



# Rapid Assessment and Community Response to suicide and suspected suicide in Dublin South

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Executive Summary  
July 2020



Connecting for  
*Dublin South*



## Introduction

In February 2020, the Health Services Executive National Office of Suicide Prevention (HSE NOSP) appointed S3 Solutions Ltd to carry out a rapid assessment of the current situation regarding suicide within the Ballyfermot community.

Ballyfermot is characterised by high levels of socio-economic deprivation, high levels of lone parent families, low unemployment, and low educational achievement. In addition, rates of hospital presenting self-harm are consistently above the national average. In Ireland, research has found that *“overall deprivation had the strongest independent effect on small-area rates of suicide, with the most deprived areas showing the greatest risk of suicide”*.

A suicide cluster is defined as *“a series of 3 or more closely grouped deaths within a three-month period that can be linked by space or social relationships”*<sup>1</sup>. Based on this definition, this rapid assessment found that there was a suicide cluster in the Ballyfermot area in 2019, relating to 8 women who died by suicide over a 10-week period (April – July 2019). The perceived area level factors influencing the suicide cluster and related contagion were:

## South Dublin Connection (geographic, social, and psychological)

The high incidence of suicide amongst young women extends beyond the Ballyfermot area (focus of this research) and is consistent with a wider group of deprived areas in South Dublin, comprising Ballyfermot and Cherry Orchard<sup>2</sup>, Clondalkin, Palmerstown and Tallaght. The Circles of Vulnerability<sup>3</sup> was used as a framework to understand suicide clusters and explore contagion, illustrating that vulnerability to suicide can be increased by geographical, social, and psychological proximity to the deceased.

## Funerals monumentalising suicide

While acknowledging the right of any family to grieve and mourn for their loved one in a way they feel is appropriate for them, suicide related funerals can become *‘glorified events’* increasing the risks for contagion in the local community.

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<sup>1</sup> Emerging Survivor Populations: Support after Suicide Clusters and Murder Suicide Events: Arensman E, McCarthy S in Andresen K, Krysinska K, Grad O (Eds.). Postvention in Action: The International Handbook of Suicide Bereavement Support. Hogrefe (2017)

<sup>2</sup> Research participants made a clear distinction between Ballyfermot and Cherry Orchard

<sup>3</sup> Public Health England, 2015, Identifying and Responding to Suicide Clusters and Contagion. A Practice Resource

## **Monumentalising suicide – the local physical and digital environment.**

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The extent to which people are connected on social media and exposure to physical monuments across the streets and estates glorifying suicide are key contributors in broadening the social and geographic proximity to suicide, hence increasing vulnerability.

Area level factors perceived to be influencing suicide and suicidal behaviour were:

### **Underlying Trauma**

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Underlying trauma is at the root of anxiety/depression or poor mental health for young women in the area, particularly those embedded from childhood. Adverse Childhood Experiences (ACEs)<sup>4</sup> are more likely to be present in areas of deprivation and those with ACEs are more likely to have attempted suicide in their lifetime than those who had not experienced ACEs.

### **Prevalence of drug and alcohol misuse**

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Relating to those that died by suicide in the 2019 cluster, where there was drug and/or alcohol misuse, this was likely to be a coping mechanism for a pre-existing trauma, an ongoing trauma, or a challenging circumstance and not the root cause in itself. More generally, there was a significant concern that the widespread misuse of drugs and alcohol amongst young women could lead to more enduring mental health problems, and potentially suicide ideation and suicide attempt.

### **Social Media**

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Social media is perceived to be both amplifying potential contagion through the geographic, social, and psychological proximity, but also in a more persistent way because of the perceived negative impact it can have on mental health – particularly for young women.

### **Accessibility and Aspirations of Young Women**

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Young mothers struggling in early parenthood and exhibiting some risk factors (abusive relationship, lack of a support structure and emerging mental health issues) are perceived as unlikely to engage with support programmes because they fear that Social Services will intervene. In addition, young women are perceived to be disproportionately affected by early school leaving because of the lack of vocational opportunities which, in the main, are tailored towards young men.

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<sup>4</sup> <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces/>

## Housing

Housing challenges in the area can push many single parents in and out of homelessness. Political contributors identified that the majority of those that present at constituency offices for housing support, are young, female lone parents. The pursuit of a new house becomes the primary concern of those supporting young women which, when achieved, signals the end of that support. A valuable opportunity to provide a pathway to support for young women is therefore lost.

## Domestic Violence

The prevalence of domestic violence among young women is as a major concern, as are potential fears attached to reaching out to services. There is a perception among some local stakeholders is that the rates of domestic violence are high, however there is a lack of evidenced based data at area level in Ballyfermot. This lack of evidence and the link between Domestic Violence and Suicide does merit further research.

## Gaps in Strategy

There is a low level of awareness among the Ballyfermot community of *Connecting for Life (CfL) Dublin South* which is the area-level suicide prevention action plan for HSE Community Health (CHO) Area 7<sup>5</sup>. The community requires leadership from statutory agencies in both raising awareness of and implementing this strategy with greater collaboration between statutory and community providers.

## Gaps in Service Provision

Many services reported being under resourced or operating with waiting lists, particularly out of hours counselling and family support services within the community and voluntary sector. Mental health<sup>6</sup> and drug and alcohol services<sup>7</sup> in the area for under 18s were felt to be inadequate and that the absence of diagnosis and support at an earlier stage results in more embedded problems by early 20's, exacerbated for lone parents and those facing other complex challenges.

Negative experiences of those presenting at Hospital Emergency Departments with mental health or substance misuse related incidents were highlighted by contributors. The two hospitals that serve the area, Tallaght and St James are **not** participating in the National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-harm<sup>8</sup>.

<sup>5</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/local-action-plans/connecting-for-life-dublin-south.html>

<sup>6</sup> Closest Jigsaw service is in Tallaght

<sup>7</sup> YoDA is the Youth Drug and Alcohol Service based in Tallaght with a catchment area covering HSE Local Health Office (LHO) areas Dublin South-West & Dublin South City

<sup>8</sup> <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/self-harm/>

## Recommendations

In response to the findings, the following nine recommendations are proposed and are categorised as to be implemented in the Short term (six), the Medium term (two) and Long term (one).

### To be implemented in the Short term:

#### Recommendation 1

##### Community Response Leadership Team

To augment the vibrant and committed Voluntary and Community sector in Ballyfermot and Cherry Orchard, a local Community Response Leadership Team (CRLT) for Ballyfermot and Cherry Orchard should be established. This team would be a continuation and evolution of the Rapid Assessment Response steering group convened for this research.

The CRLT will call on the input and expertise of a wide range of professionals to respond to emerging issues, to consult on the development of new activities and to lobby for the advancement of new services. This includes but is not limited to psychiatry services, psychology services, CAMHs, Primary Care Professionals.

#### Recommendation 2

##### Community Response Coordinator

The Resource Officer for Suicide Prevention for the area, supported by members of the CRLT, should develop a costed proposal for the coordination of the local community response team including access to a flexible, annual resource budget to enable rapid responses to emerging local issues, particularly to intervene to prevent contagion and to provide tailored supports at critical times.

The proposal should set out the roles and responsibilities of the Community Response Coordinator and identify a lead organisation through which the resource will be employed (Ballyfermot Chapelizod Partnership currently coordinate the D10 Be Well Interagency Initiative, and may be best placed to lead). To enable this role and its work to be embedded locally, it is recommended that the initial proposal is a minimum of 24 months. This should be submitted to the CfL area-level Implementation Team.

#### Recommendation 3

##### Critical Incident Protocol

The development of a critical incident protocol relating to suicides is required. This protocol will specifically target funerals, acknowledging that funerals and their aftermath can be distressing for the community and serve as contagion triggers for some individuals. These are seen as critical event requiring attention and intervention.

The HSE is in the process of developing national guidelines on a community response plan. The CRLT should utilise these guidelines to develop a local critical incident protocol for Ballyfermot.

#### **Recommendation 4**

##### **Suicide Prevention Training**

In partnership with the Resource Officer for Suicide Prevention for Dublin South and local service providers, it is recommended that a comprehensive training programme for local residents, young people, young women, local councillors, front line workers and other key stakeholders is rolled out over the next 12 months.

#### **Recommendation 5**

##### **Peer Support Network**

The comprehensive training programme should be used to identify a network of local residents who are willing to contribute to the local response as a volunteer peer support network. This network of volunteers would be accessible for people who are seeking support but are not currently engaged in a formal service.

A social media and promotional campaign should follow to make residents aware that local, informal support is available and provide information on how to access them. It is recommended that a Facebook Ad campaign, using specific market segment, is used to target young women in particular. The community response team should explore how ads can be timed to coincide with 'at risk' periods such as evening, early mornings, and weekends.

In addition, the volunteer peer support network should be provided with appropriate support themselves. The community response team should identify an appropriate organisation and allocate appropriate resources to enable this support to be provided regularly.

#### **Recommendation 6**

##### **Under 18 Services**

The new Children and Youth Affairs targeted funding scheme for youth work services "UBU Your Space Your Place" commenced in July 2020. The fund targets disadvantaged young people with evidence informed interventions and services to secure good outcomes. The CRLT should engage local youth services and ensure that appropriate focus is provided on young women and that signposting, and referral protocols are developed to support young women that may be at risk or vulnerable and are leaving or disengaging from youth services.

## To be implemented in the Medium term:

### Recommendation 7

#### Support and Access programme for young women

A targeted approach to engage young women who may be at risk should be developed in the area. The research points to multiple touchpoints where women could be identified (i.e. housing presentations at local constituency offices, self-harm hospital presentations, targeting specific streets with high levels of lone parent households identifiable through CSO statistics and local insights). Given the perceived impact of social media, this could represent an access point through targeted Facebook ads or keyword searching.

A support and access programme would focus on removing barriers (i.e. by providing childcare) to enable access to Wellness Recovery Action Plan (WRAP), drug and alcohol misuse support, support for domestic violence, employability training, resilience, mentoring and development of peer support.

It is recommended that the CRLT consult with relevant services and directly with women before developing a costed proposal, identify a lead agency, and approach a range of funders to support the development and implementation of a pilot support and access programme for this area. We understand that a similar 'street by street' proposal as part of the Cherry Orchard Local Area Plan has been ratified by Dublin City Council and TUSLA – a joint approach to the development of this initiative is recommended.

### Recommendation 8

#### Future Research

This rapid assessment has identified a number of key gaps in the research that would benefit from further exploration. These include:

1. The link between method of suicide and trends amongst young women.
2. The relationship between poverty/disadvantage and suicide across other parts of Ireland.
3. More in-depth analysis and exploration of the experience and perception of young women in the community.
4. Quantitative treatment data on drug and alcohol misuse beyond CTL and NDTRS in Ireland and exploring the link between substance use and suicide.
5. The relationship between domestic violence and suicide.



## To be implemented in the Long term:

### Recommendation 9

#### Tallaght and St James Hospital

Considering a) the socio economic profile of this area and the risk of suicide and suicidal behaviour in areas of high socio economic deprivation, b) the higher than average rates of self-harm in the area, c) the myriad of challenges faced by young women in particular in the area and d) the perceived lack of adult mental health staff in the area relevant to need: the HSE NOSP should take steps to ensure the participation of both St James Hospital and Tallaght Hospital in the National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-harm.

## Notes

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This assessment was carried out by S3  
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*Dublin South*