

National Office for Suicide Prevention

Annual Report | 2012

Reaching out to communities to build resilience and reduce suicide in Ireland



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Foreword

The most recent official figures produced by the CSO indicate that there were 495 deaths by suicide in Ireland in 2010. This figure is below the profile for most EU countries yet the figures for young men are particularly high by international comparison. The identification of comparable overall trends is difficult given the time-lags in the confirmation of official data and requires on-going analysis. The most recent confirmed data for 2010, taken together with figures from the National Register of Deliberate Self-Harm, would suggest a stabilisation in the rates of suicidal behaviour. Yet, suicide rates remain too high and a community wide effort is required to reduce suicide rates.

Significant work continues involving statutory and non-statutory partners, working with individuals and communities, to reduce the tragic loss of life by suicide. It is acknowledged, that at times, it may be difficult to access the supports available. This can occur because of reluctance to seek help, uncertainty of where to go to access support or because of gaps in the coordination of services. One of the key priorities for NOSP, working with partners and the community, is to support people to seek help, to clearly sign-post where quality assured support is available and to ensure that services are coordinated in a seamless, timely and equitable manner. The ongoing delivery of the programme for government commitment to re-invest €35m annually in community mental health services and suicide prevention is a very welcome and essential element to sustaining and building on the work of NOSP.

The County by County analysis of suicide rates included in this report together with other research published in 2012 provides us with a strong evidence base of local factors that can have a significant bearing on suicidal behaviour in communities. Such factors may include unemployment, economic deprivation, substance abuse, isolation and other social factors. This evidence base is being used on an ongoing basis to guide the allocation of resources targeted at high- risk communities.

The aim is to “reach out” to vulnerable members of our community and support, those at risk, in the most effective manner... This is a national effort and must involve all sections of our society if it is to be effective.

I would like to acknowledge the efforts of all who have supported the work of NOSP in 2012.

In 2013, the evidence tells us that suicide rates can be reduced. We have an improved understanding of the interventions and services that are effective in both promoting population well-being and supporting people in crisis. The general public recognise the devastating effect of suicide on families and communities. We, working together as a community must reassert our effort to address this significant public health concern and build the resilience and connectedness of everyone in Irish society.



A handwritten signature in dark ink, appearing to read 'Gerry Raleigh', written in a cursive style.

Mr. Gerry Raleigh
Director, National Office
for Suicide Prevention

Foreword

The purpose of the National Office for Suicide Prevention (NOSP) is to oversee the implementation, monitoring and evaluation of 'Reach Out', the National Strategy for Action on Suicide Prevention 2005 – 2014. NOSP was originally formed to progress the 26 action areas and 96 recommendations in association with pre-existing and emerging partners.

Current data would suggest that the national suicide mortality rate has stabilised since 2009; however the rates amongst men aged 20-29 years, 40-49 years and women aged 50-59 years remain high and continue to be of public health, governmental and societal concern.

NOSP is a core part of the new national Mental Health division. It will continue to build strong working relationships with the Health and Wellbeing, Primary care and other HSE divisions as well as with external partners. Strong collaborative working relationships with both internal and external stakeholders need to continue and be further developed if the determinants of suicidal behaviour are to be addressed.

The last twelve months have been a challenging and exciting period of change for the National Office for Suicide Prevention. As well as a significant increase in investment in Suicide Prevention under the Programme for Government, there have been a number of changes in staffing. However with the appointment of Mr Gerry Raleigh as NOSP Director in late 2012 and an increase in staffing in 2013, the office is now better resourced to deliver on its strategic objectives. Staffing requirements will be kept under review and further strengthened if necessary as part of ensuring that full and best use is made of the financial resources available to the office. In 2012 the NOSP invested €3.45 million in suicide prevention services and programmes across the voluntary and statutory sector, which was an increase of 17% on 2011. We expect this to rise to over €5 million in 2013.

This report demonstrates the significant progress that has been made by the office and key stakeholders in the delivery of 'Reach Out'.

The work of the NOSP is strongly supported by the HSE Regional Resource Officers for Suicide Prevention and over 30 partner agencies from the statutory and non statutory sectors. This report demonstrates the significant progress that has been made by the office and key stakeholders in the delivery of 'Reach Out'. As we move into the final years of the strategy there is a clear need to ensure that partner agencies continue to work together to avoid duplication, improve integration of programmes and develop local plans at a community level.

Finally I would like to thank the NOSP team and their partner agencies for the work undertaken in 2012. Responding effectively and efficiently to the evolving mental health needs of a changing society will require a focus on research, evaluation, partnership, communications and improved service integration. NOSP is in an excellent position to provide leadership and co-ordination in successfully addressing these needs.



A handwritten signature in black ink, appearing to read 'Stephen Mulvany', written in a cursive style.

Stephen Mulvany
National Director
Mental Health Services (HSE)

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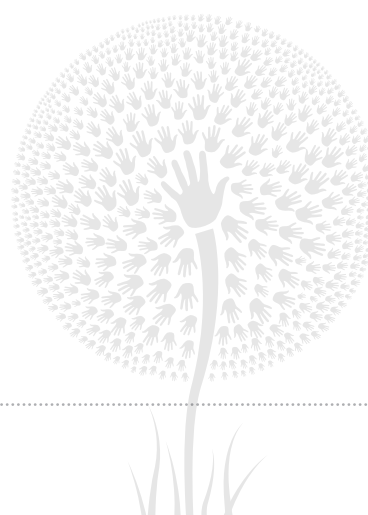
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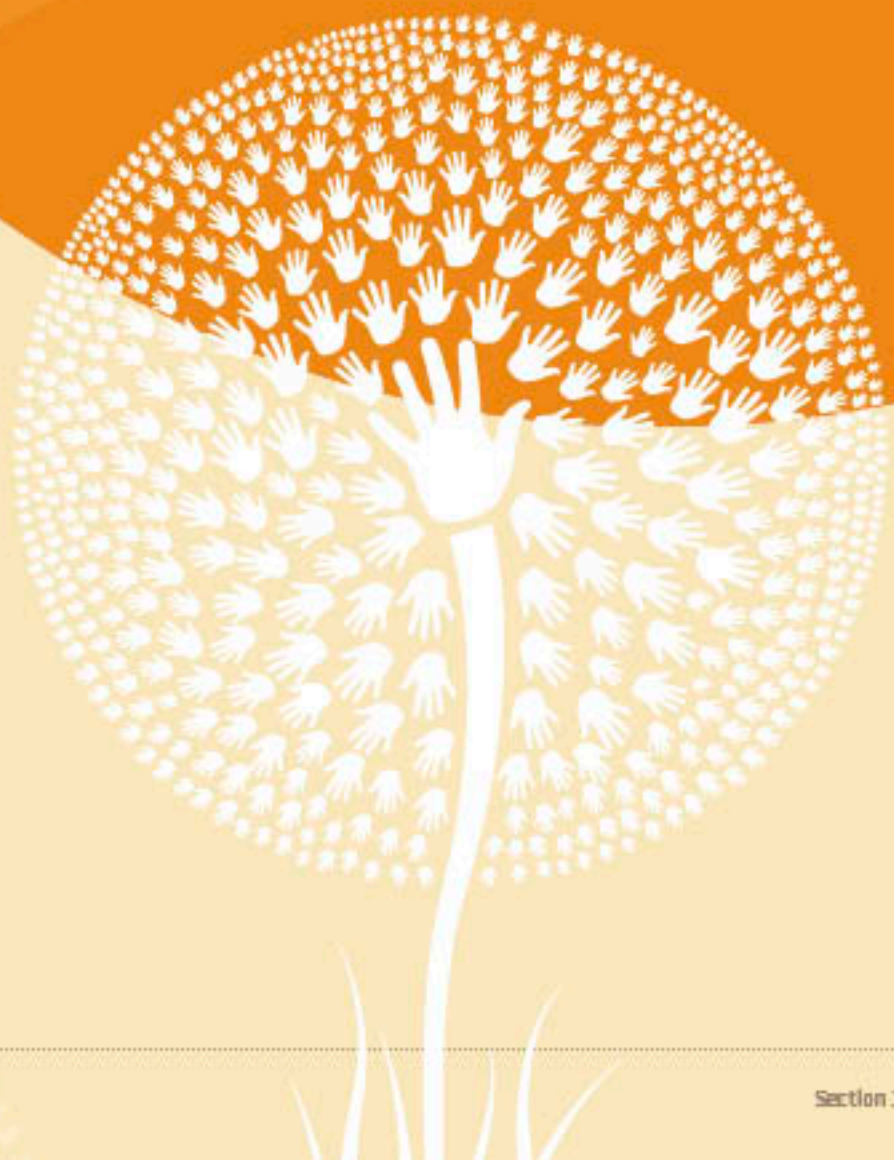
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SECTION 1

NOSP - Key Achievements 2012



1.0 | NOSP - KEY ACHIEVEMENTS 2012

- ▶ Completion of National Consultation on future strategic direction of suicide prevention with over 120 national organisations as part of World Suicide Prevention Day in 2012
- ▶ Increased financial investment in NOSP in 2012 under Programme for Government. The Office continues to fund over 40 national programmes and agencies working in suicide prevention
- ▶ There is a large network of people across the country that has been trained in suicide prevention skills. Over 26,000 people have been trained in ASIST and over 16,000 have been trained in safeTALK to date. These individuals are in every community across the country. More participants attended ASIST and safeTALK workshops in 2012 with over 3672 attending ASIST and 6120 completing the safeTALK programme
- ▶ The NOSP continued to coordinate the 'Let someone know' television campaign that continues to demonstrate high levels of awareness of the campaign among the target population
- ▶ Delivery of mental health promotion programmes across key health promoting settings including workplaces, third level institutions, prisons, schools and sporting organisations
- ▶ National Guidelines for Post Primary Schools on Mental Health and Suicide Prevention were completed
- ▶ National Standards for Bereavement Support Services published, in partnership with Console and Turas le Chéile Bereavement Support Services
- ▶ Suicide Prevention in the Community A Practical Guide launched and disseminated to communities nationwide
- ▶ The Samaritans Freecall project launched in September 2012 with main telecom providers
- ▶ Development of national online education programme on suicide prevention for GPs
- ▶ Evaluation of self-harm training for frontline staff working in Emergency Departments
- ▶ Completion of the "All Island Young Men and Suicide Prevention" project

SECTION 2

Suicide Prevention In Ireland



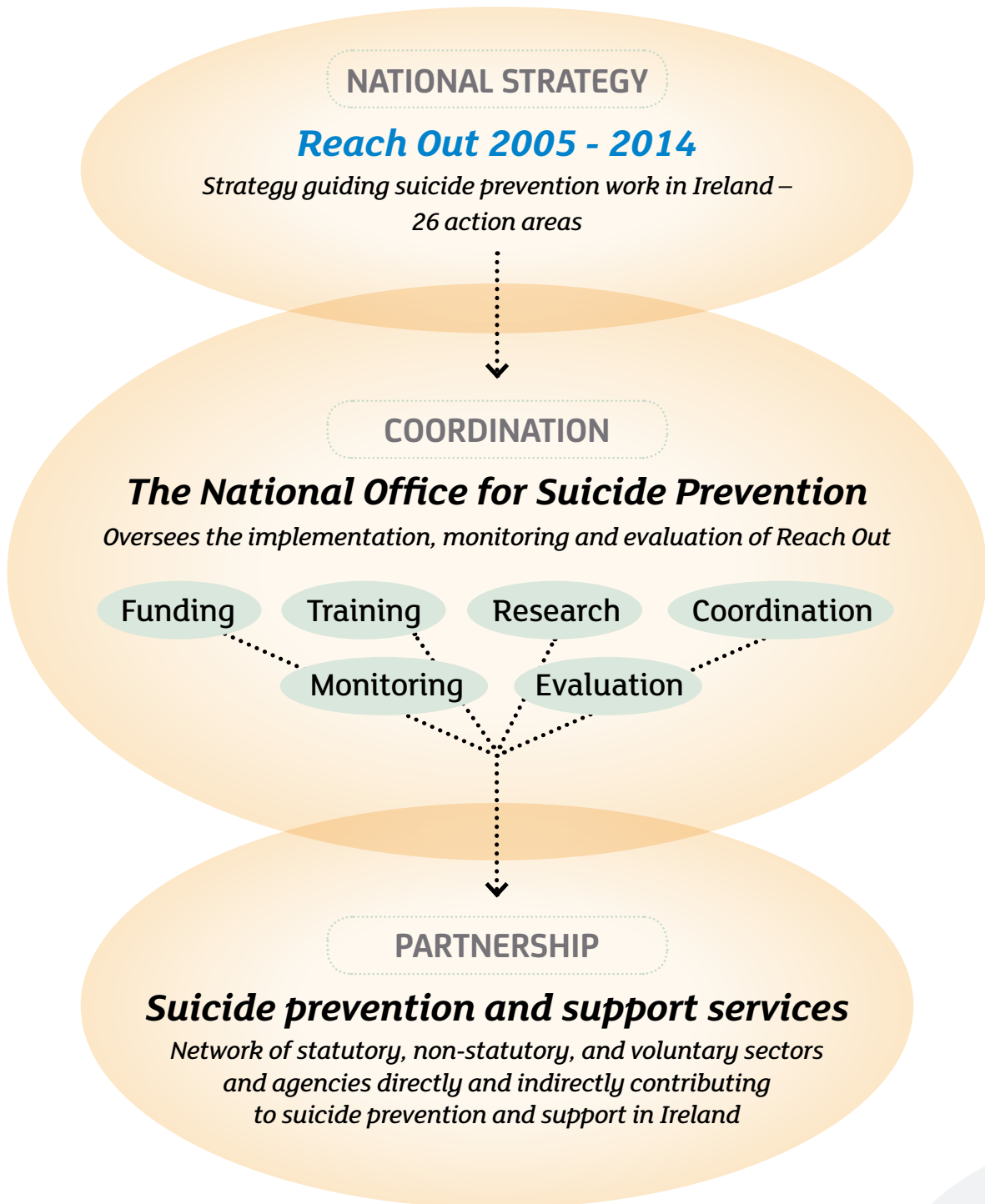
2.1 | Key Statistics from 2012

2012 STATISTICS

- ▶ When examining changes in suicide rates over time, data needs to be combined across a number of years to determine true changes in trends. In addition, the identification of overall trends is complex given the time-lag in the confirmation of year of occurrence data
- ▶ The World Health Organisation (WHO) collects international data on deaths by suicide, which allows some comparison. Ireland has the 6th lowest rate of death by suicide in the EU, compared with the lowest rate of 3.9 in Greece and the highest of 34.0 in Lithuania. There is little difference when this data is further broken down by gender. The comparison is less favourable for younger groups. Ireland ranks fourth highest in the EU for deaths by suicide for 5-24 yr olds, at 13.9 per 100,000 population
- ▶ There were 495 deaths by suicide in Ireland in 2010, representing a rate of 10.9 per 100,000 population. 405 (82%) of these were among men. This gender differentiation is a constant feature of the deaths by suicide over the last decade
- ▶ The highest rate is among 20-24 yr old males at 31.9 per 100,000 population, 42% of those who died in 2010 were men less than 40 years of age
- ▶ On the basis of the most recent confirmed data for 2010 taken together with figures from the National Register of Deliberate Self-Harm, the data would suggest a stabilisation in the rates of suicidal behaviour
- ▶ For the period from 1 January to 31 December 2012, the Registry recorded 12,010 deliberate self-harm presentations to hospital that were made by 9,483 individuals. Based on these data, the Irish person-based crude and age-standardised rate of deliberate self-harm in 2012 was 207
- ▶ Thus, the age-standardised rate in 2012, was 2% lower than the equivalent rate in 2011. This decrease follows a 4% decrease in the deliberate self-harm from 2010 to 2011
- ▶ Despite two successive decreases the rate in 2012 was still 12% higher than in 2007, the year before the economic recession
- ▶ There was a significant 5% decrease in the male rate of deliberate self-harm, while the female rate increased by 1% from 2011 to 2012. However the rates remain higher than before 2008
- ▶ The peak rate for self harm for females is 15-19 years olds while for males it is among those aged 20-24 years of age

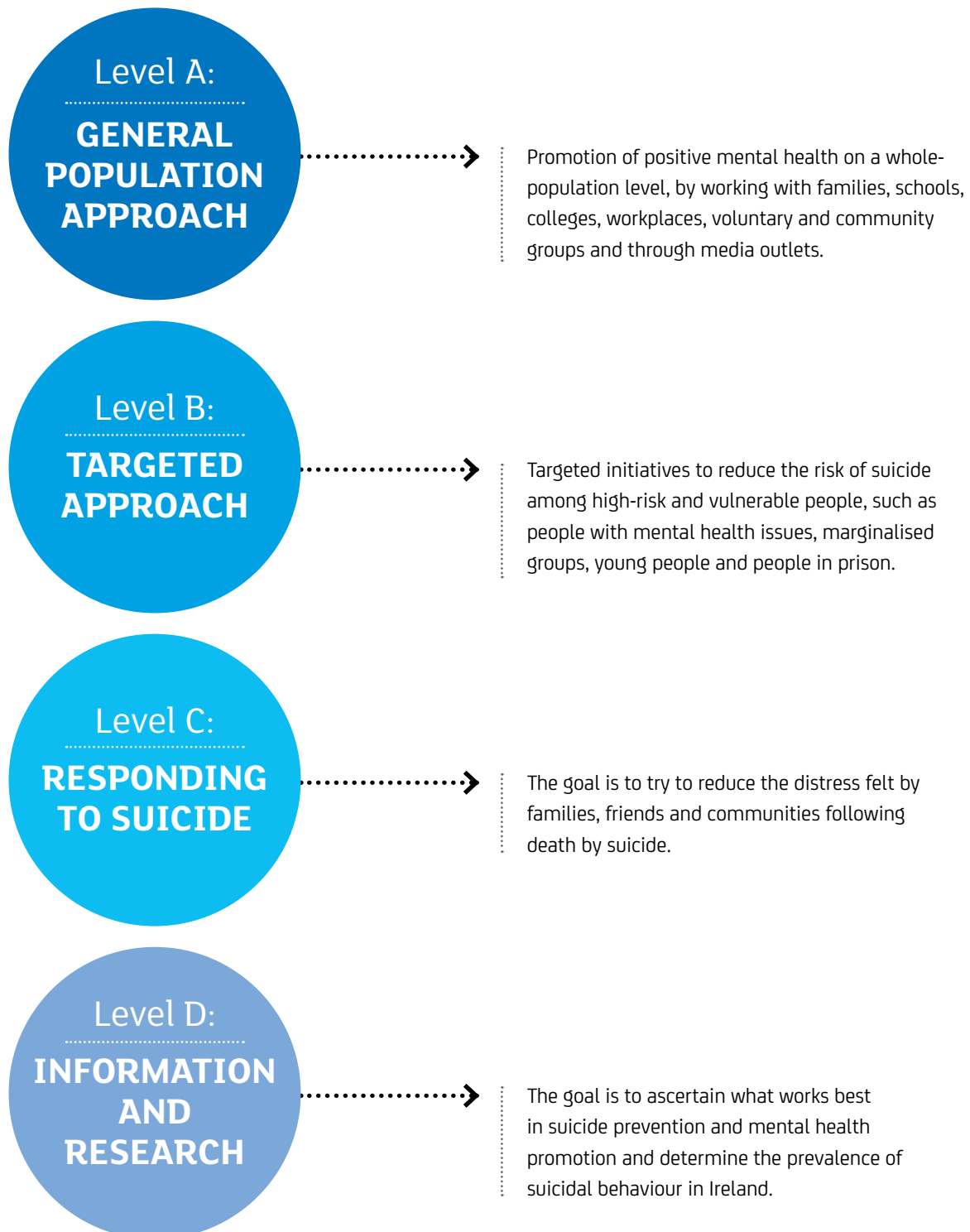
2.2 | Approach to Suicide Prevention in Ireland

Figure 2.1 Suicide prevention in Ireland.



National Strategy

Reach Out, a 10-year National Strategy for Action on Suicide Prevention was launched in 2005 to guide the work on suicide prevention in Ireland until 2014. The strategy addresses suicide prevention on four levels:



Coordination and Implementation: The National Office for Suicide Prevention

The National Office for Suicide Prevention was established in 2005 after publication of Reach Out. The Office is based in the HSE Directorate for Mental Health. The key functions of the NOSP are as follows:

- ▶ Advise Government and other stakeholders on suicide prevention
- ▶ Consult with organisations and interested parties on the implementation of Reach Out
- ▶ Commission research into suicidal behaviour in Ireland to support the development of evidence based policy and interventions
- ▶ Commission agencies to deliver on strategy and monitor relevant funding
- ▶ Implement national social marketing campaigns related to improving population well-being
- ▶ Coordinate a national training strategy on suicide prevention
- ▶ Develop guidelines on responding to suicidal behaviour within specific target groups and across different settings
- ▶ Support the development of bereavement services for persons bereaved through suicide
- ▶ Liaise with the media to ensure responsible reporting of suicidal behaviour in Ireland
- ▶ Develop national standards for agencies working in suicide prevention

The core aim of the National Office for Suicide Prevention is to oversee the implementation, monitoring and evaluation of Reach Out, the National Strategy for Action on Suicide Prevention 2005-2014.

In 2012, to support the continued implementation of Reach Out, the NOSP funded different HSE services and voluntary agencies to provide a range of supports, programmes and services. Details of the organisations funded by NOSP are included on page 68.

The NOSP had six staff in 2012. An overview of the organisational chart for 2012 is available in Figure 2.2.

The NOSP works very closely with the HSE Resource Officers for Suicide Prevention around the country. In partnership with relevant stakeholders, the Resource Officers for Suicide Prevention coordinate, advise and lead on the regional implementation of the action areas within Reach Out. See section 3.5 for an overview of the work of the Resource Officers for Suicide Prevention.

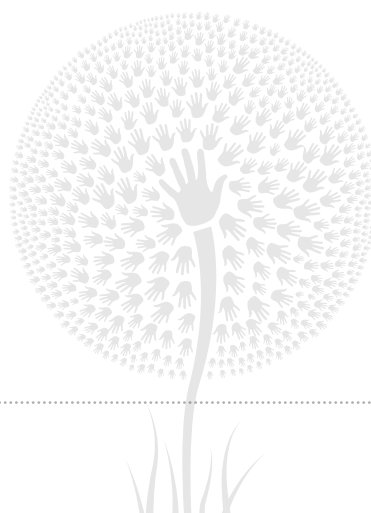


Figure 2.2 2012 National Office for Suicide Prevention Team.

Mr. Gerry Raleigh	Director
Ms. Susan Kenny	Senior Projects & Policy Officer
Ms. Paula Forrest	Senior Executive Officer
Ms. Ann Callanan	Assistant Resource & Research Officer
Ms. Paula Skehan	Administration Officer
Mr. Stephen Elliffe	Administration Officer
Ms. Catherine Brogan	Former Acting Director
Dr. Stephanie O'Keefe	Former Director

Partnership

Partnership is the foundation to effective suicide prevention work in Ireland. Suicide prevention is best achieved when individuals, families, health and community organisations, workplaces, government departments and communities work collaboratively to build an infrastructure of suicide prevention and support from national through to local level. The NOSP fosters and coordinates collaborative working between a range of agencies and with services that compliment each other, avoiding duplication and reducing gaps in service provision.

Suicide Prevention Network in Ireland

A principle function of the NOSP is to coordinate the activity of the many voluntary and statutory agencies that are engaged in suicide prevention activities in Ireland. Some of these agencies are linked with the NOSP and/ or the HSE Resource Officers for Suicide Prevention and they represent a broad spectrum of government agencies, sectors and population groups. Figure 2.3 gives an overview of the agencies, statutory and non statutory, who are actively involved in the implementation of Reach Out.

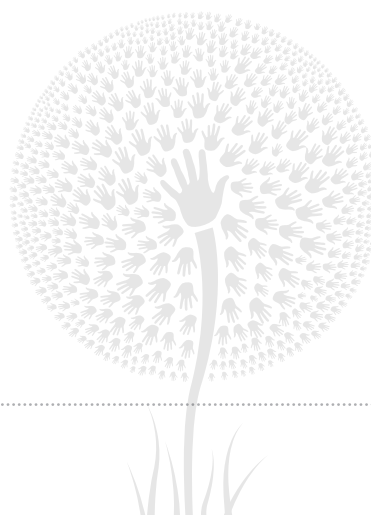


Figure 2.3 Implementation through partnership.





SECTION 3

Progressing the Implementation of 'Reach Out' in 2012



3.1 | Overview

The approach taken in Reach Out is based on that recommended by the World Health Organisation - namely a whole population approach, combined with a targeted approach for those known to be at a higher risk. Reach Out also proposes actions to improve support to individuals and communities bereaved through suicide.

The work of the NOSP in 2012 focused on improving interagency working and developing national standards and guidance for statutory and non statutory agencies, as well as increasing investment in evidence-based suicide prevention programmes.

The NOSP continued to meet emerging population health needs through the promotion of awareness and positive mental health within the general population, such as national and local media information campaigns and information services. The NOSP advanced its national funding programme to ensure that suicide prevention services are better integrated, resourced and targeted to respond to those who are at risk of suicide.

3.2 | Promoting Positive Mental Health and Wellbeing

2012 HIGHLIGHTS

- ▶ Delivery of community based mental health promotion programmes aimed at improving the well-being of the general population
- ▶ Commencement of the first social prescribing project in Ireland in HSE West
- ▶ Programmes supported to focus on engaging men around mental health issues
- ▶ Delivery of mental health promotion programmes across key health promotion settings including workplaces, third level institutions, schools and sporting organisations

Promoting positive mental health and tackling stigma is the cornerstone of suicide prevention.

Introduction

2012 saw continued investment in mental health promotion programmes by the NOSP including social prescribing within primary care, mental health awareness training, third-level and family-based programmes. Mental health promotion is an approach characterised by a positive view of mental health, which aims to engage with people and empower them to improve population health (WHO, 2004). By effectively promoting positive mental health, the likelihood of vulnerable individuals developing mental health problems will decrease; and the likelihood of those with signs of mental health problems seeking help will increase.



Third-Level Mental Health Promotion

PleaseTalk an online campaign for third level students celebrate five years in existence in 2012 through its 5th anniversary celebration at which President Higgins officiated. The programme continued to represent the ongoing, and unique, partnership across Inspire, HSE NOSP and the student founders / student services.

The annual PleaseTalk Forum was hosted by Dublin Institute of Technology in August 2012, to plan activity for the 6th academic year of the campaign. The Forum was attended by student leaders (including incoming Welfare Officers) and was addressed by Jerry Buttimer, the Chair of the Joint Oireachtas Committee on Health and by Susan Kenny from the NOSP who delivered the closing address. The PleaseTalk Forum 2012 provided firm evidence that the campaign has become embedded as a key student welfare activity across the island of Ireland.

In November 2012, Union of Students of Ireland (USI) teamed up with Headsup.ie, Reachout.com and PleaseTalk.org to co-ordinate a campaign targeted at Third Level Students around mental health. The theme for the campaign was positive mental health and the promotion of support services available to students and young people. The tagline of the campaign was 'What Makes You Smile?', 15,000 packs were distributed to students across Ireland that contained a postcard (promoting a competition, HeadsUp text service, Pleasetalk.org and positive affirmations), a HeadsUp pen, and a ReachOut.com/PleaseTalk.org bookmark. There were launches held in St Angela's College Sligo, National College of Ireland and Institute of Technology Tralee.

Promoting Community Well-Being

'Suicide or Survive' engaged in Wellness in the Workplace training in partnership with See Change and IBEC in 2012 to promote positive mental health in the workplace.

The partnership delivered training that covered mental health, stigma, attitudes, and mental health and employment including employers' legal obligations.

This training is scheduled to continue to be delivered in 2013 with the existing partners. Workplace organisations where this training will be delivered have already been identified. This initiative represents a new service area for Suicide or Survive and is innovative in that it is run in partnership and involves delivery by both individuals involved in service provision and those with lived experience. The organisation delivered 25 workshops across the community, workplace and prison setting.

The Healthy Options Project Erris (HOPE) Social Prescribing Programme in HSE West

Social prescribing refers to mechanisms for linking primary-care service users with other non-medical sources of support within communities. Initiatives such as 'exercise on prescription', bibliotherapy¹ and art therapy have been used with vulnerable populations, including those with mental health problems. Social prescribing has been found to have a range of positive outcomes such as enhanced self-esteem and improved mood and social contact. The Healthy Options Project Erris (HOPE) is a social prescribing Pilot project which commenced delivery of a service in January 2012.

The aim of the project is to be a supportive link for adults in the Erris area of Co. Mayo to enable them to access activities and groups that they might enjoy and benefit from and thereby enhance their health and wellbeing. The HOPE project is the first piloted social prescribing project in Ireland with a dedicated worker.

.....
¹ Bibliotherapy is an expressive therapy that uses an individual's relationship to the content of books and other written words as therapy. It has been shown to be effective in the treatment of depression.

The project commenced in 2012 with 45 individual referrals (16 for men and 29 women). The service has been promoted through local media and services, referral processes have been agreed with local GP and other health and social care services. It is intended that this project will be evaluated by the National Suicide Research Foundation in 2013 and 2014.

Lesbian, Gay, Bisexual and Transgender (LGBT) Mental Health Promotion

The LGBT community has been shown to be at higher risk of mental health problems and self-harm compared to the general population. Since 2009, the NOSP and HSE Health Promotion have funded GLEN (Gay and Lesbian Equality Network) to implement a targeted mental health promotion programme targeted at the LGBT community.

The aim of BeLoNG To Youth Service is to work for an Ireland where LGBT (Lesbian Gay Bisexual & Transgender) young people are empowered to embrace their development and growth confidently and to participate as agents of positive social change in their own environment. To enable this to happen BeLoNG To provides safe, appropriate and fun youth work services to LGBT young people in Ireland which:

- ▶ Facilitate them through exploration, development and growth
- ▶ Enable them to access all their rights as equal citizens
- ▶ Empowers them to participate as agents in positive social change

Through our National Network Programme we work to promote services to LGBT young people throughout Ireland. We also campaign, lobby and work with government departments and national bodies to promote policy change so that the needs and rights of LGBT young people are heard. Over 2,320 LGBT young people aged 10-25 years used the service in 2012. This was an increase of 17% from 2011. In 2012, the organization also produced the LGBT Youth Rights Booklet - A booklet on the rights of young people which was a peer led

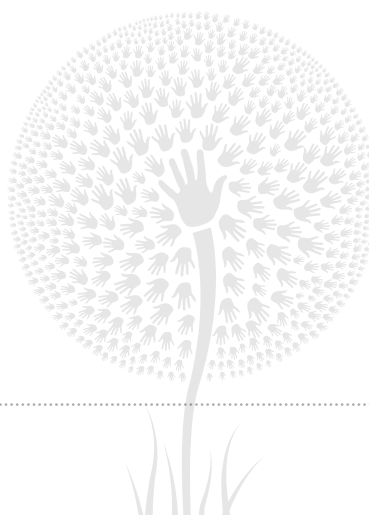
initiative and implemented Stand Up! LGBT Awareness Week 2012 - This week is aimed at creating positive understanding of LGBT young people and their issues among their peer group, teachers and youth workers.

Responding to Suicide Among Traveller Men

In 2012, the National Traveller Suicide Awareness Project continued to develop its work in prevention and intervention especially with Traveller men. The recruitment of two posts to develop capacity building work with Traveller men was a welcome addition to the project. Throughout 2012, 14 Traveller projects were supported to develop capacity building programmes with Traveller men through various methods including physical activity programmes and various workshops and programmes.

The Project held a seminar on working with Traveller men in relation to suicide and this was an event which over forty Travellers and Projects attended. A significant transition took place in the Project in 2012 and the National Traveller Suicide Awareness Project moved into Exchange House in October following the completion of successful tendering process.

Training and awareness raising remains a key focus for the Project also with over 400 Travellers throughout the year participating in training awareness or conferences and other events related to suicide prevention.



Suicide Prevention Code of Practice for Family Resource Centres

Thirteen Family Resource Centres (FRC) from Mayo and Galway, as part of the Western Regional Forum network, launched a Suicide Prevention Code of Practice on September 14th, 2012 in Ballinrobe, Co. Mayo.

This Code of Practice outlines clear guidelines and best practice for FRCs on how to address suicide prevention in their organisations. It was developed in conjunction with the HSE (Galway, Mayo & Roscommon) Resource Officer for Suicide Prevention, with funding provided by the National Office for Suicide Prevention. Further information on the Code of Practice is available from FRCs in Mayo and Galway.

2012 INNOVATIVE INITIATIVE

THE MOJO PROJECT FOCUSED ON UNEMPLOYED MEN

South Dublin County Partnership (previously known as Dodder Valley Partnership) is a local and community development company in South Dublin. They work to create sustainable and vibrant communities, particularly with people experiencing poverty and exclusion. The MOJO project (men at risk to suicide) is an interagency response, initiated by the South Dublin County Partnership (SDCP), to develop a pilot programme that supports men who are affected by unemployment and/or the recession, which has increased their risk to 'distress'. The programme places an emphasis on linking these men into appropriate education, employment and mental health services. The following points are based on findings from the external evaluation:

1. Fourteen organisations including the HSE have formed an advisory group to work together in order to successfully facilitate Mojo

2. Interagency protocols and working polices have been developed and agreed

3. The Mojo training programme was developed based on international best practice. It is also innovative as members from the advisory group facilitate the training with support from other local agencies and businesses

4. 10 participants started on cycle 1 of Mojo and 9 participants completed the course

5. All 9 participants reported enjoying the programme and have moved on to another service or programme provided by advisory group members

6. A Mojo programme manual has been developed

7. The mayor of Tallaght selected Mojo as his initiative to launch in 2012

3.3 | Information / Media Communications

2012 HIGHLIGHTS

- ▶ Radio advertisements introduced to the Your Mental Health campaign
- ▶ Redevelopment of Let Someone Know advertisement
- ▶ Development of ICT based programmes to build the coping skills of young men
- ▶ Positive evaluation of social marketing campaign
- ▶ Media monitoring and training of media outlet providers by Headline

Introduction

Media campaigns help the NOSP to deliver on its strategic aims to deliver prevention messages to the population at large, promote positive mental health and target at-risk groups. The NOSP also works to ensure that the media portrays suicide in a responsible and accurate way. 2012 saw the expansion and evaluation of the Your Mental Health campaign – a key tool in its media strategy – and the development of new targeted campaigns.

Your Mental Health Awareness Campaigns

In 2012, the National Office for Suicide Prevention continued to invest in the Your Mental Health Campaign. The investment included TV (National TV and Mart TV), online (search and video on demand), radio campaign for the positively tested public health campaigns: “Your Mental Health” and “Let Someone Know”. Ensuring value for money the media buying has been carefully planned on targeting at risk population groups.

The investment in the maintenance programme will continue in 2013 whilst work is ongoing on developing a new, evidence-based communications campaign. The Let Someone Know campaign targeted young people under 18 years and has been highly effective in having an impact on its target population. Although the campaign was targeted at young people aged between 13 – 17 years, the last omnibus has shown that the advertisement has an impact on all the target groups. A decision was made to use this as the main TV campaign. The primary target audience of the TV campaign is 15-34 with a male bias.

The NOSP continued to fund the National Farm TV Mental Health Awareness Campaign, which is shown in marts on a weekly basis throughout the country. The campaign has been supported with mental health awareness literature distributed at the farming marts.

The Let Someone Know advertisement TV advertisement has been shortened to 30 seconds as feedback from focus groups indicated that people are now aware of the key message of the need to look after your mental health; plans for 2013 involve developing new targeted messages.



Caroline McGuigan CEO SOS and players from the Dublin Football and Hurling Teams at the launch by Vodafone and Dublin GAA of initiative promoting key campaign messages related to your mental health campaign.

In 2012, the campaign messages were used by Suicide or Survive in partnership with the Gaelic Athletic Association (GAA), with over a million fans, the Dublin Gaelic Hurling and Football used the SOS logo along with the campaign messages of 'Talk' and 'Listen' to promote help seeking by members of the GAA plans. Vodafone who were the teams main sponsors allowed their logo to be replaced to promote both SOS and the campaign messages.

Mental Health Matters

The NOSP supported Mental Health Matters, a mental health promotion initiative at the Volvo Ocean Race in Galway in July 2012. The initiative was led by the HSE Galway Mental Health Services and See Change, and aimed to promote positive mental health and reduce stigma. This event was attended by an estimated 800,000 visitors to Galway. Visitors to the Mental Health Matters tent learned about the facts and the myths about mental health and received a wallet card with key tips to good mental health.

Inspire Ireland Foundation

Inspire is a youth mental health organisation that leverages technology positively, and at scale, to promote positive youth mental health and help to prevent suicidal feelings and behaviour. Their flagship service is ReachOut.com which is guided by their ongoing programme of research and evaluation.

ReachOut.com

The 'My World' survey published in 2012 by Headstrong demonstrated that 'the Internet' is the single most preferred source of mental health information for young people in Ireland today.

In the context of that large-scale research report, ReachOut.com went from strength to strength in 2012 and matured as a mental health service by refining their service model and continuing to build relationships with key service providers including the HSE.



The Let Someone Know campaign targeted young people under 18 years and has been highly effective in having an impact on its target population.

Significant energy and resources were expended by the organisation in the area of search engine optimisation in 2012 to ensure that young people going through tough times receive safe and supportive information when they search the Internet looking for advice. From an accessibility point of view, a significant number of the information pages on ReachOut.com were translated to video in 2012.

9 out of 10 questioned said the Your Mental Health campaign advertisement 'Famous' would encourage them to talk to someone if they were going through a difficult time.



SpunOut

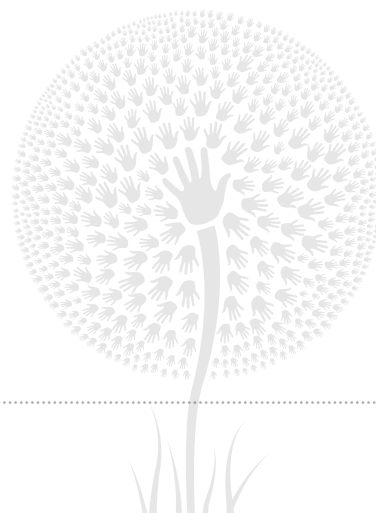
SpunOut is an independent, youth led national charity working to empower young people between the ages of 16 and 25 to create personal and social change. Through their website, SpunOut provides an interactive online community for young people to consume health and lifestyle information and find out about health and advice services available to them in their area, online or over the phone. In 2012, SpunOut.ie received more than one million website visits (a total of 1,087,442 – their highest ever annual visit count) and over five million page views. On average, the website received 2,979 visits per day. SpunOut.ie mobile was redesigned in 2012, to ensure mobile device optimisation.

In 2012, 46% of visitors to SpunOut.ie accessed the Health and Life section for information on health and life issues, true life stories from young people, and signposting to services. Over the course of the year, SpunOut.ie promoted help-seeking via front page campaigns, their social networks, media campaigning and engagement with youth and mental health service providers. In 2012, 35% of SpunOut.ie visitors accessed the Find Help section.

Media Monitoring

Headline conducted daily media analysis of all reference to suicide and mental health in Irish print media. Comprehensive media analysis is available in Headline's Annual Report for 2012. In 2012, there was an overall volume of media items related to suicide and mental health increase considerably. Headline monitored 23,834 articles in 2012, representing a 15.69% increase on last year's figure of 20,600. Headline observed a growing trend towards responsible, sensitive and neutral reporting of suicide and mental health issues in 2012. Assessed against the media guidelines for the portrayal of mental health and suicide, 95.87% of all articles from Irish titles in 2012 were neutral in quality, less than 2% were negative.

Negative coverage of suicide predominated in the last quarter of 2012. Despite the fact that the overall volume of negative coverage in national print media decreased, the number of negative articles specifically relating to suicide did not decrease. The most common breaches were explicit reporting of suicide methods as well as reductive and sensationalist explanations of suicide.



2012 INNOVATIVE INITIATIVE USING SOCIAL MEDIA AND ICT TO CONNECT WITH YOUNG MEN

WORKOUT

WorkOut was launched on October 9th 2012 as an online tool designed to improve the mental fitness of young men in Ireland.

The web-based application, which was developed by Inspire in collaboration with the Men's Health Forum Ireland and the HSE National Office for Suicide Prevention, gives users a series of 'missions' (brief interventions) to undertake over a period of time which will help improve mental fitness.

www.workoutapp.ie has been designed so that users can access it in their own time and engage with it on their own terms, choosing as few or as many interactions as they want. The application allows the user to undertake and track a series of activities which will provide an indication of their mental wellness. The actions are based around the principals of cognitive behavioural therapy and are centred around four core areas –confidence, practicality, control, and being a team player.

The programme was launched on the eve of World Mental Health Day 2012. Within two days, Work Out had over 500 registered users and early feedback on the

programme has been very positive. A social media campaign was implemented which included Facebook advertising and a Twitter and Facebook communications strategy targeting key influencers who would share/test the WorkOut application, e.g. high profile sports and media figures.

By the end of 2012, Work Out had received nearly 4,000 visits from over 3,000 people resulting in over 1,000 registrations with the programme. Repeat visits account for 22% of all visits and average visit time is just under 4 minutes, suggesting that users are engaging with Work Out once they visit.



Elaine Geraghty, CEO of Inspire Ireland and Republic of Ireland Football manager Giovanni Trapattoni at launch of Work Out App funded by the NOSP.

3.4 | Training and Education

2012 HIGHLIGHTS

- ▶ Over 3500 people trained in ASIST, and nearly 5000 attended safeTALK training
- ▶ Development of Suicide Prevention training programme for General Practice
- ▶ Implementation and evaluation of self-harm training programme focused on Hospital Emergency Department Staff
- ▶ Launch of training programme for gatekeepers caring for older persons

Introduction

The NOSP continued its work with partner stakeholders to ensure the continued coordinated delivery of suicide prevention training across the country in 2012.

The provision of gatekeeper training on suicide prevention has been shown to be effective in reducing suicidal behavior among communities and at-risk groups. In addition, training for general practitioners is seen a key action that needs to be taken at primary care level.

ASIST and SafeTALK Training

The NOSP is the national coordinator for the safeTALK and ASIST suicide prevention training programmes. In total, there were 162 ASIST workshops which trained 3528 participants across the country in 2012 and 273 safeTALK workshops, which trained 4907 participants. Two significant developments in 2012 included the delivery of two safeTALK workshops in Leinster House, which were attended by TDs and their staff, and the focused delivery of training to staff in financial institutions and other agencies which are working with people affected by the recession.

One of the underlying principles is to ensure that suicide prevention training is organised and delivered in an integrated, coordinated and safe way. These training programmes are organised locally by the HSE Resource Officers for Suicide Prevention and other agencies, including the National Youth Council of Ireland, HeadsUp, and the Defence Forces.

Youth Suicide Prevention Training

Tackling youth suicide is a priority, as well as implementing good practice guidelines around mental health promotion programmes. Since 2011, the National Youth Council of Ireland (NYCI) is delivering Mind Out, a national skills-based training programme on mental health promotion to youth workers and those working in out-of-school or non-formal education settings, with the aid of additional funding received by the National Office for Suicide Prevention. In 2012, 160 youth workers attended the training from ten organisations. The programme is also been delivered by the HSE to schools based staff, The programme equips youth workers and teachers to deliver a twelve-week mental health programme to young people. Similarly, BelongTo is developing a skills-based programme for youth workers, volunteers and young people engaged with BelongTo. BelongTo represent and advocate on behalf of young LGBT people, who have been identified as an at-risk group for mental health difficulties and self-harm. The training focused on mental health promotion, is needs-led and complements the existing work of BelongTo.

Development of National Suicide Prevention Programme for GPS With The ICGP

Training of GP's in suicide prevention and depression is recognised internationally as interventions that can reduce suicide rates within a population. The Suicide in Primary Care Project has been developed to support GPs and other members of the Primary Care Team in dealing with the challenge of suicide. It was informed by a needs-assessment carried out by the Irish College

General Practitioners (ICGP), in an attempt to ensure GPs needs are met, and has been developed in collaboration with a number of other stakeholders.

GPs and Primary Care Teams are core parts of all local communities and are often turned to for support, guidance and leadership when there is a suicide risk, during an acute event and in the aftermath of suicide. This programme has been developed as a practical guide to dealing with the many aspects of suicide in general practice, to assist GPs in coping with suicide and in providing the leadership required of them.

The ICGP however recognises that GPs themselves also form a community and that adopting a shared approach to planning may provide cohesion and support between practices. In order to facilitate this or at least open the conversation, the programme includes a resourced CME meeting.

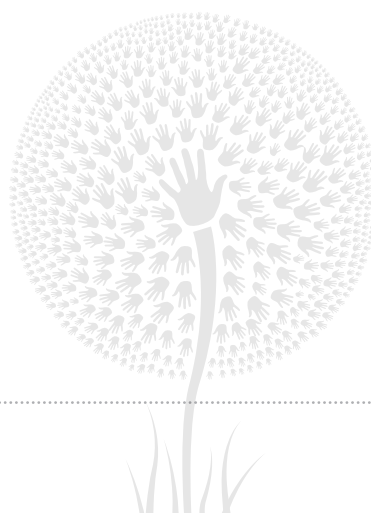
The programme is delivered in 3 modules, exploring the themes of Suicide Prevention, Intervention and Postvention. Module 2 is central to the programme and is delivered through the ICGP CME network. It will focus on acute crisis management, but it is hoped that bringing General Practitioner's experience of suicide - how it's approached, its impact, coping skills, practical issues and so on - will stimulate work at a local and community level to address the challenge of suicide.

GP interaction on suicide is key to the module, combining experience and expertise, giving support and guidance and providing leadership both at practice and community level. The CME-delivered portion of this programme is therefore an integral part and it is hoped that it will stimulate discussion, and provide an opportunity to share expertise and experience and establish support mechanisms and shared protocols. The programme can be accessed through the Suicide in Primary Care website can be accessed at www.icgp-education.ie.

The provision of gatekeeper training on suicide prevention has been shown to be effective in reducing suicidal behavior among communities and at-risk groups.

Mental Health Promotion Training Programme for Staff Caring for Older Persons

This programme which is linked to Action Area 21 of Reach Out was launched in March 2012. Older people can be at risk of mental health problems or suicide. The programme aims to education staff in how they can promote positive mental health among older people and identify those who may be of risk to suicide. This training programme also focuses on increasing awareness of depression and suicide in the older person. The programme was developed by the HSE in the Mid-West along with voluntary organisations and groups providing a range of services to older persons. The course is designed to improve the confidence, and knowledge of all carers working with older people.



2012 INNOVATIVE INITIATIVE

TRAINING FOR HOSPITAL EMERGENCY HEALTHCARE SERVICES STAFF IN THE CORK & KERRY REGIONS IN THE ASSESSMENT AND MANAGEMENT OF SUICIDAL BEHAVIOUR

This training initiative was developed in response to guideline recommendations and involves three levels of activity which aims to improve the quality of care for all patients who present to hospital emergency departments following self-harm or suicidal behaviour.

LEVEL 1 involves the development and delivery of a 2-hour self-harm, suicide awareness and skills-based training for all emergency care staff dealing with self-harm or suicidal patients.

LEVEL 2 involves the development and delivery of a one-day training programme to mental healthcare staff in the management and assessment of self-harm and suicidal behaviour.

LEVEL 3 involves the development and roll-out of a systematic electronic self-harm assessment and information system for use within the hospital services.

Results are available for level 1 of the evaluation.

- ▶ 102 staff who were mainly females with an average age of 37 years have been trained in Cork
- ▶ Relatively low levels of previous training experience were found among participants. Between 73% and 88% had no previous training in the area of self-harm and suicide
- ▶ Following the 2-hour EHS training there were improvements in all areas targeted by the training
- ▶ There was a significant increase in participant attitude towards self-harm confidence in their ability to instil help seeking behaviour in a patient in recognising potential suicide risk in a patient
- ▶ An improvement was seen in participants attitude towards suicide prevention and knowledge and understanding of self-harm
- ▶ Of those so far contacted for 6-month follow-up there was a positive increase at each stage of evaluation (pre-post and post to 6-month follow-up) in relation to participants attitude towards self-harm and suicide, participants' knowledge and clinical confidence

3.5 | Building Community Capacity to Respond to Suicide and Promote Positive Mental Health

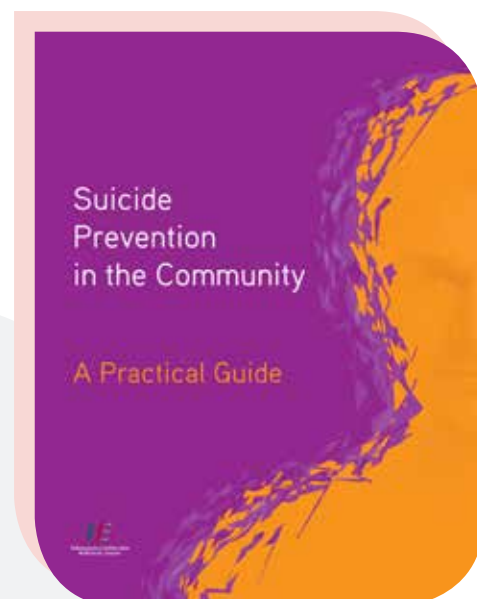
Introduction

The ten Regional Resource officers for Suicide Prevention are key to building community capacity to respond to suicide. The resource officers, in consultation with the NOSP and other stakeholders, have developed action plans for suicide prevention and mental health promotion across many communities within their region. These action plans focus on suicide prevention, intervention, supporting those bereaved by suicide and building capacity to address suicide prevention in a thoughtful and practical way.

A significant proportion of the work of the HSE Resource Officers for suicide prevention aims to bring together organisations and stakeholders to:

- ▶ Coordinate action on suicide prevention within communities through providing leadership and advice
- ▶ Develop evidence-based action plans across HSE areas
- ▶ Deliver and coordinate community gatekeeper training e.g. ASIST, safeTALK
- ▶ Promote public awareness of how suicidal behaviour can be prevented and of the availability of support services based within communities
- ▶ Highlight resources and supports available to support people bereaved by suicide
- ▶ Provide support to people bereaved by suicide and promote healing and recovery
- ▶ Promote the mental health and wellbeing of all community members

Suicide is a community health problem. The community is a key setting where suicide can be addressed and prevented.



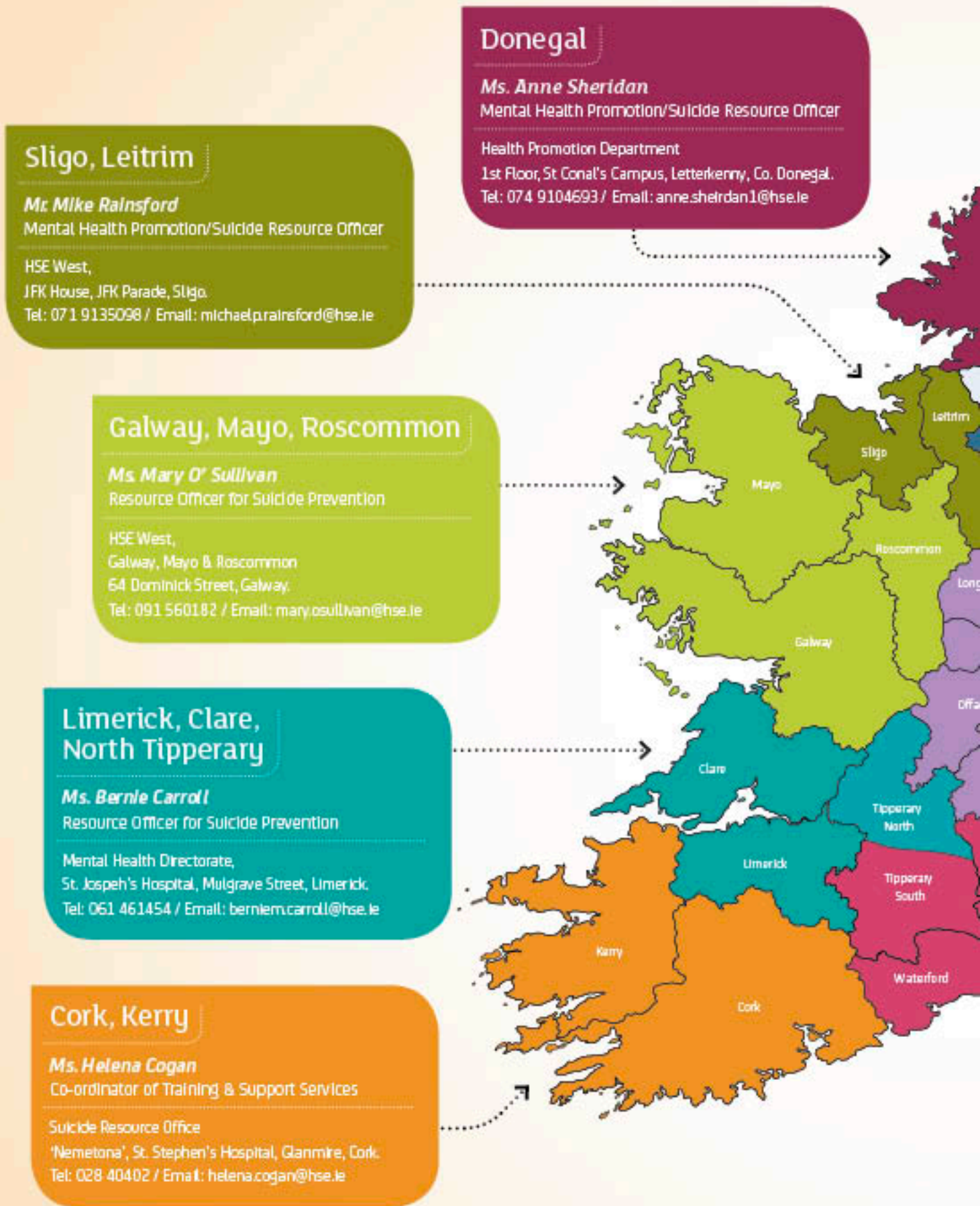


Figure 3.1 Regional Resource Officers for Suicide Prevention.



Louth, Meath, Monaghan, Cavan

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Resource Officers – 2012 Highlights

Longford, Westmeath, Laois, Offaly

LAOIS CONNECTS MENTAL HEALTH AWARENESS WEEK

Creating awareness of mental health and helping people in communities across Laois to cope with mental health issues was the focus of a major week long initiative which ran throughout the county of Laois in September 2012. High profile individuals such as Mary McEvoy, Caroline McGuigan – SOS, Dr Eddie Murphy – Operation Transformation, Michael Duigan (GAA), Dr. Niall Muldoon – CARI, Edward Hayden (Chef), presented various discussions, talks and seminars throughout the week. The Week was very successful and is being planned again for 2013.

Galway, Mayo, Roscommon

WELL-BEING CAMPAIGN IN MAYO

In 2012, the Mayo Suicide Prevention Alliance led a county wide Well-Being campaign targeted at the population living and working in the county. This Alliance first formed in 2009 as a result of the recognised need to draw together all groups and services working in the areas of mental health and suicide prevention in County Mayo. Their key aims are to:

- ▶ Ensure that all the work being done in this area is well co-ordinated, communicated and promoted.
- ▶ Plan and develop projects that are supported by current best practice
- ▶ Ensure that available resources are used in the most effective way possible

In October 2012, funding was provided by Mayo County Council for this well-being campaign. A further donation was received from a triathlon held in Belmullet organised by Mayo Living Link Tri Fundraisers. This project has two parts:

PART A: To run a mental health and well-being campaign reaching as wide an audience as possible using all forms of media including print and radio.

PART B: To work with the media to promote positive health messages and educate them on how to report on suicide in a safe and responsible way.

Sligo/Leitrim

DEVELOPMENT OF A COMMUNITY SUICIDE PREVENTION INFORMATION RESOURCE

In 2012, the Resource Officer for Suicide Prevention in Sligo/Leitrim along with his colleague from Galway/Mayo and Roscommon published a community resource entitled 'Suicide Prevention in the Community'.

This guide is specifically aimed at groups or concerned individuals within communities who often come together, following a death by suicide in their area. This guide is the first of its kind in Ireland. All key information can be found in a single document of 170 pages. It contains useful and practical advice on how best to set up a community response group. It lists the 'dos' and 'don'ts' of how best to support a grieving community and try to prevent further suicides in an area.

Good practice guidelines are outlined for:

- ▶ schools
- ▶ third level colleges
- ▶ youth clubs and centres
- ▶ workplaces
- ▶ sports groups

For further information, see www.nosp.ie (Resources Section).

Donegal

DELIVERY OF NATIONAL TRAINING PROGRAMME FOR PEOPLE WORKING WITH YOUNG PEOPLE

The Resource Officer based in Donegal led out on the national delivery of the Mind Out programme. The programme is a national skills-based training programme on mental health promotion for schools based staff and youth leaders working in out-of-school or non formal education settings. In 2012 a national Train the Trainer programme was delivered by the Health Promotion Department from the HSE West.

A total of 22 participants were trained from eight organisations including the HSE to deliver the programme on a national basis.



Resource Officers – 2012 Highlights (Continued)

Limerick, Clare, North Tipperary

REDUCING ACCESS TO MEANS AT A LOCAL LEVEL

In April 2012 a working group made up of key representatives including resource officer for suicide prevention i.e. Irish Water Safety and the Suicide Prevention, Health Promotion, Mental Health and Ambulance Services of the HSE, Search and Rescue, Fire Service, Gardai, National Suicide Research Foundation, Samaritans, Console, Pieta House and Limerick City Council was set up to address the issue of reducing access to means of deliberate self-harm and suicide by drowning in Limerick City.

Recent legislation and policy directives are placing an onus on all statutory agencies to work together as service providers in health and education to support and promote the mental health and wellbeing of all as a paramount consideration. Positive interagency alliances and partnerships at local level are the vehicle to ensure that this duty is discharged across agency boundaries. Key initiatives include introducing safety measures at specific high-risk sites, development of an information resource for persons in distress, training for emergency responders and taxi drivers. Supporting and resourcing key front line service providers in meeting this challenge in practice are central to this working group.

North Dublin City, North Dublin County

WORKING TO PROMOTE THE WELL-BEING OF YOUNG PEOPLE

Resource Officer for Suicide Prevention in DNE leads out on a broad range of mental health promotion programmes that work to address the broader determinants of health. An example of this is the work with Fingal Leader Partnership (FLP) and specifically the Youth Mental Health Promotion Officer with their links with all the youth clubs, sports clubs, HSE staff, community volunteers in the North Fingal area. This area of North Dublin has the highest growing youth population and there is recognition from the HSE, FLP and local and voluntary groups for the need to promote well-being at a community level. Parents have been upskilled in safeTALK and in resilience building training thereby providing capacity in the community whereby people have enhanced skills and knowledge to promote positive mental health. In addition, a diary insert on positive mental health is produced each year in the area for schools and now includes posters and calendars with specific information in relation to services for young people.

Louth, Meath, Monaghan, Cavan

LOUTH COUNTY GAA AND HEALTH PROMOTION DEPARTMENT HSE DNE JOINT MENTAL HEALTH INITIATIVE

The programme supported by the Regional Resource Officer for Suicide Prevention aimed to assist Louth County GAA to incorporate mental health promotion and suicide prevention into all aspects of their activities including their governance, the programmes they run, the partnerships they engage in, and the communities within which they operate. It aims to build on the excellent work already being done within Louth County GAA in the promotion of positive mental health, as well as to identify specific areas in which Louth County GAA could improve support to its members and the wider community.

To objective is provide Mental Health Promotion and Suicide Awareness training to representatives from Louth County GAA such as coaches, players, supporters and managers throughout Co. Louth. To introduce a culture whereby players, coaches, supporters and the wider community are given the skills to be aware of their own mental health and how to support others who may find themselves in crisis. To develop a signposting and support network within each GAA club whereby those who may be experiencing difficulty in their life's can get the support they need.

South Dublin City & County, Kildare, Wicklow

IMPLEMENTING A WHOLE COMMUNITY RESPONSE TO SUICIDE

A multi-agency Steering Group was established to develop, implement and review a range of Mental Health Promotion and Suicide Prevention measures across sectors and within the community in Kildare/West Wicklow. From this an interagency working group was established with the brief to develop a Planned Community Response to Suspected Suicide for the Local Health Office area. The aim was to develop a plan for a standardised response and to identify the range of services available from the relevant professionals through statutory, voluntary and community agencies, when a death by suspected suicide occurs.

This plan is based on best practice guidelines and is intended to facilitate the early detection of potential related suicides and to co-ordinate a timely response by all sectors of the community to address the problem and prevent further deaths by suicide occurring.

In the midst of a number of suicides in a community there is often confusion and a lack of clarity about what can be done to address the problem. It is intended that this plan will provide a template for action that can be implemented in any community experiencing this problem.

Resource Officers – 2012 Highlights (Continued)

Waterford, Wexford, Killkenny, Carlow, South Tipperary

DEVELOPING A LOCAL SUICIDE PREVENTION ACTION PLAN FOR CO. KILKENNY

The Regional Suicide Resource Office of the South East continued to work with the other statutory bodies along with the voluntary and community sector in attempting to ameliorate the impact of suicides in our communities throughout 2012. Such work is underway with the various arms of local government in the development of local action plans for suicide prevention.

Currently in the South East there are Action Plans in County Wexford, developed under the County Development Board, and in Waterford City under the Waterford City Development Board. These are at implementation phase and work on delivery of action is on-going.

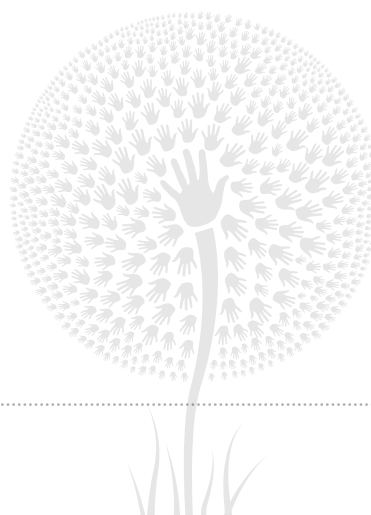
During 2012 work has commenced on the development of similar plans in the other areas such as Waterford County under the social inclusion measures group of Waterford County Council, Killkenny and Tipperary SR under the same structures of the County Councils.

Cork, Kerry

WORKING TO PROMOTE SUPPORT SERVICES IN CORK TO THE COMMUNITY

In partnership with both the HSE South North Lee Community Work Department and the HSE South Health Promotion Department provided information on health promotion, suicide prevention, bereavement support services and community based initiatives during a weekend long Emergency Services Expo in the City Hall Cork. The development and distribution of the A4 Information Resource Poster citing supports available for those who are experiencing distress or are at risk of taking their own life and for those bereaved by Suicide. It has been distributed to the following:

- ▶ All those requesting and attending Suicide Prevention Training
- ▶ Throughout the HSE internally via the organisations intranet
- ▶ Schools, Post Offices, Library, Clergy, Garda, Voluntary organisations & Statutory organisations, Addiction Services
- ▶ Frontline staff/services/organisations



The availability of frontline suicide prevention and support services is critical to reducing rates of suicidal behaviour in Ireland.

3.6 | Provision of Services

2012 HIGHLIGHTS

- ▶ Project to improve hospital protocols in treatment of self-harm funded
- ▶ Dialectical Behavioural Therapy and cognitive analysis therapy training for ten HSE mental health teams
- ▶ Development of online counselling services
- ▶ Funding provided to expand Pieta House outreach supports in Ballyfermot, Finglas and Tallaght
- ▶ Funding of Samaritans' CONNECT project, to link helplines in the suicide prevention field

Introduction

The National Office for Suicide Prevention funds a number of frontline services that respond to individuals in crisis or who have been bereaved by suicide. The development and resourcing of effective responses in statutory health services and within the voluntary sector for people who present to services having engaged in self-harm is critical to reducing rates of suicidal behaviour in Ireland.

Self-Harm Services

A significant focus in 2012 for the NOSP was the enhancement of services for individuals who engage in deliberate self-harm. A collaboration between HSE South hospital emergency departments and the National Suicide Research Foundation funded by the NOSP in 2012 focused on increasing the quality and accessibility to services for those engaging in deliberate self-harm. The project focuses on the areas of training and assessment, and the intended outcome is the establishment of a

standardised whole-hospital approach to the treatment of self-harm. It is anticipated that a successful pilot will have the potential to be adapted and utilised throughout the acute hospital sector. This project is interlinked with the HSE Mental Health Clinical Care Programme focused on reducing self-harm admissions to emergency departments within the acute hospital setting.

Dialectical Behavioural Therapy (DBT) Training

Dialectical Behavioural Therapy capital is an evidence-based therapeutic intervention aimed at those with a diagnosis of borderline personality disorder. Thirteen teams in Cork, Dublin Northeast and Mayo undertook specialised training in DBT and cognitive analytical therapy designed to meet the complex needs of people who may not have responded to other treatments. This represents the first phase of a plan to promote broader interest and practice in this field with an Irish based research programme underpinning learning and future developments.



Pieta House Suicide and Self-Harm Services

In 2012, the NOSP continued to fund Pieta House. The organisation provides a readily accessible service within a community setting. The Pieta House service provides a timely intervention, targeting people with suicidal ideation and people engaging in self-harming behaviours. Their therapeutic model is solution focused and strength based. The NOSP funds the Pieta House Outreach Service based in Ballyfermot, Finglas and Tallaght. In 2012, these services saw a significant increase in referrals from 446 clients to 792 clients.

Helpline Services

SAMARITANS

During the 12 months from November 2011 to October 2012, a total of 412,167 calls were answered by the Samaritans Helpline. A total of 6,912 people received face to face support from Samaritans and within the same reporting period, 11,697 emails and 7,467 text message contacts were supported.

In September 2012, Samaritans Ireland announced agreement with the six largest telecoms providers in Ireland on the provision of a new freephone helpline number. This is due to be operational in mid 2013. Samaritans provides skills training in the area of “active listening”, a core element of effective emotional support to a range of agencies, groups and other charities. Samaritans also work with schools, youth groups and third level institutions in supporting the many initiatives undertaken to educate young people about the importance of maintaining good mental health and techniques for improving coping skills. Samaritans has an established and well regarded association with prison support work most notably its Listener Scheme which is the largest peer support scheme in Irish prisons. In 2012, the listener scheme celebrated its 10th anniversary in Ireland. Work on the updating of “Media Guidelines for reporting suicide and self-harm” began in 2012 and the updated version will be published in 2013.

TEEN- LINE IRELAND

Teen-Line Ireland primarily targets young people (male and female) between the ages of 13 and 19 years both acknowledging and valuing the diversity and similarities amongst young people of various religious beliefs, ethnic origin, sexuality and economic backgrounds. Teen-Line Ireland targets young people at risk, young people who feel alone, worried, depressed, troubled lost or confused and those who just need to talk. The organisation received over 8,000 contacts in 2012 the majority of these callers were female and repeat callers.

DEVELOPMENT OF ONLINE COUNSELING SERVICES

MyMind offers prevention and early intervention counselling through the provision of benefit rate consultations, free of charge consultations sessions and workshops for people suffering from mild mental health issues MyMinds programme aims to prevent problems from escalating into something more severe consequently reducing suicide rates in Ireland. The NOSP commenced funding the organization in 2012, In total MyMind has supported over 5,000 clients directly (with an average of 4 sessions per client); over 90% of whom have had positive mental health outcomes. Additionally they have supported free of charge over 4,000 clients online with a total of 1,130 emails answered alone in 2012. Appointments are offered with mental health professionals within approximately two or days.

MyMind is a unique service in that the organisation is able to offer affordable consultations to clients in many different languages from Portuguese and Polish to Russian and Italian thereby enabling service users to converse in their native tongue. This has proven to be an extremely popular and beneficial service as many of our clients are not native English speakers.

2012 INNOVATIVE INITIATIVE

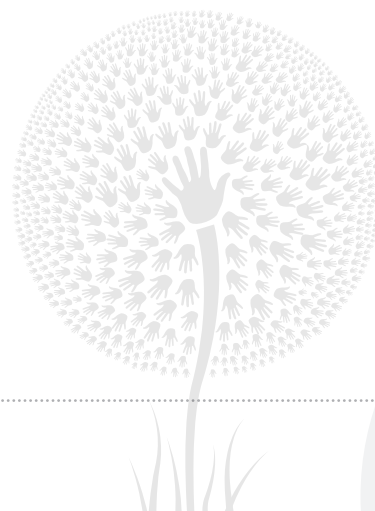
THE EDEN PROGRAMME

The Eden Programme was set up by Suicide or Survive in order to provide people who have attempted or contemplated suicide with an opportunity to explore their own experiences, develop their personal skills, and source avenues of support and assistance.

The programme aims to improve the mental health service provision with the ultimate aim of suicide prevention.

The programme is a 24 week closed group programme which is educational in nature with a therapeutic element. It forms one part of an individuals' support system and encourages those who attend to work on building natural supports for themselves in their own communities. The programme focuses on empowering participants to make appropriate choices in terms of their day to day lives and more particularly in times of

emotional crisis, to reduce the potential of death by suicide, to increase their awareness of suicide and suicide prevention while also addressing the stigma that exists around mental health, and to highlight the fact that suicide is a permanent solution to a temporary problem. The core ethos of the programme which is run by skilled facilitators is to empower in a non-judgemental way to enable participants to take control of their own lives. The expansion of the Eden Programme to organisations outside of Suicide or Survive and across the country represents a development of community mental health service provision for people who have attempted or contemplated suicide – those who are currently using formal mental health services and those who have yet to do so, or have done so in the past.



3.7 | Responding to Suicide

2012 HIGHLIGHTS

- ▶ National Standards for Bereavement Support Services published
- ▶ Continued funding of Console bereavement counselling, with 13,582 service contacts in 2012
- ▶ Supporting families bereaved through suicide by the development of the Suicide Liaison Project in Mayo

Introduction

The time after a death by suicide is an extraordinarily difficult time for those bereaved by suicide.

The provision of appropriate services is necessary to support families and communities. The range of bereavement support services varies greatly from professional one-to-one psychotherapy services, to organising community support services, to supplying people with printed information.

Bereavement Counselling

The NOSP provides direct funding to Console for the provision of bereavement counselling to those affected by suicide in Ireland, primarily through face-to-face services.

The total number of service contacts undertaken by Console was 13,582 with approximately 75% of service users being female. The majority of these contacts were for face-to-face counselling. Console received 6,749 calls to its helpline for support and information. Just over 4,000 individuals attended their support groups.

Console provides direct counselling services in Dublin, Cork, Limerick, Galway, Wexford, Athlone, Mayo and Kildare and additional outreach centres. Telephone support is provided through a call centre in Dublin.

National Standards for Bereavement Services

In 2012, the NOSP, Console and Turas le Cheile a voluntary bereavement support group from Kildare developed national standards for organisations and groups delivering services to people bereaved through suicide in Ireland. As part of the process a framework document was developed and the standards were tested within a bereavement service. Feedback was then incorporated in the development of a practical resource for agencies. A copy of the national quality standards is available on www.nosp.ie.

Mayo Suicide Liaison Project

This project commenced in October 2012. It is concerned with developing a protocol for the county of Mayo for all the first responders to a suicide event to ensure that they inform individuals and families who are affected by suicide of the availability of a liaison person to support them to cope with their tragedy. If the family so wish the liaison person will then visit the family or individual and collaboratively work with them to engage with any service that may be helpful to them and also to provide them with whatever practical supports that may be useful or that may be requested. The project completed research among 30 families who were affected by suicide as to what was helpful to them or unhelpful so as to inform services. This report will be published in 2013.

While the primary target group for this project is families and affected by death through suicide. The project also provides direct support to first

responders. We are also working with other services that we refer to as “second responders” who are not directly involved, yet require support e.g. ambulance services, fire services, mortuary team, rescue services.

Two information leaflets for first responders and the public were published and distributed. The availability of the service to the general public has been promoted through local media and a number of news items published in local media, information bulletins, magazines and public information sessions.

The sudden unexpected death through suicide is emotionally very hard for loved ones, neighbours, work colleagues and the community. At this time it is important for individuals, families and communities to be supportive of each other.



Minister Lynch launches the community booklet, national quality standards and a training programme, developed by HSE National Office for Suicide Prevention and Console. Pictured at the launch were Mr Paul Kelly, Console, Minister Kathleen Lynch, Ms Catherine Brogan, NOSP and Mr Martin Rogan, HSE.

3.8 | Policy Influence

2012 HIGHLIGHTS

- Allocation of additional financial resources to the budget of the NOSP in 2012
- Development of Standards for agencies working in suicide prevention
- Collaborative working with HSE clinical care programmes to develop policies and service delivery
- Completion of national consultation on suicide prevention as part of the NOSP 2012 forum
- Work with the Department of Education and Science and Department of Health on completion of national guidelines on mental health promotion and suicide prevention for the post primary school setting
- Completion of 'Young Men and Suicide Project

Introduction

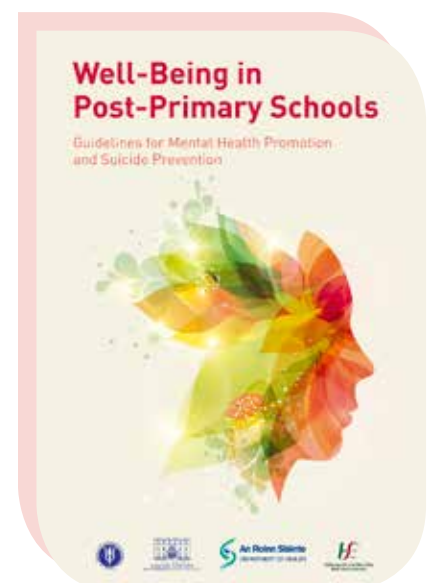
Influencing policy-makers and key players regarding mental health promotion and suicide prevention is a key objective of the NOSP. The NOSP acts as the lead advisory department within the HSE on matters relating to suicide prevention. The NOSP works on an ongoing basis to monitor and influence policy on issues relating to suicide prevention and support, using research findings where possible to ensure that policy is targeted and responses effectively to the needs of those at risk of or affected by suicide.

Increased Investment in Suicide Prevention

Suicide is a major public health concern in Ireland. In 2012 the NOSP secured an additional €1 million in funding. The NOSP in partnership with the Department of Health advocated for and achieved an increased investment in suicide prevention as part of the Programme for Government. This funding which will allow the NOSP, Government Departments, Frontline Services, Research Institutes and Communities to better understand issues related to suicide and deliver programmes and services that meet the needs of those at risk of or affected by suicide.

Completion of 'Well-Being in Post-Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention'

In 2009, in response to Action 2.1 of Reach Out, the Social, Personal and Health Education (SPHE) interdepartmental committee established a sub-committee on mental health to develop guidelines taking into account the views of stakeholders and relevant research. This sub-committee included representatives from the Department of Health (DoH), the Department of Education and Skills (DES) and the Health Service Executive (HSE). Funding was provided by the NOSP to support the work of this committee.



The NOSP acts as the lead advisory department within the HSE on matters relating to suicide prevention, the development of national standards for suicide prevention is key to delivering high quality services across the sector.

One of the key terms of reference of the group was to develop national guidelines for post primary schools on mental health and suicide prevention

A national consultation process was carried out involving the key stakeholders from health, education and other relevant sectors in 2010. In 2012, the committee completed the development of the guidelines and have been published online and disseminated to every post primary school in Ireland. They are intended to build on the existing good practice already in place in many post-primary schools. These Guidelines are of relevance to all members of the school community.

Development of Standards for Agencies Working in Suicide Prevention

The lack of standards and quality assurance around services, including those within the arena of suicide prevention, is problematic and symptomatic of the manifestation of multiple service providers. The then Government, in 2011, nominated the Irish Association for Suicidology, as the Organisation tasked with a scoping exercise around the development and implementation of standards for services in prevention, intervention and postvention. The second draft is now being reviewed and a steering group established to oversee its progression to a practical resource for agencies and funders and an implementation / management process.

In a similar vein and in testimony to the growing number of on-line service providers Inspire Ireland in partnership with NOSP, and as part of the Technology & Mental Health Network is developing “Good Practice Guidelines” for the safe delivery of online mental health supports. The guidelines will be formally launched in 2013 but will provide information and support to online mental health around information based mental health websites; forum based peer to peer mental health support, online counseling services and mental health information and / or support services embedded on social networking sites.

Publication of ‘Lesbian, Gay and Bisexual Patients: The Issues for General Practice’ by GLEN

This Guide is written for General Practitioners to advance their understanding of what they need to know when treating lesbian, gay or bisexual (LGB) people in the primary care setting. A number of national policies and reports highlighted the need for LGB people’s health needs to be considered by health professionals and for health care providers to be inclusive of this patient group in their practice. This guide aims to address the most



Ms. Kathleen Lynch TD, Minister for State, Department of Health and Mr. Ruairi Quinn TD, Minister for Education and Skills at the launch of National School Guidelines which were completed with support from the NOSP in 2012.

common questions and information gaps that general practitioners may have in relation to providing primary care to LGB people. To achieve this it covers:

- ▶ Sexual orientation concepts and language
- ▶ A review of LGB health issues including Mental Health and suicidal behaviour
- ▶ Good practice in service provision to LGB patients

GLEN is funded by the NOSP to promote positive mental health among the LGBT community.

National Consultation on Future Direction of Suicide Prevention

The 2012 NOSP Forum saw 130 representatives from 70 agencies and organisations working in suicide prevention in Ireland come together. The programme included national and international speakers detailing current research, developments and case histories. A section of the Forum was dedicated to a “Round Table” discussion across a number of themes and questions. Key Points for consideration by the National Office for Suicide Prevention (and other relevant organisations) were highlighted to be addressed in the course of the remainder of the ‘Reach Out’ strategy period.

COMMUNICATIONS

- ▶ Promote and coordinate messages and work to avoid the issue of duplication. Agencies need to work together to create a network of organisations at a local and regional level. Need for better coordinating and sharing of information. Instigate the construction of a centralized ‘one-stop-shop’ for families, professionals, public etc vetted by an appropriate authority signposting

COMMUNITY

- ▶ There is much work been undertaken at a community level. The NOSP needs to use the Suicide Resource Officers for Suicide Prevention to disseminate best practice on good initiatives and available information at a regional level. There is a need for real engagement of minority groups

FUNDING

- ▶ There is a need to create a framework to mandate all organisations providing services to work together as criteria for their funding. Priority needs to be given to programmes and services that are based on partnership. A review of possible duplication of work need to be taken among relevant stateholders.

HELPLINES

- ▶ Sub group of the National Implementation Committee to be formed focused on Help lines

RESEARCH

- ▶ Development of a research repository; development of a code or charter for all agencies who are funded

SCHOOLS

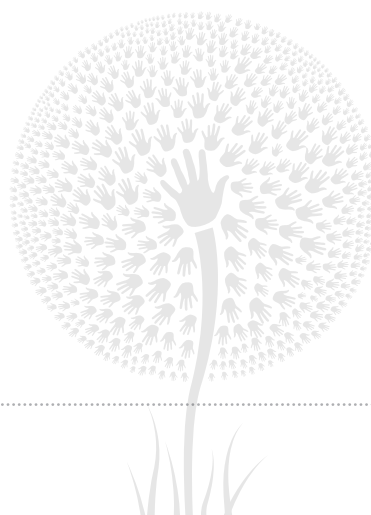
- ▶ Agencies need to inform each other of what they do in schools. Schools and outside agencies need to familiarize themselves with mental health guidelines

STANDARDS

- ▶ Distribute best practice and standards for services. Completion of national audit current services and supports available Accreditation process for voluntary agencies needs to be established

SERVICE DEVELOPMENT

- ▶ Addiction and Suicide services need to become more integrated



3.9 | Reach Out Action Areas

The section below reports on activities up until 2012 under the Action Area headings in Reach Out – available on www.nosp.ie.

Reach Out, the suicide prevention strategy for Ireland, comprises 26 action areas with 96 actions over a ten-year period 2005 to 2014 and covering three phases. The table below outlines a summary of key activities undertaken in each action area of the strategy.

Table 3.1 Reach Out action areas summary.

Action Area	Activity
LEVEL A → GENERAL POPULATION APPROACH	
1 THE FAMILY To improve support to all families in Irish society, especially those socially excluded and those in crisis.	The NOSP has funded the Family Resource Centres based in the HSE West to develop a national code of practice for family resource centres nationwide, this code of practice has been published.
2 SCHOOLS To promote positive mental health, develop counselling services and put standard crisis response protocols in place in all primary and secondary schools.	The HSE, the Department of Education and the Department of Health have published "Well-Being in Schools: National Guidelines for Mental Health Promotion and Suicide Prevention in Post Primary Schools". Discussions have commenced internally within the HSE on how the guidelines can be translated and supported by the organisation. The guidelines outline how schools can develop a whole-school approach to mental health promotion, including information on systems necessary to support young people with mental health difficulties and how schools can respond to a young person in crisis.
3 YOUTH ORGANISATIONS AND SERVICES To equip the youth sector with the resources needed to provide support to all young people, especially those who may be disadvantaged or at increased risk and to reflect the voice of young people in planning and developing these services.	The NOSP continued to provide direct funding to the National Youth Council of Ireland, the Young Social Innovators, Teenline Ireland, Inspire Ireland, SpunOut and Belong 2. The aim is to provide a range of supports, training and mental health promotion programmes to youth leaders and young people in the out of school setting, including online.

4 THIRD LEVEL EDUCATION SETTINGS

To promote positive mental health, develop counselling services and put standard crisis response protocols in place in all third level education settings, and to establish mental health issues as part of the appropriate third level curricula.

The PleaseTALK (www.pleasetalk.ie) campaign continued in all third level education settings in Ireland. The online campaign aims to provide information and support to third level students available within the institutions they attend. The campaign is delivered by student support services, Inspire Ireland and the USI has been funded by the NOSP since 2007.

5 WORKPLACES

To promote positive mental health, employee supports and crisis readiness in all places of work.

The NOSP continued to provide mental health awareness information, training and guidance to workplaces on suicide prevention. The Office has been focused on government agencies, financial institutions and other organisations working with clients impacted by the economic downturn.

6 SPORTS CLUBS AND ORGANISATIONS

To develop the potential of sports clubs as settings for positive mental health promotion.

The NOSP in partnership with HSE Health Promotion and the GAA commenced the development of a model for using sports clubs as a setting for promoting mental health. Guidelines were developed for responding to suicide within sports clubs. Broader discussions have commenced to identify how the leading sporting organisations can develop similar programmes to target young men.

7 VOLUNTARY AND COMMUNITY ORGANISATIONS

To develop formal and structured partnerships between voluntary and community organisations and the statutory sector in order to support and strengthen community based suicide prevention, mental health promotion and bereavement support initiatives.

The NOSP funded the Irish Association of Suicidology to complete a consultation report on an accreditation model for voluntary organisations working in suicide prevention. Draft standards have been completed and work will commence on how an accreditation system can be established for the sector.

The HSE has published guidelines for community organisations on responding to suicide entitled 'Suicide Prevention in the Community: A Practical Guide'.

The NOSP has trained over 25, 000 participants in ASIST and safeTALK courses.

8 CHURCH AND RELIGIOUS GROUPS

To support the role of churches and religious groups in providing pastoral care to the community and in promoting positive mental health, especially in the aftermath of a suicide.

Members of religious groups continued to attend ASIST programmes. In addition, many religious groups within communities provide bereavement support to families affected by suicide.

9 MEDIA

To develop alliances with the media so that potentially harmful media portrayal of suicidal behaviour is avoided and that the unhelpful portrayal of the issue is discouraged.

The NOSP continue to disseminate the National Media Guidelines on the reporting of suicide developed by Samaritans and the IAS. Headline, the media monitoring programme, continued to educate journalists and media outlets and monitor media reporting of suicide within the Irish media and report breaches of national guidelines to relevant stakeholders.

The national guidelines have been updated and will be launched in August 2013.

10 REDUCING STIGMA AND PROMOTING MENTAL HEALTH

To reduce the stigma associated with suicidal behaviour and emotional distress that exists in every sector of society from public office to health professionals and the general public and promote positive mental health.

The NOSP continues to implement two national mental health social marketing campaign, the outputs of the campaign are described in Section 3.4 of this document. The NOSP is an active member of 'See Change' the National Anti-Stigma Campaign. A new communications advisory group has been established within the HSE to develop a new communication strategy focused on suicide prevention and developing existing social marketing campaigns.

11 PRIMARY CARE AND GENERAL PRACTICE

To support the development of mental health care within primary care services and to develop suicide prevention awareness and skills training for primary care workers.

In 2012, the NOSP and the ICGP developed a standardised suicide prevention training programme for general practice staff including General Practitioners and practice nurses.

Action Area

Activity

LEVEL B → TARGETED APPROACH

12 DELIBERATE SELF-HARM

To develop and resource an effective response in the health services for people who present to services having engaged in deliberate self-harm and design ways to reach out to those who self-harm but who are reluctant to access traditional services and supports.

The NOSP continued to provide direct input into the HSE National Mental Health Clinical Care Programme focused on developing standardised responses for people who present with self-harm to Emergency Departments. The NSRF in partnership with the Mercy Hospital in the HSE South have developed a pilot training programme for staff working in Emergency Departments.

13 MENTAL HEALTH SERVICES

To improve mental health service provision, especially in the areas of community mental health team, pre-discharge assessment from in-patient services and follow-up support.

The Office of the Assistant National Director, Mental Health continued to coordinate and drive the implementation of A Vision for Change in 2012. A description of this work is available on www.hse.ie/mentalhealth.

14 ALCOHOL AND SUBSTANCE ABUSE

To challenge permissive, harmful attitudes to alcohol abuse, help to reduce overall consumption rates and raise awareness of the association between alcohol and/or substance abuse and suicidal behaviour.

The NSRF have completed a detailed analysis of the impact of alcohol on self-harm rates within Ireland. This information was incorporated into a briefing document in 2012.

15 MARGINALISED GROUPS

To determine the particular vulnerability of socially excluded, marginalised groups in society to suicidal behaviour and develop supports to counteract that vulnerability.

Crosscare continued to implement the Suicide Prevention Programme targeted at the Travelling Community. The programme received additional funding in 2012 from the NOSP to allow the programme to target more intensively men at risk of suicide within the Travelling community.

16 PRISONS

To reduce the level of suicidal behaviour in prisons as recorded by the Irish Prison Service and the NSRF.

The Irish Prison Service in partnership with the HSE and the Psychiatric Nursing Association continued its roll out of the STOP (Suicide Training Outline for Prisons) programme with training delivered across the Irish Prison Service. The content of the programme was revised in 2012 and the programme officially launched by the Minister for Mental Health.

17 AN GARDA SIOCHANA

To support the Gardai in all aspects of their work related to suicidal behaviour.

In 2012, the NOSP through the Resource Officers for Suicide Prevention in the HSE West continued its partnership with the Irish Garda Training College to ensure that ASIST training is offered to members of An Garda Siochana.

18 UNEMPLOYED PERSONS

To support the development of services and programmes for unemployed people to help increase resilience and reduce the risk of engaging in suicidal behaviour.

The Dodder Valley partnership is completing a programme targeting men who are unemployed and impacted by the recession. The Irish Association of Suicidology completed mental health awareness sessions with 700 staff from St. Vincent de Paul.

19 PEOPLE WHO HAVE EXPERIENCED ABUSE

To develop awareness of the increased risk of suicidal behaviour among victims of abuse and develop support services building on the services provided by the National Counselling Service.

The HSE National Adult counselling service continued to provide one to one counselling to persons who have experienced abuse.

20 YOUNG MEN

To develop services and initiatives that will help young men to cope with changing roles in society and involve them in the development of policy and services that affect them.

In partnership with the Public Health Agency in Northern Ireland, the NOSP is funding an All-Island project focused on targeting young men at risk of suicidal behaviour. In 2012, this programme included a national consultation and literature review to identify best practice. The project is examining ways in which community based projects and online support services can connect with young men you are at risk of mental health problems and suicidal behaviour.

21 OLDER PEOPLE

To promote positive mental health among older people, raise awareness of the vulnerabilities of older people and develop support services for isolated older people.

The HSE West have developed a training programme for care givers to older people on mental health awareness and suicide prevention, this programme will be rolled out nationally in 2012.

22 RESTRICTION AND REDUCING ACCESS TO MEANS

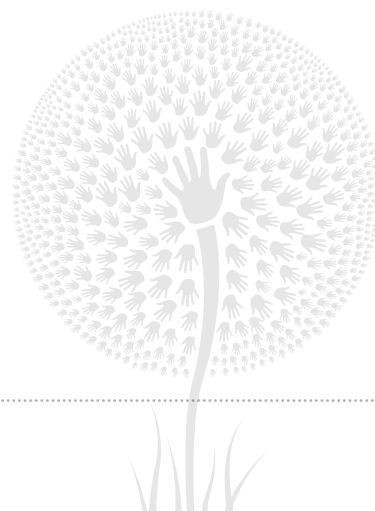
To limit access to the means and methods of self-harm and suicide.

The DOH has a working group focused on reducing availability of medication.

In addition, local HSE services and non statutory agencies have been working to examining.

Action Area	Activity
LEVEL C → RESPONDING TO SUICIDE	
<p>23 RESPONDING TO SUICIDE</p> <p>To ensure that an effective and standardised service and supportive response is provided by relevant professionals and voluntary agencies across a range of settings when a death by suicide occurs.</p>	<p>Console provide direct one to one counselling to families and persons bereaved by suicide, this service is funded by the NOSP. The NOSP have developed national standards for bereavement support services and have developed models of good practice for agencies supporting families bereave by suicide.</p>
<p>24 CORONER SERVICE</p> <p>To develop the Coroner Service as a service for the living, especially those bereaved by suicide, and support coroners themselves as their role develops.</p>	<p>Through the SSIS study, the role of the coroner in the facilitation of information to bereaved families has been developed.</p>

Action Area	Activity
LEVEL D → INFORMATION AND RESEARCH	
<p>25 INFORMATION</p> <p>To establish effective and integrated national information systems relating to suicidal behaviour in order to inform service development and to improve the availability and accessibility of information on where and how to get help.</p>	<p>The NSRF completed the development of a Suicide Support Information System pilot study aimed at developing a system that collates information on people who have died by suicide from three information sources including families, health professionals and coroners. The NSRF is currently developing a system which will examine how information collated from the coroners can be linked into CSO data.</p>
<p>26 RESEARCH</p> <p>To systematically plan research into suicidal behaviour to address deficits in our knowledge, ensure that the development of services is evidence based and bridge the gap between research and practice.</p>	<p>The NOSP and the NSRF have an agreed research plan and service plan for research to be completed under the remainder of Reach Out.</p> <p>The NOSP will be commissioning an evaluation of 'Reach Out'.</p>





SECTION 4

Suicide Mortality and Self-Harm in Ireland



Supporting the production of robust research helps to ensure that suicide support services are evidence-based and meet identified needs.

Suicide Prevention

Suicide prevention is the 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.

Suicidal behaviour refers to the spectrum of activities related to suicide including suicidal thinking, self-harming behaviours not aimed at causing death, and suicide attempts (Commonwealth Dept of Health and Aged Care, Australia, 1999; De Leo et al, 2006). Self-harm includes 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 self-harm.

Data Collection and Issues to Note

The Central Statistics Office (CSO) publishes national mortality data, including data on deaths by suicide. There are three important points to note about the mortality statistics.

Firstly, the CSO provide mortality data in two forms: (i) year of registration data and (ii) year of occurrence data. The year of occurrence data is the official data, and it generally takes two years for this data to be released. At the time of writing, 2010 is the most recent year for which year of occurrence data is available. In contrast, year of registration data is made available more quickly. At the time of writing, the year of registration data is available for 2012. However, this data includes some deaths which occurred in 2011, and does not include some deaths which occurred in 2012. The result is that year of registration data is not comparable with year of occurrence data, and therefore, it is not possible to use it as a means of determining if the rate of suicide has increased or decreased from one year to the next. However, because the latter provides more recent information there is a temptation to use it. Caution is urged in interpreting year of registration data, and readers are encouraged to use the year of occurrence data only.

Secondly, deaths by suicide are included in the category of deaths by external causes, along with deaths by accident, homicide and undetermined deaths. It is likely that a proportion of the deaths classified as undetermined were actually deaths by suicide. However, it is not possible to calculate the proportion, and it is not possible to say whether the proportion remains the same each year.

Thirdly, the absolute number of deaths by suicide is relatively small each year, statistically speaking. Therefore, it is more appropriate to report the rates per 100,000 population, rather than the raw numbers, so that changes in the population data are taken into account and can be accurately compared on a year by year basis. Once the data is broken down by categories, such as gender and age group, the numbers become even smaller. In order to make the data meaningful we combined data across a number of years in order to determine true changes in trends.

The National Suicide Research Foundation (NSRF) publishes the National Registry on Deliberate Self-Harm (NRDSH) which presents data on persons who present to hospital emergency departments after an episode of deliberate self-harm. The NRDSH is in operation since 2002 and has had national coverage since 2006.

4.1 | Prevalence of Suicidal Behaviour in Ireland

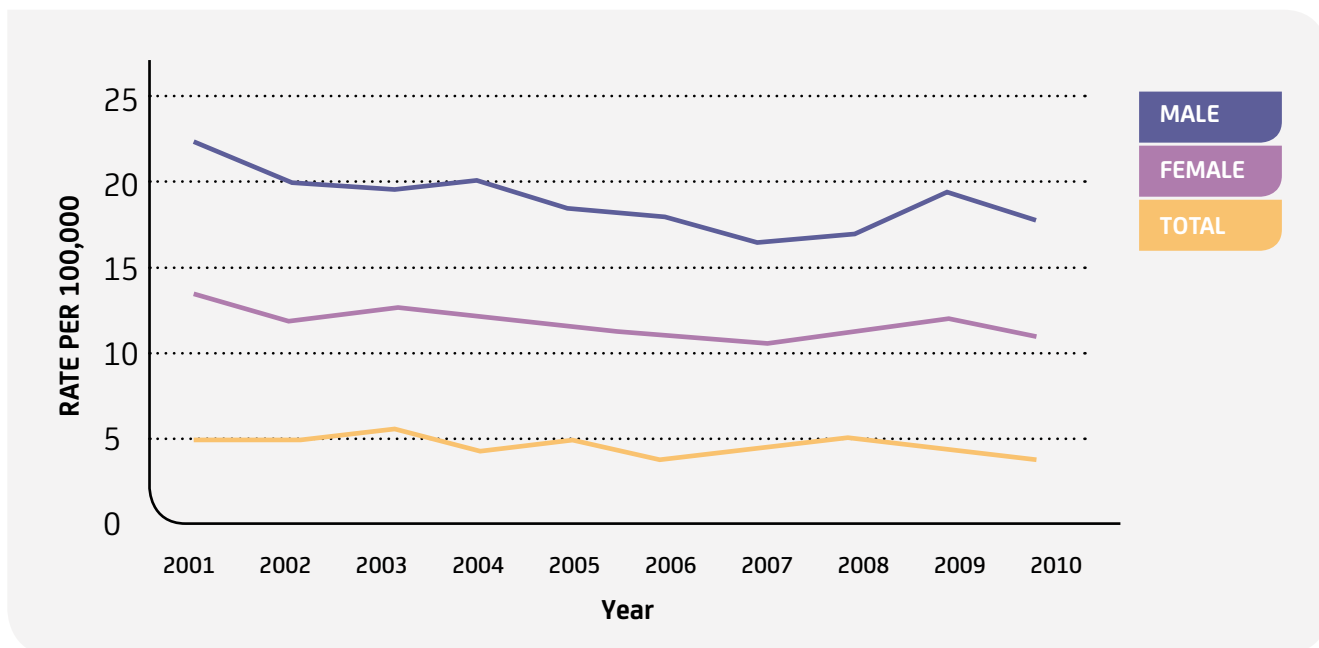
Suicide

There were 495 deaths by suicide in Ireland in 2010, representing a rate of 10.9 per 100,000 population. 405 (82%) of these were among men. This gender differentiation is a constant feature of the deaths by suicide over the years, as can be seen in Table 4.1 opposite.

Table 4.1 Rate of suicide and other causes of death 2004-2010.

	Suicide		Undetermined		Deaths by External Cause		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2010								
Males	405	17.4	78	3.5	1114	50.3	13833	624.2
Females	90	4.4	45	2.0	487	21.6	13289	589.4
Total	495	10.9	123	2.8	1601	35.8	27122	606.7
2009								
Males	443	20.0	52	2.3	1236	55.7	14727	664.1
Females	109	4.9	22	1.0	490	21.9	13653	609.1
Total	552	12.4	74	1.7	1726	38.7	28380	636.4
2008								
Males	386	17.5	64	2.9	1215	55.1	14457	655.3
Females	120	5.4	19	0.9	506	22.8	13817	623.6
Total	506	11.4	83	1.9	1721	38.9	28274	639.8
2007								
Males	362	16.7	87	4.0	1252	57.7	14391	662.8
Females	96	4.4	32	1.5	507	23.4	13726	633.1
Total	458	10.6	119	2.7	1759	40.5	28117	648.0
2006								
Males	379	17.9	68	3.2	1180	55.6	14065	688.5
Females	81	3.8	16	0.8	484	22.8	13883	655.3
Total	460	10.8	82	1.9	1664	39.2	28488	671.9
2005								
Males	382	18.5	93	4.5	1239	60.1	14412	699.0
Females	99	4.8	41	2.0	506	24.4	13848	668.3
Total	481	11.6	134	3.2	1745	42.2	28260	683.6
2004								
Males	406	20.2	60	3.0	1127	56.0	14801	735.9
Females	87	4.3	21	1.0	467	23.0	13864	682.1
Total	493	12.2	81	2.0	1594	39.4	28665	708.9

Figure 4.1 Suicide rate per 100,000 population by gender, 2001-2010.



Deaths of Undetermined Intent

There are indications that deaths of undetermined intent may include 'hidden' cases of suicide. However, it is not yet clear which proportion of undetermined deaths involve suicide cases. Table 4.2 presents the percentage of deaths of undetermined intent of all deaths by age group for the years 2004-2010.

Looking at the different age groups over time, a relatively high proportion of undetermined deaths were found among young people aged 15-24 years (range: 2.6% - 7.2%) and those aged 25-44 years (2.6% - 5.6%). The highest proportion of undetermined deaths was 7.2% among those aged 15-24 years in 2009.

Table 4.2 Percentage of undetermined deaths of all deaths by age and years 2004-2010.

Age Group	% 2010	% 2009	% 2008	% 2007	% 2006	% 2005	% 2004	Average number 2004-2010
<15	0.0	0.8	0.0	0.3	0.0	0.6	0.5	1
15-24	6.5	7.2	2.6	6.0	4.7	5.5	2.9	14.7
25-44	4.1	5.6	3.2	4.0	3.3	4.8	2.6	39.9
45-64	1.1	1.4	0.7	0.8	0.5	1.1	0.6	33.4
65+	<0.1	0.1	<0.1	<0.1	<0.1	<0.1	<0.1	12.4
Total	0.5	0.7	0.3	0.4	0.3	0.5	0.3	99.9
Average number for all ages	24.6	14.8	16.6	23.8	16.8	27.0	16.2	

Self-Harm

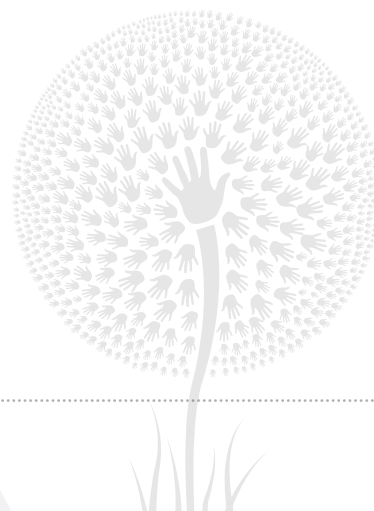
The National Registry of Deliberate Self-Harm is a national system of population monitoring for the occurrence of deliberate self-harm. It was established at the request of the Department of Health and delivered by the National Suicide Research Foundation and is funded by the National Office for Suicide Prevention. The Registry records all deliberate self-harm presentations to all hospital emergency departments in Ireland. The Registry's Annual Report 2012 can be found at www.nsrff.ie.

For the period 1 January to 31 December 2012, the Registry recorded 12,010 deliberate self-harm

presentations to hospital that were made by 9,483 individuals. Based on the data, the Irish person-based crude and age-standardised rate of deliberate self-harm in 2012 was 207 (95% CI: 203 to 211) and 211 (95% CI: 207 to 216) per 100,000, respectively. Thus, the age-standardised rate in 2012, which accounts for the changing age distribution of the population, was 2% lower than the equivalent rate in 2011 (215 per 100,000). This decrease follows a 4% decrease in the annual Irish rate of persons presenting to hospital as a result of deliberate self-harm from 2010 to 2011. Despite two successive decreases the rate in 2012 was still 12% higher than in 2007, the year before the economic recession.

Table 4.3 Person-based European age-standardised rate (EASR) of deliberate self-harm in the Republic of Ireland in 2002-2012 (extrapolated data used for 2002-2005 to adjust for non-participating hospitals).

Year	Men		Women		All	
	Rate	% difference	Rate	% difference	Rate	% difference
2002	167	-	237	-	202	-
2003	177	+7%	241	+2%	209	+4%
2004	170	-4%	233	-4%	201	-4%
2005	167	-2%	229	-1%	198	-2%
2006	160	-4%	210	-9%	184	-7%
2007	162	+2%	215	+3%	188	+2%
2008	180	+11%	223	+4%	200	+6%
2009	197	+10%	222	-<1%	209	+5%
2010	211	+7%	236	+6%	223	+7%
2011	205	-3%	226	-4%	215	-4%
2012	195	-5%	228	+1%	211	-2%



Methods of Suicide and Self-Harm

SUICIDE

Hanging is the most common method by which people die by suicide, 69% of deaths between 2006 and 2010 were by hanging. This was a more commonly used method by males (72%) than females (57%). The next most frequent methods were drowning (12% of all deaths; 10% of male deaths and 21% of female deaths) and poisoning, mostly

involving intentional drug overdose (9% of all deaths; 7% of male deaths and 16% of female deaths). Guns were used in 5% of all deaths, and there was no difference across the genders. The data is presented in Table 4.4 below.

Addressing access to means is a recognised and evidence based way of reducing deaths by suicide. A significant challenge for suicide prevention initiatives in Ireland is the high proportion of deaths which result from hanging.

Table 4.4 Method of suicide by age and gender, 2006-2010.

Age Group	% Poisoning	% Hanging	% Drowning	% Firearms	% Other	% Total
<15	0	100	0	0	0	100
15-24	5	85	5	2	3	100
25-44	10	70	10	5	6	100
45-64	11	59	18	6	6	100
65+	8	54	24	10	5	100
Total	9	69	12	5	5	100

SELF-HARM

With regard to common methods used in self-harm, almost three quarters (69%) of all self-harm presentations involved an overdose of medication, with women being overrepresented. Cutting was the only other common method of self-harm, involved in 23% of all episodes. Cutting was significantly more common in men (26%) than in women (21%). In 86% of all cases involving self-cutting, the treatment received was recorded. 30% received steristrips or steribonds, 30% did not require any, 21% required sutures while 4% were referred for plastic surgery. Alcohol was involved in 38% of all cases. Alcohol was significantly more often involved in male episodes of self-harm than female episodes (42% and 36%, respectively).



SUICIDE

Table 4.5 below provides data by geographical region for the rate of suicide deaths per 100,000 population across the 26 counties. The data has been aggregated into 3-year moving averages, providing data for five different time periods. This allows any potential trends to be identified across time.

There have been changes in rates in a number of counties. Steady increases can be seen in Kerry (only in recent years), Laois, Louth, Offaly, South Tipperary and Westmeath. Decreases have been seen in Carlow, Cavan,

Leitrim, Longford, Sligo, North Tipperary and Wicklow. However, caution is urged in interpreting these figures. Small differences in numbers from one year to the next, along with a change in population can result in a seemingly large change in rates. For example, in Carlow, there is only a difference of 5 between the year in which there were the most number of suicides (11 deaths in 2007), compared with the year in which there was the least number of suicides (6 deaths each in 2008 and 2009). However, this difference of 5 results in the rate peaking at 20.0 in 2005/2007 compared with the lowest rate of 11.8 in 2008/2010.

Table 4.5 Suicide rate by county, 3-year moving average, 2004-2010.

3 yr moving average	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Carlow	17.0	20.0	17.6	14.7	11.8
Cavan	19.3	18.9	17.1	15.3	12.4
Clare	12.6	12.2	12.9	14.4	11.8
Cork	14.1	14.0	14.7	14.9	15.1
Donegal	10.4	9.7	10.1	11.1	9.7
Dublin	9.2	8.3	8.3	8.7	9.0
Galway	10.5	10.1	9.8	10.4	11.6
Kerry	11.3	9.9	9.5	12.7	15.5
Kildare	10.6	11.7	11.7	11.7	10.4
Kilkenny	10.1	11.5	11.6	11.0	9.7
Laois	8.8	10.7	12.0	11.3	14.4
Leitrim	23.4	13.2	9.1	11.1	15.3
Limerick	12.4	11.2	9.6	10.9	11.6
Longford	15.2	12.7	10.6	9.5	8.2
Louth	9.3	8.7	11.2	11.8	13.1
Mayo	11.1	13.7	12.8	12.8	11.6
Meath	11.1	7.8	9.6	11.2	11.0
Monaghan	10.9	10.0	9.8	11.4	12.4
Offaly	12.8	12.0	13.9	15.0	17.7
Roscommon	12.7	17.7	15.7	12.1	11.4
Sligo	13.2	8.6	6.9	7.3	10.4
Tipperary North	19.1	14.7	14.9	15.0	15.0
Tipperary South	10.5	11.0	12.0	14.1	14.3
Waterford	14.4	10.7	11.4	11.3	13.4
Wexford	13.6	16.0	13.8	14.4	12.7
Westmeath	12.7	13.7	12.3	14.6	15.1
Wicklow	13.4	11.8	10.4	9.4	10.6
National	11.6	11.0	10.9	11.5	11.6

SELF-HARM BY GEOGRAPHICAL REGION

There was widespread variation in the male and female self-harm rate when examined by city/county of residence. The male rate varied from 106 per 100,000 for Galway County to 469 per 100,000 for Limerick City. The lowest and highest female rate was recorded for Monaghan and Limerick City residents at 141 and 528 per 100,000, respectively. Relative to the national rate, a high rate of deliberate self-harm was recorded for male and female city residents and for men living in Louth and Kerry and for

women living in South Dublin, Wexford and Leitrim. In 2012 the highest rates for both men and women were seen in Limerick City, where both rates were more than twice the national rate. In Cork City the male rate was almost twice the national average and the female rate was 43% higher than the national average.

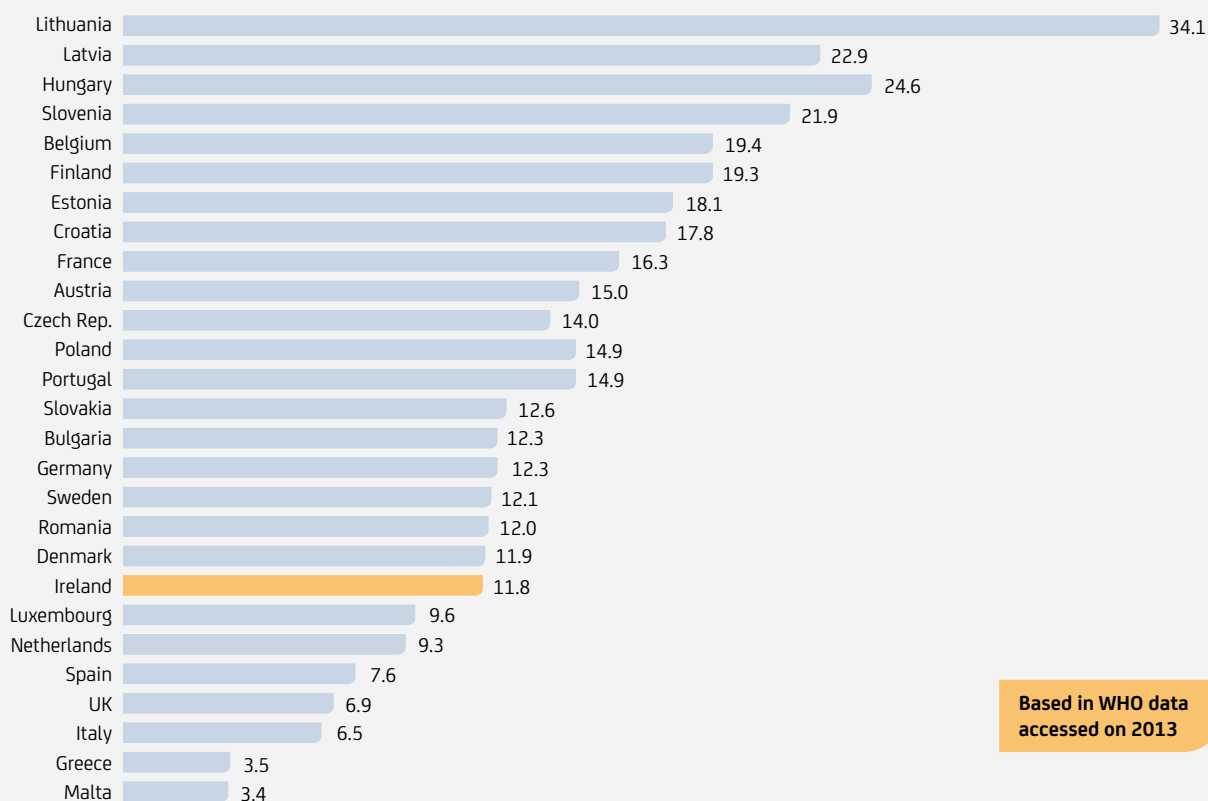
Further information on the rates of deliberate self-harm in 2012 by HSE region is available from the NSRF registry annual report available to download at www.nsr.ie.

4.2 | How Does Ireland Compare Internationally?

The World Health Organisation (WHO) collects international data on deaths by suicide, which allows some comparison between Ireland and other nations. The comparisons that can be made are limited as much of the information is not up-to-date and different recording and coding practices are used in different countries. However, the WHO data provides a basic benchmark for how Ireland compares with other countries. The following 2 figures present the data from our EU partner countries.

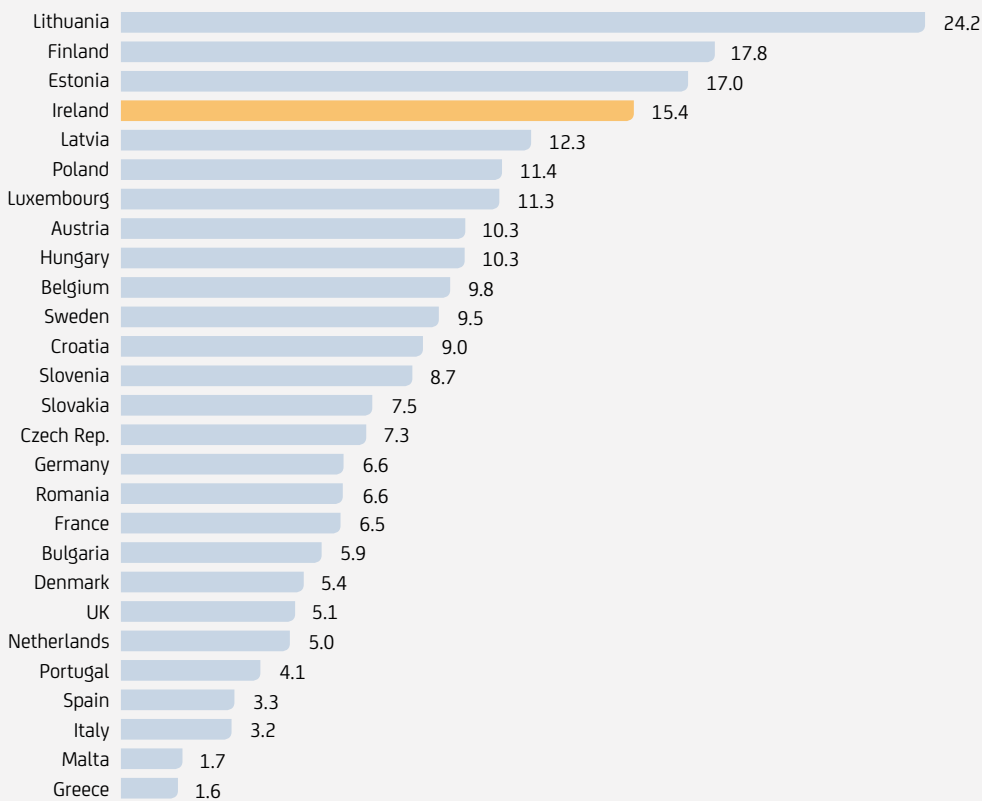
Ireland has the 6th lowest rate of death by suicide in the EU, compared with the lowest rate of 3.9 in Greece and the highest of 34.0 in Lithuania. There is little difference when this data is broken down by gender. The comparison is less favourable for younger groups. Ireland ranks fourth highest for 5-24 yr olds, at 13.9 per 100,000 population.

Figure 4.2 Total suicide rate per 100,000 population in the EU.



Based in WHO data accessed on 2013

Figure 4.3 Total suicide rate (15-24 year olds) per 100,000 population in the EU.



Based in WHO data accessed on 2013

Who Dies by Suicide in Ireland?

The majority of people who die by suicide in Ireland are male. In 2010 82% of those who died were males. The highest rate is among 20-24 yr old males at 31.9 per 100,000 population. 42% of those who died in 2010 were men less than 40 years of age.

Figure 4.4 below shows the rates of suicide per 100,000 population by age and gender. The data in this graph is averaged across 2008, 2009 and 2010 to provide a more accurate picture. Young men are often cited as having the greatest issue with suicide. However, this graph shows that while the rate is highest for 20-24 yr old males, it stays higher than 20 per 100,000 population until men reach their mid 60's.

Figure 4.4 Suicide rate per 100,000 population, by age and gender, 2008-2010.

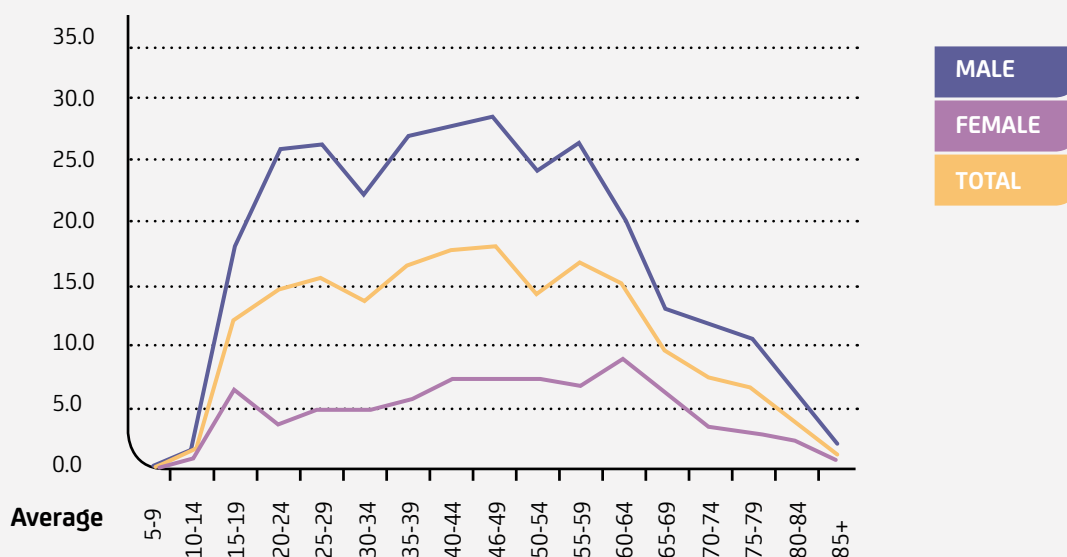


Table 4.6 allows us to examine more closely the phenomenon of suicide among men from 2001 to 2010. The rates have been calculated in 3-year moving averages.

This table shows that the rates have decreased for men aged 20-24 (from 37.3 to 25.8), 25-29 (from 35.3 to 26.2), 30-34 (from 27.5 to 22.3), 60-64 (25.3 to 20.8), 65-69 (19.0 to 12.9), and 70 yrs and older. However, rates

have increased for middle-aged men aged 45-49 (from 23.3 to 28.7) and 55-59 (from 24.1 to 26.3).

Caution is urged in interpreting these changes, as much of the decrease may be due to low rates in 2008. Data for 2008 is included in the 3-year moving average for 2006-2008, 2007-2009 and 2008-2010. Depending on the 2011 data when it becomes available, the 3-year moving average may change again.

Table 4.6 Male suicide rates per 100,000 population, 3-year moving averages.

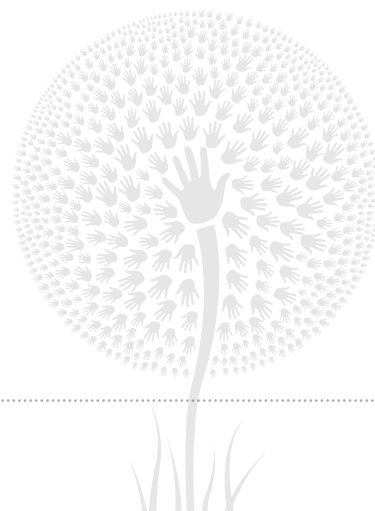
Age Group	2001 -2003	2002 -2004	2003 -2005	2004 -2006	2005 -2007	2006 -2008	2007 -2009	2008 -2010
5-9	0.0	0.0	0.0	0.2	0.2	0.2	0.0	0.0
10-14	1.1	0.9	1.2	0.9	2.4	2.6	2.6	1.6
15-19	19.1	19.0	18.3	20.4	17.0	17.7	17.2	18.1
20-24	37.3	37.0	36.1	32.5	32.1	28.3	25.3	25.8
25-29	35.3	31.4	28.3	26.7	25.4	25.9	27.2	26.2
30-34	27.5	25.3	23.4	25.5	23.7	22.3	23.2	22.3
35-39	26.8	24.5	25.6	22.9	20.6	19.0	22.8	27.0
40-44	28.2	29.4	30.2	26.9	23.2	23.3	25.8	27.8
45-49	23.3	26.4	26.5	27.8	23.1	23.9	24.6	28.7
50-54	26.6	23.6	25.7	24.8	24.1	22.3	23.2	24.3
55-59	24.1	24.3	23.1	22.2	20.0	20.0	22.2	26.3
60-64	25.3	22.3	22.7	21.5	19.5	19.1	20.7	20.8
65-69	19.0	15.6	15.3	17.4	18.0	17.2	16.5	12.9
70-74	16.0	17.0	13.5	12.1	14.8	15.8	16.7	11.8
75-79	13.4	13.3	10.6	12.0	11.7	13.9	12.5	10.7
80-84	17.7	12.9	11.3	4.1	6.7	6.7	6.6	6.2
85+	5.3	7.9	2.5	7.0	4.5	6.6	2.1	2.1
Total	20.6	19.9	19.4	18.9	17.6	17.2	17.8	18.3

Table 4.7 presents the equivalent information for females. The rates for females remain consistently lower than those for males at all age groups. The highest rates for females are among the older age groups, from 45-49 to

60-64 years. The age group which has experienced the greatest increase from 2001/2003 to 2008/2010 is those females aged 15-19 years (increased from 3.9 to 6.5).

Table 4.7 Female suicide rates per 100,000 population, 3-year moving averages.

Age Group	2001 -2003	2002 -2004	2003 -2005	2004 -2006	2005 -2007	2006 -2008	2007 -2009	2008 -2010
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	1.0	1.0	0.7	0.7	1.0	0.7	1.0	0.9
15-19	3.9	3.6	3.7	4.9	5.4	7.4	6.4	6.5
20-24	5.9	4.8	5.7	4.7	5.4	4.4	4.3	3.7
25-29	5.1	5.9	5.5	5.3	5.6	5.4	5.8	5.0
30-34	6.3	6.1	6.6	5.2	4.7	3.4	4.2	4.8
35-39	6.6	6.1	5.5	4.1	5.2	5.8	7.1	5.7
40-44	6.3	6.6	6.3	6.2	4.9	5.7	6.6	7.4
45-49	8.6	8.4	7.0	6.3	6.1	8.3	8.6	7.5
50-54	8.7	8.3	9.6	8.1	9.5	8.2	8.6	7.4
55-59	9.7	7.5	7.3	6.5	5.7	6.2	5.8	6.8
60-64	8.1	8.4	8.5	7.0	6.4	7.4	8.1	9.1
65-69	3.4	5.7	8.5	6.6	4.6	4.1	6.5	6.4
70-74	3.9	3.9	2.2	2.7	2.2	3.7	3.1	3.6
75-79	5.1	5.1	5.1	3.2	3.9	3.9	3.8	3.2
80-84	1.8	0.9	0.0	0.8	1.7	2.5	2.5	2.5
85+	1.1	2.2	3.3	2.2	1.1	0.0	0.0	0.9
Total	5.0	4.8	4.9	4.3	4.3	4.5	4.8	4.7



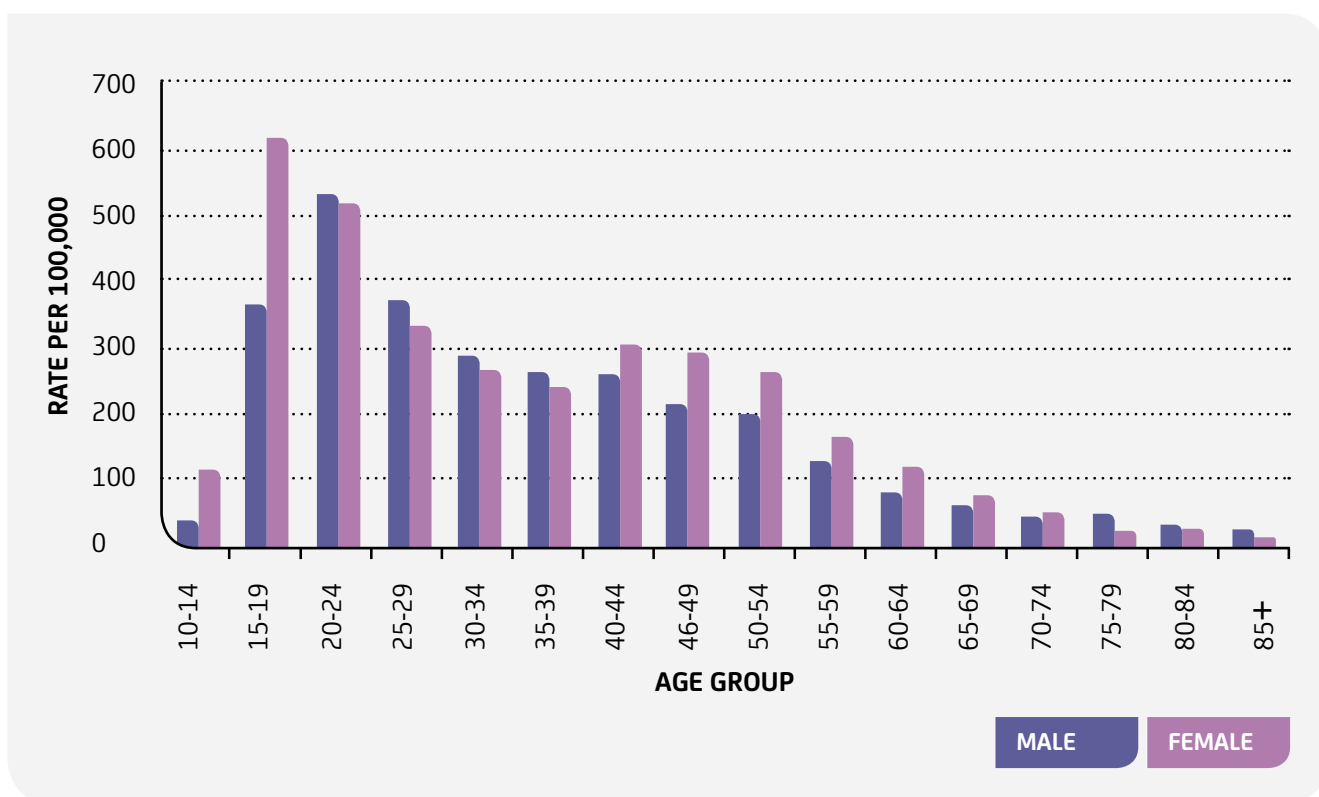
Self-Harm by Age and Gender

The person-based age-standardised rate of deliberate self-harm for men and women in 2012 was 195 (95% CI: 189-201) and 228 (95% CI: 222-235) per 100,000, respectively. Thus, there was a significant 5% decrease in the male rate of deliberate self-harm, while the female rate increased by 1% from 2011 to 2012. Taking recent years into account, the male self-harm rate in 2012 was 20% higher than in 2007 whereas the female rate was just 6% higher.

The female rate of deliberate self-harm in 2012 was 17% higher than the male rate. This gender difference has been decreasing in recent years. The female rate was 37% higher in 2004-2005, 32-33% higher in 2006-2007, 24% higher in 2008, and 10-13% higher in 2009-2011.

In line with previous years, there was a striking pattern in the incidence of deliberate self-harm when examined by age (Figure 4.5). The rate was highest amongst the young. At 617 per 100,000, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 162 girls in this age group presented to hospital in 2012 as a consequence of deliberate self-harm. The peak rate for men was 533 per 100,000 among 20-24 year-olds or one in every 188 men. The incidence of deliberate self-harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained relatively stable, at about 300 per 100,000, across the 25 to 54 year age range.

Figure 4.5 Person-based rate of deliberate self-harm in the Republic of Ireland in 2012 by age and gender.



Repetition of Self-Harm

Rates of repetition varied significantly by LHO area. Dublin South City, Limerick and Sligo/Leitrim/West Cavan had the highest rates of repetition (20.6%, 18.0% and 17.5%, respectively). The lowest rates of repetition were seen in Laois/Offaly, Longford/Westmeath and West Cork (9.2%, 9.0% and 7.5%, respectively). While overall the rate of repetition in one year was similar for men and women (14.3% vs. 14.6%), repetition rates by gender did vary by LHO area. The largest differences in the rate of repetition by gender were generally observed in those LHO areas with the highest repetition rates. The female rate of repetition was higher in LHO areas Limerick (21% vs. 15%) and Sligo/Leitrim/West Cavan (19% vs. 16%, respectively). In addition, in both North Cork and Clare, the rate of repetition for women was almost twice that for men (9% vs. 17%, and 9% vs. 18%, respectively). In Dublin South City, the male repetition rate was higher than the female rate (23% vs. 19%), however the female rate was still above the national average in this LHO. Caution should be taken in interpreting the repetition rates associated with the smaller hospitals as the calculations may be based on small numbers of patients.

Alcohol-Related Self-Harm and Seasonality

With regard to seasonality and self-harm, overall significantly different patterns were found for men and women when we analysed self-harm data of patients who had not taken alcohol at the time of the self-harm act. A ratio higher than 1 indicates that there were more self-harm acts than expected. However, when analysing the data based on those who had used alcohol, there was a remarkable similarity between the seasonality of female and male self-harm in that both genders showed similar peaks in self-harm in March, July and August. Furthermore, for men an additional self-harm peak emerged in May when alcohol was involved.

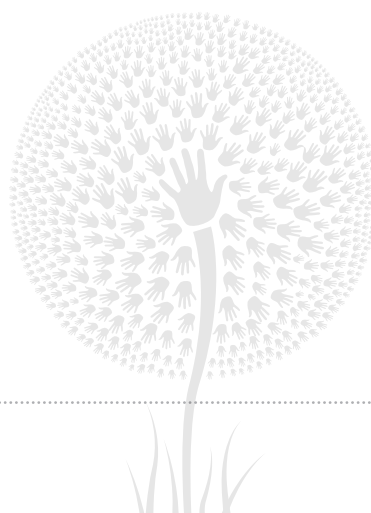
4.3 | What Have We Learned in 2012 About the Mental Health and Well-being of the Irish Population?

My World Survey

The Headstrong My World Survey was a large scale study of youth mental health which surveyed over 14,000 people aged 12-25. The survey reported six important themes:

- ▶ One 'Good Adult' in a young persons life is a key indicator of young people's mental health
- ▶ 58% of those aged 16 and older reported excessive drinking
- ▶ Not talking about problems was linked to suicidal behaviour
- ▶ Sharing problems was linked with better mental health
- ▶ Many young people in distress are not seeking help
- ▶ Money is a significant stressor.

<http://www.headstrong.ie/sites/default/files/My%20World%20Survey%202012%20Online.pdf>



Growing Up in Ireland

Growing Up in Ireland is a longitudinal study of children and infants which is examining key aspects of their lives and development, including their social and emotional well-being. A publication in 2012 showed us that:

- ▶ The majority of children are developing well
- ▶ Between 15-20% have emotional or behavioural problems
- ▶ Problems were associated with authoritarian and neglectful parenting styles; parent-child conflict and mother-child closeness
- ▶ Maternal depression was related to problems, but this disappeared when the mother-child conflict levels were low

http://www.growingup.ie/fileadmin/user_upload/documents/Second_Child_Cohort_Reports/Growing_Up_in_Ireland_-_How_Families_Matter_for_Social_and_Emotional_Outcomes_of_9-Year-Old_Children.pdf

Pain and Distress in Rural Ireland

This study was a collaboration between UCD and Teagasc and was conducted in order to better understand the factors involved in rural suicide in Ireland. In-depth interviews were conducted with 26 men who were admitted to hospital or psychiatric units following suicide attempts or serious self-harming episodes. The study found that:

- ▶ Mental illness, economic difficulties and marital separation were related to suicidal behaviour
- ▶ The lives of the men included in the study were characterised by low educational attainment, limited job opportunities, multiple job histories, marginal farming and dependency on social welfare payments
- ▶ Lack of employment opportunities, the stigma associated with mental illness, men's attitudes to health and the narrow range of treatment options are all challenges when trying to address the mental health problems of men in rural situations
- ▶ Promoting and developing social support will be a key aspect of suicide prevention initiatives with this group

http://www.teagasc.ie/publications/2012/1333/Pain_and_Distress_in_Rural_Ireland_Report.pdf

4.4 | What Have We Learned in 2012 About Effective Suicide Prevention Initiatives?

Wellness Workshops

The Wellness Workshops which are delivered by Suicide or Survive, are a one-day workshop which aim to improve our understanding of mental health; equip participants with practical skills which they can use to enhance their own mental health, and reduce the stigma associated with mental illness and suicide. This workshop was evaluated by TCD in 2012 and it was found that:

- ▶ The majority of participants reported their levels of wellbeing were improved after the workshop
- ▶ High levels of satisfaction were associated with the workshop, and participants would recommend it to others
- ▶ Participants reported changes in knowledge, skills, understanding and attitudes towards mental health issues
- ▶ The methods and approaches used in the workshop were experienced positively by participants, including the use of personal stories and honest engagement by participants

A Wellness Workbook has been produced as an outcome of the evaluation and a longitudinal evaluation is currently being conducted.



SCAN

The Suicide Crisis Assessment Nurse (SCAN) service was piloted and evaluated in two areas, Cluain Mhuire in Co Dublin and Wexford. The SCAN project involves the provision of a skilled mental health nursing resource which can:

- ▶ Be available, accessible and speedy in providing a response to GP requests for an assessment of those in suicidal crisis
- ▶ Conduct a biopsychosocial needs and risk assessment of the client within the GP surgery
- ▶ Work collaboratively with the GP, mental health services and local community services to develop and deliver a health/social care plan to meet the needs of the client

The evaluation found a number of positive outcomes related to the SCAN service:

- ▶ SCAN offers an alternative to the alternative, and often inappropriate, default position of referring to the mental health services
- ▶ SCAN provides a valuable, accessible and timely gateway between primary care and mental health services, allowing for expedited admission, referral for on-going mental health intervention in the community or management in primary care
- ▶ Clients reported a therapeutic benefit from the availability of SCAN
- ▶ GPs experienced the SCAN service as supportive and empowering
- ▶ GPs reported better treatment adherence
- ▶ SCAN impacted positively on GPs knowledge and skills in assessing and managing suicidal behaviour
- ▶ SCAN reduces inpatient admissions

Dialectical Behaviour Therapy (DBT)

DBT is an intensive therapy developed for people with self-harming behaviours, suicidal thoughts, urges for suicide and suicide attempts. It was developed for individuals with a diagnosis with Borderline Personality Disorder, and has since been adapted to suit other diagnoses. The Endeavour Programme is run by the HSE South Adult Mental Health Services, and is based on DBT. It runs over a 12-month period involving group skills, individual therapy, and phone coaching and is delivered by a group of clinicians who work together to ensure maximum benefit from the

course. At its core, it aims to help the client understand why they may have developed their difficulties, and how to change their thoughts and manage their emotions that lead to self-destructive behaviours.

An evaluation of a pilot study reported:

- ▶ Significant reductions in the symptoms of Borderline Personality Disorder, depression, anxiety and hopelessness
- ▶ An improvement in quality of life
- ▶ A reduction in time spent in hospital
- ▶ Reduced bed costs
- ▶ Reduced emergency department presentations

Suicide Support and Information System (SSIS)

The SSIS is an innovative system developed to facilitate access to support for those bereaved by suicide and to obtain information on risk factors linked with suicide and deaths classified as open verdicts. The SSIS was implemented in Cork City and County between September 2008 and March 2011, including 190 consecutive cases of suicide. In 39.5% of cases, the SSIS pro-actively facilitated bereavement and other support for those bereaved by suicide. The mental health related risk factors associated with suicide included:

- ▶ Mood disorder was the primary diagnosis in 61.1% of deceased
- ▶ In nearly two-thirds of the cases there was a history of mental disorder in the family (61.3%)
- ▶ 45% of cases had a history of self-harm
- ▶ In the year prior to death, alcohol and/or drug abuse was present in 51.7% of the cases

Major risk factors in the month before suicide included:

- ▶ Significant losses (64.5%)
- ▶ Significant (or perceived as significant) disruption of an important relationship (46.8%)
- ▶ Significant life changes (33.9%)

The SSIS identified that risk of suicide was increased among people who had experienced job loss, financial problems and had mental health difficulties and a history of negative/traumatic life events.



SECTION 5

Financial Information



5.1 | National Office for Suicide Prevention Income and Expenditure Profile 2012

In 2012 the NOSP expenditure was €5.19 million. Of this €3.45 million was allocated to statutory and voluntary programmes/projects. Other major investments included €260,000 on Community Suicide Prevention Training Programmes. A total of 260,000 was spent on social marketing campaigns and public information dissemination. An additional expenditure of €330,000 was on salaries and non pay costs. Finally €.79 million was transferred from the NOSP budget for regional liaison nursing and suicide prevention services.

5.2 | Funded Agencies 2012

The €3.45 million allocated to voluntary and statutory service providers represents a 17% increase on 2011 expenditure. National Office for Suicide Prevention for 2012 amounted to €126,000, equating to just over 3% of the budget expenditure.

Table 5.1 National Office for Suicide Prevention funded agencies 2012.

National Office for Suicide Prevention 2012 Funded Agencies	2012 Funding Levels	Brief Description
Young Social Innovators	€25,300	The YSI programme is jointly funded with Health Promotion and supports young people to engage in promoting and increasing awareness on key health promotion areas in the school setting.
Shine / Headline	€221,000	<p>Headline is a media monitoring campaign that works in conjunction with media outlets to promote responsible reporting on mental health and suicide.</p> <p>The implementation of training for trainers and workshop delivery of Taking Control, a programme designed to provide positive mental health and suicide prevention programmes nationally for individuals out of work facing financial/personal challenges. Specific allocation has been made also for targeting young men.</p> <p>NOSP also joint funded an evaluation of the Seechange Campaign.</p>

IAS	€134,357	The IAS is funded to maintain existing and develop further formal structured partnerships between voluntary, community and statutory sectors and strengthen community based suicide prevention, mental health promotion and bereavement support initiatives.
BelongTo	€184,221	Supporting local workers/steering groups to develop programmes and policy development to meet the identified needs of LGBT young people in relation to positive mental health. To design educational materials, based on a needs analysis, for workers and volunteers of the BelongTo national network of LGBT young people.
GLEN	€52,815	GLEN is funded to work strategically and developmentally at a national level to ensure services and agencies are LGBT inclusive and targeting LGBT people in their mental health promotion and suicide prevention programmes.
NSRF	€836,000	The NSRF serve two core functions by maintaining, collating and reporting on the National Registry of Deliberate Self-Harm and by embarking on an extensive annual research programme.
Console	€204,000	The NOSP contributes to the Console service comprising of a 24 hour helpline; family counselling/therapy for those bereaved through suicide; therapy and support groups; community outreach; maintaining and collating statistical information around helpline calls and staff supervision and training.
Teenline	€64,000	Teenline provides a helpline service for young people aged between 13 and 18 years, targeting young people at risk.
Spunout	€65,000	This is jointly funded with Health Promotion. SpunOut delivers a website that provides a range of health, well being and lifestyle information; interactive fora for discussion and peer support and a national sign posting service for young people.
Exchange House	€176,000	This project is working to develop a response to traveller suicide. It is a resource for traveller organisations and suicide related services both promoting awareness of the issue of suicide within traveller communities and developing initiatives to support suicide prevention, intervention and post vention. Crosscare has been awarded additional funding to employ two workers to develop and support a community development approach intervention with male travellers promoting positive mental health and suicide awareness.

Samaritans	€318,000	<p>The NOSP funding contributes to the core activities of the Samaritans including the 24 hour helpline; prisoner listening schemes; festival branch outreach; volunteer recruitment and Dublin branch running costs.</p> <p>Additional funding has been allocated for the Samaritans CONNECT project. This is the development of a partnership working and training to facilitate a comprehensive sign posting service for Samaritan callers or diverting calls from non 24/7 helplines without redialling or taking down numbers to the Samaritans.</p> <p>The Samaritans also received its first tranche of NOSP funding for Freecall.</p>
NYCI	€22,500	To deliver a skills based training programme for youth workers to facilitate a 12 week training programme for young people around positive mental health in out of school settings & act as a Safetalk/ASIST co-ordinating site.
Dodder Valley – Mojo Project	€69,500	To create a model of inter agency support, to be disseminated nationally, for newly unemployed men aged between 30-50 years.
Laois / Offaly SCAN	€56,000	This funding facilitates the operation of a Specialist Mental Health Nurse covering each HSE region. The purpose will be to provide a “fast track” priority assessment service for persons at risk from self-harm/suicide and through evaluation and data collection to influence future service provision to service users self-harming or in suicidal crisis.
Health Promotion Sligo	€44,200	This is a research based initiative designed to identify best practice, evidence – based programmes to promote the mental health of the population and that identify and support those individuals with early signs of mental distress. Three pilot programmes will run following completion of the research based on the social prescribing model.
Curam Clainne	€88,500	This project has two aspects. It will link closely with Sligo Health Promotion establishing a social prescribing model for Mayo and in tandem an accredited counsellor will provide specialist family support in the immediate aftermath of suicide bereavement, liaising with the family and co-ordinating support and services to meet the family's identified need.
Pieta House	€100,000	The funding allocated will enable Pieta House to expand and increase the number of outreach counselling hours as the number of referrals continues to increase.
GROW / HSE Midlands	€31,500	The expected outcome will be the development of an assessment and planning tool kit for suicide prevention within Longford/Westmeath and Laois/Offaly communities but that can be applied nationally.
Endeavour Project Cork	€100,000	As well as training four teams in the Cork area this provides an excellent opportunity to carry out an Irish based evaluation on an existing DBT programme (Endeavour Programme). It is hoped to promote broader interest and practice as well as a blueprint for how services can best be developed in line with Mental Health Policy nationally.
DBT	€46,725	A further three teams were trained in Dialectical Behavioural Therapy and a peer style model of professional supervision provided for three Cork teams.

Liaison Psychiatry Cork / NSRF	Ongoing from 2011	This is a collaborative project related to the assessment of deliberate self-harm patients presenting to HSE South hospital emergency departments and training of HSE staff who come into contact with DSH patients. It derives from the amalgamation of two separate funding applications from the above two agencies and is designed to deliver a whole hospital approach to the treatment of self-harm.
ICGP	€72,000	This is funding for a Skills based Training of General Practitioners in Suicide Prevention. It has been shown internationally to be an effective strategy in reducing suicidal behaviour. The NOSP also joint funds the Mental Health programme within the ICGP with Mental Health Services.
SOS	€48,500	In 2011 the NOSP funded an evaluation of SOS's Wellness programme. It received a positive endorsement and NOSP invested further in 2012. NOSP is expanding to fund the Eden Programme as well in 2013.
Inspire Ireland	€99,540	The NOSP funded 5 specific pieces of work including Pleasetalk, Technology Forum, development of a DSH resource for parents; the designing of "Letsomeoneknow" website and the launch of "WorkOut".
BodyWhys	€21,000	BodyWhys was funded to develop resources for GPs around eating disorders. The three components of this were "Talking to Your GP" leaflet; "GP quick reference chart" and an information leaflet for GPs.
MyMind	€57,400	MyMind provides a psychological and psychotherapeutic self referral model of health. The service is open to everyone and having established 2 sites in Dublin, the NOSP funding supported a Cork site opening. MyMind provides traditional face to face services but also utilises new technologies to promote on line mental health support. A "scalable" charge for clients ensures support for all clients across the economic spectrum.
HSE Funded Programmes	€350,000	The NOSP provides funding for specialist frontline support services.
Total 2012	€3,450,000	



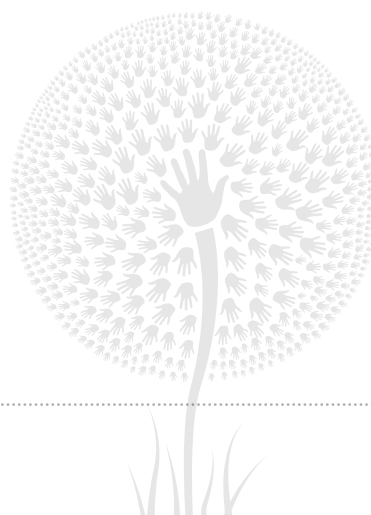
SECTION 6

Appendices



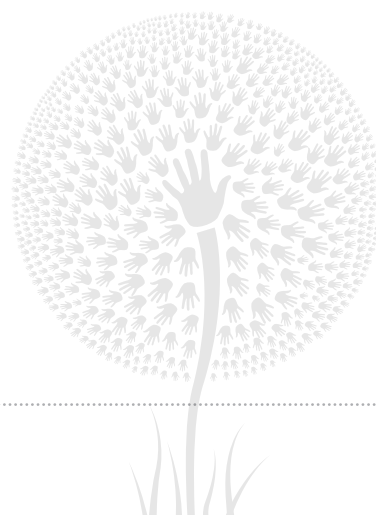
6.1 | Appendix 1: Websites

Website	Organisation	Description
www.1life.ie	1life	A 24-hour helpline and text messaging service for those in suicidal distress
www.3Ts.ie	3Ts	Turning the Tide of Suicide – a charity which raises funds for suicide prevention
www.aware.ie	Aware	Helping to defeat depression
www.barnardos.ie	Barnardos	Bereavement Counselling for Children is a service for children and young people who have lost someone close to them
www.belongto.org	BeLonG To	An organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between DC14 and 23
www.bodywhys.ie	Bodywhys	Provides support to people affected by eating disorders
www.cso.ie	Central Statistics Office	Disseminates Irish vital statistics, including deaths by suicide
www.console.ie	Console	Supporting those bereaved by suicide



www.dhsspsni.gov.uk	Department Health, Social Service & Public Safety, Northern Ireland	
www.education.ie	Department of Education & Skills	
www.doh.ie	Department of Health	
www.glen.ie	GLEN	Gay and Lesbian Equality Network
www.grow.ie	Grow	Mental health organisation which seeks to help those who have suffered, or are suffering, from mental health problems
www.hse.ie	Health Service Executive	Delivers health and social services in Ireland
www.headstrong.ie	Headstrong	National Centre for Youth Mental Health supporting young people's mental health
www.healthpromotion.ie	Health Service Executive	Online ordering service for HSE publications
www.inspireireland.ie	Inspire Ireland Foundation	An online information service to help young people aged 16-25
www.iasp.info	International Association for Suicide Prevention	International organisation dedicated to preventing suicide. A forum for academics, professionals, crisis workers, volunteers and suicide survivors
www.irishadvocacynetwork.com	Irish Advocacy Network	Offers peer advocacy services to those who are experiencing mental health difficulties
www.ias.ie	Irish Association of Suicidology	Works with community, voluntary and statutory bodies working in suicide prevention
www.lenus.ie	Lenus	Repository of key reports in the Irish health service
www.livinglinks.ie	Living Links	Supporting those bereaved by suicide
www.livingworks.net	Living Works	Information on ASIST, safeTALK training and other suicide prevention training programmes
www.mentalhealthireland.ie	Mental Health Ireland	Voluntary organisation which aims to promote positive mental health and support persons with mental illness
www.nosp.ie	National Office for Suicide Prevention	HSE office with responsibility for overseeing the implementation of Reach Out
www.yourmentalhealth.ie	National Office for Suicide Prevention	Website promoting positive mental health
www.letsomeoneknow.ie	National Office for Suicide Prevention	Website promoting positive mental health for young people
www.nsrif.ie	National Suicide Research Foundation	Multidisciplinary research team which focuses on research in the field of suicide and suicidal behaviour. Hosts the National Register for Deliberate Self-Harm

www.pieta.ie	Pieta House	Provides specialised treatment programme for those who have suicidal ideation or who engage in self-harming behaviours
www.publichealth.hscni.net	Public Health Agency, Northern Ireland	
www.reachout.com	Inspire Ireland	Provides information on mental health issues for young people to support them through rough times
www.samaritans.org	Samaritans	24 hour emotional support to those experiencing distress, despair or suicidal thoughts
www.seechange.ie	See Change	To reduce stigma and challenge discrimination associated with mental health
www.shineonline.ie	Shine	Supporting people affected by mental ill health
www.sphe.ie	SPHE	Social, Personal and Health Education, as part of the education curriculum, supports the personal development, health and well-being of young people
www.spunout.ie	SpunOut	An interactive website providing health, lifestyle information and signposting to support services.
www.suicideorsurvive.ie	SOS	Aims to break stigma associated with mental health issues and ensure those affected have access to quality services appropriate to them
www.travellersuicide.ie	National Traveller Suicide Awareness Project	Works with travellers and traveller groups to support and resource them in responding to Traveller suicide
www.turn2me.ie	Turn2me	Online mental health community providing peer support to those in need
www.teenline.ie	Teenline	A free-phone service for young adults in distress
www.who.int	World Health Organisation	The directing and coordinating authority for health within the United Nations
www.youngsocialinnovators.org	Young Social Innovators	Encourages, motivates and creates new opportunities for young people to actively participate in the world around them



6.2 | Appendix 2: Support Services

Organisation	Web	Phone	Email
AWARE A service for people who experience depression and concerned family and friends	www.aware.ie	1890 30 33 02	wecanhelp@aware.ie
BARNARDOS Bereavement Counselling for Children is a service for children and young people who have lost someone close to them	www.barnardos.ie	01 473 2110	bereavement@barnardos.ie
BODYWHYS Provides support to people affected by eating disorders	www.bodywhys.ie	1890 20 04 44	alex@bodywhys.ie
CONSOLE Supporting and helping people bereaved through suicide	www.console.ie	1800 20 18 90	info@console.ie
GROW A Mental Health Organisation which helps people who have suffered, or are suffering, from mental health problems	www.grow.ie	1890 47 44 74	info@grow.ie
HEADSUP A mental health promotion project which aims to contribute to suicide prevention efforts by providing timely, appropriate information and support to young people	www.headsup.ie	01 205 7200	info@headsup.ie
HEALTH SERVICE EXECUTIVE Irelands national health and social care provider	www.hse.ie	1850 24 18 50	Infoline1@hse.ie

HSE NATIONAL COUNSELLING SERVICE Free counselling and psychotherapy service provided by HSE	www.hse-ncs.ie	1800 477 477	
JIGSAW Supports young people's mental health and wellbeing	www.jigsaw.ie	01 472 7010	joanne.arnold@headstrong.ie
LIVING LINKS Providing assertive outreach support to the suicide bereaved	www.livinglinks.ie	087 412 2052	info@livinglinks.ie
PIETA HOUSE Centre for the Prevention of Self-Harm or Suicide	www.pieta.ie	01 601 0000	mary@pieta.ie
SAMARITANS A confidential 24 hour emotional support service for people who are experiencing feelings of distress or despair, including those which may lead to suicide	www.samaritans.org	1850 60 90 90	jo@samaritans.org
SHINE The national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness	www.shineonline.ie	1890 62 16 31	phil@shineonline.ie
SOS Offer Eden Programme, a supportive weekly group environment over a 6 monthly period and Wellness workshops which give people the tools to improve their own mental wellness	www.suicideorsurvive.ie	1890 577 577	info@suicideorsurvive.ie
TEENLINE IRELAND A confidential listening service for young people	www.teenline.ie	1800 83 36 34	info@teenline.ie

6.3 | 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).

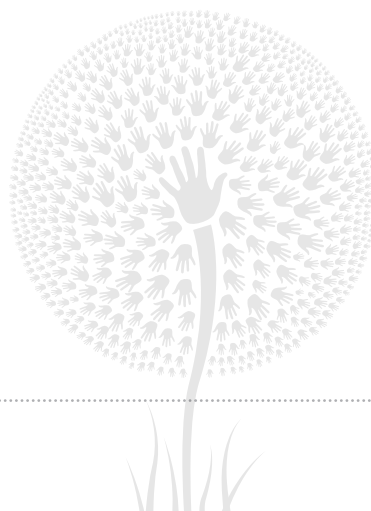
These Regulations impose further restrictions on the sale of medicinal products containing paracetamol.

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 non-pharmacy 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.





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www.nosp.ie

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