



HSE National Office for Suicide Prevention

Grant Scheme for Collaborative Research Projects

2021 and 2022



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Introduction

The HSE National Office for Suicide Prevention (HSE NOSP) supports, drives and co-ordinates the implementation, monitoring and evaluation of Connecting for Life (CfL), Ireland's National Strategy to Reduce Suicide 2015-2020 www.connectingforlifeireland.ie.

CfL focuses on the primary and secondary prevention of suicidal behaviour, and addresses a broad range of risk and protective factors. There are 69 actions under the seven ambitious strategic goals; 22 government departments/agencies have made commitments as lead and/or supporting partners to deliver on these actions. In addition, 23 NGO partners are funded (by the HSE) to deliver on work aligned with CfL's strategic objectives.

Goal three of CfL focuses on groups in the population which may be at increased risk of suicide and self-harm. Indeed, particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour.

The HSE NOSP launched its first grant scheme for collaborative research projects on priority groups in Ireland in December 2020. The purpose of the scheme is twofold: to further our understanding of the groups that are at increased risk for self-harm and suicide; and to promote and support collaborative research projects between researchers and services working in the area of suicide prevention in Ireland. The abstracts for each project funded as part of this scheme are presented in this document.

For further information on the research grant scheme and the projects please contact Sarah Rochford (Research Officer, HSE NOSP) at sarah.rochford@hse.ie.

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Impact of COVID Restrictions on People Experiencing Homelessness, Substance Use and Mental Ill-health throughout the pandemic

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Background: This is the second phase of a small qualitative Dublin-based research study which sought to explore the effects of COVID-19 for people experiencing mental ill-health, substance use disorder and/or homelessness. These three factors (housing, substance use and mental ill-health) are all risk factors for suicide as identified in the Connecting for Life (CfL) National Strategy to Reduce Suicide.

Initial findings suggest that the social isolation necessitated to control the spread of the pandemic led to increased mental ill-health (including suicidal ideation), relapses in substance use (where participants had previously been in recovery), as well as re-hospitalisation for those with severe mental ill-health.

Research Design: Data in the form of open-ended interviews was collected in October and November 2020, before the second wave of the virus and prolonged lockdown. This phase will re-interview the original ten participants to explore further the impact of the pandemic on their mental health and substance use. Participants at the time had limited or no access to drop-in or online supports (eg telepsychiatry), so the Outreach Teams at both MQI and HSE Acces acted as their sole support in the absence of usual services.

Impact: Finding ways to support this socially excluded cohort, whom experience complex physical, social and psychological issues, will help inform means of targeted supports based on their expressed experience and input into the research.

Key Words: [Mental Ill-Health](#), [Substance Use Disorder](#), [Homelessness](#), [Substance Relapse](#), [Depression](#), [Anxiety](#), [Suicide](#), [Social Inclusion](#), [Digital Divide](#).

Action research supporting development of a suicide prevention protocol in homeless services

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Background: This research supports development and roll-out of a suicide prevention protocol for frontline staff in Dublin Simon Community's services for homeless people. Prevalence of suicidal ideation and behaviours is high amongst the client group served, which is identified in Connecting for Life National Office Suicide Prevention strategy as a vulnerable group, so staff need training and appropriate supports for addressing this in their day-to-day work.

Research Design: Staff in the professional mental health counselling team in Dublin Simon utilise the Collaborative Assessment and Management of Suicidality (CAMS) model when working with referred clients with suicidal ideation. They have developed in-house the 'Suicide Specific Treatment Track' (SSTT) crisis intervention protocol based on CAMS. The counselling team uses the SSTT to support initial engagement with clients expressing suicidal ideation and encourage participation in an ongoing therapy programme based on the CAMS approach. Dublin Simon Community now plans to further develop and implement a version of SSTT for frontline staff (gatekeepers), and train staff across the organisation to use this in their day-to-day work, with a view to referring clients to the counselling team for a full CAMS intervention.

Action research is an integral part of the programme. This will apply formative and summative evaluation methods to inform key stages of the development and implementation processes for the gatekeeper SSTT protocol. The research will address the following core questions. What suicide prevention approaches/tools, if any, do frontline staff currently utilize; what are their experiences with these? How well does the initial version of the SSTT protocol match the day-to-day realities of their work? What modifications or improvements, if any, are indicated for the protocol to optimally address frontline gatekeeper staff needs? What wider support structures and care pathway specifications are required to optimize acceptability and utility of the SSTT protocol for these staff?

Formative evaluation will be central to the preparatory development of the protocol and its 'beta-testing' with selected staff groups in a first phase of training. This will generate staff feedback to inform finalisation of the protocol and development of the mainstream training programme. Summative evaluation will synthesise all results and report on this.

Impact: Within Dublin Simon Community, the research will support improvement of tools and supports for frontline staff and better integration of gatekeeper and mental health counselling team contributions to suicide prevention amongst clients. The research findings will also contribute more broadly to current Irish knowledge on suicide prevention approaches, and provide a practice-based example from a large organization with a high prevalence of suicidality presentations by the client base across a range of setting and staffing groups.

Key Words: [suicide prevention protocol](#); [CAMS](#); [frontline staff](#); [homeless services](#); [action research](#)

An investigation of suicidal behaviour and self-harm in adults with ADHD in Ireland

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Background: The risk of suicide is up to four times higher for people with ADHD but there is very limited awareness of this condition in adult mental health and liaison psychiatry settings. The increased risk could be attributed to both the core symptoms of ADHD (inattention, impulsivity and hyperactivity) and additional comorbid mental health difficulties. The main aim of the proposed study is to investigate suicidal behaviour and self-harm in adults with ADHD in Ireland by 1) characterising the population with regard to prevalence of suicidal behaviours and self-harm and 2) investigating possible predictors of suicidal behaviour and self-harm with regard to ADHD symptoms and co-morbidities.

Research Design: The study will employ a quantitative survey design using standardised measures to assess suicidal behaviours and self-harm in the Irish adult ADHD population, and their relationship with core ADHD symptoms, depression, alcohol use, substance use and borderline personality disorder symptoms. Participants will be 160 adults (over the age of 18) with ADHD recruited through ADHD-Ireland Charity. The survey will be hosted online to allow for anonymity. The measures will be presented Likert-style, where participants will be asked to rate their responses on a scale. Analyses will include characterising the sample using descriptive statistics and multiple linear regression will be used to assess which factors best predict suicidal behaviours and self-harm.

Impact: There is a general lack of awareness of ADHD in adulthood and this means that the disorder is often missed in adult mental health settings as well as in emergency departments. This research will advance our knowledge about this cohort and their mental health needs. It will also allow us to raise awareness of adult ADHD as a potential underpinning difficulty for those presenting with suicidal intentions. Increased awareness of potential predictors of suicidality and self-harm in adults with ADHD can allow for early intervention and prevention.

Key Words: [ADHD, adult ADHD, comorbidities, suicidal behaviours, self-injury behaviours, suicide predictors](#)

Digital storytelling as a therapeutic intervention for Traveller men affected by suicide

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Background: Suicide accounts for 11% of all deaths in the Travelling community and rates of suicide are seven times higher amongst Traveller men compared to the general male population. Despite this, no study to date has explored the in-depth lived mental health experiences of Traveller men affected by suicide. There is also a dearth of gender- and culturally-specific interventions to support suicide prevention efforts aimed at this priority group. This study seeks to address this gap by assessing the acceptability of digital storytelling (DST) as a therapeutic intervention among Traveller men affected by suicide and its potential benefit in supporting their mental health and challenging stigma. This proposal recognises and contextualises the strong oral tradition that is particular to Traveller culture and the significant role of story telling, song, and recitation as expressive ways for remembering/celebrating/grieving within the Travelling community.

Research Design: This qualitative study will adopt a community-based participatory research methodology to develop and deliver a culturally appropriate DST intervention, co-designed to meet the needs of the target demographic. The study is also underpinned by a partnership model and acknowledges, in particular, the pivotal leadership, oversight and guidance role of Pavee Point in the project.

Phase 1: Semi-structured focus groups (n=6) will be used to explore the lived experiences of Traveller men affected by suicide. Topic guides will be informed by the advisory group and literature. Thematic Content Analysis will be used to analyse the data.

Phase 2: Findings from Phase 1 will inform the cultural adaption of an existing 6-week DST therapeutic intervention manual. This will be an iterative process involving a range of key informants, including representatives from the Traveller community. The six-week intervention will be delivered to six groups of Traveller men comprising of 6-8 participants each (n=36-48).

Phase 3: Following screening of the digital stories, the men will be invited to participate in a focus group to explore: (i) the acceptability of the DST intervention; and (ii) any potential benefits of DST in improving mental health and/or challenging mental health stigma.

Phase 4: A training resource and educational video will be developed alongside Traveller men to capture the key learnings of the study that can be used as part of wider suicide prevention efforts in the Travelling community.

Impact: Findings from this qualitative inquiry will provide a deeper understanding of the sources of distress and pathways to resilience/recovery among Traveller men affected by suicide. This has the potential to inform the development of more acceptable and effective services and interventions for Traveller men affected by suicide, thereby addressing a key priority in 'Connecting for Life'.

Key Words: [Suicide prevention](#), [Traveller men](#), [digital storytelling](#), [mental health](#), [men's health](#), [co-design methodologies](#)

Safety Planning Group Intervention (SPGI) delivered with people experiencing Suicidality in an AAMHU

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Background: This project will address the current gap in safety planning for individuals with suicidality. The Safety Planning Group Intervention (SPGI) will have an educational and collaborative recovery focused approach. The aim of this project is to facilitate the co-development of a SPGI that assists mental health inpatients who have experienced recent suicidality understand their personal warning signs of suicidal crisis. The SPGI will also aim to reduce levels of hopelessness and develop coping strategies during future suicidal crisis situations.

Research Design: The study will be conducted among adult mental health inpatients aged between 18–65, who are admitted voluntarily to the Adult Acute Mental Health Unit (AAMHU) of University Hospital Galway (UHG) and who are experiencing suicidal thoughts and/or behaviours. A quasi-experimental study design will utilise a pre-test / post-test design. All participants will complete a battery of psychometric measures pre- and again at post-intervention.

Participants: Participants must be able to give informed consent and to engage in group psychoeducation for the duration of the 3-week intervention.

Outcome Measures: The primary outcome measures, suicidal ideation, will be measured using the Columbia Suicide Severity Rating Scale (C-SSRS) and Beck Scale of Suicidal Ideation (BSS). The Patient Health Questionnaire (PHQ-9) a depression measurement, The Coping Self-Efficacy Scale, The Interpersonal Needs Questionnaire and the Beck Hopelessness Scale (BHS) will also be utilised. These assessments will be administered to eligible participants at baseline and each week for 3 weeks.

Intervention: The group intervention will be delivered by members of the Mental Health OT Department with support from a Senior Consultant Psychiatrist (Principal Investigator). The SPI will be provided once weekly for 90 minutes over a three-week period in a closed group of 8 participants. A total of 8 groups will be held for this study.

Analysis: Statistical analysis will examine whether those who complete the intervention have reduced levels of suicidal thoughts and behaviour following the intervention. We will also examine whether levels of coping increase and whether hopelessness reduces with SPGI.

Impact: This project’s impact will potentially lead to less suicidal thoughts and behaviours and provide individuals at risk of suicidality with tools to develop better coping skills. It may also lead to reduced admissions to the acute unit and crisis presentations for suicidality amongst these participants to the emergency department in the future. The planned milestones set out in the NOSP’s Connecting for Life Implementation Plan 2020–2022 highlighted the necessity to disseminate effective suicide prevention evidence-based tools and protocols (Action 5.1.5).

Key Words: Safety Planning, Suicide Intervention, inpatient, Group therapy.

Beyond Bullying - The Role of Humiliation in Suicidality in Ireland's Youth

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Background: Rates of self-harm among children and adolescents in Ireland have increased sharply in the past decade and rates of youth suicide remain high. Young people have been identified as a target group in which to reduce suicide and self-harm, according to Connecting for Life: Ireland's National Strategy to reduce suicide. Much recent research has identified strong associations between traumatic events including bullying victimization and suicidal ideation, self-harm and suicide. However, most evidence to date is based on community-based research, with a dearth of research in clinical populations of young people who have engaged in hospital-presenting self-harm. In addition, few psychological autopsy studies of youth suicide have been completed and none have examined this in depth. This innovative study will examine whether traumatic events, specifically bullying or humiliation in childhood and adolescence, exacerbate emotional vulnerabilities that expose a pathway to suicidality.

Research Design: There are 3 components to this study. In *Workpackage 1*, a systematic review of the literature on associations between trauma, bullying or humiliation and outcomes including suicide, self-harm and suicidal ideation will be carried out to comprehensively synthesise previous research findings on this topic. *Workpackage 2* comprises of a psycho-biographical autopsy (modified psychological autopsy) study of childhood suicide in Ireland, involving a thematic exploration of case studies. Qualitative analysis will be conducted on the open narrative portion of a semi-structured family interview using a grounded theory approach. Personal documents (diaries/letters/notes) belonging to the deceased will be qualitatively interpreted. *Workpackage 3* will involve an examination of history of bullying/humiliation among young people presenting to hospital with self-harm or suicidal ideation. Data will be collected via the innovative addition of an assessment of bullying/humiliation history to Emergency Department psychiatry assessments in young people. Participants will be attenders aged 16-21 at St. Vincent's University Hospital and the Mater Hospital Dublin, who have self-harmed or experienced suicidal ideation.

Participants/caregivers will be invited to complete a brief questionnaire at time of assessment and clinical assessment notes will also be analysed by the research team. Data analysis will be carried out to include examination of prevalence of bullying/humiliation and associations with a range of clinical and demographic factors. In parallel, pilot data from the National Clinical Programme for Self-Harm concerning young ED attenders will be quantitatively analysed.

Impact: This work will provide much-needed insight into potential precipitating factors for self-harm and suicide in this difficult to access group. Findings will lead to improvements in self-harm/suicide risk assessment and targeted interventions at Emergency Department and Community levels and will inform school and community-based mental health promotion interventions.

Key Words: Youth Suicide Prevention, Self-harm, Bullying, Humiliation, Vulnerability Factors, Risk Assessment, Targeted Interventions.

Experiences of supports for suicide bereavement in Ireland: A national survey

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Background: This will be the first large-scale national study of adults bereaved or affected by suicide in Ireland, using a cross-sectional online survey. The overarching aim will be to gain insight into the experiences of supports received by these individuals and to identify the barriers to engagement following their loss. The specific objectives will be to 1) examine the profile, characteristics and psychosocial wellbeing of adults bereaved or affected by suicide in Ireland; 2) determine the types of suicide bereavement supports – both informal and formal – utilised by adults in Ireland; 3) examine the experiences of receiving or engaging with supports, the associated barriers and facilitators, and the perceived gaps and unmet needs in postvention supports; and 4) compare the characteristics of individuals who have engaged in supports with those who have not received supports.

Research Design: A cross-sectional survey design will be employed to obtain a sample of Irish adults who have been bereaved or affected by suicide. This project will seek broad representation across key demographic groups, from those who have accessed services and those who haven’t, as well as under-researched and minority groups. In line with existing research, broad definitions will be adopted to include both individuals directly bereaved as well as those affected by a suicide. The survey will gather both psychometrically valid, generalisable data alongside more in-depth, data-rich qualitative responses. An embedded qualitative approach will be used to further augment the grief and wellbeing outcome measures in the survey, providing participants an opportunity to share individual experiences of their bereavement, the services and supports available to them, and barriers and enablers to accessing such supports.

Impact and proposed learnings: There will be several important impacts and outcomes from this project. These will include a better understanding of the psychosocial and mental health impacts of suicide bereavement in Ireland; insight into the range of informal and formal supports accessed in Ireland; identification of unmet needs and challenges of accessing appropriate and timely supports; and contributing to general population awareness of the impacts of suicide. The findings will provide a national profile of the experiences and needs of individuals who may require suicide bereavement supports and will inform service development and policy priorities for this vulnerable population. The project will seek to identify which services have been utilised most by individuals and where gaps currently exist in relation to specialised services and will inform best practice in relation to proactive outreach and timing of supports (Connecting for Life (CfL), Action 4.3.1). The findings will also be beneficial to service providers in terms of responding to bereaved individuals in their remit and in informing ongoing reviews and evaluation of services. The results will provide valuable information pertaining to the barriers experienced in accessing supports, and will inform interventions and activities which seek to reduce stigma, increase public awareness (CfL Action 1.3.1) and encourage help-seeking behaviour. In particular the findings will contribute to the design of strategies to promote positive help-seeking behaviour among under-represented groups (CfL Action 3.1.4). It is also expected that the planned recruitment and dissemination activities will also contribute to increasing public awareness – encouraging individuals who may not recognise their needs for supports to share their experiences in a safe and confidential manner.

Key Words: [suicide bereavement; survey; service delivery; suicide prevention; stigma reduction.](#)

Retrospective chart review of patients presenting to the Emergency Department following High Lethality Intentional Drug Overdose (IDO) and subsequent prescribing practices

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Background: Intentional Drug Overdose (IDO) is the most common method of self-harm presenting to Irish hospitals. Many patients presenting with an IDO have a history of self-harm, an underlying medical condition, or a psychiatric illness. As such, medications commonly play an important role in their treatment while at the same time posing a direct risk to their health.

The objectives of this study are: In cases of high lethality intentional drug overdose

- To identify the characteristics of the IDO, including the type/quantity of drugs used, prescription parameters (dose, frequency, length of prescription, when it was last dispensed), the source, alcohol involvement and multiple method involvement.
- To describe patient characteristics, such as demographic information, psychiatric/medical history, history of self-harm, and previous contact with mental health services.
- To examine the treatment plan, including the immediate and short-term management plan, steps taken to reduce risk of future self-harm including prescribing practices following high-lethality IDO.

Research Design: This is a retrospective cohort study including all high lethality self-harm patients presenting to Cork University Hospital and the Mercy University Hospital, Cork, Ireland, from November 1st 2017 to January 31st 2018. Cases of High Lethality Self-Harm will be identified through data from the National Self Harm Registry of Ireland and those cases involving an IDO will form a subgroup. Anonymised data will be collected via retrospective chart review of all patients following High Lethality IDO, over 18 years of age. Data will be statistically analysed using SPSS software. Ethical approval has been granted through the Clinical Research Ethics Committee, University College Cork.

Impact: This project will provide valuable insight into the profile and characteristics of patients who engage in high lethality acts of self-harm through IDO. Findings from this research may highlight areas in the Irish mental health service which may benefit from improved awareness and education, such as prescribing practices and follow-up care in this vulnerable patient group.

Key Words: [intentional drug overdose](#), [self harm](#), [suicide prevention](#), [psychoactive medication](#), [psychogenic medication](#), [emergency department](#).

Community Engagement for Suicide Prevention: Exploring Sex Worker Experiences in Ireland

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³Sex Workers Alliance Ireland, HIV Ireland, Irish Sex Work Research Network

Background: This research project utilises the concept of connection (Connecting for Life 2015-20) to explore sex worker mental health and well-being.

Research Design: The project is committed to the values of Participation Action Research which promotes a peer-led approach that seeks to challenge undemocratic research practices controlling knowledge production about sex workers. This approach guides our research question in exploring how can sex worker experiences inform and develop Government suicide prevention strategies. The project convened a Research Advisory Committee, drawn from HIV Ireland, Irish Sex Work Research Network and Sex Workers Alliance Ireland, to oversee the research strategy (e.g., participant recruitment, research instruments, ethics etc). Peer researchers will be recruited and trained by the principal investigators to facilitate Focus Groups in Dublin, Cork, Galway, and Limerick with sex workers exploring issues of isolation, loneliness, shame, stigma, and strategies for resilience. The project will also conduct semi-structured interviews with health and social service providers engaged in service provision to sex workers across Ireland.

Impact: The project (both focus group and interview) data will develop and strengthen sex worker peer networks, and intersect with LGBTQ+ and migrant communities, as part of suicide prevention work. All stakeholders will work together to produce a peer-led suicide prevention harm reduction toolkit which will be piloted with key service providers. This toolkit will be a model for suicide harm reduction outreach with sex working communities by creating connections amongst sex workers and tapping into community resilience to enable, empower and displace fear and isolation.

Key Words: [sex work](#), [mental health](#), [suicide](#), [stigma](#), [isolation](#), [harm reduction](#)

Lived Lives Revisited: A science-arts community intervention around suicide in priority groups (including 1st responders (An Garda Síochána), frontline mental healthcare professionals and young people)

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Background: *Lived Lives* is a unique durational, interdisciplinary art-science research and intervention project around stigma and suicide. 104 Suicide-bereaved families throughout Ireland donated stories, and 63 of these also donated images and objects associated with the lived life of a loved one lost to suicide to the Science – Arts research team, with the research engagement mostly taking place around kitchen tables. This action restored identity to the deceased, foregrounding the lived life as opposed to the manner of their death.

A mediated exhibition was co-created and co-curated with artist, scientist, families and communities, involving a series of artworks from, or inspired by, family donations. For example *The Lost Portrait Gallery* consists of 39 jacquard (tapestry) portraits of young suicides deceased from the *Lived Lives* families. The artist also created *21 grams* which is a visual representation of young male suicide in Ireland in 2003 (Figure 1). It consists of an excess of 92 sculpted fragments of cloth, one for each young male death that year weighing exactly 21 grams, the mythical weight of the human soul. More information on the project can be found at www.livedlivesproject.com.

Research Design: The *Lived Lives Revisited* project includes the experience of re-visiting The *Lived Lives* Project through the collaborative lens of An Garda Síochána (1st Responders), frontline mental healthcare workers, and Transition Year students. The project will facilitate reflection on the previous and current *Lived Lives* Conversations around suicide in the Northwest in the aftermath of the COVID pandemic.

A Science /arts video

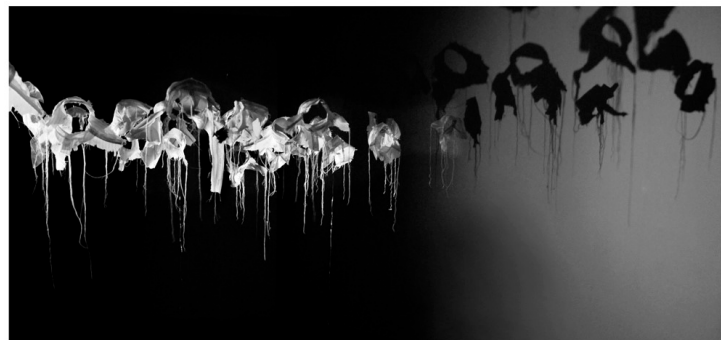
powerpoint Zoom presentation titled suicide: *Lived Lives Revisited – learning from survivors* will be presented during the week following World Mental Health Day (Oct 11-15, 2021). In March 2022, *Lived Lives* will be re-cast and installed as The *Lived Lives Revisited* exhibition in the Letterkenny Cultural Centre.

Here it will engage and collaborate with at-risk communities to share their reflections through the Lived Lives

lens. A Rapid Review related to Mental Health Promotion and suicide prevention in Schools, 1st responders and frontline mental health workers. A second Rapid Review will focus on Lived Experience Research around Suicide. Qualitative (grounded theory) analysis of the project and its outputs will be conducted.

Impact: A multi-media psycho-education learning resource from project will be piloted in a learning setting for the specified priority groups. Impacts will include: Enhancing cultural enrichment; Influencing policy; Scientific advances across and within disciplines; Changing public opinion and informing debate.

Key Words: [Arts, science, interdisciplinary, exhibition, suicide, stigma.](#)



Lived Lives Installation

Dying to farm: Towards developing a suicide prevention intervention for farmers in Ireland

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Background: The overall aim of this project is to examine the risk factors associated with suicide among Irish farmers and to identify the types of interventions to mitigate the risks. Mental health problems and suicide are continually reported as major concerns for those actively employed in the Irish farming sector. Suicide and suicidal behaviour are more prevalent among certain 'priority groups' in Ireland where middle-aged men have been identified as being more vulnerable to suicide particularly if they have at least one other identity characteristic including farming as an occupation (O'Donnell and Richardson, 2018). In comparison with other occupational groups, farmers experience a higher burden of health problems including mental health (Roy et al, 2013) and suicide (Roberts et al, 2013). There is a dearth of literature on suicide among the farming population in Ireland. Little is known about its prevalence and precipitating factors. However, data across the world does indicate that there is a higher prevalence of suicide among farmers in Australia, Canada, India, Japan and the UK (Nishimura et al. 2004; Judd et al. 2006; Stark et al. 2006; Das 2009; Sturgeon and Morrissette 2010). The current study aims to determine whether the trend in Ireland is the same as other countries and to determine what type of support and interventions would be feasible and acceptable to support this population.

Research design: To identify the precipitating factors and acceptability of psychological interventions first a literature review of interventions will be conducted. This will be followed by interviews (5-10 farmers) and focus groups (4 groups of 5 each with farmers and professionals in Connaught and Leinster). All interviews and focus groups will be transcribed and thematic analysis (Braun and Clarke, 2006) will be conducted. A national survey of farmers (N=*900) will assess the demand for psychological supports / interventions and look at suicide risk factors. The survey will include standardised measures of suicide risk and general well-being along with the depressive symptom inventory — suicidality subscale (DSI-SS; Metalsky & Joiner, 1997). Hierarchical mixed effect penalized linear regression models incorporating feature selection and cross-validation for each stakeholder group, will quantify the impact of independent variables upon demand for mental health and suicide prevention interventions. The independent variables will include isolation, upbringing and education, farm type, masculine gender role stress, family and personal history of mental illness, previous suicide attempts and exposure to suicide, occupational relationship, financial and legal issues, any recent bereavement, mental and physical illness, personality and coping style, social supports, contact with health service, awareness of existing supports, uptake of existing supports, preference for mental health supports and Covid-19.

Impact: This research will provide insights into suicide prevention interventions in an under reported cohort of the Irish population, farmers.

Key Words: [Suicide](#), [Farmer](#), [Intervention](#), [Risk](#), [Prevention](#), [Self-harm](#), [Wellbeing](#), [Mental health](#).

A blue print for providing resources to parents of adolescents who self-harm

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Background: The main aim of this research is to help us to understand what type of information is needed by parents of adolescents who self-harm or who attempt suicide, and how best to provide them with that information.

Research Design: We are undertaking the research because parents typically play such an important role in supporting adolescent well-being and mental health. For example, studies have found that it is possible to increase the resilience of adolescents who are experiencing adversity (including self-harm and suicide ideation/behaviour) either by working directly with the adolescents, or by working with their parents to foster a resourceful and supporting social, psychological and physical environment at home. In addition, parents are more likely than adolescents to understand and be willing to access professional support, so providing parents with the necessary information can be an important part of ensuring that adolescents who need support will actually receive it. Indeed, in Ireland adolescents under the age of 18 are legally required to have a parent's permission to seek mental health treatments, making the need to provide information to parents even more important. Finally, previous research by the applicants found that therapists working with young people who self-harm, reported both a need to give information to parents and the value of doing that.

The research will collect data in a number of different ways. It will start with an online anonymous survey of parents who have experienced the need to get help/information for an adolescent who self-harms or who has attempted suicide. We will ask them to tell us what information would have been useful and how they would have liked to access that information. Then we will do a qualitative study (using a Delphi method) with professionals (e.g. therapists, A&E nurses/doctors, psychiatrists) to find out what they think are the main needs of parents. We will bring the results of these two studies together in order to produce a set of practical guidelines on what information to provide for parents and how best to provide it. We will let people know about our findings by producing information leaflets, journal articles, and by making them widely available on social media.

In order to provide us with guidance in our work we will ask a small group of parents, and professionals to provide us with feedback on all parts of our planned research. We will also make a particular effort to gather information from groups of parents whose voices may be heard less often, such as Travellers and immigrants. We will also be trying to engage as many fathers as possible as it can be more difficult to get their views in research of this type.

Key Words: [Parents](#), [self-harm](#), [suicide](#), [suicide ideation](#), [mental health literacy](#), [help-seeking](#).



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