
- The highest rate for males (35.1 for 20-24 yr old males) is 4 times greater than the highest rate for females (8.4 for 50-54 yr old females)
- The highest rate for females (8.4 for 50-54 yr old females) is exceeded by the rate for males at every age group except for males aged 14 years and younger and males aged 75 years and older.
- The rate of suicide decreases significantly for those aged 70 years and older. This is found for the total population, males and females.

7. Current Mortality and Self-Harm Data

**Table 5. Suicide Methods used, by Age and Gender**

Method of suicide (%) by age group, 2000-2004 inclusive.

AGE GROUP	POISONING	HANGING	DROWNING	GUNS	OTHER	TOTAL
	%	%	%	%	%	
<b>Persons</b>						
Under 15 yrs	27	73	0	0	0	100
15-24 yrs	10	69	8	8	5	100
25-44 yrs	16	57	15	6	6	100
45-64 yrs	15	47	25	6	7	100
Over 64 yrs	18	37	35	4	6	100
Total	14	55	18	7	6	10
<b>Males</b>						
Under 15 yrs	14	86	0	0	0	100
15-24 yrs	6	71	8	10	5	100
25-44 yrs	13	61	14	7	5	100
45-64 yrs	12	53	22	7	6	100
Over 64 yrs	12	42	34	6	6	100
Total	11	60	16	8	5	100
<b>Females</b>						
Under 15 yrs	50	50	0	0	0	100
15-24 yrs	32	54	9	1	4	100
25-44 yrs	31	33	20	3	13	100
45-64 yrs	25	27	36	1	11	100
Over 64 yrs	33	23	38	0	6	100
Total	29	33	26	2	10	100

Note:

- Hanging was the most commonly used method for all age groups in the total population and within the male population, particularly for those aged under 25 years.
- Hanging was the most commonly used method for females aged 44 years and younger. Drowning was more commonly used among females aged 45 years and older.
- Firearms were more commonly used by males than females, and by younger men than older men.
- Methods included in the "other" category include death from injury, and jumping from a height.

## National Deliberate Self-Harm Data

The National Registry of Deliberate Self-Harm is a national system of population monitoring for the occurrence of deliberate self-harm. The Registry, which was established by the National Suicide Research Foundation in 2002, monitors presentations following deliberate self-harm to Accident and Emergency Departments in all General Hospitals.

The Registry uses the following definition of deliberate self-harm: 'an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences'. This definition was developed by the WHO/Euro Multicentre Study Working Group and was associated with the term parasuicide. Internationally, the term parasuicide has been superseded by the term deliberate self-harm and consequently, the Registry has adopted the term deliberate self-harm. The definition includes acts involving varying levels of suicidal intent and various underlying motives such as loss of control, cry for help or self-punishment.

### Inclusion Criteria

- All methods of self-harm are included i.e., drug overdoses, alcohol overdoses, lacerations, attempted drownings, attempted hangings, gunshot wounds, etc. where it is clear that the self-harm was intentionally inflicted.
- All individuals who are alive on admission to hospital following a deliberate self-harm act are included.

### Exclusion Criteria

The following cases are not considered to be deliberate self-harm:

- Accidental overdoses e.g., an individual who takes additional medication in the case of illness, without any intention to self-harm.
- Alcohol overdoses alone where the intention was not to self-harm.
- Accidental overdoses of street drugs i.e., drugs used for recreational purposes, without the intention to self-harm.
- Individuals who are dead on arrival at hospital as a result of suicide.

### Data items

A minimal dataset has been developed to determine the extent of deliberate self-harm, the circumstances relating to both the act and the individual and to examine trends by area. While the data items recorded enable the system to avoid duplicate recording and to recognise repeat acts of deliberate

self-harm by the same individual, they ensure that it is impossible to identify an individual on the basis of the data recorded. Items are recorded as follows:

- Entry number
- Initials
- Gender
- Date of birth
- Area of residence
- Date and hour of attendance at hospital
- Brought to hospital by ambulance
- Method(s) of self-harm
- Drugs taken
- Medical card status
- Seen by (disciplines)
- Recommended next care

### Registry coverage

In 2005, deliberate self-harm data were collected from each HSE region in the Republic of Ireland (pop: 4,130,500). In 2005, deliberate self-harm data were collected for the full calendar for 38 acute hospitals. Three months data were collected from one adult A&E department and no data were collected from one paediatric A&E department.

### Current Deliberate Self-Harm Data

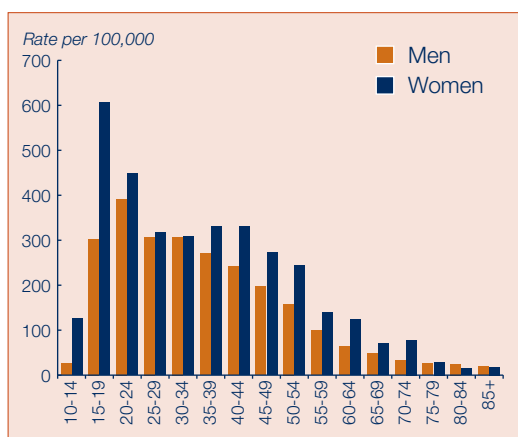
Based on the near complete national coverage achieved in 2005, there were an estimated 10,800 presentations to hospital due to deliberate self-harm nationally, involving approximately 8,600 individuals. The number of presentations was marginally lower than the estimated figure for 2004 of 11,100 while the number of individuals involved was unchanged. The age-standardised rate of individuals presenting to hospital following deliberate self-harm in 2005 was 198 per 100,000, a 2% decrease on the rate of 201 per 100,000 in 2004. This follows a 4% decrease between 2003 and 2004 and represents the lowest rate recorded by the Registry in the four years of near national coverage. It is premature to conclude that there is a decreasing trend. However, there is no evidence that the rate of deliberate self-harm presentations to hospital in the Republic of Ireland is increasing.

The national male and female rates of deliberate self-harm in 2005 were 167 and 230 per 100,000, respectively. The female rate was therefore 37% higher than the male rate in 2005, a similar gender difference to that observed in 2004. Consistent with the findings in previous years, deliberate self-harm was largely confined to the younger age groups. Almost half of all presentations (46%) were by people under 30 years of age and 87% were by people aged less than 50 years. The peak rate for women in 2005 (as in previous years) was in the 15-19 years age group, at 606 per 100,000. Thus, one in every 165 Irish adolescent girls was treated in hospital in 2005 as a result of deliberate self-harm.

## 7. Current Mortality and Self-harm Data

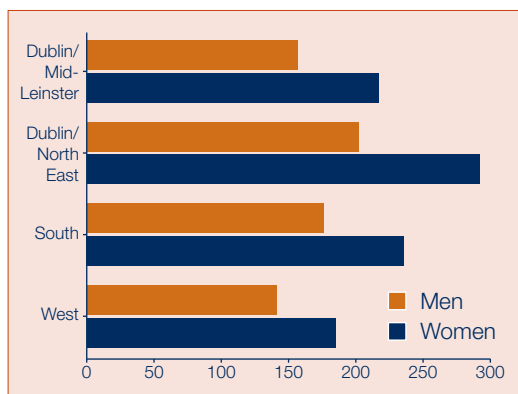
Among men, those in the 20-24 years age group were at highest risk, with a rate of 392 per 100,000. Figure 3 presents the person-based rate of deliberate self-harm by age and gender per 100,000 population.

**Figure 3. Person-based Rate of Deliberate Self-Harm by Age and Gender per 100,000 Population.**



The incidence of deliberate self-harm exhibited marked variation by geographic area. The highest rate was in the HSE Dublin/North East Region, 21% and 27% higher than the National rate for men and women, respectively. The HSE West Region had the lowest rate, 16% lower than the national rate for men and 19% lower for women (see Figure 4). City rates of deliberate self-harm generally exceeded those of the counties, particularly for men. When county populations were disaggregated to urban and rural district populations, the incidence of deliberate self-harm was considerably higher in urban settings.

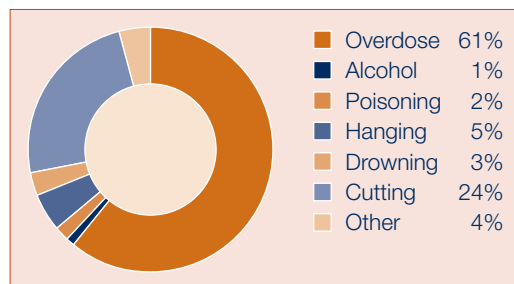
**Figure 4. Deliberate Self-Harm EASR per 100,000 by HSE Area and Gender.**



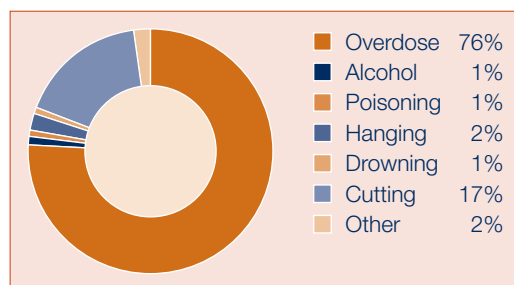
Drug overdose was the commonest method of self-harm, involved in 76% of all acts registered in 2005. This was more striking in women (82%) than in men (67%). Self-cutting was the second commonest

method of self-harm, used in one in five cases (21%) and significantly more often by men (25%) than by women (17%) (see Figures 5 and 6 below). Self-cutting was associated with increased risk of repetition. There was evidence of alcohol consumption in 41% of all episodes of deliberate self-harm registered in 2005 and this was more often the case for men (46%) than women (38%). These levels are similar to those reported for previous years and continue to highlight the strong association between alcohol consumption and suicidal behaviour. Alcohol may be one of the factors underlying the pattern of presentation with deliberate self-harm by time of day and day of week. Presentations peak in the hours around midnight and one-third of all presentations occur on Sundays and Mondays.

**Figure 5. Method of Self-Harm for Males.**



**Figure 6. Method of Self-Harm for Females.**



Of all deliberate self-harm cases, 14% were admitted for psychiatric inpatient treatment from the A&E department, a further 40% of presentations resulted in admission to a ward of the treating hospital, 2% refused to be admitted, 14% left before next care could be recommended and 31% were discharged following emergency treatment. Thus, the A&E department was the only treatment setting for almost half of all deliberate self-harm patients. As one would expect, admission to psychiatric inpatient care directly from the A&E department was most common for cases involving the highly lethal methods of attempted hanging (38%) and attempted drowning (28%). However, a significant minority of such cases (31% of attempted hangings and 27% attempted drownings) were not admitted following

emergency treatment. Approximately 10% of drug overdose cases were referred for psychiatric inpatient care from A&E and a further 48% for general hospital inpatient care. Of those presenting with self-cutting, 18% were referred for psychiatric inpatient care and a further 18% were referred for general hospital inpatient care.

The next care recommended to deliberate self-harm patients varied significantly by HSE hospital group. Only 13% were admitted to a general hospital ward following presentation to A&E in the HSE Dublin North East Hospitals Group. The admission rate was 22% for the Dublin South Hospitals Group and

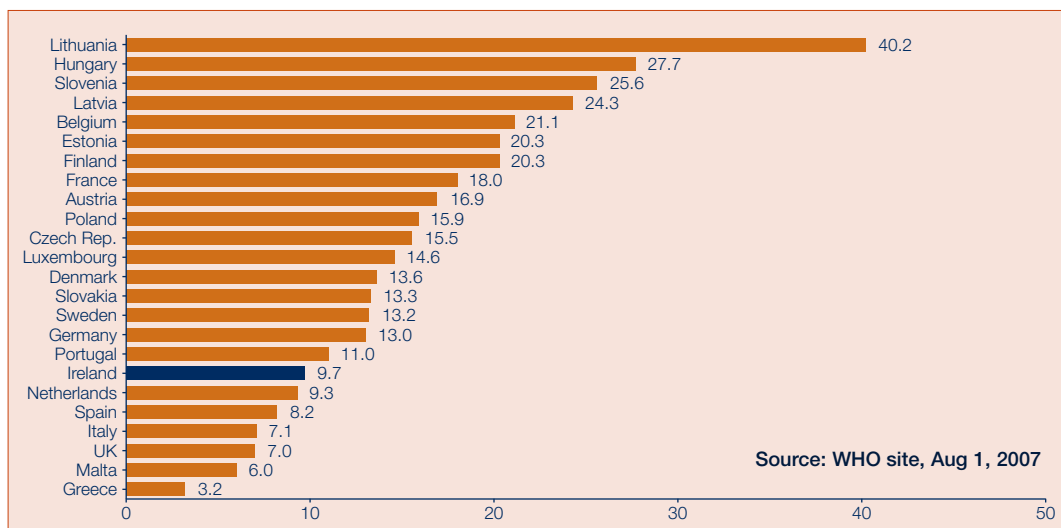
ranged from 35% to 67% elsewhere. Direct psychiatric admission and discharge from A&E ranged from 6% to 26% and 16% to 50%, respectively. These findings highlight the variation in the assessment and management of deliberate self-harm patients in the Republic of Ireland. The National Office for Suicide Prevention has commissioned the National Suicide Research Foundation to investigate this phenomenon further so that an effective service response can be planned and developed.

Further information contact the National Suicide Research Foundation

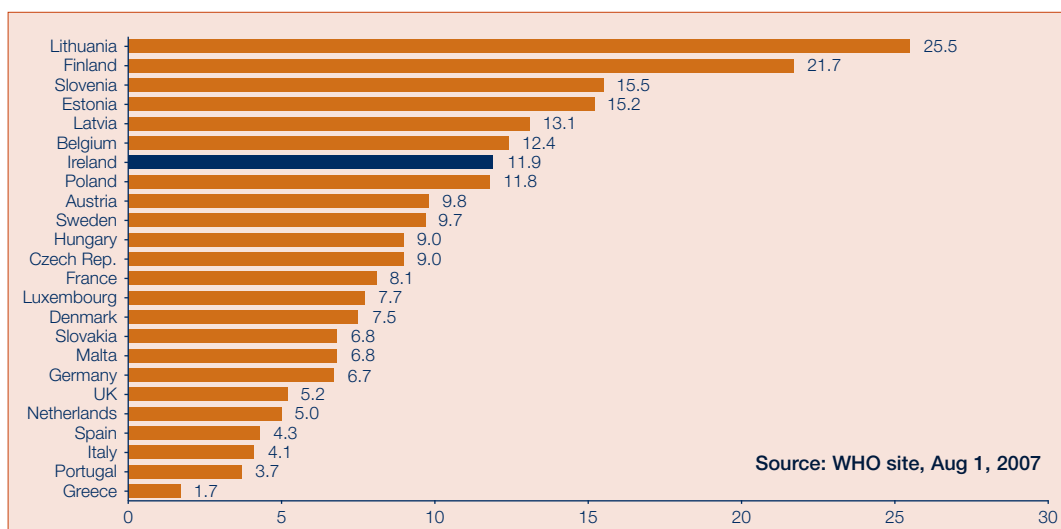
[www.nsrff.ie](http://www.nsrff.ie)

## International Mortality Data

**Figure 7. EU total Population Suicide Rates per 100,000.**



**Figure 8 - EU Youth Suicide Rate per 100,000 Population, 15-24 year olds.**



## 8. Development Plans

### 2006 Development Plan

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#### 1. National Mental Health Promotion Campaign

The aim of this campaign is to launch, in conjunction with voluntary organisations, a national multi-media campaign to impact on the stigma of mental health and to encourage help seeking. The campaign will be developed through a professional advertising/media agency with a view to launch in late 2006. The campaign will be whole population based initially but as it develops over time more targeted/local campaigns will be initiated. We have looked at the Scottish 'See Me' campaign which is beginning to have an impact on public views of mental health. To be sustainable over time an ongoing commitment of up to €1m will be made available.

#### 2. Accident and Emergency Response to Deliberate Self-Harm

Additional resources were made available in 2005 to put in place experienced psychiatric nursing staff in Accident and Emergency departments to respond to deliberate self-harm presentations. Early follow up impacts on the repetition rate for self-harm. Further investment will be made in 2006 to ensure that all A&E departments have a service to respond to such presentations. The NSRF in Cork are currently looking at best practice in this area in order to standardise our approach to service delivery.

#### 3. Training and Awareness Programmes

Reach Out sets a challenging agenda for the development and delivery of training and awareness programmes for communities, organisations and professionals. Such training will need to be delivered at both local and national levels. Some training in suicide prevention is already undertaken at local HSE level and through voluntary organisations. Mental health promotion training also takes place through HSE health promotion services. It is proposed that initially a further four staff will be appointed, three to support the delivery of training in specific HSE areas and one to develop training packages for national organisations and professional training courses. The NOSP will continue to coordinate the delivery of the ASIST (Applied Suicide Intervention Skills Training) programme which has already seen the delivery of training to nearly 3000 people.

#### 4. Support the Development of Bereavement Support Services

A review of bereavement support services is about to be commissioned by the NOSP. This will inform future service development. However, we are starting from a low level of service provision and, accordingly, core funding is being made available in 2006 for Console. This will enable the existing services to be placed on a firm ongoing financial basis and allow for the development and expansion of Console services.

#### 5. Data Collection on Suicide

The NOSP has commissioned work through the NSRF to scope the possible development of an improved and more detailed data collection system, based around existing information resources. The NSRF are also analysing data from Form 104 which is completed by the Gardaí, with a view to either improving the Form or looking at other ways of data collection. The development of a recording system yielding more in-depth information will require significant investment.

#### 6. Institutional Abuse and Suicide

There is some anecdotal evidence that those who have suffered institutional abuse have a high rate of suicide. The NSRF have been commissioned to examine data held by one of the survivor groups and then, as appropriate and with support, to examine the particular vulnerabilities of this group of people.

#### 7. Pilot Primary Care Deliberate Self-Harm Service

Primary Care has a recognised, but as yet largely unsupported, role in preventing and responding to self-harm/suicide. The Cluain Mhuire service in South Dublin, in conjunction with local GPs, will run a pilot self-harm response service using an experienced psychiatric nurse to work closely with GPs and the mental health service. This model draws on the development of primary care mental health workers in the UK and elsewhere.

#### 8. Media Reporting of Suicide/Self-Harm

The NOSP is working with the IAS, Samaritans and NUJ to finalise and launch revised media reporting guidelines relating to suicide in May 2006. We are also proposing to launch completed research, previously funded by the National Suicide Review Group, which monitored media reporting. Additionally in 2006 we will sponsor awards for journalists to reflect improved reporting of suicide/self-harm.

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## 9. National Research Programme

Research on suicide/self-harm is being undertaken at local, national and international level. It is important to ensure a coordinated approach to funded research and in particular to use such research to influence future suicide prevention activity. A national research meeting will be held in 2006, bringing together all of those involved in research, in order to seek agreement on a national research plan.

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## 10. Reaching Young People

The NOSP is exploring ways of reaching young people through email text messaging in order to develop a sustainable support service. We will be consulting young people, voluntary organisations and those using technology before planning and developing services. This work is being scoped at present and will be reported on later this year.

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## 11. To Establish a National Forum/National Office

It is planned to hold at least one event per annum, the first being held on 14th March 2006.

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## 12. Travellers and Suicide

An additional sum of €50,000 is available to the NOSP in 2006 to respond to suicide/self-harm amongst the traveller community. Pavee Point, local traveller groups, and the Parish of the Travellers have been working together to determine the most appropriate ways of addressing this issue. We propose to fund action research in the traveller community to produce suitable materials to improve awareness of suicide and appropriate services. We will also be discussing the need to research suicide/self-harm as part of the national traveller health study currently being commissioned by the Department of Health and Children. Following a meeting with a Working Group addressing the issue of suicide in the traveller community the NOSP has now received a project proposal which is being finalised with the representative groups comprising the Working Group.

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## 2007 Development Plan

Reach Out – A National Strategy for Action on Suicide Prevention was launched in September 2005. In June 2006 the Houses of the Oireachtas Joint Committee on Health and Children produced its seventh report on the 'High Level of Suicide in Irish Society'. Many of its 33 recommendations reiterated those in Reach Out and recommended a small number of new actions.

In developing the 10 point plan for 2007 the NOSP has referenced any developments to the two documents described above.

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## 1. National Mental Health Promotion Programme

Substantial planning work has been undertaken in 2006 to ensure the launch of the programme is effective and sustainable. In early 2007 the results of the initial baseline attitude survey (both quantitative and qualitative) will be available. This will determine the nature of the programme from which population based campaigns, and at a later stage targeted campaigns, will be produced.

A national steering group will meet in early 2007 to guide the programme. Funding will be made available to roll out the current Samaritans cinema advertisement across the Country.

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## 2. Training and Education Plan

The appointment of a National Training and Development Officer to NOSP will ensure the development of a national training plan in 2007. This plan will develop all training and education actions set out in Reach Out and the Joint Committee report. Funding will be available to implement the first phases of the plan. A further Asist 5 day trainers programme will be held bringing the number of trainers to nearly 100 nationally. One further training officer post will be made available to develop local training initiatives as well as support staff for existing training and resource officers. A staff member will be appointed to specifically work with the Department of Education on suicide prevention initiatives (Reach Out Action 2.2).

## 8. Development Plans

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### 3. Deliberate Self-Harm Services

Resources will be made available to develop self-harm services in the remaining hospital A&E departments around the country.

Specialist A&E services for children who self-harm will be developed and evaluated through the services in Temple Street Children's Hospital.

The work commissioned in 2006 by NOSP through the National Suicide Research Foundation in Cork will be the basis for discussions with those delivering self-harm services to ensure a unified, coordinated approach.

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### 4. Actions Arising from Review of Bereavement Services

The Review of bereavement services commissioned by NOSP in 2006 will be reported in early 2007. Funding will be available to implement recommendations arising from the review. Additionally the office will continue to consolidate its relationship through service level agreements with existing national bereavement support organisations such as Console and Living Links.

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### 5. Gay and Lesbian Youth

Reach Out acknowledges the vulnerability of gay, lesbian, bisexual and transgender people in relation to self-harm and suicide. It is proposed to fund GLEN (Gay, Lesbian Network) to further research the needs of this community. Funding will also be made available to BelongTo, a national gay lesbian youth organisation, to develop training and education packages regarding the special needs of young gay and lesbian people.

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### 6. Guidance to Providers and Ethical Advice

NOSP will establish appropriate evidence based advice regarding help lines, working in schools and bereavement services. Guidance regarding future research around suicide prevention/self-harm will also be developed. A special interest relationship will be established with one of the existing health ethics committees.

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### 7. Working with the Coroners Service

Following on from the research into Form 104 and improved ways of collecting more extensive data on suicide there is a need to engage with the existing coroners and to influence the development of the coroners service. It is proposed that more extensive consultation takes place with coroners and the Department of Justice, Equality & Law Reform. There is also a need to organise and deliver training/guidelines to the coroners service to improve the information provided to the public.

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### 8. Evaluate Phase 1 of Reach Out

As the recommendations in Reach Out begin to be implemented it will be important to have in place continuous evaluation in order to inform improvements and future service development. It is proposed to commission an evaluation of work of NOSP to date and agree a process of ongoing evaluation.

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### 9. International Association for Suicide Prevention Conference

Ireland has agreed to host the World Congress on Suicide Prevention in 2007 under the auspices of the International Association for Suicide Prevention. Funding will be made available to support the conference and encourage an agreed stream of Irish research in the conference programme. This will provide an opportunity to showcase recent developments in self-harm and suicide prevention.

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### 10. Relationships with NGO's

The NOSP has developed and consolidated its relationship with NGO's working in the field of suicide prevention. Such agencies provide the NOSP with the opportunity to commission work to achieve some of the actions identified in Reach Out and the Joint Committee. Some of these organisations require additional funding in order to maintain existing and new developments. Some funding has been set aside to meet these costs which will be agreed following negotiations with individual organisations.



## Appendix 1 - Suicide Prevention Resource Information

### Suicide Prevention Resource Information

#### Publications

##### General

- **Reach Out: National strategy for action on suicide prevention 2005-2014 (2005).**

*Health Service Executive, National Suicide Review Group and Department of Health and Children*

This national strategy for action on suicide prevention has been shaped by an extensive consultation process, with all the key stake holders across the country. An underlying principle is that of shared responsibility. This document will inform suicide prevention initiatives for the next 10 years.

[www.nosp.ie/reach\\_out.pdf](http://www.nosp.ie/reach_out.pdf)

- **The Male Perspective: young men's out look on life (2004).**

*HSE/NSRG/NSRF*

A study of young men, covering attitudes to help-seeking, mental health issues and suicidal behaviour making several recommendations in relation to focusing suicide prevention efforts on this group. The study was based on a community survey and on a series of focus groups.

[www.nosp.ie/male\\_perspective.pdf](http://www.nosp.ie/male_perspective.pdf)

- **Suicide in Ireland: a national study (2001).**

*Departments of Public Health on behalf of the Chief Executive Officers of the health boards.*

A large-scale study of the factors associated with suicide in Ireland. Factors reported on include age, gender, marital status, employment status, contact with the health services and history of self-harm.

[www.nosp.ie/suicide\\_in\\_ireland.pdf](http://www.nosp.ie/suicide_in_ireland.pdf)

- **Protect Life: A Shared Vision, The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011 (2006)**

*Department of Health, Social Services and Public Safety*

The strategy outlines key objectives aimed at reducing the suicide rate in Northern Ireland. The strategy sets itself within the context of the wider Investing for Health framework, which include improving life expectancy, reducing health inequalities, and improving the mental health of the people of Northern Ireland.

[www.dhsspsni.gov.uk/phnисуicidepreventionstrategy\\_action\\_plan-3.pdf](http://www.dhsspsni.gov.uk/phnисуicidepreventionstrategy_action_plan-3.pdf)

- **National Suicide Prevention Strategy for England (2002).**

*Department of Health*

The comprehensive, evidence-based suicide prevention strategy for England aims to reduce the death rate from suicide by 20% by 2010. Six key goals are outlined, each of which are supported by a number of objectives and actions.

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009474](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009474)

- **Supporting One Another: an action plan for county Wexford aimed at assisting in the prevention of suicide (2004).**

*Wexford County Development Board*

An action-oriented plan for suicide prevention and mental health promotion in county Wexford which was developed on a partnership basis between various statutory and voluntary organisations.

<http://www.wexfordcdb.ie/downloads/SupportingOneAnother.pdf>

- **Learning about Mental Illness (2004).**

*Schizophrenia Ireland and Barnardos' National Children's Resource Centre*

A booklet designed specially for children whose parent, brother or sister are experiencing mental ill health.

<http://www.barnardos.ie/pdf/learningaboutmentalillnessdoc.pdf>

- **Supporting Life: Suicide Prevention for Mental Healthcare Service Users (2005).**

*Schizophrenia Ireland*

The second discussion paper from this organisation, which aims to generate discussion around at-risk groups and suggest ways to assist in reducing their risk.

[http://www.sirl.ie/other/repository\\_docs/31.pdf](http://www.sirl.ie/other/repository_docs/31.pdf)

- **Suicide in Ireland – Everybody's problem (2005).**

A summary of the Forum for Integration and Partnership of Stakeholders in Suicide Prevention, held at Aras an Uachtarain, March 2nd, 2005.

[http://www.nosp.ie/everybodys\\_problem.pdf](http://www.nosp.ie/everybodys_problem.pdf)

- **Deliberate Self-Harm - Information for Young People**

*Health Service Executive South, NOSP*

A leaflet developed for young people who require information on self-harm. It provides proactive and safe ways of coping and lists organisations which can provide help.

[www.nosp.ie/selfharm\\_young.pdf](http://www.nosp.ie/selfharm_young.pdf)

- **Deliberate Self-Harm in Young People - Information for Parents/Guardians, Teachers etc.**

*Health Service Executive South, NOSP*

This guide specifically aimed to give parents, guardians and teachers a greater understanding of deliberate self-harm in young people by including information on what is deliberate self-harm and appropriate ways of providing help.

[www.nosp.ie/selfharm\\_parents.pdf](http://www.nosp.ie/selfharm_parents.pdf)

- **Concerned About Suicide**

*HSE, DHSSPS, NOSP*

An information leaflet on the warning signs and risk factors of suicide. It provides key facts about suicide and self-harm, how to respond and contacts which can provide help.

[www.nosp.ie/concerned.pdf](http://www.nosp.ie/concerned.pdf)

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## Education Sector

- **Responding to Critical Incidents: Guidelines for Schools (2007)**

- **Responding to Critical Incidents: Resource Materials for Schools (2007)**

- **Responding to Critical Incidents: Guidelines for Psychologists (2007)**

*National Educational Psychological Service, Department of Education and Science*

Updated edition of guidelines for school staff and NEPS psychologists to assist them in the development of a critical incident management plan, and in responding effectively when an incident occurs so as to minimize the potential impact of incidents on a school community.

- **The Mental Health Initiative: a resource manual for mental health promotion and suicide prevention in third level institutions (2003).**

*Trinity College Dublin and HSE*

A comprehensive resource manual for college staff addressing issues around suicide prevention, crisis intervention and responding in the aftermath of a student suicide. A suggested training module is outlined in the resource manual.

[http://www.tcd.ie/Student\\_Counselling/mental\\_health\\_manual/mental%20health%20manual-FINAL.pdf](http://www.tcd.ie/Student_Counselling/mental_health_manual/mental%20health%20manual-FINAL.pdf)

- **Health Promotion Guidelines for Health Professionals Visiting Schools (2003).**

*HSE West*

Guidelines which aim to provide supportive information, advice and guidance on effective health promotion to health professionals who work with schools.

- **Suicide Awareness: an information pack for post primary schools (2003).**

*HSE South*

A practical resource for teachers which provides guidance regarding how to respond to students experiencing suicidal feelings, thoughts and behaviour. It follows the familiar three-tiered approach of prevention, intervention and postvention.

- **Mental Health Matters: a mental health resource pack (2001).**

*Mental Health Ireland*

A resource pack for students engaging in the Transition Year programme in schools. Aims to promote personal, social, educational and vocational development. Materials include six modular-based units, which are supported by a video. Available from Mental Health Ireland (see Appendix 2)

- **A Student Dies, a School Responds (2001).**

*HSE West*

A guide for post-primary schools. Aims to enhance the capacity of schools to reduce the threat of suicide and provide an effective response in the wake of a sudden traumatic death. The main sections include Managing the immediate crisis, Promoting emotional wellbeing in students, and maintaining good practice. The appendices include practical information and resources.

- **When Tragedy Strikes: guidelines for effective critical incident management in schools (2000)**

*INTO and Ulster Teachers Union*

Contains practical advice for school staff on how to deal with tragic incidents in a way that supports students and staff. Contact the INTO (see Appendix 2)

- **RESTORE: a service for schools (2002).**

*HSE North West*

RESTORE is a service provided by the HSE to support principals and teachers in schools in the board's region in the event of a tragic death affecting the school. This booklet explains how the service is provided and offers practical guide lines on managing the school's response to tragic deaths.

- **A School Journal (2002).**

*HSE North West*

The second edition of the journal is available to senior cycle students in all post primary schools in the HSE area. The journal aims to promote positive mental health and inform young people of services through a comprehensive services directory.

- **Suicide Prevention in Schools: best practice guidelines (2002).**

*Irish Association of Suicidology*

Provides an overview of suicide in Ireland with guidelines on prevention, intervention and postvention in the school setting. It also provides a list of resources for schools including bereavement support groups and voluntary organisations. Common myths about suicide, points to consider when informing students of a death by suicide, and a list of common student reactions and recommended staff responses are also included. The guidelines are available from the IAS (see Appendix 2)

- **The Cool School Programme (2002).**

*HSE Dublin North Leinster*

Three publications have been produced under this title. They include:

- Responding to Bullying: first steps for teachers
  - offers advice for teachers on how to proceed if a pupil asks for help
- Investigating and Resolving Bullying in School
  - deals with a number of strategies for preventing, investigating and responding to bullying incidents
- Bullying in Schools: advice for parents
  - contains advice for parents on how to deal with a child who reports being bullied at school

- **The Health of Irish Students: College Lifestyle and Attitudinal National (CLAN) Survey (2005).**

*Department of Health and Children*

A qualitative evaluation of the college alcohol policy initiative undertaken by the Health Promotion Unit of the Department of Health and Children.

[http://www.healthpromotion.ie/uploaded\\_docs/Clan\\_survey1.pdf](http://www.healthpromotion.ie/uploaded_docs/Clan_survey1.pdf)

- **Young People's Mental Health: A report of the results from the Lifestyle and Coping Survey (2004).**

*National Suicide Research Foundation*

This report outlines the results from a large-scale study on lifestyle and coping issues of secondary school students. The issue of deliberate self-harm is allocated a particular focus.

<http://www.nsrp.ie/reports/CurrentStudies/YoungPeoplesMentalHealthReport.pdf>

- **Team Up to Save Lives: What your school should know about preventing youth suicide (1996).**

*University of Illinois at Chicago*

A CD-ROM designed to supplement suicide prevention procedures that schools and communities already have in place.

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## Youth Services

- **Suicide Prevention: a resource handbook for youth organisations (2003).**

*National Youth Federation, National Suicide Review Group and HSE South.*

A comprehensive publication which provides information on suicide and deliberate self-harm trends among adolescents, and on the multi-factorial causes of suicide. The role of the youth worker is examined with regard to general prevention, crisis response and post suicide intervention strategies. The document also contains a list of services and resources available to youth organisations.

- **Suicide Prevention: an information booklet for youth workers (2003).**

*National Youth Federation, National Suicide Review Group and HSE South.*

Practical guidelines for youth workers. Contains information on warning signs and risk factors, along with guidelines regarding how to deal with a threat of suicide and a completed suicide.

- **The Youthwise Guide (2002).**

*HSE West*

Two publications have been produced under this heading. They are:

- The Youthwise Guide: promoting emotional health in young people – contains simple, practical advice and information for parents regarding the promotion of emotional health in young people. The reverse side contains a comprehensive list of services and resources for parents who require further advice and support.
- Youthwise Guide: a companion pocket book – a smaller version of the main document which can easily be carried around by a parent to consult whenever he or she wishes.

- **Youth Suicide Prevention: Evidence briefing (2004).**

*Institute of Public Health in Ireland and the NHS Health Development Agency.*

A review of reviews about the effectiveness of public health interventions to prevent suicide among young people.

[http://www.nosp.ie/youth\\_suicide.pdf](http://www.nosp.ie/youth_suicide.pdf)

- **Good Habits of Mind (2005).**

A mental health promotion initiative for those working with young people in out-of-school settings. Along with an exploration of the determinants of the health of young people, this resource documents good practice guidelines for organisations and workers who provide services for out-of-school youth.

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## Media

- **Media Guidelines on Portrayal of Suicide (2006).**  
Samaritans and Irish Association of Suicidology. Guidelines for journalists on how to report sensitively on suicide in the media so that the risk of suicide for others is not increased. The issue of copycat suicide is covered along with recommendations regarding the language to be used by journalists and guidelines on factual reporting. The guidelines are available to download at [www.ias.ie](http://www.ias.ie) and from [www.samaritans.org](http://www.samaritans.org)

## Bereavement Support

- **You Are Not Alone: Help and Advice on Coping with the Death of Someone Close**  
*National Office for Suicide Prevention, Health Service Executive*  
The booklet looks at the natural grief reactions and emotions felt by the bereaved and explains, in a practical way, the events that occur after a death, from the postmortem to the coroners' inquest. Questions frequently asked by bereaved people are also addressed.

<http://www.nosp.ie/ufiles/news0003/info-booklet-you-are-not-alone.pdf>

- **You Are Not Alone – Directory of Bereavement Support Services**  
*National Office for Suicide Prevention, Health Service Executive*  
Provides a county by county listing of general bereavement support services dedicated to those bereaved by suicide. The Services include local groups, self help groups and national voluntary agencies with branches across the country.

<http://www.nosp.ie/ufiles/news0003/directory-you-are-not-alone.pdf>

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## World Health Organisation on-line publications

All of the following are available from the WHO mental health website:

[www.who.int/mental\\_health/en/](http://www.who.int/mental_health/en/)

- **Preventing Suicide: a resource for general physicians**
- **Preventing Suicide: a resource for media professionals**
- **Preventing Suicide: a resource for teachers and other school staff**
- **Preventing Suicide: a resource for primary health care workers**
- **Preventing Suicide: a resource for prison officers**

- **Preventing Suicide: how to start a survivors group**
- **Preventing Suicide: a resource for counsellors**
- **Preventing Suicide: a resource at work**

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## Journals

- **Crisis: The Journal of Crisis Intervention and Suicide Prevention**  
*Editors-in-Chief: Ad Kerkhof & John F Connolly*  
Published under the auspices of the International Association for Suicide Prevention.

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## Publishes articles on crisis intervention and Suicidology from around the world.

Published quarterly.

- **Suicide and Life - Threatening Behaviour**  
*Editor-in-Chief: Morton M Silverman*  
Official journal of American Association of Suicidology.  
Devoted to emergent theoretical, clinical and public health approaches related to violent, self-destructive and life-threatening behaviours. Multidisciplinary.  
Published quarterly.
- **British Medical Journal**  
*Editor-in-Chief: Richard Small*  
Publishes original scientific studies, reviews and educational articles, and papers commenting on the clinical, scientific, social, political, and economic factors affecting health.  
Published weekly
- **British Journal of Psychiatry**  
*Editor-in-Chief: Greg Wilkinson*  
A leading psychiatric journal which publishes UK and international papers. Emphasis is on clinical research.  
Published monthly.
- **American Journal of Psychiatry**  
*Editor-in-Chief: Nancy C. Andreasen*  
Peer-reviewed articles focus on developments in biological psychiatry as well as treatment innovations and forensic, ethical, economic, and social topics.  
Published monthly.
- **Irish Journal of Psychological Medicine**  
*Editor: Professor Brian A Lawlor*  
Ireland's only peer-reviewed clinical psychiatry journal supporting original Irish psychiatric and psychological research.  
Published quarterly.

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## Websites

### Irish

[www.nosp.ie](http://www.nosp.ie)  
National Office for Suicide Prevention

[www.doh.ie](http://www.doh.ie)  
Department of Health and Children

[www.nsrif.ie](http://www.nsrif.ie)  
National Suicide Research Foundation

[www.ias.ie](http://www.ias.ie)  
Irish Association of Suicidology

[www.samaritans.org](http://www.samaritans.org)  
Samaritans, UK and Ireland

[www.cso.ie](http://www.cso.ie)  
Central Statistics Office, Ireland

[www.sirl.ie](http://www.sirl.ie)  
Schizophrenia, Ireland

[www.livinglinks.ie](http://www.livinglinks.ie)  
Supporting the suicide bereaved

[www.survivingsuicide.com](http://www.survivingsuicide.com)  
Irish website aimed at the bereaved

[www.console.ie](http://www.console.ie)  
Irish website aimed at the bereaved

[www.nbsn.org](http://www.nbsn.org)  
National Suicide Bereavement Support Network

[www.mentalhealthireland.ie](http://www.mentalhealthireland.ie)  
Mental Health Ireland

[www.tcd.ie/Student\\_Counselling/](http://www.tcd.ie/Student_Counselling/)  
Trinity College mental health initiative

[www.sphe.ie](http://www.sphe.ie)  
Social, Personal and Health Education

[www.3ts.ie](http://www.3ts.ie)  
Turning the Tide of Suicide

[www.spunout.ie](http://www.spunout.ie)  
Youth website designed by Community Creations

[www.aware.ie](http://www.aware.ie)  
Aware, helping to defeat depression

[www.childline.ie](http://www.childline.ie)  
Childline Online Support

[www.dap.ie](http://www.dap.ie)  
Drugs Awareness Programme

[www.grow.ie](http://www.grow.ie)  
Grow, Mental Health Movement in Ireland

[www.irishadvocacynetwork.com](http://www.irishadvocacynetwork.com)  
Irish Advocacy Network

[www.pieta.ie](http://www.pieta.ie)  
Pieta House-Centre for the Prevention of Self-Harm or Suicide

### International

[www.curriculum.edu.au/mindmatters](http://www.curriculum.edu.au/mindmatters)  
Mental Health Promotion Programme for Secondary Schools

[http://cebmh.warne.ox.ac.uk/csr/](http://http://cebmh.warne.ox.ac.uk/csr/)  
Oxford Centre for Suicide Research

[www.iasp1960.org](http://www.iasp1960.org)  
International Association for Suicide Prevention

[www.wfmh.com](http://www.wfmh.com)  
World Federation of Mental Health

[www.afsp.org/](http://www.afsp.org/)  
American Foundation for Suicide Prevention

[www.suicidology.org](http://www.suicidology.org)  
American Association of Suicidology

[www.health.gov.au](http://www.health.gov.au)  
Australian Department of Health and Aging

[www.uke.uni-hamburg.de/ens/](http://www.uke.uni-hamburg.de/ens/)  
European Network for Suicidology

[www.who.int.whosis/statistics](http://www.who.int.whosis/statistics)  
World Health Organisation mortality data

[www5.who.int/mental\\_health/main](http://www5.who.int/mental_health/main)  
World Health Organisation publications on suicide prevention

[www.suicideinfo.ca](http://www.suicideinfo.ca)  
Centre for Suicide Prevention, Canada

[www.livingworks.net](http://www.livingworks.net)  
Canadian site containing information on ASSIST training (suicide intervention)

[www.reachout.com.au](http://www.reachout.com.au)  
Young people's mental health promotion

[www.nimhe.org.uk](http://www.nimhe.org.uk)  
National Institute for Mental Health in England

[www.chooselife.net](http://www.chooselife.net)  
Scottish Suicide Prevention Strategy

## Appendix 2 - Key Contacts

### Research and Education

#### Irish Association of Suicidology

16 New Antrim St, Castlebar, County Mayo.  
Phone: 094 9250858  
E-mail: [office@ias.ie](mailto:office@ias.ie)  
Website: [www.ias.ie](http://www.ias.ie)

#### National Suicide Research Foundation

1 Perrott Avenue, College Road, Cork.  
Phone: 021 277499  
E-mail: [nsrf@iol.ie](mailto:nsrf@iol.ie)  
Website: [www.nsrif.ie](http://www.nsrif.ie)

#### INSURE Project

St. Vincent's University Hospital,  
Elm Park, Dublin 4.  
Phone: 01 2094228  
E-mail: [k.malone@st-vincents.ie](mailto:k.malone@st-vincents.ie)

#### SPHE Support Service (Post Primary)

Marino Institute of Education,  
Griffith Avenue, Dublin 9.  
Phone: 01 8057718  
E-mail: [sphe@mie.ie](mailto:sphe@mie.ie)  
Website: [www.sphe.ie](http://www.sphe.ie)

#### INTO (Irish National Teachers Organisation)

35 Parnell Square, Dublin 1.  
Phone: 01 8047700  
E-mail: [info@into.ie](mailto:info@into.ie)  
Website: [www.into.ie](http://www.into.ie)

### Voluntary Support Services

#### Aware Defeat Depression

72 Lower Leeson Street, Dublin 2.  
Phone: 01 6617211  
E-mail: [aware@iol.ie](mailto:aware@iol.ie)  
Website: [www.aware.ie](http://www.aware.ie)  
Providing support and assistance to people whose lives are affected by depression.

#### Barnardos

Christchurch Square, Dublin 8.  
Phone: 01 4530355  
E-mail: [info@barnardos.ie](mailto:info@barnardos.ie)  
Website: [www.barnardos.ie](http://www.barnardos.ie)  
Committed to the best interests of children and young people in Ireland, promoting and respecting their rights.

#### Console

All Hallows College, Gracepark Road,  
Drumcondra, Dublin 9.  
Phone: 01 857 4300  
Helpline: 1800 201 890  
E-mail: [info@console.ie](mailto:info@console.ie)  
Website: [www.console.ie](http://www.console.ie)  
Provide support to those bereaved by suicide.

#### GROW

Ormonde Home, Barrack Street, Kilkenny.  
Phone: 056 7761624  
Infoline: 1890 474 474  
E-mail: [info@grow.ie](mailto:info@grow.ie)  
Website: [www.grow.ie](http://www.grow.ie)  
GROW is a mental health organisation which helps people who have suffered, or are suffering, from mental health problems.

#### Mental Health Ireland

Mensana House, 6 Adelaide Street,  
Dun Laoghaire, County Dublin.  
Phone: 01 2841166  
E-mail: [information@mentalhealthireland.ie](mailto:information@mentalhealthireland.ie)  
Website: [www.mentalhealthireland.ie](http://www.mentalhealthireland.ie)  
Providing help to those who are mentally ill and promoting positive mental health.

#### Samaritans

C/O 112 Marlborough Street, Dublin 1.  
Phone: 01 8781822  
Helpline: 1850 60 90 90  
SMS Texting: 087 2 60 90 90  
E-mail: [jo@samaritans.org](mailto:jo@samaritans.org)  
Website: [www.samaritans.org](http://www.samaritans.org)  
Provides confidential non-judgemental support for people experiencing feelings of distress or despair.

#### Bodywhys

PO Box 105, Blackrock, County Dublin.  
Phone: 01 2834963  
Helpline: 1890 200 444  
E-mail: [info@bodywhys.ie](mailto:info@bodywhys.ie)  
Website: [www.bodywhys.ie](http://www.bodywhys.ie)  
Providing help, support and understanding for people affected by eating disorders.

#### Schizophrenia Ireland

38 Blessington Street, Dublin 7.  
Phone: 01 8601620  
Helpline: 1890 621 631  
E-mail: [info@sirl.ie](mailto:info@sirl.ie)  
Website: [www.sirl.ie](http://www.sirl.ie)  
Dedicated to upholding the rights and addressing the needs of all those affected by schizophrenia and related illnesses.

### Living Links

McDonagh House, Dublin Road,  
Nenagh, Co. Tipperary.  
Phone: 087 9693021  
E-mail: [info@livinglinks.ie](mailto:info@livinglinks.ie)  
Website: [www.livinglinks.ie](http://www.livinglinks.ie)

Trained volunteers offer confidential, practical support and advice to families who have experienced a death by suicide in a number of counties.

### Pieta House

Old Lucan Road, Lucan, County Dublin.  
Phone: 01 601 00 00  
E-mail: [mary@pieta.ie](mailto:mary@pieta.ie)  
Website: [www.pieta.ie](http://www.pieta.ie)

Offers specialised treatment programmes for people who have suicidal ideation or who participate in self-harming behaviours

### Senior Help Line

Third Age Centre, Summerhill, County Meath.  
Phone: 046 9557766  
Email: [info@seniorhelpline.ie](mailto:info@seniorhelpline.ie)  
Website: [www.seniorhelpline.ie](http://www.seniorhelpline.ie)

The Senior Help Line provides opportunities for older people to talk to someone of their own age group. Callers can talk to one of the older volunteers and all calls are taken in the strictest confidence.

### Teenline Ireland

1 Parkhill Court, Kilnamanagh,  
Tallaght, Dublin 24.  
Telephone: 1800 833634  
E-mail: [info@teenline.ie](mailto:info@teenline.ie)  
Website: [www.teenline.ie](http://www.teenline.ie)

### ISPCC – Childline Head Office

29 Lower Baggot Street, Dublin 2.  
Telephone: 01 676 7960  
E-mail: [ispcc@ispcc.ie](mailto:ispcc@ispcc.ie)  
Website: [www.ispcc.ie](http://www.ispcc.ie)  
Childline provides a national freephone active listening service for children.

## Suicide Prevention Resource Officers

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### HSE Dublin Mid-Leinster

#### Mr Ned Cusack,

Acting Resource Officer for Suicide Prevention,  
HSE Dublin Mid-Leinster, Oak House,  
Millennium Park, Naas, County Kildare.  
Phone: 045 882564  
email: [ned.cusack@mailm.hse.ie](mailto:ned.cusack@mailm.hse.ie)

#### Mr Martin Kane,

Resource Officer for Mental Health  
Promotion and Suicide Prevention,  
HSE Dublin Mid-Leinster,  
Civic Offices, Main St., Bray,  
County Wicklow.  
Phone: 01 2744366  
E-mail: [martin.kane@maild.hse.ie](mailto:martin.kane@maild.hse.ie)

#### Ms Rita Kelly,

Resource Officer for Suicide Prevention,  
HSE Dublin Mid-Leinster, The Old Maltings,  
Coote Street, Portlaoise, County Laois.  
Phone: 057 866 4513  
E-mail: [ritam.kelly@mailq.hse.ie](mailto:ritam.kelly@mailq.hse.ie)

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### HSE Dublin North East

#### Ms Caroline Lennon-Nally,

Resource Officer for Mental Health  
Promotion and Suicide Prevention,  
HSE Dublin North East, Park House,  
North Circular Road, Dublin 7.  
Phone: 01 8823403  
E-mail: [caroline.lennonnally@mailc.hse.ie](mailto:caroline.lennonnally@mailc.hse.ie)

#### Resource Officer for Mental Health Promotion/Suicide Prevention, Health Promotion Unit,

HSE Dublin North East, St Brigid's Complex,  
Ardee, County Louth.  
Phone: 041 6850671

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### HSE South

#### Ms Brenda Crowley,

Mental Health Resource Officer,  
HSE South, St. David's Resource Centre,  
Clonakilty Hospital, County Cork.  
Phone: 023 33297  
E-mail: [brenda.crowley@mailp.hse.ie](mailto:brenda.crowley@mailp.hse.ie)

#### Mr Seán McCarthy,

Resource Officer Suicide Prevention,  
HSE South, St Patrick's Hospital,  
Johns Hill, Waterford.  
Phone: 051-874013  
email [Sean.McCarthy@maila.hse.ie](mailto:Sean.McCarthy@maila.hse.ie)

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## **HSE West**

### **Ms Bernie Carroll,**

Resource Officer for Suicide Prevention,  
Mental Health Directorate, St. Joseph's Hospital,  
Mulgrave Street, Limerick.  
Phone: 061 461454  
E-mail: berniem.carroll@mailh.hse.ie

### **Ms Mary O'Sullivan,**

Resource Officer for Suicide Prevention,  
HSE West, 1st Floor West City Centre,  
Seamus Quirke Road, Galway.  
Phone: 091 548360  
E-mail: Mary.OSullivan@mailn.hse.ie

### **Ms Anne Sheridan**

Mental Health Promotion/Suicide Resource Officer,  
HSE West, Old Church, Drumany,  
Letterkenny, County Donegal.  
Phone: 074 9178539  
E-mail: Anne.Sheridan1@mailb.hse.ie

### **Mr Mike Rainsford,**

Mental Health Promotion/Suicide Resource Officer,  
HSE West, JFK House, JFK Parade, Sligo.  
Phone: 071 9135945  
E-mail: michaelp.rainsford@mailb.hse.ie



## Appendix 3 - Relevant Legislation

The following section presents extracts from Irish legislation (or explanatory notes thereof) that is related to suicide prevention issues in terms of the de-criminalisation of suicide, restriction on the sale of paracetamol and finally, reporting requirements in relation to suicide prevention.

### **1. The Criminal Law (Suicide) Act 1993, states in section 2:**

- (i) Suicide shall cease to be a crime.
- (ii) A person who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide, shall be guilty of an offense and shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years.

### **2. Statutory Instrument No. 150 of 2001 – Medicinal Products (Control of Paracetamol) Regulations, 2001**

Explanatory Note

(This is not part of the instrument and does not purport to be a legal interpretation).

These Regulations impose further restrictions on the sale of medicinal products containing paracetamol.

In general, these Regulations

- (i) Prescribe maximum pack sizes for products when sold in pharmacies and in non-pharmacies.
- (ii) Prescribe cautionary and warning statements which must appear on all packs.
- (iii) Prohibit the sale of paracetamol products in automatic vending machines.
- (iv) Prohibit the sale of paracetamol products in nonpharmacy outlets when a second analgesic component is concerned.
- (v) Prohibit the sale of multiple packs of paracetamol in the course of a single transaction.
- (vi) Prohibit the sale of paracetamol products unless they are in blister packs or equivalent form of packaging.

### **3. Health (Miscellaneous Provisions) Act 2001 states in section 4:**

The Minister for Health and Children shall, not later than 9 months after the end of each year beginning with the year 2002, make a report to each House of the Oireachtas on the measures taken by health boards during the preceding year to prevent suicides.

## Appendix 4 – National Office for Suicide Prevention

### The National Office for Suicide Prevention:

- Oversees the implementation of 'Reach Out' the National Strategy for Action on Suicide Prevention.
- Commissions appropriate research into suicide prevention.
- Co-ordinates suicide prevention efforts around the country.
- Consults widely and regularly with organisations and interested parties.

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### NOSP Team

#### **Geoff Day**

Geoff Day is Director of the National Office for Suicide Prevention which has recently been established by the Health Service Executive within its Population Health Directorate. Geoff was previously chair of the National Suicide Review Group and Assistant Chief Executive Officer with the North Eastern Health Board where he managed mental health, primary care and health promotion services. A social worker by training Geoff previously worked in the National Health Service in England before moving to Ireland in 1997. Geoff has recently been appointed to the HSE's Expert Advisory Group on Mental Health.

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#### **Derek Chambers**

Derek Chambers is the Research and Resource Officer of the National Office for Suicide Prevention. From 2003 to late 2005 he acted as Project Manager and Writing Group Coordinator for the development of Reach Out – a National Strategy for Action on Suicide Prevention. A UCC Sociology Graduate (M.A. 1999), Derek has nearly 10 years of experience in the area of suicide research and prevention, during which time he has co-authored a number of book chapters and peer-reviewed articles and has presented regularly at major suicide prevention conferences in Ireland and internationally. More recently, his focus has been on the coordination of, and reporting on, prevention efforts as part of the first implementation phase of Reach Out.

In particular, Derek has a strong interest in the development of population-wide campaigns to highlight mental health issues and help to break down the stigma attached to emotional distress and mental illness.

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#### **Susan Kenny**

Susan Kenny is Training and Development Officer for the National Office for Suicide Prevention and is responsible for the development of national training and education programmes around suicide prevention and mental health. Susan worked with the health promotion department of HSE/Dublin North East from 2003 where she was responsible for devising local strategies to reduce alcohol related problems in line with the DOHC Strategic Task Force Reports on Alcohol. She is a member of the national HSE Alcohol Implementation Committee. Susan completed her M.Sc. in Community Health from TCD in 2001 and is currently undertaking a B.BS in Healthcare management.

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#### **Declan Behan**

Declan Behan joined the National Office for Suicide Prevention as Senior Executive Officer in January 2007. Prior to this Declan spent over five years as Contract Manager in the HSE procurement services. His responsibilities include developing service level agreements with agencies funded by the NOSP, coordinating the annual forum on suicide prevention and the publication of the annual report.

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***Anne Callanan***

Anne Callanan has held the post of Assistant Research and Resource Officer since 2001. Her responsibilities include the national coordination of the ASIST training programme and the management of the national data on deaths by suicide. Previous research experience include examining the health service needs of homeless men and examining alcohol consumption levels of the general population. Anne completed her Master's in Health Psychology in 1996 and is currently training in psychotherapy.

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***Karen Murphy***

Karen Murphy works with the National Office for Suicide Prevention as Personal Assistant to Geoff Day. Karen has many years experience in public administration having worked with the Cardiovascular Strategy and in recruitment in the HSE – North Eastern Region and previously worked in community development with the Local Authorities in Dublin. Karen is a Psychology graduate.

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## National Advisory Group to National Office for Suicide Prevention

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### Terms of Reference

#### **Purpose:**

To provide the National Office for Suicide Prevention with expertise in the area of suicide prevention in order to implement the 3 phases of Reach Out the National Strategy for Suicide Prevention. The Advisory Group will also take over some of the functions previously held by the National Suicide Review Group.

#### **Scope:**

Specifically, the Advisory Group will provide expertise in the following areas:

1. Bring national and international research to the attention of the National Office.
2. Consider implications of national/international research and its appropriateness to Ireland.
3. Consider the output from the proposed National Forum and its relevance and appropriateness regarding accepted research evidence and best practice.
4. Advise on the trends in suicide/deliberate self-harm and implications for services.

#### **Membership:**

The Advisory Group will comprise no more than 15 members and will reflect as far as possible expertise across the whole of the Strategy for Action programme. Members of the Advisory Group will be nominated by the Director of Population Health/Head of NOSP for a period of 3 years and then reviewed. The Head of the National Office will chair the Advisory Group. In the absence of the Head of the Office the Advisory Group will nominate a chair. Staff of the NOSP will attend the Advisory Group as required by the Head of NOSP. Other HSE staff may be asked to attend as necessary.

#### **Frequency of meetings:**

The Advisory Group will hold at least 4 meetings each year. Location of meetings to be determined by the Advisory Group.

#### **National Advisory Group Membership:**

- Mr Geoff Day, Head, National Office for Suicide Prevention (Chair)
- Professor Margaret Barry, Centre for Health Promotion Studies, NUI Galway
- Professor Keith Hawton, Centre for Suicide Research, Warneford Hospital, Oxford, England
- Professor Kevin Malone, Professor of Psychiatry, UCD/St Vincents
- Dr Tony Bates, Executive Director, National Centre for Youth Mental Health
- Dr John Connolly, Irish Association of Suicidology
- Dr Declan Bedford, Director of Public Health, HSE North East
- Dr Paul Corcoran, Officer of Statistics & National Suicide Research Foundation
- Dr Paul Moran, Consultant Liaison Psychiatrist, Cluain Mhuire, St John of Gods
- Mr Martin Bell, Investing for Health Team, Department of Health, Social Services, and Public Safety, Northern Ireland
- Mr Pat Brosnan, Director of Mental Health, HSE West
- Mr Brian Howard, Mental Health Ireland
- Mr Paul Kelly, Console
- Ms Anne Marie Sheehan, National Educational Psychological Service
- Ms Lynn Swinburn, National Youth Council

## Appendix 5 – All-Island Suicide Prevention Action Plan

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### 1. Training

- **Awareness Training**

A basic awareness training programme in suicide prevention has been developed jointly by the HSE Resource Officers for Suicide Prevention (ROI) and Suicide Awareness Coordinators in Northern Ireland. The training has been designed to allow people in both the statutory and Community/Voluntary sectors to deliver a consistent message when advising/giving talks to support and awareness groups. An opportunity now exists to assess the suitability, in conjunction with other available training, for the rollout of this awareness training to relevant groups throughout Ireland, north and south.

Delivery Partners: National Training Officer of the HSE NOSP (appointment is due) and DHSSPS/HPA(TBC) in Northern Ireland.

Timeframe: January 2007 – ongoing.

Outcome: Standardised awareness training delivered to communities throughout the Island.

- **Skills-based Training**

Both jurisdictions have a significant number of trainers in the ASIST (Applied Suicide Intervention Skills Training) Programme, and it is proposed that a common evaluation tool is developed and utilised for all ASIST workshops throughout Ireland. It is also planned that networking of ASIST trainers is facilitated and that trainers from both jurisdictions will deliver the programme jointly where appropriate.

Delivery Partners: NOSP Assistant Research and Resource Officer and DHSSPSNI/HPA(TBC) in Northern Ireland.

Timeframe: January 2007 – ongoing.

Outcome: Programme evaluation to inform future skills-based training needs.

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### 2. Resource Officers and Awareness Coordinators meetings

The third cross-border meeting of Resource Officers for Suicide Prevention and their Northern Ireland counterparts took place in Monaghan in April 2005. It is recommended that this meeting be continued as an information/Best Practice sharing meeting.

Delivery Partners: HSE Resource Officers and NI Suicide Awareness Coordinators with the support of the Department of Health, Social Services and Public Safety/HPA(TBC), and the National Office for Suicide Prevention of the Health Service Executive.

Timeframe: March 2007 and annually thereafter.

Outcome: Economies of scale in suicide prevention practices and programmes, information sharing and a cross-border peer support network.

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### 3. Media Monitoring/Volunteer Programme/Media Training

A new media monitoring campaign, Headline, has just been launched as a partnership project between the NOSP and an alliance of voluntary mental health organisations in the south. The Headline programme aims to prevent the use of discriminatory language and inaccurate facts about mental health, while also encouraging positive portrayals of mental health issues. Furthermore, as part of the implementation of the Reach Out strategy the NOSP plans to develop a panel of volunteers who have been affected by mental health issues and/or suicidal behaviour to respond to the media on these issues following training and with ongoing support. Given that the impact of media reporting in Ireland often has a simultaneous impact on both sides of the border, there exists the opportunity to consider extending Headline to also include NI, and to develop a panel of media volunteers who have been affected by bereavement or mental health issues and can speak both regionally and in a wider context as required. Such an approach would also allow for volunteer media training to be standardised for the purpose of delivering consistent core messages. Scotland already has a system of media volunteer training in place, and it is therefore recommended that these arrangements should be explored further from a best practice perspective.

Delivery Partners: Headline, NOSP, DHSSPS/HPA(TBC), Choose Life (Scotland), NUJ, Association of Editors

Timeframe: Headline campaign(ROI) - October 2006. Volunteer Media Training – February 2007.

Outcome: common messages and standardised safe reporting practices in relation to suicidal behaviour.

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#### 4. Men's Health Forum

Both Reach Out and Protect Life highlight male suicide as an area of particular concern, requiring dedicated and specific actions for prevention. The Men's Health Forum in Ireland (MHFI) is a voluntary network of individuals and organisations proactively highlighting and addressing key men's health issues in Ireland, including mental health and suicide. The Men's Health Forum in Ireland is therefore being considered by the NOSP as a possible means of developing and implementing relevant actions in the ROI. It is proposed that we should consider how best to incorporate the work of organisations such as MHFI, and the Institute of Public Health in Ireland (IPHI), with reference to the co-ordination of suicide prevention activities for men throughout Ireland.

Delivery Partners: NOSP, DHSSPS/HPA (TBC), MHFI, IPHI.

Timeframe: March 2007 – ongoing.

Outcome: co-ordinated suicide prevention activities for men through the delivery of agreed actions.

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#### 5. Registry of Self-Harm

The National Registry of Deliberate Self-Harm (NRDSH) was established in 2001, and reached full coverage of Accident and Emergency Departments throughout the south of Ireland by 2005. The Registry reports annually on the number and rate of presentations for deliberate self-harm in each hospital according to age, gender, method and type of care received. Service planning is in turn informed by the Registry report. It is proposed that the Registry should be piloted in Northern Ireland, and given that a Self-Harm mentoring support pilot service is already underway in the Western Board area as part of the rollout of the NI Suicide Prevention strategy there would appear to be merit in focusing the initial DSH pilot scheme in the same area. Given the Western Board's border location it is further proposed that consideration should be given to involving CAWT in the rollout of this pilot scheme.

Delivery Partners: National Suicide Research Foundation, NOSP, DHSSPS, CAWT.

Timeframe: November 2006 (planning meeting), pilot site in Northern Ireland from February 2007.

Outcome: Comparative all-island data on self-harm to assist in evaluating current service provision models and plan future service developments.

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#### 6. Suicide Data Collection Arrangements

It is anticipated that the successful implementation of both Strategies will result in increased awareness and openness surrounding the issue of suicide, and this in turn is likely to lead to an increased number of deaths being officially recorded as suicide. Such increases, while being an inevitable outworking of a successful implementation process, would make it difficult to report objectively on the achievements of our respective Strategies in terms of reducing the overall suicide rate. The development of shared standards in recording arrangements would therefore provide us with the opportunity to make accurate and meaningful statistical comparisons with a neighbouring jurisdiction. The establishment of an Island wide confidential inquiry into deaths by suicide has been suggested as one means of achieving this harmonisation, although consideration will also need to be given to all other options.

Delivery Partners: DHSSPS/HPA (TBC), NOSP, NI Coroners Office, National Suicide Research Foundation.

Timeframe: January 2007 – ongoing.

Outcome: Shared standards in suicide recording throughout the Island of Ireland to allow meaningful comparison.

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#### 7. Awareness Campaign

Both Strategies highlight the need to develop major information campaigns which aim to destigmatise and promote positive mental health. The Health Promotion Agency (HPA) in Northern Ireland has recently published details of extensive research into this issue, and it is intended that these findings will provide the basis for the forthcoming campaign in Northern Ireland. As both jurisdictions have a similar delivery timescale for their campaigns, an opportunity exists to share the research findings with NOSP and HSE with a view to developing a joint awareness campaign. The Northern Ireland research will be replicated in the South before the end of 2006.

Delivery Partners: DHSSPS/ HPA, NOSP, and HSE

Timeframe: November 2006 – March 2007.

Outcome: An agreed message being delivered across the many shared media outlets in both jurisdictions.

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### **8. Co-operation and Working Together (CAWT)**

CAWT is a cross border body formed in 1992, and it currently operates within the North Western/Eastern HSE (ROI) and the Western and Southern HSSB's (NI) boundaries. CAWT is dedicated to realising the full potential of cross border co-operation in Health and Social Care in order to improve the well-being of the resident population. The potential therefore exists to expand the number of mental health promotion and suicide prevention projects managed by CAWT and to enhance its Health and Social Care co-ordination role in the border regions, and potentially further afield.

Delivery Partners: SSIB, CAWT, NOSP, HSE and DHSSPS/HPA

Timeframe: November 2006 – ongoing.

Outcome: The provision of standardised and seamless Health and Social Care services in the border regions, and potentially further afield.

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### **9. Implementation Groups**

Implementation of the "Reach Out" and "Protect Life – A Shared Vision" Strategies is at a similar stage, and close co-operation and information sharing already takes place between the respective implementation bodies in both jurisdictions. The opportunity exists to formalise this co-operation by offering reciprocal membership of the Suicide Strategy Implementation Body (NI) and the National Advisory Group (ROI) to the NOSP and the DHSSPS respectively.

Delivery Partners: DHSSPS, NOSP, SSIB, and National Advisory Group.

Timeframe: October 2006 – ongoing.

Outcome: Enhanced information sharing in relation to the implementation of the respective Suicide Prevention Strategies.

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### **10. XXIV Biennial Congress of the International Association of Suicide Prevention**

The XXIV Biennial Congress is being hosted by the Irish Association of Suicidology (IAS) in Killarney, from 28 August 2007 to 1 September 2007. The congress is a major international event and it is anticipated that it will attract between 400-500 delegates. There will be a major symposium on Suicide Prevention in Ireland, North and South, during the congress, and this will allow us the opportunity to showcase the implementation of both Strategies to an international audience.

Delivery Partners: IAS, NOSP, DHSSPS, HPA.

Timeframe: November 2006 – September 2007.

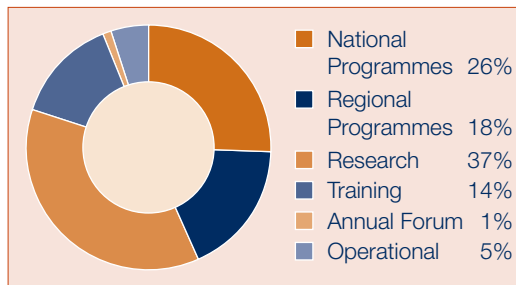
Outcome: Evaluation and testing of the implementation process for both the "Reach Out" and "Protect Life" Strategies against an international audience.

## Appendix 6 – 2006 NOSP Funding Allocation

The 2006 funding allocation is set out below under the following headings:

- **National Programmes**
- **Regional Programmes**
- **Research**
- **Training**
- **Annual Forum**
- **Operational**

### *NOSP Non Pay Budget Allocation 2006*





## Appendix 7 – List of Abbreviations

<b>A&amp;E</b>	Accident and Emergency
<b>ASIST</b>	Applied Suicide Intervention Skills Training
<b>CD-ROM</b>	Compact Disc, Read Only Memory
<b>CEO</b>	Chief Executive Officer
<b>CSO</b>	Central Statistics Office
<b>DoHC</b>	Department of Health and Children
<b>DSH</b>	Deliberate Self-Harm
<b>DUMP</b>	Dispose of Unwanted Medicines Properly
<b>GP</b>	General Practitioner
<b>HSE</b>	Health Service Executive
<b>IAS</b>	Irish Association of Suicidology
<b>IASP</b>	International Association for Suicide Prevention
<b>ICGP</b>	Irish College of General Practitioners
<b>NGO</b>	Non-Governmental Organisation
<b>NHO</b>	National Hospitals' Office
<b>NOSP</b>	National Office for Suicide Prevention
<b>NRDSH</b>	National Registry of Deliberate Self-Harm
<b>NSRF</b>	National Suicide Research Foundation
<b>NSRG</b>	National Suicide Review Group
<b>NUI</b>	National University of Ireland
<b>PCCC</b>	Primary, Continuing and Community Care
<b>SI</b>	Schizophrenia Ireland
<b>SPHE</b>	Social, Personal and Health Education
<b>STORM</b>	Staff Training on Risk Management
<b>T4T</b>	Training for Trainers
<b>WHO</b>	World Health Organisation

## Appendix 8 – Definition of Key Terms

### ***Mental Health Promotion***

Mental health promotion is an approach characterised by a positive view of mental health, rather than emphasising mental illness or deficits, which aim to engage with people and empower them to improve population health (WHO, 2004).

### ***Deliberate Self-Harm (DSH)***

The various methods by which people deliberately harm themselves, including self-cutting and taking overdoses. Varying degrees of suicide intent can be present and sometimes there may not be any suicidal intent, although an increased risk of further suicidal behaviour is associated with all Deliberate Self-Harm.

### ***Suicidal Behaviour***

The spectrum of activities related to suicide including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts (Commonwealth Department of Health and Aged Care, Australia, 1999).

### ***Suicide***

A conscious or deliberate act that ends one's own life when an individual is attempting to solve a problem that is perceived as unsolvable by any other means (Commonwealth Department of Health and Aged Care, LIFE Strategy, Australia, 1999).

### ***Suicide Prevention***

The science and practice of identifying and reducing the impact of risk factors associated with suicidal behaviour and of identifying and promoting factors that protect against engaging in suicidal behaviour.

# Concerned About Suicide

(This information is based on the leaflet “Concerned about Suicide”, originally produced by the HSE Resource Officers for Suicide Prevention, Ireland and the Suicide Awareness Coordinators for Northern Ireland. Re-printed as part of the all-island cooperation in implementing the suicide prevention strategies ‘Reach Out’ (Republic of Ireland) and ‘Protect Life - A Shared Vision’ (Northern Ireland).)

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## The Warning Signs

Most people who feel suicidal don't really want to die, they just want an end to their pain. These are some of the signs which may indicate that someone is thinking of taking their life:

- A suicide attempt or act of self-harm.
- Expressing suicidal thoughts.
- Preoccupation with death.
- Depression.
- Becoming isolated.
- Alcohol abuse.
- Drug abuse.
- Sudden changes in mood or behaviour.
- Making ‘final’ arrangements, e.g. giving away possessions (such as books, CDs, DVDs).

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## Associated Risk Factors

- Access to a method of suicide, e.g. medication, firearms.
- Loss of someone close (such as a friend or family member).
- Relationship break-up.
- Impulsiveness, recklessness and risktaking behaviour.
- Alcohol / drug abuse.

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## How to Respond

If you are concerned about someone you can follow these three steps:

### Show You Care

Offer support and let them know you care.

Say something like:

- ‘I’m worried about you and I want to help’
- ‘What’s up? I’m very worried about you’
- ‘Whatever’s bothering you we will get through this together’

### Ask the Question

Don’t be afraid to discuss suicide – asking about it won’t put the idea in people’s heads:

- ‘Do you feel like harming yourself?’
- ‘Do you feel like ending your life?’
- ‘Are you so down that you just want to end it all?’

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## Call For Help

Encourage them to look for help:

- ‘Let’s talk to someone who can help’
- ‘I will stay with you until you get help’
- ‘You’re not alone and there are people who can help you out of this situation’

If you, or someone you know, is in crisis now and need someone to talk to:

- Contact Samaritans on 1850 609090 Republic of Ireland.
- Contact your local doctor or GP out-of-hours service; see ‘Doctors - General Practitioners’ in the Golden Pages, Republic of Ireland.
- Go to, or contact, the Accident and Emergency Department of your nearest general hospital.

[www.nosp.ie](http://www.nosp.ie)



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