

**Reducing suicide  
requires a collective,  
concerted effort from  
all groups in society**



# National Office for Suicide Prevention Annual Report 2007

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## Introduction

Suicidal behaviour remains a significant public health problem in Ireland. Nearly 11,000 self harm presentations were made to our Emergency Departments in 2007. The latest year of occurrence data for 2005 shows the number of recorded suicides at 481, slightly lower than previous years. As our population has increased our overall rate of suicide has reduced, although our rate of youth suicide remains the 5th highest in Europe. However, we should be encouraged by the self harm and year of occurrence suicide data which although not yet indicating significant downward trends are perhaps beginning to reflect the impact of the work undertaken in the last few years.

The factors which influence suicide rates are to a great extent outside the direct control of the health services. What is required, therefore, is a societal response and the HSE clearly has an important role in leading and co-ordinating this response.

*Reach Out – the National Strategy for Action on Suicide Prevention*, launched in 2005, set out many actions across a spectrum from mental health promotion, early intervention, treatment and bereavement support. These actions based on best international practice, form the building blocks of a concerted and coordinated approach to addressing the problem of self harm and suicide.

I am grateful to the National Office for Suicide Prevention for the leadership it has shown in the implementation of the strategy. I would also like to thank the many voluntary and statutory partners at local and national level who have brought a huge energy and commitment to this work in the knowledge that together we will make a difference.



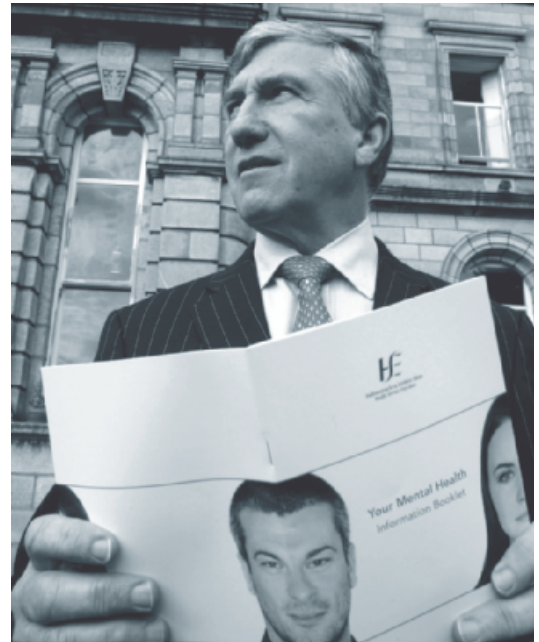
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**Dr Patrick Doorley,**

National Director,  
Population Health,  
Health Service Executive

## Suicide Prevention – **Key achievements in 2007**

- The launch of the HSE mental health awareness campaign 'Your Mental Health' which aims to influence the public's attitude and behaviour regarding mental health. 2007 saw the launch of television and radio advertisements, the beginning of a year on year sustained social marketing approach aimed at the whole population.
- The continued development of a coordinated and uniform approach to responding to self harm by developing the services provided through A and E Departments and piloting a General Practitioners (GP) early access and referral system in South Dublin.
- Publication of two important research reports relating to the analysis of Form 104 used by the Gardai to record deaths for statistical purposes and an analysis of risk and protective factors relating to those who have been abused in state institutions as children.
- Establishment of a Technology for Wellbeing group which brings together those who are using new technology options to reach those who need support or who are in crisis.
- Completion of a national review of bereavement support services including examining the available research on the effectiveness of suicide specific bereavement support services. This review indicates future areas for development including the setting of standards of service for bereavement support and counselling.
- Ongoing financial support for Voluntary Organisations working in suicide prevention.
- Continued cross border working with colleagues in Northern Ireland, to implement our joint action plan.



*Minister Jimmy Devins T.D. at the launch of the awareness campaign 'Your Mental Health'*

## 1. Policy Context

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### National

Some key government policy has 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 T.D., *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/html/reports.html](http://www.nosp.ie/html/reports.html)

#### ***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/publications/vision\\_for\\_change.html](http://www.dohc.ie/publications/vision_for_change.html)

#### ***Houses of the Oireachtas, Joint Committee on Health & 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 considers all recommendations as part of its ongoing development plans.

[www.oireachtas.ie/viewdoc.asp?DocID=6016&CatID=78&StartDate=01%20January%202006&OrderAscending=0](http://www.oireachtas.ie/viewdoc.asp?DocID=6016&CatID=78&StartDate=01%20January%202006&OrderAscending=0)

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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 World Health Organisation (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 Luxemburg 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. 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 the *Reach Out* implementation structures, and outlines suicide prevention structures in Ireland for the coming years.

Figure 1. Suicide Prevention Network



### 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 Director of the NOSP reports directly to the Director of Population Health.

### HSE PCCC / NHO

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*.

### HSE Regional Resource Officers

The Regional 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. See Appendix 2 for Resource Officers contact details.

### Voluntary/NGO 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 level agreements with a number of national voluntary organisations. Networks are being established to reflect interest with both voluntary sector and statutory agencies on activity such as bereavement support. The organisations funded by NOSP are indicated on the office website.

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



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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 (appendix 5) which was considered and endorsed by NI/ROI Ministers.

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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”. The National Advisory Group for the National Office for Suicide Prevention 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 4.

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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 Division of the Department.

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

### 3. Progress Report – Suicide Prevention Activities 2007

This section reports on activities throughout 2007 under the Action Area headings in *Reach Out*.

*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 a whole population approach, combined with a targeted approach for those known to be at higher risk. *Reach Out* also proposes actions to improve support to many individuals and communities bereaved through suicide. Lastly, some actions relate to the necessity to undertake appropriate research and to ensure any data collected is robust and meaningful.

#### Level A – General Population Activities

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##### Area 1 – The Family

The theme of the sixth Annual Partners for Health in Education Conference in March was “Relationships: How to Survive and Thrive”. This conference is held annually and is organised as a partnership between statutory and voluntary organisations including the HSE and Mental Health Ireland. The aim of the 2007 conference, which was held in Roscommon, was to explore the concept of nurturing and managing relationships in our day-to-day lives. A total of 130 people attended the event.

Across the country, RehabCare have been delivering the “Raising Boys for Fathers” programme. The course is designed to give fathers the information and confidence to manage and cope with their changing role in Irish society, in the context of growing concerns about boys’ early school leaving, under-achievement at school, and social isolation. The rate of suicide and road traffic accidents among young men further underlines the need to foster strong family relationships and provide stable role models for young men. More information on these courses is available from [www.rehabcare.ie](http://www.rehabcare.ie).

Local initiatives in 2007 included mental health awareness days for parents organised through schools in the midlands and a parenting programme called “Family Communication and Self-Esteem” in the HSE South.

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##### Area 2 – Schools

At a strategic level, the NOSP, Department of Health and Children and Department of Education and Science met to discuss the establishment of an inter-departmental forum on suicide prevention in schools. It was agreed that the NOSP should contribute to the working of the existing inter-departmental Health and Education group.

In meeting a key *Reach Out* action, the NOSP completed a review of schools based programmes in the post primary school setting in 2007. The review is focused on mental health promotion and suicide prevention programmes currently being delivered within the school setting by statutory agencies. The results of the review will assist in progressing standardised best practise approach in this area. In addition NOSP have drawn up guidelines for outside agencies and schools in selecting suitable mental health promotion programmes. These documents are available from [www.nosp.ie](http://www.nosp.ie)



An exciting and encouraging development in the school sector has been the continued growth of the Young Social Innovators (YSI) programme, which the NOSP continued to support in 2007. YSI is a social awareness education and action programme for 15 to 18 year olds. In 2007, 365 projects were considered of which one in three had a health dimension - many of these related to mental health and suicide prevention. The NOSP had an information stand at the YSI annual showcase in the RDS where an estimated 5,000 young people, mainly transition year students, attended. [www.youngsocialinnovators.ie](http://www.youngsocialinnovators.ie)

The voluntary sector is also engaging with schools in suicide prevention and mental health promotion. The Samaritans, for example, introduced a text alert system aimed at second level students, encouraging them to register with The Samaritans and provides 24-hour helpline numbers.

Suicide prevention work in schools goes beyond mental health promotion and preventive work generally. In terms of responding to critical incidents, the National Educational Psychological Service (NEPS) continues to provide support to schools throughout the country. In the school year 2006/2007 23 suicide related incidents were reported, though these were not all suicides of school age children. In particular, NEPS supports the development of critical incident management plans through work with whole school staffs or teams set up in individual schools, as well as working directly with school principals. Revised critical incident response protocols are being developed by NEPS and will be available in 2008. [www.education.ie](http://www.education.ie)

Other developments in 2007 included the delivery of training to guidance counsellors in Cork and Kerry by the National Suicide Research Foundation (NSRF) and in-service training in the HSE West which was also offered to parents. A novel development in Roscommon was the production of a health promoting students magazine called "4U" which was launched in October with the support of Dormant Accounts funding.

From an action-research perspective, a report on the effectiveness of the programme "Mind Yourself: a Brief Problem Solving Intervention in Schools" was launched in April 2007. The project, which was originally set up to address concerns about the suicide rate among young people in the North East, has been delivered to over 8000 young people throughout Cavan, Monaghan, Louth and Meath. The report is available through the NSRF. [www.nsrff.ie](http://www.nsrff.ie)

### Area 3 – Youth Organisations and Services

There were a number of opportunities for both formal and informal consultation with young people and agencies representing young people in 2007. One unexpected outcome of the 'Your Mental Health' awareness campaign (see Area 10) was the opportunity to engage with thousands of young people through the campaign's bebo profile - [www.bebo.com/yourmentalhealth](http://www.bebo.com/yourmentalhealth) which proved extremely popular and successful. Within three weeks of going live the site had attracted nearly 1300 'friends', the profile was viewed over 25,000 times and the quizzes and polls were taken 5,795 and 7,129 times respectively.

The NOSP has also continued its support for Spunout, Ireland's leading youth health website. Spunout provides a safe online space for young people to realise they are not alone in the issues they face whilst growing up and that they can make a positive change to their own wellbeing and to the world around them. Among the awards and recognition for Spunout in 2007 was an Eircom Golden Spider Award for the best community or charity website. Plans for ongoing HSE funding of Spunout were agreed between the NOSP, Health Promotion and Spunout in late 2007.



*The Frank and Walters at the launch of Spunout's 'Tough Times' awareness campaign*

Other service developments for young people in 2007 included the further development of Teenline Ireland, which was first established in 2004. Teenline Ireland provides a freephone listening helpline and website for young people who feel lonely, depressed or suicidal. The NOSP provided once off financial support to reinforce Teenline's core administrative structures in 2007 and will look at longer term supports for Teenline depending on the outcome of a formal review of the service. [www.teenline.ie](http://www.teenline.ie)

### 3. Progress Report – Suicide Prevention Activities 2007

A number of consultation meetings were held in 2007 to plan the delivery of a new service model by Headstrong, the National Centre for Youth Mental Health. The new service will be known as Jigsaw and is a community based system of care that supports young people aged 12-25 to achieve better mental health and wellbeing. Galway will be the first location for this new service. [www.headstrong.ie](http://www.headstrong.ie)

In an effort to get to where young people are and bring services to them, The Samaritans' Festival Branch attended concerts and festivals throughout Ireland in 2007. The Festival Branch aims to raise awareness of The Samaritans and also to offer emotional support on the site of the event. Events that the festival branch attended included Oxygen, Lisdoonvarna, Electric Picnic, and the Tullamore Fleadh. The Festival Branch works with all age groups but at concerts and festivals the age profile is generally between 16 and 30 years.

Other work nationally in the youth sector included the development of a mentoring programme which has been set up in 20 Youthreach Centres. Mentors support young people in looking at their health needs and in accessing help. This initiative is not focused specifically on emotional health but it does provide an opportunity for young people in Youthreach to address emotional health issues. [www.youthreach.ie](http://www.youthreach.ie)

In the HSE South, the NSRF has also been working with young people and youth organisations in the context of the European Alliance Against Depression (EAAD) [www.eaad.net](http://www.eaad.net). As part of that project, 70 volunteers from youth organisations and youth crisis accommodation services received training on depression and suicidal behaviour. An independent evaluation of the effectiveness of the training programme, using a pre-post design, showed that knowledge about symptoms of depression and level of confidence in dealing with suicidal people had improved significantly.

The NSRF also launched a youth services inventory for Cork city on September 10th 2007, World Suicide Prevention Day. The inventory covers a wide range of youth services in the city and includes a listing of GPs with a special interest in deliberate self harm and suicide.

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#### Area 4 – Third Level Education Settings

The 'Please Talk' campaign was launched in 2007 in University College Dublin in response to the death by suicide of a student. The campaign aims to alert students about the services in the college which are available to help and support them, and encourages them to seek help for themselves and friends. It is planned to spread the campaign to all third level colleges. [www.pleasetalk.ie](http://www.pleasetalk.ie)

The NOSP has also continued to work with the 'Therapeutic Technologies' group from University College Dublin and Trinity College Dublin and met with representatives of that group in developing the Technology for Well-Being group (see Area 25).

Headline the national organisation responsible for monitoring suicide and mental health issues in the print media, provided presentations to third level students studying media communications and journalism in Dublin Institute of Technology, Dublin City University, Griffith College, Mary Immaculate College and National University of Ireland Galway. The presentations included issues around the coverage of suicide in the print media, including the main guidelines for responsible coverage. These presentations also allowed the opportunity to introduce students to the new suicide prevention category in the annual Smedia awards for student journalists, which is sponsored by the NOSP.

Suicide awareness presentations were delivered to nursing studies students i.e. trainee public health nurses and mental health nurses in the National University of Ireland, Galway while Applied Suicide Intervention Skills Training (ASIST) workshops were organised on several third level campuses around the country.

In the north-west, a workshop on mental health and wellbeing was delivered to teacher training students at St Angela's College, Sligo by the local mental health promotion / suicide prevention officer who also delivered a lecture on both *Reach Out* and *Vision for Change* to students at Sligo Institute of Technology.

In the south-east, the regional suicide resource office agreed a series of advertising and editorial input to Waterford Institute of Technology's student magazine *Campus Times*. These were based on the national 'Your Mental Health' campaign and incorporated information from the campaign booklet.

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## Area 5 – Workplaces

The Samaritans workplace training programme, 'Worklife', was delivered to 12 human resources managers as requested by several businesses in 2007. 'Worklife' is a training programme designed to raise awareness of emotional health in the workplace and to train managers to deal more effectively with issues surrounding emotional health and distress in the workplace.

Regionally, awareness training was delivered to county council staff in Laois and Citizen Information Service staff in Offaly. An awareness training session was delivered to forty employees working in industry in the mid-western region and a mental health promotion initiative was headed up by HSE West, Health Promotion Services in Mayo General Hospital, Castlebar, Co. Mayo.

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## Area 6 – Sports Clubs and Organisations

In 2007, the NOSP, in partnership with the HSE Dublin North East and Department of Public Health and Primary Care, Trinity College Dublin were involved in the implementation of a lifestyle programme among GAA clubs within the region. The programme, which primarily focused on changing the alcohol use patterns of young men within the GAA, has provided a template of best practice for developing mental health promotion programmes within the sports club setting. The evaluation of the programme is being funded by the Health Research Board.

Building on the links made in the lifestyle programme project, the NOSP has established working links with the GAA at a national level to ensure mental health and suicide prevention are key elements of their player health and welfare programme in 2008 and 2009.

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## Area 7 – Voluntary and Community Organisations

There are many local and national voluntary organisations around Ireland who undertake initiatives related to suicide prevention. Many of these organisations exist on the commitment and energy of their founders and their contribution to suicide prevention is vital. The NOSP and the regional resource officers for suicide prevention work with many of the national groups and local groups across Ireland to raise awareness deliver training and provide information.

Indeed many of the voluntary organisations working in the area of mental health and suicide prevention work in partnership with each other. The Samaritans, for example, have contributed to training for a range of organisations including GROW, Living Links, and the Gay and Lesbian Equality Network (GLEN). The Samaritans have also formed partnerships with statutory agencies – the Ennis Branch having worked with Clare County Council to create and install a range of signage featuring The Samaritans' helpline numbers within the county.

Other important voluntary sector work in 2007 has included the Lions Club participating in ASIST training. In particular, this link has developed strongly in Roscommon where two representatives of the Lions Club there participated in the ASIST Training for Trainers in June 2007.

Other local initiatives include the West Training and Development Ltd. support to community development projects and family resource centres in the west and midlands regions while many other local groups have developed throughout the country, particularly along the western seaboard.

An example of local voluntary organisations building on and adapting national resources was developed by the Donegal Partnership in their delivering of a seven week campaign with the support of local newspapers. The campaign featured a 'Mind Yourself' page in local papers each week, addressing various mental health issues. The key messages were based on the national 'Your Mental Health' campaign.

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## Area 8 – Church and Religious Groups

Crosscare, the social care agency of the Catholic Diocese of Dublin, manages the National Traveller Suicide Awareness project which is accommodated by the Parish of the Travelling People. Links have also been established with Crosscare's Drug and Alcohol Programme.

Two Primary Healthcare Traveller projects in Tallaght and Ennis have linked with the clergy in developing culturally appropriate responses to the issue of suicide e.g. a ceremony of remembrance which included information from local organisations which was held in Tallaght in December.

The Archbishop of Kildare supported an initiative to develop a mental health awareness leaflet to be distributed via the Catholic churches in that diocese encouraging people experiencing distress to contact either Aware or The Samaritans.

### 3. Progress Report – Suicide Prevention Activities 2007

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#### Area 9 – Media

The NOSP continued to fund and support Headline. Nearly 13,000 print media articles related to suicide and mental health were captured in 2007 based on routine monitoring of a set of keywords agreed by the agencies represented on Headline's steering group. 'Suicide' was the most common keyword accounting for 25% of all articles captured while 'depression' and 'mental health' were the next most common search terms returned.



#### *Launch of the Headline website [www.headline.ie](http://www.headline.ie)*

Headline launched its website [www.headline.ie](http://www.headline.ie) in April 2007. The site is a tool for working media professionals to access Irish and international guidelines and useful tips on reporting on mental health and suicide. A media alerts programme about stigmatising media coverage on mental health and suicide related issues was also launched, aimed at the general public.

Headline and the NOSP provided an awareness session on reporting on suicide in the media to journalists working with the state broadcaster, RTE, at RTE's request.

The NOSP participated in the Irish Times Opinions feature called 'Head to Head' addressing the question "Should the media report on suicide in detail?" The NOSP argued "no" and the vast majority of readers that responded agreed with the NOSP argument (93%).

The Tough Times campaign, coordinated by Spunout.ie in partnership with Console, NOSP and the 3Ts featured television advertising as well as an intensive press and media campaign resulting in comprehensive national and regional press coverage of suicide and mental health issues. A launch took place in June at Whelans live music venue in Dublin and was attended by over 200 people. An evaluation of the campaign reported a 500% increase in mid-week traffic to Spunout.ie during the period of television advertising. In terms of press coverage, the launch featured in six different television news items as well as a number of radio and print media pieces.

Across the country, resource officers have worked closely with local press, having articles published in local papers. Local press coverage is often in relation to public talks and workshops for example an article on school mental health was published in The 'Western People' as a result of workshop in Enniscrone school.

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

The HSE launched the 'Your Mental Health' public awareness campaign in October, 2007 to increase awareness of mental health and well-being in Ireland. The Minister of State at the Department of Health and Children with responsibility for Mental Health, Dr. Jimmy Devins, T.D. officially launched the campaign. The campaign was informed by a national survey of attitudes to mental health among Irish adults which reported that 85% of adults agree that "anyone can experience a mental health problem". The 'Your Mental Health' campaign was developed by the NOSP in consultation with more than 30 key voluntary and statutory agencies working in the area of mental health in Ireland.

The campaign objectives are:

- To increase understanding of mental health;
- To increase knowledge of mental health and mental health problems so as to positively influence attitudes and behaviours;
- To encourage people to seek social / professional support;
- To encourage people to recognise the importance of social / professional support.

### **Advertising campaign**

The first phase of the 'Your Mental Health' campaign took place from 9th October to 4th November, 2007. A heavy weight general population television campaign was used with over 2.16 million adults viewing the television advertisement an average of five times. Radio was also used in order to further reinforce the campaign message. Radio also targeted youth radio stations such as Spin and Phantom and reached some 2.6 million of our target audience at least seven times. Outdoor advertising consisted of 200 'citylites' (outdoor posters at bus stops) which were primarily in urban areas.

### **Online**

A dedicated campaign website [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) was developed to provide more in-depth information on mental health. The website, which was promoted through the television, radio and outdoor advertising, attracted over 4,500 unique visitors in the first three weeks of the campaign.

For the first time in terms of public health advertising a sponsored profile was developed on the social networking website bebo, [www.bebo.com/yourmentalhealth](http://www.bebo.com/yourmentalhealth). This profile was developed as a medium for young people to discuss issues around mental health as well providing the opportunity to signpost support services. The profile has featured a range of mental health topics including:

- peer pressure;
- alcohol and drugs, and;
- family and home life;

The bebo profile has proved successful in terms of the number of friends attracted and the level of positive engagement on mental health issues.



*The launch of the 'Your Mental Health' campaign October 2007*

### **Evaluation**

Post campaign research carried out by Millward Brown IMS indicated that the 'Your Mental Health' campaign has been effective and successful:

- Both [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) and [www.bebo.com/yourmentalhealth](http://www.bebo.com/yourmentalhealth) have been very successful, in particular the bebo site which had 25,000 profile views in the first three weeks;
- The television, radio and outdoor had a high recall and scored well in excess of the norm on enjoyment, new information and believability;
- Just over one in two survey agreed that both the television and radio advertisements were advertisements you would 'talk about with friends', suggesting considerable potential to increase awareness of the key messages through word of mouth;
- Seven in ten felt that the advertisement 'made you think differently' about your mental health, confirming the potential to effect a change in attitude and behaviour;
- Survey respondents aware of any element of the advertising campaign are more likely to have a more positive and informed view of their mental health.

### **Cinema**

In December, the NOSP collaborated with The Samaritans to show a cinema advert ('Trapped') which was co-branded to incorporate the slogan 'Look after yourself, look after your mental health' from the 'Your Mental Health' campaign.

### **Local Activities**

Awareness raising campaigns have not been confined to large-scale national media work and a lot of local awareness raising has also been delivered. On World Mental Health Day, for example, an information stall and display was organised by the Sligo / Leitrim Better Mental Health for All Partnership in Sligo General Hospital. This local initiative supported the national 'Your Mental Health' campaign while also raising awareness of the mental and emotional health needs of asylum seekers and people from ethnic minority groups.



### 3. Progress Report – Suicide Prevention Activities 2007

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

The Cluain Mhuire service in South Dublin continued to develop its pilot early intervention service with local GPs in 2007. The service involves early intervention with those who are self harming or expressing suicidal intent and offers a fast track referral to psychiatric services for those people in crisis. During 2007 discussions were held with colleagues in Wexford with a view to developing a similar service in 2008. Both services will use a common approach and collect common data sets to evaluate the impact of both programmes.

To develop the provision of information and support to those bereaved by suicide, the 'You Are Not Alone' bereavement support information booklet and directory of support services have been disseminated to over 2,000 GP practises.

At a regional level, in the mid-west, Skills Training on Risk Management (STORM) was delivered to doctors on the GP Trainee Scheme. Aims of offering STORM training to GPs include:

- 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.

The HSE South delivered the 'safeTALK' training programme to the out of hours family doctors service staff in CareDoc in the south-east of the country. The NSRF organised a seminar on risk and protective factors associated with suicide and deliberate self harm for GPs in the Cork area.

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#### Level B – Targeted Activities

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##### Area 12 – Deliberate Self Harm

There is a strong link between repeated self harm and suicide. It is therefore important that the response to self harm presentations at our hospital accident and emergency departments is as comprehensive as possible. Over 11,000 self harm presentations are made to accident and emergency departments every year. The NOSP has continued to fund the development of specialist services provided by the mental health service to respond to deliberate self harm. In 2007, funding was allocated to a further three services, located in Naas, Portlaoise and Temple St Children's Hospital. A liaison nursing service also commenced in Portlaoise with links to primary care services in the town, through which outreach services are provided.

Outside of the hospital setting, Pieta House was established in 2006 to provide specialist treatment for those with self harm or suicidal intent. In 2007 the NOSP funded an evaluation of Pieta House services which will be available in 2008 and will indicate the future direction for the service locally and nationally. [www.pieta.ie](http://www.pieta.ie)

As services responding to deliberate self harm develop, training needs have been identified. An awareness training programme, 'Understanding Self Harm', was developed in the HSE South through the regional resource office in Waterford. The training pack is aimed at hospital staff, primary health care workers, community groups, youth workers, carers and people who come into contact with those who self harm was launched in September. An evaluation of the training will determine the potential for a national roll-out of the programme.

In the area of research and monitoring, the NSRF have continued to develop the National Registry of Deliberate Self harm which fully implemented electronic data collection across the country in 2007. [www.nsrif.ie](http://www.nsrif.ie)

The NSRF also published a number of articles on deliberate self harm in 2007, including a study examining geographical variation in the incidence of deliberate self harm in Ireland and its association with deprivation and social fragmentation in the Journal of Epidemiology and Community Health. It was reported that increased deprivation and social fragmentation were associated with increased rates of deliberate self harm. [www.nsrif.ie](http://www.nsrif.ie)

Also published was a study of the association between motives for deliberate self harm, level of suicide intent, and history of deliberate self harm in the journal *Suicide and Life-Threatening Behaviour*. The findings show that self harming patients are characterised by ambivalence and struggle with aversive thoughts and situations. [www.nsrif.ie](http://www.nsrif.ie)

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##### Area 13 – Mental Health Services

The NOSP contributes to the working of the HSE Expert Advisory Group on Mental Health (EAG). In 2007, the EAG agreed a number of recommendations including two relating to suicide prevention:

- each A and E Department to have at least one specialist member of staff from the mental health service who can respond to deliberate self harm presentations
- review opportunities for a whole system all hours seamless response to crisis presentations.

Elsewhere a total of 13 STORM programmes were delivered to front-line mental health professionals and primary health care workers in the HSE West.



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## Area 14 – Alcohol and Substance Abuse

In 2007 the NOSP worked closely with Crosscare's Drugs and Alcohol Programme (DAP) as part of the Technology for Well-Being group (see Area 25). The DAP services include a range of awareness and training opportunities, support services and access to professional counselling. The online resources run by the DAP are extremely well developed and can be accessed through [www.drugs.ie](http://www.drugs.ie).

The NOSP has also linked with Alcohol Action Ireland and the HSE Alcohol Implementation Group to ensure synergy in the implementation of actions between *Reach Out*, the reports from the *Strategic Task Force on Alcohol* and the *National Drugs Strategy*.

The NSRF has been involved in an international comparative study investigating the association between alcohol consumption and deliberate self harm in adolescents. The international database included information on 30,532 adolescents from Europe and Australia. The study findings clearly underline the importance of implementing effective strategies to reduce the use and abuse of alcohol among adolescents as part of national and international suicide prevention programmes in young people. It was published in *Suicide and Life-Threatening Behaviour*. [www.nsrif.ie](http://www.nsrif.ie)

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## Area 15 – Marginalised Groups

### **Lesbian Gay Bisexual Transgender (LGBT) Community**

The NOSP continued to support the work of both BeLonG To and GLEN in 2007, especially in their collaboration work developing the research project called 'Supporting LGBT Lives in Ireland – a Study of Mental Health and Well-Being'. The research is being facilitated by an anonymous online survey and its findings will be used to determine vulnerabilities and to inform the development of support services for gay and lesbian young people in Ireland. The report will be available in 2008.

BeLonG To supported the development of LGBT youth groups in five sites outside Dublin: Galway, Limerick, Dundalk, Tipperary and Waterford. This work was based on quality guidelines and an accreditation scheme which BeLonG To developed in consultation with national bodies and groups. This process is based on a partnership model, where BeLonG To brings together local youth services, the VEC, the HSE, LGBT groups and other key stakeholders to work together to establish designated supports for LGBT young people in a given area.

In addition to working to establish designated youth groups, BeLonG To worked successfully with mainstream youth and health services to enable service providers and policy makers to work in a manner that is inclusive of LGBT young people. Key partners in this work included the NOSP, Youth Work Ireland, National University Ireland Maynooth, the Vocational Educational Committee (VEC), the Gaf, Waterford Regional Youth Service, Tipperary Youth Service, Limerick Youth Service. At national level, BeLonG To continued to provide the national advocacy voice on LGBT youth issues, through membership of the National Youth Work Advisory Committee to the Department of Education, the National Youth Council of Ireland and the Ombudsman for Children.

In terms of public relations and awareness both GLEN and BeLonG To worked on an ongoing basis with national and regional press. Significantly, in her address to the delegates of the XXIV World Congress on Suicide Prevention, President Mary McAleese emphasised the importance of providing support to young gay and lesbian Irish people. [www.president.ie](http://www.president.ie)

### **Travellers**

Crosscare, manage a national project funded by NOSP to respond to suicides in the traveller community. 'The National Traveller Suicide Prevention Project' was established in 2007 and a project worker was appointed to work with traveller groups locally and nationally.

The project is Traveller led and uses a community development approach in carrying out the work. A strategic plan has been developed along with the first year's workplan. Key objectives for the programme are:

- Raise awareness around the issue of Traveller suicide and self harm;
- Develop appropriate responses within the community;
- Work with national organisations to ensure culturally appropriate responses to suicidal behaviour within the Traveller community. [www.crosscare.ie](http://www.crosscare.ie)

Elsewhere, a pilot project is providing counselling support to Travellers through the Primary Health Care Workers in the Galway Traveller Movement as well as developing a support card using illustrations and relevant contact numbers. Suicide prevention awareness training was provided to the Galway Traveller Movement in Loughrea, Co. Galway and the 'safeTALK' programme was delivered to participants in the Galway Traveller Movement in Galway city.

### 3. Progress Report – Suicide Prevention Activities 2007

In the midlands, staff from Tullamore/Portlaoise and Longford Travellers groups and Primary Care Teams have been consistent in their availing of ASIST training.

In Ennis, the following awareness and training has been delivered to the Traveller women on the primary health care programme:

- Awareness training;
- Gatekeeper training;
- ASIST.

In guiding and advising support services, an important publication in 2007 was 'Travellers' Last Rights, Responding to Death in a Cultural Context', published by the Parish of the Travelling People. The book explores issues related to death in a cultural context specific to Travellers. It is intended that the information presented will encourage the widespread adoption of culturally appropriate services for Travellers. [www.ptlav.ie](http://www.ptlav.ie)

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#### Area 16 – Prisons

The research report on the training requirements of prison staff in relation to suicide prevention commissioned within Mountjoy Prison was finalised in 2007. The results of this action based research has formed the basis of a national training programme which will be implemented on a partnership basis between the HSE and the Irish Prison Service in 2008.

Voluntary sector work in prisons includes The Samaritans' Prison Listener Scheme which involves the training of selected prisoners to offer emotional support to other prisoners. The Samaritans' volunteers regularly deliver training, to support prison listeners and to liaise with prison officers on the management and support of the programme.

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#### Area 17 – An Garda Síochána

The NOSP facilitated a seminar to the Occupational Health Physicians working with An Garda Síochána on identifying suicide risk and early intervention within the workplace. All members of An Garda Síochána Employee Assistance support services staff are been trained in ASIST.

At a local level, the regional resource office in the south east provided a one day training programme covering suicide awareness and bereavement to 60 Gardai.

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#### Area 18 – Unemployed People

A needs assessment was carried out in Galway, Mayo and Roscommon with organisations working with out-of-school youth. The aim of the research was to establish current practice in relation to mental health promotion work with young people in the out-of-schools setting. The views of both management and youth workers were sought in relation to their training, information and support needs in promoting mental health.

The recommendations emerging from this study clearly highlighted the need to work with organisations to raise awareness around mental health promotion, develop mental health policies in individual organisations and develop training for youth workers. Four intervention sites and four control sites are involved in the study. The project is being evaluated by the Health Promotion Department, NUI Galway and funded through the National Office for Suicide Prevention.

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#### Area 19 – People who have experienced Abuse

The NOSP commissioned research from the NSRF to identify risk and protective factors for survivors of abuse. The report was published in late 2007 and is available on [www.nosp.ie](http://www.nosp.ie)

Key findings from the report include:

- consistent evidence of an association between abuse and adult suicidal behaviour, in particular non fatal, as well as suicidal ideation;
- alcohol/drug abuse and social isolation are major factors associated with suicidal behaviour amongst this group;
- other less frequently reported risk factors included, inadequate coping skills, impulsive behaviour, post traumatic stress disorder, anti climax following attendance at the Redress Board and depression;
- relationships, children and education were major protective factors;
- other less frequently quoted protective factors included support from survivor groups, being employed and receiving counselling;
- being abused in an institution has led to anxiety regarding the possibility of receiving nursing home care in later life.

The value of such research will be the continued recognition of the needs of survivors, the value of survivor groups and the importance of continuing to expand the general and specific services available to survivors.

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## Area 20 – Young Men

In keeping with the guiding principle of *Reach Out* to develop the potential of information and communications technology in delivering support services, the NOSP have looked at supporting a number of web-based, non traditional services that are more accessible to young men. Many of these support services (including Spunout, The Samaritans' email service and the Drugs and Alcohol Programme online supports) are part of the Technology for Well-Being group (see Area 25).

In the HSE South, a peer support programme was developed in partnership with the National Learning Programme. A wide range of people in the community (including Gardai, community workers, community health workers, youth workers, teachers and naval personnel) have been trained to deliver the programme in different settings e.g. schools, youth programmes and sports clubs throughout Cork and Kerry. The focus of the programme is around the difficult situations posed by suicide and related issues. The identification of the need for such a programme came directly from young men who wanted to make a difference in their community after experiencing the suicide of friends or family members.

In the north-west a 'Men on the Map' conference was organised in Bundoran, highlighting priority issues for men's health and wellbeing. The conference included a presentation by the local mental health promotion and suicide prevention resource officer on the topic of 'Men, suicide and rural isolation'.

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## Area 21 – Older People

The NOSP was invited to participate in a forum to highlight the issue of 'Loneliness and Isolation as experienced by some older men in Ireland' hosted by President McAleese in October 2007. [www.president.ie](http://www.president.ie).

In terms of awareness raising, the NOSP has worked closely with the National Council for Ageing and Older People to develop the 'Your Mental Health' campaign with a focus on older people. It is planned that a specific campaign will be rolled out in 2008 using the general messages from the campaign but making them more relevant to older people.

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## Area 22 – Restricting and Reducing Access to Means

The NSRF has examined data from 2002 to 2007 on the impact of restrictions on the sale of paracetamol in relation to deliberate self harm by overdose. The restrictions appear to have had limited impact in reducing overdose by paracetamol and the rate of overdose in general. However, the withdrawal of distalgesic from the Irish market in 2006 has had a significant, if not surprising, impact on the rate of overdose by distalgesic, which is a compound of paracetamol and dextropropoxyphene. Distalgesic is more lethal than paracetamol in overdose. The full results of this research will be published by the NSRF in 2008.

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## Level C – Responding to Suicide

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### Area 23 – Support following Suicide

In 2007 the NOSP-commissioned a review of bereavement support services. The report was published in 2008 and is available from the NOSP or on [www.nosp.ie](http://www.nosp.ie)

Living Links was established in 2002 to provide information, support and outreach to those bereaved through suicide. Discussions were held with Living Links to establish a national structure to coordinate and support the existing 12 local outreach groups. It is expected that this will lead to a NOSP funding arrangement in 2008. [www.livinglinks.ie](http://www.livinglinks.ie)

Console was also established in 2002, by families that had experienced the grief of losing a loved one through suicide. Console has developed into a national organisation, responding to the needs of those bereaved through suicide within the community delivering services from its centres in All Hallows' College Dublin with two outreach centres in Finglas and Clondalkin and centres in Galway and Limerick. Such services include the following:

- Professional counselling and support to those bereaved through suicide;
- Child psychotherapy service for children and young people affected or bereaved through suicide;
- Child and family service;
- Therapy and support groups;
- A freephone national helpline 1800 201890.

### 3. Progress Report – Suicide Prevention Activities 2007

The 'You Are Not Alone' bereavement support publications were published by the NOSP in 2007 as part of the review of bereavement support services. The publications include a 'Directory of Bereavement Support Services' which provides a listing of general bereavement support services and services dedicated to those bereaved by suicide. In addition to the directory, an information booklet has also been developed – entitled 'Help and Advice on Coping with the Death of Someone Close'. Both of these publications were launched in July and were distributed to a wide range of organisations. They are available to download from [www.nosp.ie](http://www.nosp.ie)

In the mid-western region, following extensive research and consultation with families bereaved by suicide, a regional bereavement support service was developed and now operates as the Suicide Outreach Support Programme. The programme, which includes a listening and support service, is made available at the request of families. Families who avail of the programme are then invited to attend a structured eight week Bereavement Healing Programme in the Pastoral Centre, Limerick.

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#### Area 24 – Coroner Service

Commissioned by the NOSP in 2007, the NSRF completed a scoping exercise with the aim to develop a model to obtain detailed information on all suicide deaths and other deaths requiring an inquest (see also Area 25). One of the recommendations of the scoping exercise was to adjust the legislation in order to facilitate access to information on inquested deaths for the purpose of national health information systems. In December 2007, the NSRF made a submission to the new Coroner's Bill.

Staff from the NOSP and the NSRF presented to the annual meeting of The Coroners Society on the work of The NOSP and the research on Form 104. A proposal was discussed with the coroners regarding improving the data collection on suicide as recommended in Areas 24 and 25 of *Reach Out*. The coroners subsequently agreed a sub group to work with the NSRF to develop a pilot system which will collect more comprehensive data on suicides. It is expected that this pilot will begin in 2008.

## Level D – Information and Research

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### Area 25 – Information

#### ***Technology for Well-Being***

In 2007 the NOSP convened a new group entitled Technology for Well-Being. The group includes a number of national voluntary support organisations, researchers and academics from leading Irish universities, a major social networking website (Bebo), the NOSP.

Technology for Well-Being came together with a shared interest in developing the internet and its related technologies for mental health promotion, education and service delivery. The group is interested in working as an expert group to contribute to the safe and ethical development of initiatives for promoting wellbeing, including positive mental health, within interactive internet environments, including those environments dominated by user-generated content.

Among the group's terms of reference is a commitment to "set standards of best practice and positively influence policy in relation to promoting and protecting well-being through ICT." More information on the group is available from [www.technologyforwellbeing.ie](http://www.technologyforwellbeing.ie)

#### ***Recording suicide mortality data***

Effective suicide prevention programmes depend on the quality of information regarding the extent and nature of suicide and self harm. In Ireland, information on suicide deaths is routinely collected by the CSO from Coroners Certificates and Garda returns – i.e. Form 104. Research was commissioned by the former National Suicide Review Group and then the NOSP into the efficacy of Form 104 data from 2002 and whether current recording procedures could be improved. The research report was published in December 2007 and is available on [www.nosp.ie](http://www.nosp.ie)

Key findings from the report include:

- time from death to the completion or adjournment of the inquest varied considerably;
- late registered deaths cause routine Irish mortality statistics to underestimate external causes of death by an average of at least 6%;
- there was a high level of completeness in respect of the socio demographic characteristics such as marital and employment status;
- there was a low level of completeness in respect of the medical history and contributing factors.

The report recommended that:

- Another system be developed to collect and collate more comprehensive data on suicide deaths;
- The existing form 104 be maintained and improved until an alternative and better system is in place;
- Improvements be made in the death registration system
- Form 104 data from subsequent years should be analysed.

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## Area 26 – Research

The NOSP contributed as external reviewers for the Health Research Board on a paper entitled 'It's Good to Talk: Distress Disclosure and Psychological Well-Being' which was part of the HRB Research Paper Series. The paper concluded that statistically significant differences were found in levels of distress disclosure in terms of a range of socio-demographic variables and correlations were found to exist between levels of distress disclosure and two measures of psychological wellbeing.

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

A suicide research strategy was drafted and circulated to the NOSP National Advisory Group in 2007. The draft strategy proposes a structure for research governance and ethics in relation to suicide research in Ireland involving the establishment of a suicide research advisory board comprised of key researchers in the area of suicide research and mental health. The draft research strategy also highlights the research priorities required to continue the implementation of the *Reach Out* strategy.

Other relevant research initiated in 2007 included the commissioning of a team of researchers from the University of Nottingham to evaluate The Samaritans' services across the UK and Ireland. The NOSP were part of the selection panel during a competitive tender process. It is expected that a full report on all aspects of The Samaritans' services will be available in 2008.

At a regional level, the County Limerick VEC, in partnership with the HSE, commissioned an evaluation of the Student Support/Crisis Response Structures currently in place throughout county Limerick VEC Post Primary Schools. It is anticipated the results of this evaluation will be available in 2008. Elsewhere, Teagasc in Galway has allocated funding through its Walsh Fellowships Scheme for a three-year PhD study to examine the issue of rural men and suicide. The NOSP is represented on an advisory group for this project.



## 4. Partnership development and capacity building

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### Training and Education

Training forms a significant part of the *Reach Out* strategy with a total of 24 actions relating to training and education. A national training and development officer was appointed to the NOSP to oversee the implementation of the recommendations in *Reach Out* which pertain to training and education. In addition to this post, three regional training and development officers were appointed. The training officers are currently based in HSE West, Dublin North East and Dublin Mid Leinster. Two training and development officers were in post within the HSE South prior to 2007. Their role is the implementation of training and education actions from *Reach Out* across a variety of population sub groups and settings. The appointment of the training and development officers led to the establishment of a national trainer's network in September 2007. Through this network, training actions from *Reach Out* have begun to be delivered on a more standardised and consistent basis. In late 2007, initial work of the group has focused on standardising community gatekeeper awareness training and the development of a national training resource on mental health promotion.

In 2007, the NOSP completed a scoping exercise with the aim of collating detailed information on training currently being delivered in the field of suicide prevention. The key objectives of the review were to identify current gaps in training provision within the area and models of best practice or evidence based work. The results of the exercise were fed into a national training strategy. The strategy proposes a structure for the delivery of actions pertaining to training. The final strategy is to be published in 2008. The draft NOSP research strategy also highlights the training priorities and standards of best practice required to continue the implementation of the *Reach Out* strategy.

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### Current national training programmes

#### **ASIST/SafeTALK**

ASIST and SafeTALK are the two national training programmes coordinated by the NOSP. In 2007, 143 ASIST workshops were completed. In addition a national train the trainers programme was held with an additional 22 people trained as ASIST trainers and nine ASIST trainers became SafeTALK trainers.

By the end of 2007, there were 80 active trainers from across 13 coordinating sites. Over 8,300 people have received the two day ASIST programme.

In addition, there are six experienced ASIST trainers who have become ASIST consultant trainers. Their role is to support new and existing trainers. As of the end of 2007, there are two Irish training coaches who have been trained by LivingWorks in Canada, to deliver the ASIST train the trainer programme in the future.

The NOSP coordinated an all island meeting of all ASIST trainers in Athlone in June 2007. The aim of this event was to share the wider work being undertaken in response to *Reach Out* and to help trainers to further develop and consolidate their skills in delivering ASIST. In September, LivingWorks Canada hosted an International meeting of countries in Europe coordinating ASIST, to examine the feasibility of Ireland becoming an independent coordinating site in the future.

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### 2007 NOSP Annual Forum

The second annual forum of the National Office for Suicide Prevention was held on March 22nd, 2007. Approximately 130 people attended from a range of professions working in the voluntary and statutory services.

Various aspects of the event attracted delegates, such as the speakers, the topics and the opportunities for professional development. The opportunity to network was the second most frequently listed reason for attending. This is a clear indication that individuals working in suicide prevention are keen to make contact with others working in the same area, and learn about what other work is happening across the country. Events such as this forum appear to play a significant role in facilitating the dissemination of key information and the networking of those working in the area of suicide prevention.

Over 50 separate organisations took part in a round table consultation. The aim of the consultation was to determine how stakeholders of *Reach Out* undertook to implement actions on suicide prevention in the previous twelve months, with a view to identifying mechanisms which they felt support and hinder their work in implementing the strategy. In addition, the views of stakeholders were sought on priorities for action for NOSP for 2008.

The results of the consultation provide an in-depth overview of work being undertaken by key stakeholders in the area of suicide prevention. The consultation highlights a dearth of work undertaken among young men, the unemployed and individuals who have a history of problematic substance use.

Improved allocation of resources, service delivery, strategic planning and greater collaboration and coordination were identified by participants as ways in which *Reach Out* has supported their organisations work on suicide prevention.



Participants identified poor community mobilisation on suicide prevention, lack of evidence base and societal attitudes to mental health as barriers to suicide prevention initiatives at a regional level. Participants felt that it was necessary for the NOSP to work in partnership with relevant bodies to coordinate uniform approaches to treatment of, prevention and education on deliberate self harm.

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### International Association for Suicide Prevention (IASP), XXIV World Congress, Killarney, Ireland 2007

The Irish Association of Suicidology hosted the XXIV Biennial Conference of the IASP in Killarney from 28th August to 1st September 2007.

The title of the conference 'Preventing Suicide Across the Lifespan: Dreams and Realities' was intended to capture the complexity of the multifaceted phenomenon that is suicide and the fact that every country and society in the world is faced with this tragic problem.

The conference attracted a great deal of Irish and international interest. Over 800 delegates from 47 countries attended; a truly international gathering. The scientific committee received 560 submissions covering all aspects of suicide and suicide prevention giving rise to a very busy conference programme with a high scientific content. There were nine plenary sessions covering cultural and biological aspects of suicide, media and copy cat suicide, and the different pathways to suicide of people in all age groups.

There were two major pre-conference workshops one sponsored by RehabCare dealing with the important topic of suicide and the internet. The internet by and large is a force for good but there is a need to find ways of controlling and limiting the harm of the sinister sites and internet chat rooms that advocate suicide, a difficult and controversial issue. The second pre-conference workshop was a symposium on bereavement through suicide, dealing with the plight of survivors of suicide and the need for support groups for this much neglected group.

The Minister of State at the Department of Health and Children with responsibility for Mental Health, Dr. Jimmy Devins, T.D. formally opened the conference and subsequently attended many of the sessions. The highlight of the conference was the address delivered by President Mary McAleese. Her address captured very eloquently the spirit of the conference and its aims and objectives. She reminded us that all parts of society must work together to reduce suicide rates.



She highlighted the problem of alcohol and drug abuse, social exclusion and the plight of marginalised groups, for example, the lesbian, gay, bisexual and transgender communities and their high risk of suicidal behaviour.

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### Cross-border working

In response to the high number of suicides and self harm presentations in recent years in both Northern Ireland (NI) and the Republic of Ireland (ROI) jurisdictions have separately agreed national strategies for action.

*Reach Out- the National Strategy for Action on Suicide Prevention* (ROI) was launched in September 2005 ([www.nosp.ie](http://www.nosp.ie)). The strategy has 26 action areas and 96 Actions to be implemented during the period 2005-2014.

*Protect Life – A Shared Vision – The Northern Ireland Suicide Prevention Strategy and Action Plan* was launched in October 2006 ([www.dhsspsni](http://www.dhsspsni)). The strategy has 18 action areas and 62 Actions to be implemented during the period 2006-2011.

A 10 point All Island Action Plan on Suicide Prevention has been developed. The plan consists of a number of actions which are considered to have the potential to enhance the lives of those people in crisis across the island of Ireland:

- Training and Education;
- Resource Officer (ROI)/Coordinator (NI) meetings;
- Media monitoring;
- Men's Health;
- Registry of self harm;
- Data collection arrangements;
- Public awareness campaign;
- Cooperation and Working Together (CAWT);
- Membership of respective implementation groups;
- XXIV Biennial Congress of the International Association for Suicide Prevention.

## 5. 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. Up to the end of 2006, deaths were coded according to the ninth revision of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD 9). Since January 1st 2007, all registered deaths have been classified according to the tenth revision of the ICD. This classification system continues to distinguish external causes of death and natural causes of death. External causes include accidents, homicides, suicides and external deaths due to undetermined cause.

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. For a detailed account of the procedure for classifying cause of death in Ireland see *Inquested deaths in Ireland: A study of routine data and recording procedures*.

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

The CSO makes two mortality data sets available:

- by 'year of occurrence' and;
- by 'year of registration' (or provisional data).

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.

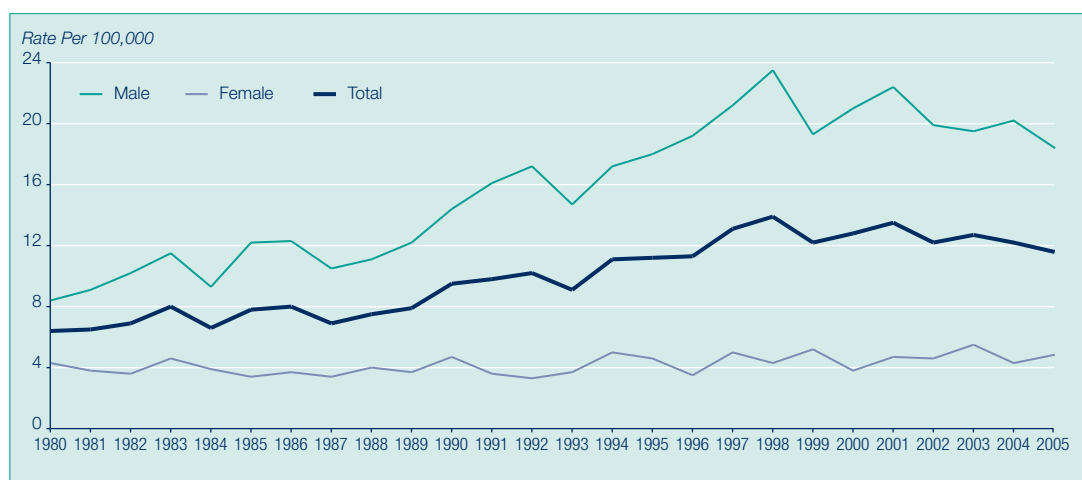
The data presented below in Tables one, two and three include completed data by year of occurrence and also data by year of registration, which, it should be underlined, remain provisional. It should also, therefore, be underlined that these data are not comparable, i.e. 2006 and 2007 data are not comparable with the data for preceding years.

The data plotted in Figures three, and the data presented in Tables four and five are based on the five-year averages from 2001 to 2005, the most recent years for which completed data are available. Rates and percentages are presented in these figures and tables, rather than numbers, allowing for more meaningful comparisons across age groups.

### Suicide rate trends by gender

Figure two below shows that suicide rates increased steadily from a relatively low base rate in the early 1980s to an unacceptable high in the late 1990s, peaking in 1998. While it would seem that there is a levelling off of our suicide rate, it is too early to say that this represents a definite trend. The ratio of male to female suicide rates is apparent in Figure two, standing at around four to one.

**Figure 2. Suicide rate per 100,000 population by gender, 1980 to 2005**

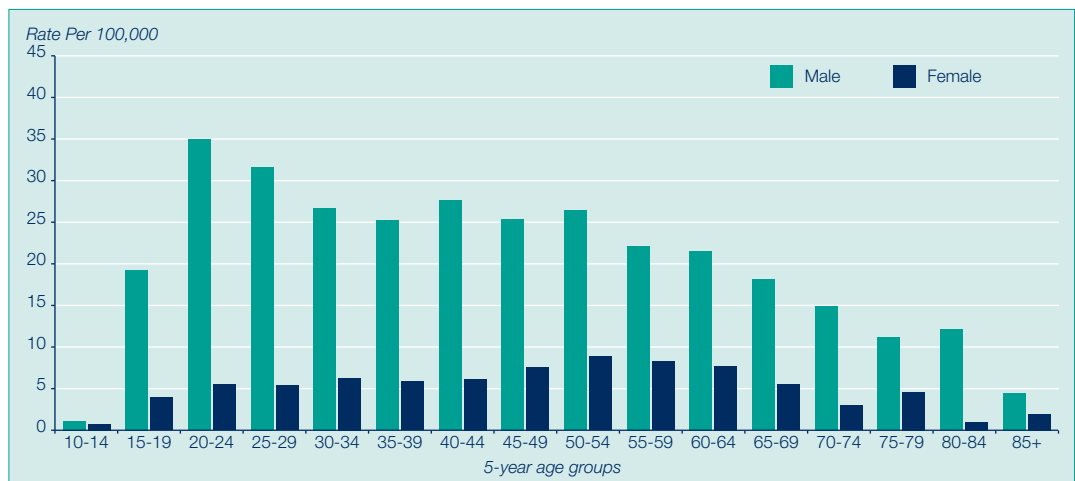


**Age pattern of suicide rates**

In most countries and throughout history the frequency of suicide increased with older age – suicide in the past was more common among older people. Now, however, the frequency of suicide is

highest among men in their 20s. This age pattern, as shown in Figure three, further highlights the seriousness of the suicide problem from a public health point of view, especially when years of potential life lost\* are considered. The data plotted in Figure three are detailed in Table four.

**Figure 3. Average annual suicide rate per 100,000 by gender and by 5-year age groups (2001-2005)**



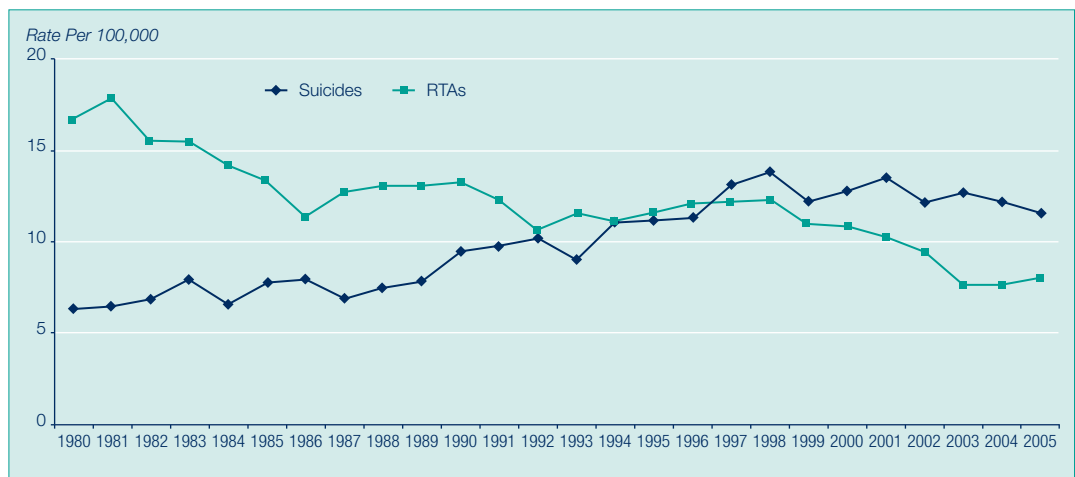
\* Years of potential life lost is a health economics term used to describe the extent of premature mortality associated with different causes of death based on the age pattern of death.

**Suicide and road traffic accident fatality rates**

Suicide and road traffic accident (RTA) deaths are two of the biggest causes of premature death in modern Ireland. Both causes of death are particularly

hard to come to terms with because of the awful sense that more can be done nationally to prevent them. Figure four shows that the rate of suicide deaths in Ireland has exceeded that of RTA fatalities every year since 1997.

**Figure 4. Suicide rates compared with road traffic accident fatality rates, 1980-2005**



## 5. Current Mortality and Self-Harm Data

**Table 1. Population rate of suicide and other causes of death**

Suicide, undetermined death, death by external cause, death by all causes, 2001-2005, per 100,000 total population

| Year  | Suicide |      | Undetermined |      | Death by external causes (ICD9: E800-E999) |      | All deaths |       |
|---|---------|------|--------------|------|--|------|------------|-------|
|   | NUMBER  | RATE | NUMBER       | RATE | NUMBER                                     | RATE | NUMBER     | RATE  |
| 2001  | 519     | 13.5 | 78           | 2.0  | 1832                                       | 47.7 | 29812      | 776.6 |
| 2002  | 478     | 12.2 | 88           | 2.2  | 1768                                       | 45.1 | 29683      | 757.8 |
| 2003  | 497     | 12.5 | 87           | 2.2  | 1601                                       | 40.2 | 28823      | 724.4 |
| 2004  | 493     | 12.2 | 81           | 2.0  | 1594                                       | 39.4 | 28665      | 708.9 |
| 2005  | 481     | 11.6 | 134          | 3.2  | 1745                                       | 42.2 | 28260      | 683.6 |
| <b>Provisional death data by year of registration</b> |         |      |              |      |  |      |            |       |
| 2006  | 409     | 9.6  | 66           | 1.6  | 1439                                       | 33.9 | 27479      | 648.1 |
| 2007  | 460     | 10.6 | 119          | 2.7  | 1676                                       | 38.6 | 28050      | 646.5 |

Points of note:

- The 2005 suicide rate of 11.6 per 100,000 is the lowest reported in recent years.
- The rate of death by undetermined cause of 3.2 per 100,000 is the highest reported in recent years.
- Suicide accounts for nearly one third (29%) of all deaths due to external causes. Deaths due to external causes are suicides, homicides, accidents and deaths by undetermined cause.
- Suicide now accounts for 1.7% of all deaths in Ireland each year (compared with 0.8% of all deaths in the early 1980s - 1980-1984 data).

**Table 2. Male rate of suicide and other causes of death**

Suicide, undetermined death, death by external cause, death by all causes, 2001-2005, per 100,000 population for males

| Year  | Suicide |      | Undetermined |      | Death by external causes (ICD9: E800-E999) |      | All deaths |       |
|---|---------|------|--------------|------|--|------|------------|-------|
|   | NUMBER  | RATE | NUMBER       | RATE | NUMBER                                     | RATE | NUMBER     | RATE  |
| 2001  | 429     | 22.5 | 58           | 3.0  | 1330                                       | 69.7 | 15691      | 822.6 |
| 2002  | 387     | 19.9 | 67           | 3.4  | 1248                                       | 64.1 | 15390      | 790.8 |
| 2003  | 386     | 19.5 | 59           | 3.0  | 1108                                       | 56.0 | 14735      | 745.2 |
| 2004  | 406     | 20.2 | 60           | 3.0  | 1127                                       | 56.0 | 14801      | 735.9 |
| 2005  | 382     | 18.5 | 93           | 4.5  | 1239                                       | 60.1 | 14412      | 699.0 |
| <b>Provisional death data by year of registration</b> |         |      |              |      |  |      |            |       |
| 2006  | 318     | 15   | 47           | 2.2  | 1011                                       | 47.7 | 14111      | 665.3 |
| 2007  | 378     | 17.4 | 88           | 4.1  | 1193                                       | 54.9 | 14299      | 658.6 |

Points of note:

- The male suicide rate reported for 2005 – 18.5 per 100,000 - is the lowest reported in recent years.
- Suicide accounts for 2.7% of all male deaths in Ireland each year, or, put differently, 1 in 37 male deaths each year is by suicide.

**Table 3. Female rate of suicide and other causes of death**

Suicide, undetermined death, death by external cause, death by all causes, 2001-2005, per 100,000 population for females

| Year  | Suicide |      | Undetermined |      | Death by external causes (ICD9: E800-E999) |      | All deaths |       |
|---|---------|------|--------------|------|--|------|------------|-------|
|   | NUMBER  | RATE | NUMBER       | RATE | NUMBER                                     | RATE | NUMBER     | RATE  |
| 2001  | 90      | 4.7  | 20           | 1.0  | 502  | 26.0 | 14521      | 751.8 |
| 2002  | 91      | 4.6  | 21           | 1.1  | 520  | 26.4 | 14293      | 725.2 |
| 2003  | 111     | 5.5  | 28           | 1.4  | 493  | 24.6 | 14088      | 703.8 |
| 2004  | 87      | 4.3  | 21           | 1.0  | 467  | 23.0 | 13864      | 682.1 |
| 2005  | 99      | 4.8  | 41           | 2.0  | 506  | 24.4 | 13848      | 668.3 |
| <b>Provisional death data by year of registration</b> |         |      |              |      |  |      |            |       |
| 2006  | 91      | 4.3  | 19           | 0.9  | 428  | 20.2 | 13368      | 631.0 |
| 2007  | 82      | 3.8  | 31           | 1.4  | 483  | 22.3 | 13751      | 634.3 |

Points of note:

- The female suicide rate has remained fairly stable in recent years, accounting for an average of less than 1% of all female deaths (0.7%).
- The female suicide rate is around one quarter of the male rate giving an Irish suicide gender ratio of four male suicides to every one female suicide.

**Table 4. Average annual suicide rate by age and gender 2001 – 2005**

| Age Group | Persons | Males | Females |
|-----------|---------|-------|---------|
| 0-4       | 0.0     | 0.0   | 0.0     |
| 5-9       | 0.0     | 0.0   | 0.0     |
| 10-14     | 0.9     | 1.1   | 0.7     |
| 15-19     | 11.8    | 19.3  | 4.0     |
| 20-24     | 20.3    | 34.9  | 5.5     |
| 25-29     | 18.6    | 31.7  | 5.4     |
| 30-34     | 16.7    | 26.7  | 6.3     |
| 35-39     | 15.7    | 25.2  | 5.8     |
| 40-44     | 17.0    | 27.6  | 6.2     |
| 45-49     | 16.5    | 25.4  | 7.6     |
| 50-54     | 17.8    | 26.4  | 8.9     |
| 55-59     | 15.5    | 22.1  | 8.3     |
| 60-64     | 15.1    | 21.5  | 7.8     |
| 65-69     | 11.7    | 18.1  | 5.5     |
| 70-74     | 8.6     | 15.1  | 3.0     |
| 75-79     | 7.3     | 11.1  | 4.6     |
| 80-84     | 5.3     | 12.2  | 1.1     |
| 85+       | 2.8     | 4.5   | 2.0     |
| Total     | 12.4    | 20.1  | 4.8     |

Points of note:

- The frequency of suicide increases significantly from the middle teenage years.
- The highest rates overall are reported for those aged between 20 and 24 years.
- For males, the highest rates are, likewise, among those aged between 20 and 24 years.
- Females in their early 50s account for the highest female rates.

## 5. Current Mortality and Self-Harm Data

**Table 5. Method of suicide by age and gender, 2001-2005**

| AGE GROUP      | POISONING | HANGING | DROWNING | FIREARMS | OTHER | TOTAL |
|----------------|-----------|---------|----------|----------|-------|-------|
|                | %         | %       | %        | %        | %     |       |
| <b>Persons</b> |           |         |          |          |       |       |
| Under 15 yrs   | 23        | 77      | 0        | 0        | 0     | 100   |
| 15-24 yrs      | 10        | 70      | 8        | 8        | 5     | 100   |
| 25-44 yrs      | 15        | 57      | 15       | 6        | 6     | 100   |
| 45-64 yrs      | 15        | 45      | 26       | 6        | 7     | 100   |
| Over 64 yrs    | 16        | 42      | 30       | 6        | 7     | 100   |
| Total          | 14        | 55      | 18       | 7        | 6     | 100   |
| <b>Males</b>   |           |         |          |          |       |       |
| Under 15 yrs   | 13        | 88      | 0        | 0        | 0     | 100   |
| 15-24 yrs      | 7         | 72      | 8        | 9        | 5     | 100   |
| 25-44 yrs      | 13        | 62      | 13       | 7        | 5     | 100   |
| 45-64 yrs      | 13        | 50      | 23       | 8        | 6     | 100   |
| Over 64 yrs    | 11        | 47      | 28       | 8        | 7     | 100   |
| Total          | 11        | 60      | 16       | 8        | 5     | 100   |
| <b>Females</b> |           |         |          |          |       |       |
| Under 15 yrs   | 40        | 60      | 0        | 0        | 0     | 100   |
| 15-24 yrs      | 28        | 57      | 9        | 4        | 3     | 100   |
| 25-44 yrs      | 32        | 37      | 25       | 4        | 2     | 100   |
| 45-64 yrs      | 24        | 28      | 38       | 1        | 9     | 100   |
| Over 64 yrs    | 31        | 27      | 36       | 0        | 7     | 100   |
| Total          | 27        | 35      | 27       | 2        | 8     | 100   |

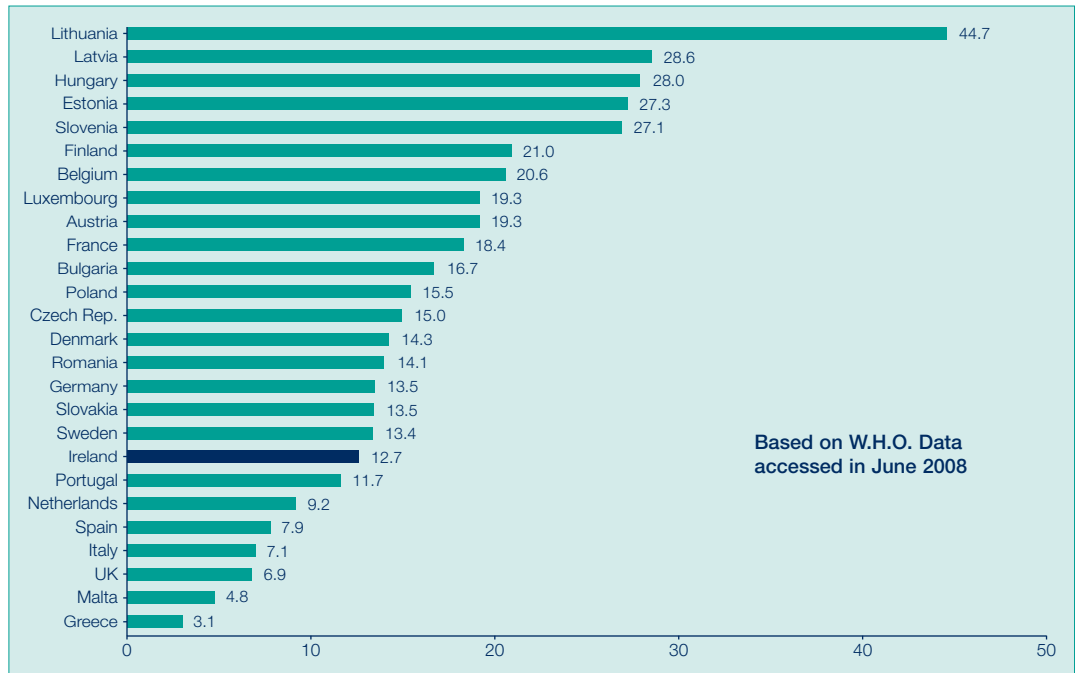
*Points of note:*

- Hanging is the most common method of suicide in Ireland, accounting for over half (55%) of all Irish suicide deaths.
- Hanging is more common among younger suicides.
- Drowning accounts for nearly one in five suicides and is more common among older suicides.
- Male patterns of death by suicide follow the overall national pattern in terms of the most common methods - hanging accounting for 60% of all male suicides.
- While hanging is the most common method of suicide among females (35%), poisoning (27%) and drowning (27%) combined account for half of all female suicides.
- The relatively high frequency of suicide methods which are difficult to restrict access to (i.e. hanging and drowning) presents a significant challenge to suicide prevention efforts in Ireland.

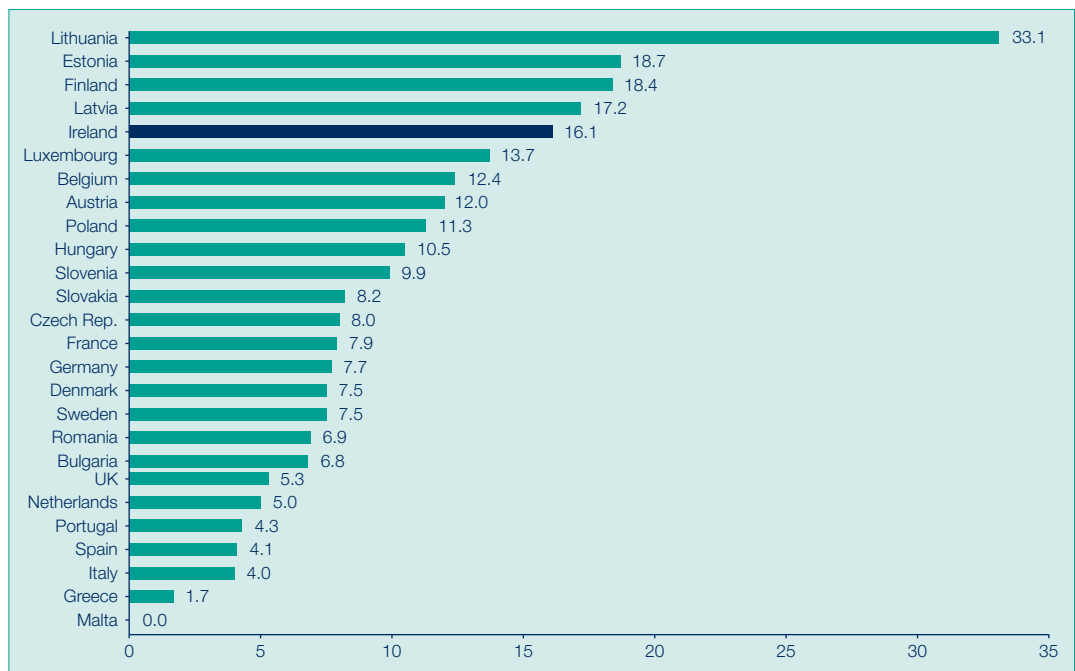


## International mortality data

**Figure 5. EU total population suicide rates per 100,000**



**Figure 6. EU Youth suicide rate per 100,000 population, 15-24 year olds**



## 5. Current Mortality and Self-Harm Data

### 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

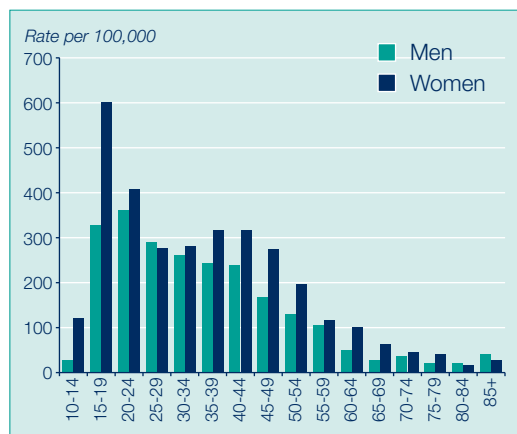
In 2006, deliberate self harm data was collected from each HSE region in the Republic of Ireland (pop: 4,239,848). In 2006, deliberate self harm data was collected for the full calendar for all 40 hospitals in the country with an emergency department. Thus, 2006 is the first year that the Registry has achieved complete national coverage of hospital emergency departments.

#### Current deliberate self harm data

Based on the complete national coverage achieved in 2006, approximately 8,200 individuals made a total of 10,900 presentations to hospital due to deliberate self harm nationally. While the number of presentations was almost the same as in 2005, the number of individuals involved was lower than the 2005 figure of 8,600. The age-standardised rate of individuals presenting to hospital following deliberate self harm in 2006 was 185 per 100,000, a 7% decrease on the rate of 198 per 100,000 in 2005. This follows successive decreases of 4% and 2% from 2003 to 2004 and 2004 to 2005. The 2006 rate of 185 per 100,000 represents the lowest rate recorded by the Registry since it achieved near national coverage in 2002. 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.

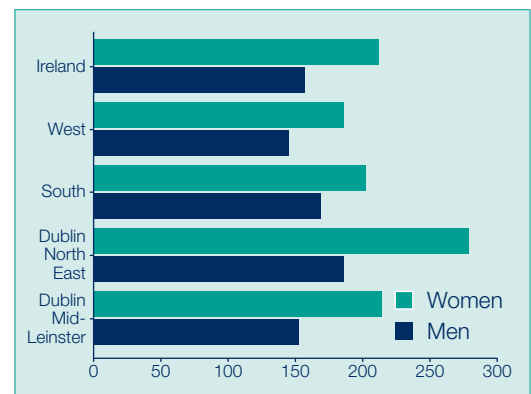
The national male and female rates of deliberate self harm in 2006 were 157 and 213 per 100,000, respectively. The female rate was therefore 36% higher than the male rate in 2006, a similar gender difference to that observed in previous years. Consistent with the findings in previous years, deliberate self harm was largely confined to the younger age groups. Almost half of all presentations (48%) were by people under 30 years of age and 88% were by people aged less than 50 years. The peak rate for women in 2006 (as in previous years) was in the 15-19 years age group, at 605 per 100,000. Thus, one in every 165 Irish adolescent girls was treated in hospital in 2006 as a result of deliberate self harm. Among men, those in the 20-24 years age group were at highest risk, with a rate of 363 per 100,000. Figure seven presents the person-based rate of deliberate self harm by age and gender per 100,000 population.

**Figure 7. 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, 18% and 31% higher than the national rate for men and women, respectively. The HSE West Region had the lowest rate, 8% lower than the national rate for men and 13% lower for women (see Figure eight). 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.

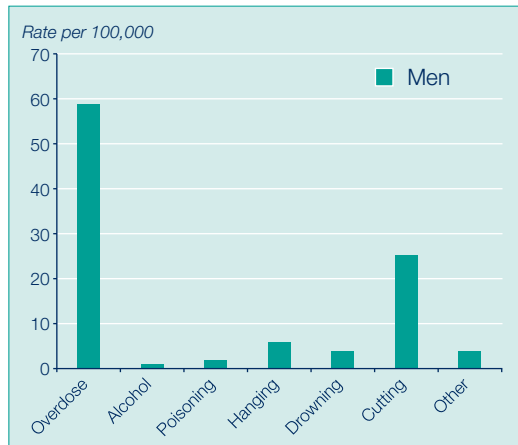
**Figure 8. Deliberate self harm EASR per 100,000 by HSE Area and gender**



Drug overdose was the commonest method of self harm, involved in 74% of all acts registered in 2006. This was more striking in women (81%) than in men (66%). Self-cutting was the second commonest method of self harm, used in one in five cases (22%) and significantly more often by men (26%) than by women (18%) (see Figures nine and ten 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 2006 and this was more often the case for men (44%) 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.

5. Current Mortality and Self-Harm Data

**Figure 9. Method of self harm for males**

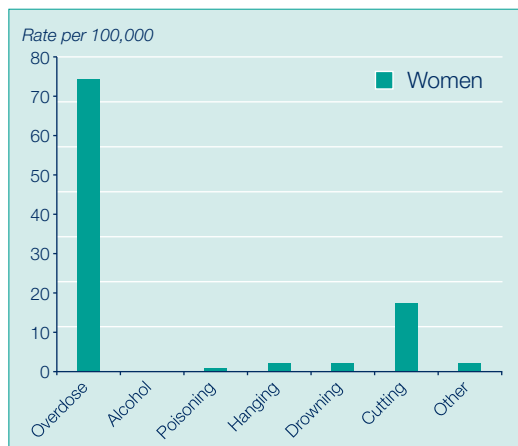


attempted drownings) were not admitted following emergency treatment. Approximately 11% of drug overdose cases were referred for psychiatric inpatient care from A and E and a further 41% for general hospital inpatient care. Of those presenting with self-cutting, 15% were referred for psychiatric inpatient care and a further 17% were referred for general hospital inpatient care.

The next care recommended to deliberate self harm patients varied significantly by HSE hospital group. Only 9% were admitted to a general hospital ward following presentation to A and E in the HSE Dublin North East Hospitals Group. The admission rate was 21% for the Dublin South Hospitals Group and ranged from 34% to 71% elsewhere. Direct psychiatric admission and discharge from A and E ranged from 6% to 21% and 15% to 63%, respectively. These findings highlight the variation in the assessment and management of deliberate self harm patients in the Republic of Ireland.

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**Figure 10. Method of self harm for females**



Of all deliberate self harm cases, 13% were admitted for psychiatric inpatient treatment from the A and E department, a further 35% of presentations resulted in admission to a ward of the treating hospital, 2% refused to be admitted, 13% left before next care could be recommended and 38% were discharged following emergency treatment. Thus, the A and E department was the only treatment setting for half of all deliberate self harm patients. As one would expect, admission to psychiatric inpatient care directly from the A and E department was most common for cases involving the highly lethal methods of attempted hanging (34%) and attempted drowning (28%). However, a significant minority of such cases (31% of attempted hangings and 34%

## 6. 2007 and 2008 Development Plans

### 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 & 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 (*Reach Out Action 10*)

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 (*Reach Out – various recommendations/actions*)

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 five 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*).

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#### 3. Deliberate self harm services (*Reach Out Area 12*)

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

Specialist A and 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 support services (*Reach Out Action 23*)

The review of bereavement support 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 & Lesbian Youth (*Reach Out Action 15*)

*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 BeLonG To, 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 (Joint Committee Action 31/33)

NOSP will establish appropriate evidence based advice regarding help lines, working in schools and bereavement support 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.

## 6. 2007 and 2008 Development Plan

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### 7. Working with the Coroners Service (*Reach Out Area 24*)

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* (*Reach Out Action 26*)

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. IASP Conference (*Reach Out Action 26*)

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 (*Reach Out Area 7*)

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.

## 2008 Development Plan

The plan for 2008 is based on maintaining our existing commitments from previous years and implementing new actions within the resources available to the office.

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### 1. Mental Health Awareness Campaign (*Reach Out Action 10*)

Building on the initial campaign, launched in 2007, further broadcasting of the television and radio advertisements will take place. Targeted initiatives will be undertaken where resources permit. The NOSP will continue to work with other agencies including Console, Spunout and the National Disability Authority and within the HSE to ensure a coordinated and cost effective approach to our collective mental health awareness/anti stigma work. A detailed plan for 2008 will be developed.

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### 2. Deliberate Self Harm/A and E liaison nurses (*Reach Out Action 12*)

The NOSP has set a target of ensuring that each hospital A and E department has access to a specialist nurse able to respond to self harm presentations and provide early follow up, assessment and referral.

Funding has been provided in previous years to enable all but two A and E departments to have such a service. In 2008 the office will ensure these services are in place and negotiate for the two remaining services to be developed.

Additionally the office will fund a major conference during the year on deliberate self harm. This conference will aim to coordinate the activities of all the key stakeholders from within the HSE and from the voluntary sector and to bring together best practice and the Irish evidence base for our response to self harm.

It is proposed to fund a second primary care self harm referral project in Wexford. This project will be established in partnership with the Cluain Mhuire service in South Dublin and allow for the pilot assessment of two projects one in a rural and one in an urban setting. A detailed plan for 2008 will be developed.



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### **3. Remaining Actions from *Reach Out* – Phase 1**

*Reach Out* set 3 Phases of actions – Phase 1 being the early years of the strategy. In 2008 the office will agree the specification for commissioning an evaluation of the first 2 years work of the office. Additionally, Phase 1 actions not yet undertaken will be examined to establish if any can be implemented within the resources available.

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### **4. Suicide Prevention Research Strategy (*Reach Out* Action 26)**

The office has developed a research strategy for suicide prevention which will guide our future investment in research and advise others such as the Health Research Board and the DOH&C of the priority areas for research.

Funding will be made available in 2008 to support the continued work of the National Suicide Research Foundation in Cork and also to begin to fund the recommendations of research commissioned by the office in previous years e.g. bereavement review, improved data collection (Coroners service).

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### **5. Training and Education (*Reach Out* – various actions)**

A national training and development strategy for suicide prevention will be published in 2008. This strategy will set out a programme for training and education for individuals, communities and professional bodies. In 2008 implementation of the programme will begin with various targeted initiatives. The current ASIST programme will continue to be supported. A detailed plan for 2008 will be developed.

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### **6. Support for national initiatives through voluntary/community organisations (*Reach Out* – Area 7)**

Substantial work has already been undertaken by voluntary/community groups in suicide prevention. It is critical that this work is continued, supported and developed. Local groups can access funding from the local HSE, Lottery funds, Dormant Accounts funding via Pobal or ESB Electric Aid. At national level the NOSP will consider funding the implementation of national projects or the roll out of evidence based local projects which have a national relevance.

There are many groups operating on limited resources through fundraising or grants. Such services need to be considered for long term mainstream funding. Additionally projects funded by Dormant Accounts in 2006 will, after two years, be seeking HSE funding.

Given the limited additional resources available in 2008 the office will consider funding developments with a number of voluntary organisations we are already working with e.g. Teen-Line, Living Links, Pieta House.

## 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 Dept. of Health and Children.

A national strategy for action on suicide prevention which 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 outlook on life (2004).**

MWHB/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.

A comprehensive, evidence- based suicide prevention strategy for England which 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.

[www.wexfordcdb.ie/downloads/SupportingOneAnother.pdf](http://www.wexfordcdb.ie/downloads/SupportingOneAnother.pdf)

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

Schizophrenia Ireland and Barbados' National Children's Resource Centre.

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

[http://www.sirl.ie/other/repository\\_docs/8.pdf](http://www.sirl.ie/other/repository_docs/8.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.

[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 Uachtaráin, March 2nd, 2005.

[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 Education Psychological Service,  
Department of Education and Science

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

- **The Mental Health Initiative: a resource manual for mental health promotion and suicide 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.

[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)

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

Trinity College Dublin and the Northern Area Health Board.

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.

- **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 most 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.

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

Mid- Western Health Board.

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.

[www.into.ie/ROI/Downloads/Publications/Other/filedownload,968,en.pdf](http://www.into.ie/ROI/Downloads/Publications/Other/filedownload,968,en.pdf)

Appendix 1 – Suicide Prevention Resource Information

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

*HSE North West*

RESTORE is a service provided by the NWHB 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 NWHB 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 along with guidelines for 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.

- **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

[www.nehb.ie/nehb/publications/reports/bullying.pdf](http://www.nehb.ie/nehb/publications/reports/bullying.pdf)

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

*Dept. of Health and Children, 2005.*

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

[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.

[www.nsrif.ie/reports/CurrentStudies/YoungPeoplesMentalHealthReport.pdf](http://www.nsrif.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 South Eastern Health Board.*

A comprehensive publication which provides information on suicide and para-suicide 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 South Eastern Health Board.*

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).**

*Mid-Western Health Board.*

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.

[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.

[www.youthhealth.ie/uploads/media/good-habits-of-mind.pdf](http://www.youthhealth.ie/uploads/media/good-habits-of-mind.pdf)

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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)

## Bereavement Support

- **You Are Not Alone: Help and Advice on Coping with the Death of Someone Close (2007).**

*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.

[www.nosp.ie/ufiles/news0004/info-booklet-you-are-not-alone.pdf](http://www.nosp.ie/ufiles/news0004/info-booklet-you-are-not-alone.pdf)

- **You Are Not Alone- Directory of Bereavement Support Services (2007).**

*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.

[www.nosp.ie/ufiles/news0004/directory-you-are-not-alone.pdf](http://www.nosp.ie/ufiles/news0004/directory-you-are-not-alone.pdf)

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## World Health Organisation on-line publications

All 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 counselors'**
- **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. Publishes articles on crisis intervention and Suicidology from around the world.

Published quarterly.

[www.hogrefe.co.uk/journals](http://www.hogrefe.co.uk/journals)

- **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.

[www.guilford.com/cgi-bin/cartscript.cgi?page=pr/jnsl.htm&dir=periodicals/per\\_psych&cart\\_id=](http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/jnsl.htm&dir=periodicals/per_psych&cart_id=)

- **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.

<http://group.bmj.com/products/journals/>

Appendix 1 – **Suicide Prevention Resource Information**

• **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.

<http://bjp.rcpsych.org/>

• **American Journal of Psychiatry**

*Editor-in-Chief: Nancy C. Andreasen*

Peer-reviewed articles focus on developments in biological psychiatry as well as on treatment innovations and forensic, ethical, economic, and social topics.

Published monthly.

<http://ajp.psychiatryonline.org/>

• **Irish Journal of Psychological Medicine**

Ireland's only peer-reviewed clinical psychiatry journal supporting original Irish psychiatric and psychological research.

Published quarterly.

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

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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)

National Suicide Research Foundation

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

Central Statistics Office, Ireland

[www.survivingsuicide.com](http://www.survivingsuicide.com)

Irish website aimed at the bereaved

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

National Suicide Bereavement Support Network

[www.tcd.ie/Student\\_Counselling.ie](http://www.tcd.ie/Student_Counselling.ie)

Trinity College mental health initiative

[www.3ts.ie](http://www.3ts.ie)

Turning the Tide of Suicide

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

ChildLine Online Support

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

Drugs Awareness Programme

[www.irishadvocacynetwork.com](http://www.irishadvocacynetwork.com)

Irish Advocacy Network

**International**

[www.curriculum.edu.au/mindmatters](http://www.curriculum.edu.au/mindmatters)

Mental Health Promotion for Secondary Schools

<http://cebmh.warne.ox.ac.uk/csr/>

Oxford Centre for Suicide Research

[www.wfmh.com](http://www.wfmh.com)

World Federation of mental Health

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

American Foundation of Mental Health

[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 Ageing

[www.uke.uni-hamburg.de/ens](http://www.uke.uni-hamburg.de/ens)

European Network for Suicidology

<http://www.who.int/whosis/whostat/en/>

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 prevention)

[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 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)

#### **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)

#### **Console**

All Hallows College, Gracepark Road,  
Drumcondra, Dublin 9.  
Phone: 056 7761624  
Info line: 1890 474 474  
E-mail: [info@grow.ie](mailto:info@grow.ie)  
Websites: [www.console.ie](http://www.console.ie)

#### **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)

#### **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)

#### **Samaritans (Ireland)**

4-5 Usher's Court, Usher's Quay, Dublin 8.  
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)

#### **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)

#### **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)

#### **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)

#### **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)

#### **Senior Help Line**

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

#### **Spunout**

4th Floor, The Halls, Quay St, Galway City  
Telephone: 091 533693  
Email: [info@spunout.ie](mailto:info@spunout.ie)  
Website: [www.spunout.ie](http://www.spunout.ie)

## Appendix 2 – Key Contacts

### **GLEN**

Tower 1, Fumbally Court,  
Fumbally Lane, Dublin 8  
Telephone: 01 4730563  
Email: [admin@glen.ie](mailto:admin@glen.ie)  
Website: [www.glen.ie](http://www.glen.ie)

### **BeLonG To**

105 Capel Street, Dublin 1  
Telephone: 01 8734184  
Email: [info@belongto.org](mailto:info@belongto.org)  
Website: [www.belongto.org](http://www.belongto.org)

### **Young Social Innovators**

3 Dawson Street, Dublin 2  
Telephone: 01 6458030  
Email: [info@youngsocialinnovators.ie](mailto:info@youngsocialinnovators.ie)  
Website: [www.youngsocialinnovators.ie](http://www.youngsocialinnovators.ie)

### **Crosscare**

The Red House, Clonliffe College, Dublin 3  
Telephone: 01 836 0011  
Email: [info@crosscare.ie](mailto:info@crosscare.ie)  
Website: [www.crosscare.ie](http://www.crosscare.ie)

### **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**

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)

## Suicide Prevention Resource Officers

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### **HSE Dublin Mid-Leinster**

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@hse.ie](mailto:ritam.kelly@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.lennonally@hse.ie](mailto:caroline.lennonally@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@hse.ie](mailto:brenda.crowley@hse.ie)

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## 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

### Functions of National Office for Suicide Prevention:

- Oversee the implementation of 'Reach Out' the National Strategy for Action on Suicide Prevention
- Commission appropriate research into suicide prevention
- Coordinate suicide prevention efforts around the country
- Consult widely and regularly with organisations and interested parties

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### NOSP Team

#### **Mr. 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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#### **Mr. 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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#### **Ms. Susan Kenny**

Susan Kenny has been training and development officer with the National Office for Suicide Prevention since 2007. Susan is responsible for the development, coordination and evaluation of national training programmes as set out in the *Reach Out* strategy. She is also charged within NOSP with coordinating work on a national basis on suicide prevention and mental health promotion within the school setting. Susan is a member of the HSE national Alcohol implementation committee. Prior to joining the NOSP, Susan worked within clinical and health promotion services in the HSE.

Susan completed her M.Sc. in Community Health from TCD in 2001 and has a B.BS in Healthcare management.

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#### **Mr. 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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***Ms. 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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***Ms. 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

### 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 per annum. 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

### Actions Areas – Progress Report

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#### 1. Training and Education

The action plan set out two opportunities in this area

- a common basic awareness training programme on suicide prevention which could be offered to communities, north and south. The basic awareness pack has been developed and will be available in early 2008 for Resource Officers (ROI) and Coordinators (NI).
- Applied Suicide Intervention Skills Training (ASIST) is used in both jurisdictions. There are opportunities to work together, share trainers experiences and jointly evaluate the programme. Two cross border trainers meetings have been held and a common evaluation tool is being developed. At the end of 2007 the ROI had 100 ASIST trainers and over 5000 people had been trained.
- The HPA and NOSP have both appointed training officers for mental health and suicide prevention to develop training plans for their respective jurisdictions. Both training officers have met to ensure synergy and cooperation relating to their respective plans.
- Discussions are ongoing regarding the introduction of SafeTalk, a shortened version of the 2 day ASIST programme. Mental Health First Aid, a broad based education programme on mental health has been piloted in NI and discussions are ongoing regarding the potential implications of the programme across the island.

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#### 2. Resource Officers (ROI)/Coordinators (NI) meetings

There is recognised value in these key suicide prevention staff meeting on a regular basis to share practices and programmes, information and support. As suicide prevention programmes have developed along with the respective national structures, much of this work has taken place on a one to one and email/teleconference basis. As such no formal meeting took place in 2007. Mechanisms for sharing and achieving greater cooperation and integration will be kept under review.

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#### 3. Media Monitoring

Headline was launched in the ROI in April 2007, and seeks to monitor and influence the media's coverage and portrayal of suicide and mental health. Headline also offers awareness training to journalists and student journalists and funds a SMedia award for responsible coverage of this area. Headline has its own website [www.headline.ie](http://www.headline.ie) on which can be found the relevant media guidelines used to monitor written, aural and visual media. Headline is managed by Schizophrenia Ireland, funded by the NOSP and supported by an alliance of voluntary organisations working in this area. Discussions are underway regarding the development of a similar organisation in NI which will allow for all Island monitoring of the portrayal of suicide and mental illness. Headline will produce its first annual report in 2008.

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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. The Men's Health Forum in Ireland provides one way of developing and implementing actions on an all island basis. A number of meetings have been held with the Forum and a proposal from them to fund programmes is currently being considered. It is important that we examine various ways of responding to the needs of men regarding self harm and suicide prevention, including the use of technology and online counselling.

Appendix 5 – All-Island Suicide Prevention Action Plan

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## 5. Registry of Self Harm

The National Registry of Self Harm was established in 2001 by the National Suicide Research Found (NSRF). The registry collects and analyses data from all hospital A&E departments in the ROI. An annual report is produced indicating aggregate data on age, gender, method and type of care received. Of particular interest is the level of repeat presentations as there is a strong relationship between repeated self harm and suicide. A pilot project is underway in the Western Health and Social Care Trust to examine the feasibility of rolling out the Registry data collection system to NI. If successful this will allow for the collection of all island data on self harm, which will be essential to plan and monitor service delivery in this area. Current registry data is available on [www.nsrfl.ie](http://www.nsrfl.ie)

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## 6. Suicide Data Collection arrangements

The implementation of both *Reach Out* and *Protect Life* requires that robust suicide data collection arrangements are in place. In the ROI research has been undertaken into the use of Form 104 which the Gardai use to collect additional data on untoward deaths, including suicides. This has been published by the NSRF on [www.nsrfl.ie](http://www.nsrfl.ie). Additionally in both jurisdictions discussions have been held with the respective Coroners service to establish if they can assist in developing improved data recording. There may then be an opportunity for collecting similar data on suicides from both the ROI and NI.

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## 7. Public Awareness Campaigns

Both strategies highlight the need to develop major public information campaigns which aim to promote positive mental health and change public attitudes to mental illness. Following discussions it was agreed to develop our respective campaigns North and South and share concepts and designs with a view to jointly reviewing and evaluating together the success of the first phase campaigns. Phase 1 TV and cinema advertisements have been developed and broadcast in NI from March 2007 [www.mindingyourhead.info](http://www.mindingyourhead.info). The TV advertisement was also shown on RTE in April 2007. Phase 2 of the campaign was led by the NOSP and the radio and TV advertisement was launched in October 2007 in both the ROI and NI [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie). The aim of the campaign is to positively influence public attitudes to mental health. Initial evaluation of both campaigns has shown some change in attitudes. However the campaign will need to be sustained and evaluated over time to ensure longer term impact. The next targeted phase of the campaign is being developed focussing on young men. Again concepts are being shared and it is hoped that single all island advertisement may be possible during 2008.

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## 8. Co-operation & Working Together (CAWT)

CAWT is a cross border group formed in 1992 to realise the full potential of cooperation in health and social care in the border health authorities. CAWT has been an essential partner in developing aspects of the all island suicide prevention work particularly with regard to the deliberate self harm pilot and the mental health first aid pilot.

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## 9. Implementation Groups

Both *Reach Out* and *Protect Life* have multi agency implementation bodies. In the ROI the NOSP has a National Advisory Group which meets four times per year and in NI the Suicide Strategy Implementation Body (SSIB) meets three times per year. The NOSP is represented on the latter and the DHSSPSNI sits on the National Advisory Group.

In addition invitations to, and participation in, key events and launches North and South are extended to staff in both jurisdictions. This provides for exchange of information and practice as well as opportunities for networking and keeping up to date with developments.

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

The above international congress was hosted by the Irish Association of Suicidology (IAS) in Killarney in August 2007. This was a major international event which attracted 800 delegates (500 were expected).

Both the DHSSPSNI and the NOSP were involved in the national steering group and provided core funding for the event. At the event there was a major symposium on Suicide Prevention, North and South, which provided the opportunity to showcase the work associated with both strategies. The presentations from other countries will assist in developing our own work in Ireland.

## Future Actions

The current all island plan will be revised and developed in early 2008. Additional areas for joint work will include

- Development of helplines and EU Directive on 116123 number;
- Positive and negative uses of the Internet;
- Mapping Voluntary organisations working on suicide prevention on an all island basis;
- Potential joint research;
- Joint abstracts to future conferences;
- Submissions to each jurisdictions government committees on suicide prevention;
- Joint development of self harm services;
- Joint factual documentary for television;
- European Alliance on Depression project;
- Mental Health First Aid Programme joint roll out;
- Disposal of unwanted medicines joint campaign;
- Joint action on ICT initiatives;
- Support all island service initiatives by voluntary organisations;

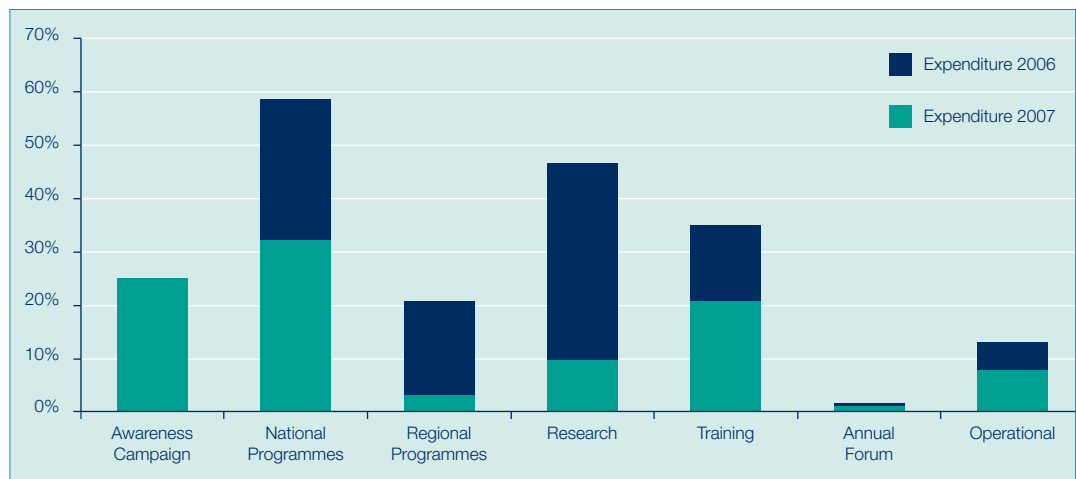
## Appendix 6 – 2006 NOSP Funding Allocation

The NOSP budget was increased by 43% from €2,570,000 in 2006 to €4,531,966 in 2007 through the Department Of Health and Children budget allocation. The allocation of non pay expenditure is as set out below:

| Area                | Expenditure 2007 | Expenditure 2006 |
|---------------------|------------------|------------------|
| Awareness Campaign  | 25%              |                  |
| National Programmes | 32%              | 26%              |
| Regional Programmes | 3%               | 18%              |
| Research            | 10%              | 37%              |
| Training            | 21%              | 14%              |
| Annual Forum        | 1%               | 1%               |
| Operational         | 8%               | 5%               |

Note:

- Awareness Campaign which commenced in 2006 expenditure of production cost for advertisements and materials which will run for up to 2009.
- Funding provided to regional programmes for the delivery of ASIST is now recorded under the training budget.



## Appendix 7 – 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 DSH.

### ***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 ones 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.

## Appendix 8 – List of Abbreviations

|                |  |
|----------------|--|
| <b>A and 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>DAP</b>     | Crosscare's Drugs and Alcohol Programme          |
| <b>DoHC</b>    | Department of Health and Children                |
| <b>DSH</b>     | deliberate self harm                             |
| <b>DUMP</b>    | Dispose of Unwanted Medicines Properly           |
| <b>EAAD</b>    | European Alliance Against Depression             |
| <b>EAG</b>     | Expert Advisory Group on Mental Health           |
| <b>EASR</b>    | European Average Standardised Rate               |
| <b>EU</b>      | European Union                                   |
| <b>GLEN</b>    | Gay and Lesbian Equality Network                 |
| <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>LGBT</b>    | Lesbian Gay Bisexual Transgender                 |
| <b>NEPS</b>    | National Educational Psychological Service       |
| <b>NGO</b>     | Non Governmental Organisations                   |
| <b>NHO</b>     | National Hospitals' Office                       |
| <b>N.I.</b>    | Northern Ireland                                 |
| <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>ROI</b>     | Republic of Ireland                              |
| <b>RTAs</b>    | Road Traffic Accidents                           |
| <b>SI</b>      | Schizophrenia Ireland                            |
| <b>SPHE</b>    | Social, Personal and Health Education            |
| <b>STORM</b>   | Skills Training on Risk Management               |
| <b>T4T</b>     | Training for Trainers                            |
| <b>VEC</b>     | Vocational Educational Committee                 |
| <b>WHO</b>     | World Health Organisation                        |
| <b>YSI</b>     | Young Social Innovators                          |



# 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].)

## 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)

## 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

## 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?'

## 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

# Look after yourself Look after your mental health

[www.bebo.com/yourmentalhealth](http://www.bebo.com/yourmentalhealth)



The 'Your Mental Health' awareness campaign engaged with thousands of young people through the campaign's bebo profile. Within three weeks of going live the profile had attracted over 1250 friends, and was viewed over 25,000 times.



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