

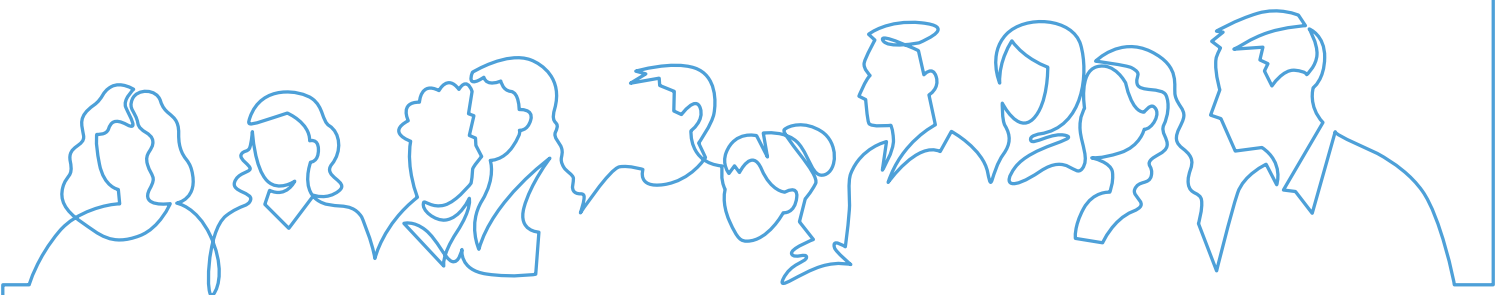


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# Integrating suicide prevention into policy-making

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A review and proposal  
October 2020



Connecting for Life



NATIONAL OFFICE FOR SUICIDE PREVENTION

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Dr. Jane Pillinger, Independent Researcher and policy advisor



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**Dr. Jane Pillinger**

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# 1. Introduction

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This report gives an overview of existing suicide prevention impact assessment methods that have relevance for suicide prevention. It is designed to inform the development of a suicide prevention impact assessment process in Ireland, as envisaged in Connecting for Life: Action 3.1.1. 'Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at an increased risk of suicide or self-harm'. There are eight lead Departments for this action including (the-then) departments of Health, Agriculture, Justice, Social Protection, Children, Defence, Transport and Housing, as well as TUSLA. A Working Group was convened to address this action (and action 3.1.2 on inter-agency protocols). The Working Group produced a discussion paper on the action (led by the Department of Health). This paper proposed the development of a proofing tool, along the lines of the current tools on gender and poverty impact assessment.

From stakeholder meetings conducted by the HSE National Office for Suicide Prevention (NOSP) in January 2020, it became clear that there were two differing perspectives among lead agents. Larger departments, such as Health and Social Protection which had their own policy units, queried the idea of another proofing tool. Their preference was to educate policy-makers or for NOSP to respond to all relevant public consultation processes. Other smaller departments and agencies, where policy making is the responsibility of individual units, emphasised that a practical tool, supporting information and checklist would be very helpful in carrying out suicide prevention impact assessment. The COVID-19 pandemic opened up an opportunity to do some further scoping work on the issue.

This report aims to fill a gap in knowledge about suicide prevention impact assessment and to find the best solution and method for the integration of suicide prevention into relevant national policies, plans and programmes. In particular, by taking account of the impact on groups at risk of suicide and more broadly their role in promoting suicide prevention, it could be relevant for a range of legislative and non-legislative interventions, strategies, policy statements, administrative procedures, memoranda and guidelines, and for inclusion in the whole policy cycle in policy formulation, implementation, review and evaluation.<sup>1</sup> This should contribute to policy coordination and the whole-of-government approach to suicide prevention.

In particular, this report explores the most effective tools for mainstreaming evidence-based suicide prevention into existing or new policies and services, as required.<sup>2</sup> Suicide prevention can be integrated into a range of different policy frameworks in both health and non-health areas, including in economic and social analysis where, for example, an increased rate of

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<sup>1</sup> A more detailed discussion of policy can be found in the NOSP policy paper on suicide prevention: Pillinger, J (2014) Policy Paper on Suicide Prevention: Review of national and international policy approaches to suicide prevention, NOSP.

<sup>2</sup> O'Connor R, Platt S, Gordon J. International handbook of suicide prevention: Research, policy and practice. Wiley: <https://onlinelibrary.wiley.com/doi/book/10.1002/9781119998556>

suicide can be an indicator of economic stress and social well-being.<sup>3</sup> In relation to policy measures, this could be developed through policy measures and tools to equip health and other personnel working with vulnerable groups to identify, manage and support people who are at risk for suicide.<sup>4</sup>

Connecting for Life, along with other strategies on suicide prevention internationally, have at their core, the mainstreaming of suicide prevention into all relevant policy developments in health and non-health areas and the implementation of these through collaborative working. This approach to suicide prevention aims to build resilience, and promote mental health and emotional wellbeing in various settings through a universal population approach. These policy areas are relevant in schools, workplaces and communities, and are integral to our understanding the social determinants of health, and related to this are finding effective ways to reduce poverty, inequality, discrimination and stigma. Typically, impact assessment on suicide prevention has been progressed in mental health promotion and through mental health impact assessment tools applied to relevant policy areas.<sup>5</sup>

In Ireland, there is a long tradition of policy proofing, impact assessment and mainstreaming, in some cases dating back 20 or more years. These frameworks, in various ways, aim to focus and refocus priorities, budgets and resources where an identified social, economic, equality impact is identified. In relation to suicide prevention impact assessment, there are limited examples in Ireland and across other jurisdictions of where this has been integrated into policy impact assessments, and as such is a new area of development. For this reason, it has been relevant to explore different methodologies that could inform immediate next steps and longer-term objectives, for example, around an integrated impact assessment framework.

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<sup>3</sup> Branch K, Hooper D A, Thompson J and Creighton J (2018) Guide to Social Assessment: A Framework for Assessing Social Change. New York & Abingdon, Routledge.

<sup>4</sup> Chu C, Van Orden K, Ribeiro J, Joiner T (2017) Does the timing of suicide risk assessments influence ratings of risk severity? Professional Psychology: Research and Practice, Vol 48(2), Apr 2017, 107-114

<sup>5</sup> [https://ec.europa.eu/health/sites/health/files/mental\\_health/docs/2017\\_mh\\_allpolicies\\_en.pdf](https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_allpolicies_en.pdf)



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## 2. Review of relevant international initiatives

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### 2.1 Whole-of-government approaches and suicide prevention impact assessment

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A review of existing policies and strategies internationally was carried out for this report in order to identify good practices of evidence-based approaches to suicide prevention impact assessment, in order to inform developments in Ireland. A whole-of-government approach to suicide prevention is recognised in Ireland and internationally as being the most effective way to prevent suicide. However, there are few examples of suicide prevention impact assessment being implemented as part of this approach. WHO (2012 & 2014) points out that suicide prevention strategies need, in amongst other areas, to address gaps related to suicide prevention in other policies and strategies. This is where suicide prevention impact assessment can play an important role in raising awareness amongst policy-makers in helping to promote policy coordination by integrating suicide prevention into relevant policies.

This approach is also important in responding to new and emerging risks of suicide that largely fall outside of the scope of health and/or mental health policy. The following example from Australia is relevant here. In Australia, the White Paper *Turing the Tide* identifies the importance of integrating suicide prevention into new policy areas, based on the identified emerging areas of risk for the next decade related to economic insecurity (consumer debt, economic insecurity and job losses due to the COVID-19 pandemic) and changing family and personal relationships (divorce and relationship breakdown). It highlights the importance of research evidence globally that fosters social connection, e.g. through peer support initiatives, to enhance positive mental health and wellbeing. In particular, it recommends intervening earlier and giving better support to people at risk of suicide outside of traditional service environments, and that this might be beneficial in the immediate six months following job or relationship loss. In this light, the Suicide Prevention Australia (SPA) National Policy Platform (2019) argues that more needs to be done to link suicidality and the social determinants of health and promote a whole-of-government approach, on the basis that suicide needs to be understood as being more than an expression of mental ill health. On this basis, the SPA argues that “cross-portfolio coordination is essential to address the social, economic, health, occupational, cultural and environmental factors involved in suicide prevention.”<sup>6</sup> As part of a whole-of-government approach, it is recommended that suicide proofing takes place by “assessing suicide prevention and mental health impacts as a compulsory part of the Cabinet submission process”. The SPA had also made recommendations are made for a well-funded National Suicide Prevention Office which can secure cross-portfolio approaches to suicide prevention, including the issuing of “guidance on suicide impact assessments as part of all Cabinet submissions.”<sup>7</sup>

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<sup>6</sup> Suicide Prevention Australia (2019) A Whole of Government Approach to Suicide Prevention, page.1. Policy Position Statement. [www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)

<sup>7</sup> Suicide Prevent Australia (2019) National Policy Platform, page. 7. <https://www.suicidepreventionaust.org/wp-content/uploads/2019/11/Suicide-Prevention-Australia-National-Policy-Platform-April-2019.pdf>

A further example of policy development in a non-health area is the integration of suicide prevention into rural policy, particularly around rural exclusion and isolation. In the UK, the government's rural proofing framework sets out a four-stage impact assessment process to assess the impact of policies on rural areas, including potentially on suicide prevention.<sup>8</sup> In Scotland, for example, rural proofing has been carried out through data gathering and collaborative working through the Scottish Suicide Information Database, along with publications from NHS Health Scotland: *Suicide Prevention in Rural Areas Guide* and *Guidance on Action to Reduce Suicides at Locations of Concern*.<sup>9</sup>

Although intersectoral collaboration and whole-of-government approaches can be challenging to implement and finance, there are good examples from across the EU Member States of successful initiatives to integrate suicide prevention into non-health areas and through intersectoral collaboration. One example cited in an EU project on mental health (see below),<sup>10</sup> is the approach taken in Norway to create a legal framework for collaboration on public health, under the Public Health Act. This means that health, including mental health and potentially also suicide prevention, is integrated into all policies through health promotion and other relevant initiatives.

## 2.2 Health Impact Assessment and Mental Health Impact Assessment

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The integration of suicide prevention into policy-making is most frequently carried out through mental health impact assessment. Examples of methodologies are Mental Well-being Impact Assessment, Mental Health Impact Assessment, Mental Health HIA Toolkit, and Mental Health in All Policies (MHiAP). Mostly these assessment frameworks are modelled on Health Impact Assessment (HIA) methodologies and in some countries these have been applied to non-health policy areas.

In particular, there is some useful learning for suicide prevention initiatives regarding the methods used to integrate mental health into Health Impact Assessment (HIA) frameworks. The World Health Organization defines Health Impact Assessment as “a combination of procedures, methods and tools by which a policy, program or project may be judged in terms of its potential effects on the health of a population and the distribution of those effects within the population.”<sup>11</sup> HIA is a widely used tool to inform policy in order to enhance population and public health policy decisions that impact on physical, social, economic determinants of health and wellbeing. With a focus on the social determinants

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<sup>8</sup> Department for Environment, Food and Rural Affairs (2017) *Rural proofing: Practical guidance to assess impacts of policies on rural areas*: <https://www.gov.uk/government/publications/rural-proofing>

<sup>9</sup> This example is cited in: [https://ec.europa.eu/health/sites/health/files/mental\\_health/docs/2017\\_mh\\_allpolicies\\_en.pdf](https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_allpolicies_en.pdf)

<sup>10</sup> EU Joint Action on Mental Health and Well-being (2013). *Mental health in all policies: Situation analysis and recommendations for action* [https://ec.europa.eu/health/sites/health/files/mental\\_health/docs/2017\\_mh\\_allpolicies\\_en.pdf](https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_allpolicies_en.pdf)

<sup>11</sup> WHO (1999) *Health Impact Assessment: Main Concepts and Suggested Approach*. European Centre for Health Policy. Brussels: World Health Organization Regional Office for Europe.

of health, mental health impacts are identified that are related to poverty and inequality (education, employment, income, housing, social capital, social cohesion, and social support etc.), and population groups who may be at greatest risk of mental ill health. Typically, HIA involves: screening (relevance and added value), scoping (objectives and steps for the HIA), assessment (baseline health of population affected and potential health effects), recommendations (mitigation strategies that will protect and promote health based on predicted changes), reporting (dissemination of findings to decision makers), and monitoring and evaluation (quality, impact, and outcome of the HIA in relation to decision-making).<sup>12</sup>

HIA methodologies have been applied and adapted to mental health impact assessment in two main ways:

- **Mental Health Impact Assessment (MHIA).** MHIA is based on the same methodology as HIA (screening, scoping, assessment, recommendations, reporting, monitoring/evaluation), but explicitly integrates considerations related to mental health.<sup>13</sup> With a central focus on the social determinants of health, MHIA engages population groups that are most affected by mental health with the aim to integrate health and health inequities in decision-making.
- **Mental Well-being Impact Assessment (MWIA),** developed in England by the National MWIA Collaborative, aims to shift policy focus towards positive mental health.<sup>14</sup> The MWIA follows the first steps of an HIA with screening, scoping, and appraisal, but differs slightly in its next steps, which identify indicators that measure the impact of mental wellbeing, and formulate recommendations, monitoring, and evaluating of MWIA.

The following are examples of impact assessment methodologies and toolkits:

The **Rapid Mental Health Impact Assessment (RHMHIA) Toolkit** was developed by Public Health Agency of Canada in 2012 to inform decision-making to improve mental health for all Canadians. It is a tool for assessing mental health impacts during the early stages of policy or programme development, with a focus on areas where there is no explicit objective relating to mental health.

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<sup>12</sup> For a more detailed discussion of methodologies and approaches to mental health impact assessment in HIA's see: Lucyk, K. (2015) Report on Mental Health in Health Impact Assessment. Calgary: Habitat Health Impact Consulting Corp. Available at: [https://hiasociety.org/resources/Documents/MHinHIA\\_Lucyk.pdf](https://hiasociety.org/resources/Documents/MHinHIA_Lucyk.pdf)

<sup>13</sup> Adler School of Professional Psychology, Institute on Social Exclusion. (2013) U.S. Equal Employment Opportunity Commission Policy Guidance: A Mental Health Impact Assessment. [https://www.adler.edu/resources/content/4/5/documents/Adler\\_ISE\\_MHIA\\_130328.pdf](https://www.adler.edu/resources/content/4/5/documents/Adler_ISE_MHIA_130328.pdf)

<sup>14</sup> National Mental Well-Being Impact Assessment Collaborative. (2011). Mental Well-Being Impact Assessment: A Toolkit for Well-Being, 2011. England: National WHIA Collaborative. See also: Stansfield, J, Hara, K, Campion, J & Edmonds, N. (2011). Mental Well-being Impact Assessment A Toolkit for Well-being, Members of the National MWIA Collaborative (England).

The **Mental Health HIA Toolkit**, drawn up by Lewisham & Lambeth Neighbourhood Renewal Fund in 2004,<sup>15</sup> had the aim to improve understanding of potential mental health impacts of the Lewisham & Lambeth Neighbourhood Renewal Strategy. It contains a Screening Toolkit for an initial assessment of potential mental health impacts and a Rapid Assessment Toolkit that involves stakeholders and identifies potential indicators for measuring mental health impacts of a project, policy, or programme.

The **Mental Well-being Impact Assessment (MWIA) Toolkit**<sup>16</sup> built on the learning from the Mental Health HIA Toolkit developed by the South London and Maudsley NHS Foundation Trust and partners (linked to above). It was developed by the National MWIA Collaborative a group of health and academic partners and has been widely used as a screening and assessment tool in England. It enables people and organisations to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental well-being. MWIA uses HIA methods but focuses on the factors that are known to promote and protect mental well-being. The impact assessment aims to promote mental well-being through health promotion, taking into account risk factors (unemployment, poverty, inequalities, poor education, poor living conditions) and protective factors (control, resilience and community assets, participation, inclusion). Based on HIA methodology, MWIA provides a structured, evidence-based method to analyse how policies, programmes and projects may influence mental health and well-being. To date, around 750 MWIAs have been carried out in the UK, ranging from high level strategic projects to grass roots projects in areas such as housing, arts, health, education, workplace and town planning. There has also been some integration with Equality, and Health Inequality Impact Assessments, also carried out in the UK.

MWIA is a process based on six-steps: screening (deciding whether to do an MWIA); scoping (planning your MWIA); appraisal (gathering and assessing the evidence); indicators (to measure impact on mental well-being); and formulating (recommendations, monitoring and evaluating the MWIA). Throughout MWIA the process aims to engage stakeholders and increase participants' awareness and well-being. See Figure 1 opposite.

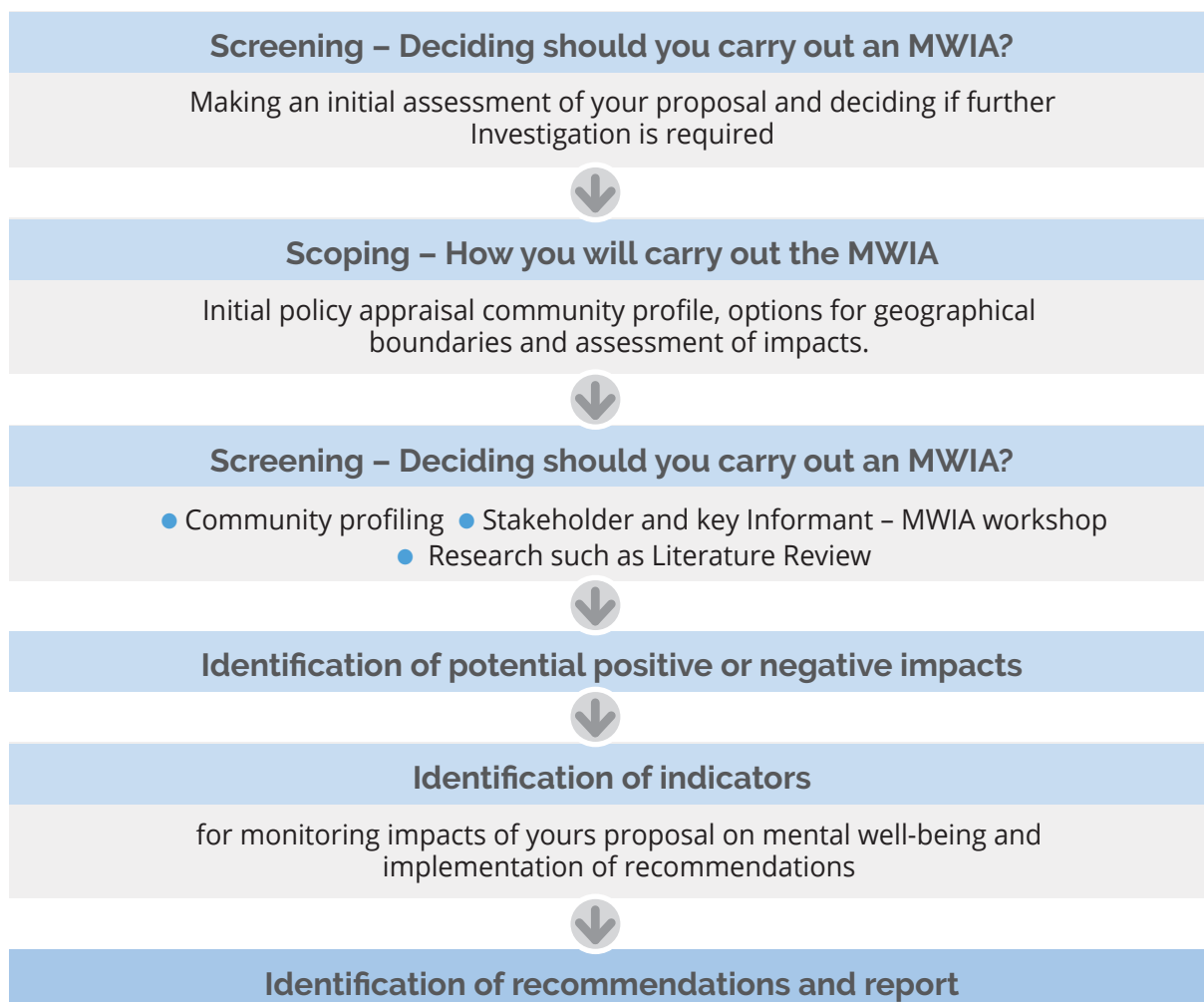
A review of the implementation of MWIA by the Tavistock Institute in 2014<sup>17</sup> found evidence that MWIA had made a difference to the implementation of initiatives in a range of policies and service areas, including whole service areas, particularly in orientating initiatives towards supporting protective factors for well-being.

<sup>15</sup> Lewisham & Lambeth Neighbourhood Renewal Fund. (2004). Mental Health and Wellbeing Impact Assessment Indicators: A Two Part Screening Toolkit. Public Health England. <http://www.apho.org.uk/resource/item.aspx?RID=9287>

<sup>16</sup> <https://q.health.org.uk/document/mental-wellbeing-impact-assessment-a-toolkit-for-wellbeing/>

<sup>17</sup> <https://www.tavistock.org/wp-content/uploads/2017/06/Briefing-Paper-by-the-Tavistock-Institute-MWIA2014.pdf>

Figure 1: Stages of the MWIA process



A further example is an EU project, **Joint Action on Mental Health and Well-being (2013) Mental Health in all Policies MHiAP**.<sup>18</sup> MHiAP aims to promote population-based mental health and wellbeing in non-health policy areas through cross-sectoral action; it is highly relevant to suicide prevention. In the EU, policy developments are moving in the direction of cross-sectoral action, for example, through the **European Framework for Mental Health and Wellbeing**, which recommends a whole-of-government approach in mental health, and specifically in education policies, labour policies and local policies. In particular, public policies may impact on mental health determinants and the MHiAP suggests ways to enhance the accountability of policy-makers. The EU Joint Action for Mental Health and Wellbeing (2013) drew up a framework to map, assess, disseminate and pilot good practices within an MHiAP approach, with a focus on five key areas (workplaces, schools, e-health, socially inclusive services for people with severe mental disorders, and integration of mental health in all policies). It is not so clear how far these actions extended to impact assessment. The focus on prevention is based on the promotion of mental wellbeing which impacts on a range of health benefits, including reduced suicide.

<sup>18</sup> EU Joint Action on Mental Health and Well-being (2013). Mental health in all policies: Situation analysis and recommendations for action [https://ec.europa.eu/health/sites/health/files/mental\\_health/docs/2017\\_mh\\_allpolicies\\_en.pdf](https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_allpolicies_en.pdf)

MHiAP gives examples of good practices in cross-regional and intersectoral programs to prevent suicide include regional and local cross-sectorial implementation of suicide prevention strategies in Malaga, Spain, and the Scottish No Substitute for Life suicide prevention programme. Some countries have implemented national cross-sectional suicide prevention programmes, such as the Austrian national suicide prevention strategy. In the Veneto region in Italy, an example is given of needs assessment carried out in the territorial plans as local and regional planning tool for services in the cross-link of social and health affairs, through collects data across sectors to define priorities in the programming of services in order to implement interventions for social inclusion.<sup>19</sup>

However, it is clear that research evidence (qualitative and quantitative) is crucial at all stages of the policy-making cycle. Scottish research on an evidence-based approach to policy-making and mental health effects of mainly non-health sector policies,<sup>20</sup> drew on theoretical understandings of mental health and its determinants, research evidence and policy documents. It had as its objective the effective intersectoral working between government departments. Based on an appraisal of the potential effects on mental health of current Scottish policy, it looked at the alignment between policies and the evidence base. However, practical barriers exist and further connections are needed between researchers and policy actors to ensure the availability of evidence at all stages of the policy cycle as a tool for effective intersectoral working between government departments.

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In this light, connections between research evidence and policy-making are essential in ensuring evidence-based policy, including how suicide prevention impact assessment initiatives can be reviewed and evaluated for their effectiveness.

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<sup>19</sup> [https://ec.europa.eu/health/sites/health/files/mental\\_health/docs/2017\\_mh\\_allpolicies\\_en.pdf](https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_allpolicies_en.pdf)

<sup>20</sup> Petticrew, M., Platt, S., McCollam, A. et al. «We're not short of people telling us what the problems are. We're short of people telling us what to do»: An appraisal of public policy and mental health. *BMC Public Health* 8, 314 (2008). <https://doi.org/10.1186/1471-2458-8-314>. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-8-314#citeas>

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## 3. Examples of impact assessment frameworks in Ireland

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### 3.1 Impact assessment in the 2016 Programme for Government and the Cabinet Handbook

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The 2016 **programme for government**<sup>21</sup> referred to the government stepping up the use of impact assessments across government, driven by a new specialised section within the Cabinet Secretariat. The new impact assessment guidelines will have to take account of impacts on rural Ireland as well as other socio-economic factors. It also refers to developing the process of budget and policy proofing in order to advance equality, reduce poverty and strengthen economic and social rights. In particular, it states that “institutional arrangements are in place to support equality and gender proofing in the independent fiscal and budget office and within key government departments and to draw on the expertise of the IHREC to support the proofing process.” (p.104) This is an important development that could have potential for the integration of suicide prevention as part of budget and policy impact assessment.

The current **Cabinet Handbook**<sup>22</sup> requires the introduction of Regulatory Impact Analysis (RIA) for any memorandum seeking approval for legislation involving changes in regulation including the transposition of EU Directives and Regulations. RIA was introduced under the 2004 White Paper *Regulating Better* and Cabinet Procedures exist for Memoranda for Government. Where no requirement for RIA arises, memoranda to government ask about the impact of any policy or programme on poverty, along with impact on gender, on rural communities, employment and cost to the Exchequer, in amongst other areas, including:

- **Gender Equality**, include a statement on the likely effects of the policy on both men and women and, if necessary, identify any actions necessary to ensure that the policy promotes gender equality.
- **Persons experiencing or at risk of poverty or social exclusion**, in the case of significant policy proposals. Include a statement of the likely effects of the policy on such groups and indicate the actions necessary to counteract any negative impact. Reference should be made to the guidelines issued by the Office for Social Inclusion.
- **People with Disabilities**. All substantive Memoranda should indicate the impact on people with disabilities.
- **Rural communities**, indicate the impact of the proposed measure, if any, on the physical, economic and social conditions of people living in the open countryside, in “coastal” areas, towns and villages and in smaller urban centres outside of the five major urban areas (i.e. Cork, Dublin, Galway, Limerick and Waterford).

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<sup>21</sup> Government of Ireland, 2016, op cit. p. 104

<sup>22</sup> Department of the Taoiseach (2006, updated 2019) Cabinet Handbook: <https://www.gov.ie/en/publication/05c2e2-cabinet-handbook/>

## 3.2 Social Impact Assessment

A recent development, initiated by the Economic and Social Research Institute (ESRI), is Social Impact Assessment (SIA),<sup>23</sup> which assesses the potential distributive effects of policies on household incomes, families, poverty, gender and access to employment. Social impact assessments are currently carried out on the welfare and income tax measures of annual budgets.

The Government published the proposal for the Social Impact Assessment Framework in 2016.<sup>24</sup> The model is currently used by the Department of Employment Affairs and Social Protection, the Department of Public Expenditure and Reform, the Department of Children and Youth Affairs, the Department of Health and the Department of Finance. In addition, since 2013 a Social Impact Assessment of each Budget is published on the Government website. This assesses the welfare and tax measures in the in each Budget, marking a transition from poverty impact assessment to social impact assessment. This is carried out by the Department of Social Protection, which it acknowledges has helped with greater policy coordination and integration of equality issues such as gender and age.<sup>25</sup>

Related to this is the development of **equality budgeting**. A pilot initiative commenced in 2018 and this has been overseen by an Equality Budgeting Expert Advisory Group, which met for the first time in September 2018. A review has also been carried out of a selection of Spending Review and Social Impact Assessment papers from an equality perspective and which is relevant in the context of Equality Budgeting.<sup>26</sup>

## 3.3 Poverty impact assessment

Ireland has taken a formative and leading role in Europe on poverty proofing / poverty impact assessment. Poverty proofing was originally designed as a tool for assessing policies and programmes for their actual or potential impact on people at risk of poverty. The first tool was introduced in Ireland in 1998 under the implementation of the then-National Anti-Poverty Strategy (NAPS), and since then has been revised and reviewed several times.<sup>27</sup> More recently it was renamed - poverty impact assessment - in order to improve its reach and effect as a process by which government departments, local authorities and State agencies

<sup>23</sup> For further information see: <https://www.gov.ie/en/policy-information/615fe5-social-impact-assessment-framework/>

<sup>24</sup> Government of Ireland / Department of Public Expenditure and Reform (2016) Social Impact Assessment. <http://www.budget.gov.ie/Budgets/2017/Documents/SIA%20Framework%20Final%20pub.pdf>

<sup>25</sup> Department of Social Protection (2013) Social impact assessment of the main welfare and direct tax measures in Budget 2013. See reports on social impact assessment for Budgets since 2013: <https://www.gov.ie/en/collection/002bfd-impact-assessment/#examples-of-impact-assessments>

<sup>26</sup> Government of Ireland / Department of Public Expenditure and Reform (2019) Social Impact Assessment Series Equality Budgeting. Relevant Findings from Ex Post Evaluation. <https://www.gov.ie/pdf/?file=https://assets.gov.ie/35516/c2403c40fef741aba7dde95f0f4aaaa3.pdf#page=1> See also: Government of Ireland (2017) Equality Budgeting: Proposed Next Steps in Ireland <https://www.gov.ie/pdf/?file=https://assets.gov.ie/6428/1d17a8ff885a46678a867a78bbedc657.pdf#page=1>

<sup>27</sup> For a detailed history of the evolution and assessment of poverty proofing in Ireland see Johnson, H. (2017) Poverty Proofing – An evolutionary process towards poverty reduction. *Administration*, vol. 65, no.3.



assess policies and programmes at design, implementation and review stages in relation to the likely impact that they will have, or have had, on poverty. It has been integrated into and remains an important part of the regulatory impact assessment process. Overall, it appears that poverty proofing / impact assessment over the last 20 years has helped to raise awareness amongst government departments and sensitised officials to consider the impact of their policies and programmes on people living in poverty.

There have been various proposals to integrate policy proofing around poverty, gender and equality, along with rural and environmental proofing. For example, the Equality Authority examined ways to integrate equality into existing poverty proofing exercises,<sup>28</sup> and the NESC proposed an integrated process for proofing in 2001.<sup>29</sup> As Helen Johnson's review of poverty proofing suggests the framework for Social Impact Assessment (discussed above) provides an opportunity for an integrated proofing process, albeit with the necessary infrastructure (resources, technical support, training) to support implementation.<sup>30</sup>

### **3.4 Gender mainstreaming / impact assessment**

Gender mainstreaming is a strategic and operational approach to integrating gender into policies, services and programmes, with the aim of giving visibility to gender inequalities and to addressing the problems entrenched in gender inequalities and unequal social relations. It is a globally recognised strategy and approach for achieving gender equality and is embedded in international human rights frameworks, and policies of the European Union and the Council of Europe, including the United Nations, Beijing Platform for Action, 1995, policy and guidance under the United Nation's Convention on the Elimination of Discrimination Against Women (CEDAW), the World Health Organisation, the Council of Europe and the European Union.<sup>31</sup> Gender mainstreaming, including gender impact assessment carried out at all stages of the policy cycle, is an important tool in raising awareness about gender equality and its integration into policy, and has been most successful in the area of health policy.<sup>32</sup> It remains an important tool in the EU for policy-making in integrating a gender perspective into the preparation, design, implementation, monitoring and evaluation of policies, regulatory measures and spending programmes, with a view to promoting equality between women and men.<sup>33</sup>

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<sup>28</sup> Combat Poverty and Equality Authority (2003) Poverty and Inequality: Applying an Equality Dimension to Poverty Proofing.

<sup>29</sup> NESC (2001) Review of poverty proofing process. Dublin: NESC.

<sup>30</sup> For a detailed history of the evolution and assessment of poverty proofing in Ireland see Johnson, H. (2017) Poverty Proofing – An evolutionary process towards poverty reduction. *Administration*, vol. 65, no.3.

<sup>31</sup> For a review of gender mainstreaming policies internationally and in Ireland see: HSE/NWCI (2013).

<sup>32</sup> OECD (2014) Women, Government and Policy Making in OECD countries: Fostering diversity for inclusive growth. OECD Publishing. [https://read.oecd-ilibrary.org/governance/women-government-and-policy-making-in-oecd-countries\\_9789264210745-en#page1](https://read.oecd-ilibrary.org/governance/women-government-and-policy-making-in-oecd-countries_9789264210745-en#page1)

<sup>33</sup> For resources on gender mainstreaming, European Institute for Gender Equality: <https://eige.europa.eu/gender-mainstreaming>

The Department of Health, the former Women's Health Council, the Department of Justice, the Equality Authority, and most recently the Irish Human Rights and Equality Commission, have over the last two decades developed a range of policies, tools and initiatives on gender mainstreaming of the policy-making process. Under the National Strategy for Women and Girls (2017-2020), a gender perspective will be integrated into decision-making across a wide range of policies and proposes that all the development of new policies and the review of existing policies should include a gender perspective. In addition, it proposes that public bodies should assess the human rights of women and girls and any gender equality issues as part of the public sector duty under section 42 of the Irish Human Rights and Equality Act 2014. Actions are included on building capacity within the civil and public service on gender mainstreaming and gender budgeting, gender disaggregated data collection and implementation of Cabinet procedures which require policy proposals put to Government for approval to clearly indicate the impact of the proposal for gender equality.

In Ireland, there is an example of the gender mainstreaming approach in the health care system. The Health Service Executive (HSE) Gender Mainstreaming Framework, drawn up in partnership with the National Women's Council of Ireland, has recommended actions that better enable the HSE to deliver its services for women and men and ensure more equal health outcomes. The objective is that this will contribute to fairness, social justice and equality and a better understanding of the integration of gender with the social determinants of health. The Gender Mainstreaming Framework takes an organisational and informational approach and recognises that a strong regulatory approach is needed to underpin gender equality, including positive duties on public authorities to actively promote equality. In practice, it integrates gender into the mainstream of policy planning and service delivery through equality proofing and gender impact assessment. There are eight steps in the Gender Mainstreaming Framework. Amongst these are collection of gender disaggregated data and gender impact assessment of policies, planning and service delivery, which involves two steps. First is to assess the gender relevance of a particular policy or service, which is informed by data and consultations. If gender relevance is identified, the second step is to carry out a full gender equality impact assessment on all new policies and at the beginning or during the planning cycle for services, using the following criteria:

- *Participation*: sex and gender composition of the target group and representation of women, men and transgender persons in decision-making positions
- *Resources*: distribution of resources such as time, information, money, political and economic power, education and training, jobs and career positions, health care, housing, transport, leisure, childcare etc.
- *Norms and values*: how these influence gender roles, division of labour by gender, attitudes and behaviour of women, men and transgender persons, inequalities in the value attached to men and women, sex stereotyping etc.
- *Rights*: regarding direct or indirect discrimination, human rights, access to legal, political or socio-economic justice

Currently, the Irish Human Rights and Equality Commission (IHREC) provides technical support for the gender and equality proofing process, including in the independent fiscal and budget office and within key government departments. The scope of this initiative has initially focused on gender but has been broadened to other dimensions of equality including poverty, socioeconomic inequality and disability. This development of the initiative is being supported by an Equality Budgeting Expert Advisory Group (as mentioned above).

### 3.5 Disability impact assessment

Disability impact assessment is mandatory and is carried out on all substantive proposals requiring Government approval. Guidelines have been developed by the Department of Justice and Equality, the Equality Authority and the National Disability Authority to government departments in carrying out disability proofing of memoranda for submission to the Government.<sup>34</sup> Disability impact assessment is defined in the following way:

**Disability impact assessment is the process used for carrying out disability proofing. It involves a comprehensive examination of how any proposed policy, legislation, programme or service impacts on a person with a disability. The analysis should consider all potential impacts, both positive and negative.**

Disability impact assessment involves a 5-Step process which take the form of five questions. Under each question further guidance and examples are given, and the guidance document includes a template for disability impact assessment:

- 1) Will the proposed decision have an impact on people with disabilities? Yes or No?
- 2) Outline the evidence on which your initial assessment of potential impact is based.
- 3) If you consider that the decision may have an impact for people with disabilities, outline what that impact will be.
- 4) If the potential impact for people with disabilities is negative, outline how you intend to alleviate that negative impact.
- 5) Outline any action being taken to monitor impact for people with disabilities over time.

An example of an intersectional approach – on gender and disability – exists in the current National Disability Inclusion Strategy (2017-2021) which notes that all government policies and programmes will be proofed against “their potential impact on women with disabilities”. (p.12) It goes on to say that “...consideration will be given to whether a new Impact Assessment should be developed to support this action, or whether the current (separate) Disability and Gender Impact Assessments are sufficient.” (p.12)

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<sup>34</sup> How to conduct a disability impact assessment (2012): <http://www.justice.ie/en/JELR/20120305%20DIA%20Guidelines.pdf/Files/20120305%20DIA%20Guidelines.pdf>

### 3.6 Public sector duty

Related to this is that all public bodies in Ireland have a responsibility to promote equality, prevent discrimination and protect the human rights of their customers, service users and everyone affected by their policies and plans. The development of this Roadmap was informed by the Public Sector Equality and Human Rights Duty, introduced under Section 42 of the Irish Human Rights and Equality Commission Act 2014. Implementing the Duty is aligned with the Government commitment to budget and policy proofing in reducing poverty and strengthening economic and social rights, as set out in the Programme for a Partnership Government 2016, including the commitment to a process of equality budgeting. It is also consistent with frameworks such as Cabinet Procedures for Memoranda for Government, Regulatory Impact Assessment and Social Impact Assessment.

Many public bodies are commencing their work in implementing the Duty and it is likely that there will in the future be an equality and human rights proofing / impact assessment framework developed as part of this implementation. The implementation of the Duty is based on a three-step process with detailed guidance in each area:

- Assess (identify issues, consultation and evidence);
- Address (analyse, address and mainstream);
- Report (review, monitor, prioritise).<sup>35</sup>

Several pilots have been conducted by the IHREC and mental health featured in the pilots, particularly related to staff.<sup>36</sup> The IHREC funded the HSE to implement the Duty, including equality and human rights assessment of the Duty and it is likely that mental health and suicide prevention will, or potentially could in the future, form part of an assessment of equality and human rights issues of the HSE, across all the functions of the organisation, for both staff and service users.

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<sup>35</sup> IHREC (2019) Implementing the Public Sector Equality and Human Rights Duty  
[https://www.ihrec.ie/app/uploads/2019/03/IHREC\\_Public\\_Sector\\_Duty\\_Final\\_Eng\\_WEB.pdf](https://www.ihrec.ie/app/uploads/2019/03/IHREC_Public_Sector_Duty_Final_Eng_WEB.pdf)

<sup>36</sup> More information on the pilots and video case studies are available on the IHREC website at:  
<https://www.ihrec.ie/our-work/public-sector-duty/>

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## 4. Review of Irish policies and strategies that are relevant to suicide prevention

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In drawing up this report, a brief review was carried out of key high-level Irish policies and strategies in order: a) identify if suicide prevention had been included in the text of key policies or strategies and b) whether there were potential areas where suicide prevention could be integrated into the policy or strategy.

The bulk of the policies and strategies reviewed make some reference to suicide prevention or to the objectives of Connecting for Life. Actions in Connecting for Life are referred to in several policies and strategies, most notably in Sharing the Vision: A New Mental Health Policy for Everyone (2020), and also in key strategies such as Reducing Harm, Supporting Recovery (2017-2025), Realising Our Rural Potential – Action Plan for Rural Development (2018), National Youth Strategy (2015-2020), LGBTI+ Youth Strategy (2018-2020) and the National Strategy for Women and Girls (2017-2020). While commitments made in some policies and strategies will contribute to suicide prevention, for example, amongst groups affected by poverty and social exclusion, specific actions relating to suicide prevention are not always present. This is the case, for example, with the under the Roadmap for Social Inclusion (2020-2025). **Appendix 1** provides the summary of this review.

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## 5. Consultations with government departments

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As part of the development of the suicide prevention impact assessment framework, consultations were held with officials and policy-makers in a selection of government departments and agencies<sup>37</sup> with the view to:

- Identifying the most useful way to support suicide prevention impact assessment at departmental/agency level, including the relevance of the different proposed tools.
- Collecting examples of suicide prevention initiatives in existing policy-making, guidance, training and awareness raising.

The consultations confirmed the importance that government departments/agencies attach to suicide prevention, both for their own staff, but also in focusing policy and guidance towards effective communications with and provision of services directly to customers and vulnerable groups that they serve.

In summary, the consultations showed that suicide prevention impact assessment is a new area for many policy-makers. There is a great deal of interest in how suicide prevention impact assessment could be developed in a practical way to help raise awareness and to

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<sup>37</sup> Consultations were held with policy-makers in the summer and autumn of 2020 with the Department of Employment Affairs and Social Protection, Department of Rural and Community Development, TUSLA, Department of Justice, Irish Prison Service, Irish Probation Service and the Department of Defence.

get suicide prevention into the “hearts and minds” of policy-makers. Several policy-makers recognised that suicide prevention impact assessment could be integrated into existing policy impact assessment/proofing frameworks, such as poverty impact assessment, or those under development, such as rural proofing. However, there was no real appetite amongst government departments for a complex suicide prevention proofing tool, that could be very time-consuming to implement, and that could be perceived as being a “technical exercise” and “cumbersome to use”, or that “sits on the shelf collecting dust”. Several government departments expressed the sentiment that “less is more” and that a complicated proofing framework could lead to resistance or lack of engagement amongst policy-makers. However, policy-makers expressed wide support for a resource that could trigger or remind a policy-maker to consider suicide prevention when drawing up a policy. This could take the form of a simple question and practical awareness raising information and guidance. Overall, wide support was expressed for this approach, including a short, simple and practical Toolkit that could inform policy-makers about suicide prevention and help them think through ways a policy could address suicide prevention.

Several departments could see the value of suicide prevention impact assessment for their future policy developments, particularly where there is contact with people who are marginalised and face vulnerabilities, and who are listed as Connecting for Life priority groups. In this context, integrating suicide prevention into policy-making could then spill down into operational programmes and service delivery functions. For example, the Department of Rural and Community Development could see a potential role for suicide proofing in the future development of rural proofing in the new Rural Strategy, the new National Volunteering Strategy, as well as through existing community supports and programmes delivered by POBAL. Suicide prevention impact assessment could also have an impact at the local level through services that are overseen by the department, for example, by local libraries, services provided to target groups by local Development Companies under the Social Inclusion Community Activation Programme, and under the renewal of the plans of Local Community Development Committees in each Local Authority. Officials in the child and family agency, TUSLA, also viewed the potential for implementing suicide prevention impact assessment in their policy-making functions, for example, in family support, working with children at risk, and in the provision of alternative care. In this context a suicide prevention proofing tool would be useful for the policy-making process overseen by the National Oversight Policy Committee, in case reviews and in developing referral pathways, as well as to inform learning from the reviews of serious incidents and deaths of children under the National Review Panel. TUSLA, is amongst other government agencies, that have implemented safeTALK suicide prevention programmes with a view to ensuring this reaches all staff, although progress on this has been hampered by the COVID-19 pandemic.

In addition, the consultations collected examples of suicide prevention initiatives, to exemplify different ways that government departments had already addressed suicide prevention, including through training. The following are a selection of examples:

- **Department of Defence:** Suicide prevention is promoted through awareness and training across the Defence Forces, including through a train-the-trainer approach to ensure that knowledge about suicide prevention is disseminated throughout the organisation. Emphasis has been put on changing leadership styles and the culture of the organisation to make it easier for people to be supported to speak about and find resolutions to the problems they face. Suicide prevention is an important part of the Defence Force's new Mental Health and Wellbeing Plan (2020-2023) and as part of this a resilience framework, which includes suicide prevention training, is currently being drawn up.
- **Department of Employment Affairs and Social Protection:** An important priority has been to support staff working in front-line roles through stress awareness and mental health awareness courses, as well as safeTALK and ASIST. Since 2014, approximately 1300 staff have completed the safeTALK training and a further 50 staff have completed the ASIST training. Training was delivered in Dublin and regionally by staff who were professionally trained tutors. Staff participating in the training have given an overwhelmingly positive evaluation of the training. The training has contributed to much greater awareness of suicide and suicide prevention, enabling staff to become more responsive and sensitive to the needs of their customers. DEASP has developed joint guidelines with NOSP to assist staff dealing with customers in suicide distress and recently (September 2020) provided online workshops for staff. A further development is the provision of an accredited course for all staff which aims to promote awareness of how to provide services for vulnerable customers.
- **Department of Justice (Probation):** In 2018 the Probation Service established a Mental Health Working Group to review the service's approach to working with offenders with mental health issues. A commitment was also made at the time to establish a skills-based suicide prevention training programme for front-line Probation Officers, using a risk assessment and safety planning approach based on the STORM Model. The roll-out of the programme began in 2019, but has been temporarily halted because of the COVID-19 restrictions. In early 2020, the Young People's Probation team completed ASIST training, which was supported by the HSE NOSP. The Working Group has initiated an annual conference on mental health to coincide with World Mental Health day to raise awareness among staff. A draft policy document has been drawn up on mental health among probation clients.
- **Department of Justice (HR and coordination):** The HR section of the Department carries out a coordination role for the various sections of the department that have policy and service delivery functions related to vulnerable populations, many of whom are included in the priority groups under Connecting for Life. This allows for one point of contact in the department. This is particularly relevant for policy-making and implementation affecting vulnerable populations covered in the equality policy area, including women and LGBT+, as well as people living in direct provision. In relation to HR roles there are support services available to staff and referrals for specialist support can be made to the Civil Service Employee Assistance Scheme. Awareness raising on suicide prevention has been provided to staff.

- **Department of Justice (Irish Prison Service):** In 2015, a Mental Health Training Oversight Group (with representatives from the IPS Senior Healthcare managers, Psychology, Psychiatry, Training College staff and Employee Assistance staff, who had the expertise, knowledge and experience in this area) gave guidance about the future provision of mental health training, including suicide prevention. A new Mental Health Awareness Training Programme, appropriate to the prison service, was established. The training is interactive and aims to enhance awareness of mental health among officers, prisoners, their colleagues, and in their families and the wider community. While focused primarily on prisoner outcomes, there has been a high level of positive outcomes for staff. To date, 2120 (mainly front-line staff) have participated in this training, and it planned that it will be delivered to the remaining front-line staff as well as senior prison management and IPS HQ staff in the near future. Once all staff have been trained, it is intended to develop a short refresher course, to be provided on a regular basis to all staff.
- **Department of Rural and Community Development (DRCD):** The Social Inclusion Community Activation Programme (SICAP) overseen by the DRCD has established targets to promote health and wellbeing amongst the most vulnerable and disadvantaged individuals in society, including people with mental health difficulties. These areas are highly relevant to suicide prevention. In 2019 over 45% of all the actions delivered by 46 Local Development companies included a focus on health and wellbeing. Examples include a project on Social Farming in South Kerry and Cork with clear health and wellbeing benefits for all involved, a Wellness Recovery Action Plan (WRAP) in Limerick and West Cork, which teaches people how to keep themselves well, and the “Journey to Jigsaw” mental health project for young people, developed in Bray.



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## 6. Conclusions and proposals for Suicide Prevention Impact Assessment

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This report has examined various ways to progress suicide prevention impact assessment in Ireland, drawing on international and national examples of impact assessment in order to explore how best to situate and implement suicide prevention impact assessment. This also included consultations with a selection of government departments about existing ways that they have addressed suicide prevention in their policy frameworks and the tools that could help them in the future in conducting suicide prevention impact assessment. Lessons have also been taken from international experiences and existing frameworks on mental health impact assessment that have been applied to non-health areas of policy, which are less well-developed in Ireland than in other countries.

The remainder of this section addresses two sets of recommendations. First, is the role that the HSE NOSP can play in building awareness of suicide prevention, its integration into policy making and impact assessments. Second, are proposals for a menu of three options to respond to the different requirements of policy-makers, including under the Cabinet Handbook.

### 6.1 Building awareness of suicide prevention and its integration into policy making

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As a first step, it is crucial to build awareness and understanding of how suicide can be prevented, so that it is in the hearts and minds of everyone delivering services and making and implementing policy at all levels. This is critical to ensure that suicide prevention impact assessment is not just a technical exercise, but that it comes from a deep understanding of how suicide prevention can be part of effective policy responses, even where these impacts may not be immediately obvious. Furthermore, integrating suicide prevention into all relevant government policy-making is crucial in promoting an integrated whole-of-government approach to suicide prevention, and this has become all the more important during the COVID-19 pandemic.<sup>38</sup>

Complementing this work it is recommended that NOSP continue to further develop and promote suicide prevention awareness amongst policy-makers through the following:

- An implementation toolkit of a suicide prevention impact assessment, with practical guidance about integrating suicide prevention into policies and programmes, including information about suicide prevention, risk and protective factors, and priority groups at risk of suicide.

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<sup>38</sup> See for example David Gunnell et al. (2020) Suicide risk and prevention during the COVID-19 pandemic. *The Lancet*, April 21, 2020. Available at : [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30171-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext)

- Training materials delivered through online training, and aimed to support policy-makers in their work in integrating suicide prevention where it is deemed relevant to their policy context.
- Implementation of a pilot in one or two government departments, with a view to testing the applicability, useability and relevance of the tools and guidance.
- Technical support, including ensuring that there are sufficient resources for and capacity within NOSP to enable it to provide a technical support to government departments. Related to this is for NOSP to be able to make submissions as part of relevant high-level policy consultation processes. An example of this would be for NOSP to play a role in future revisions to existing impact assessment tools in the development of a single impact assessment framework in Ireland.

## 6.2 The role of suicide prevention impact assessment

Integrating suicide prevention into relevant policies and programmes could be implemented in a number of ways. The following are three proposals that would also need to be supported with guidance (see toolkit and training above) about the 23 priority groups listed as being at greatest risk of suicide in Connecting for Life. Account would also need to be taken of the different situations that may put people at risk of suicide owing to lifecourse events, such as job loss, economic stress and relationship breakdown. There may also be overlaps with other policy areas. For example, this could be related to multiple stress factors related to the impact of the COVID-19 pandemic, including job loss and economic insecurity, and mental health impacts; it could be related to gender inequalities, for example, faced by women experiencing domestic violence; or linked to the workplace for workers who experience violence, bullying and harassment in the world of work.

### 6.2.1 Integration of suicide prevention into existing relevant policy impact assessment frameworks

The first proposal is to integrate suicide prevention into existing policy impact assessment frameworks. Integrating suicide prevention into existing impact assessments has potential relevance for the Department of the Taoiseach, who hold responsibility for the Cabinet Handbook and Social Impact Assessment, and the Department of Employment Affairs and Social Protection, who hold responsibility for Poverty Impact Assessment. It could also be relevant for the implementation of proofing frameworks on the equality and human rights public duty, being developed by the Irish Human Rights and Equality Commission. Suicide prevention impact assessment could also be integrated into future and emerging frameworks on health impact assessment, mental health impact assessment and rural impact assessments. The benefits of this approach is that suicide prevention could be incorporated into one or more of the existing impact assessment frameworks which have relevance for priority groups at risk of poverty, social exclusion and inequality.

The following give illustrative examples of language that could be included in existing impact assessment frameworks.

### *Proposal for addition to the Cabinet Handbook*

Under S.3.4 add under "...the impact of the proposal":

- (vi) People at risk of suicide in the case of all substantive policy proposals. Include a statement of the likely effects of the policy on people at risk of suicide and indicate the actions necessary to counteract any negative impact. Reference should be made to the guidelines in the Suicide Prevention Impact Assessment Toolkit issued by the HSE National Office for Suicide Prevention (NOSP).

### *Proposed addition to the Poverty Impact Assessment template*

- Stage 1: Screening - Is the policy, programme or proposal significant in terms of: Its relevance to groups most affected by suicide.
- Stage 2: Impact assessment (para. 4.6) Would the proposal address the risks of suicide faced by groups who experience inequalities? What actions could be taken to mitigate any negative impacts?

### *Proposed addition to Social Impact assessment*

- To include the groups most at risk of suicide in future social impact assessments of key policy areas, taking into account also socio-economic status, sex, age and other risk factors relevant to social impact assessment.
- What actions could be taken to mitigate any negative impacts?

### *Proposed addition to the human rights/equality public duty impact assessment*

- Does the proposal to a public service have relevance to groups most affected by suicide? If yes, how would risks of suicide faced by groups who experience inequalities be addressed?
- What actions could be taken to mitigate any negative impacts on the organisation and provision of a public service?

## **6.2.2. A stand-alone suicide prevention impact assessment tool**

A stand-alone impact assessment tool would form the basis for the integration of suicide prevention into relevant government policies when the need arises. This is proposed to be implemented through an impact assessment tool and checklist. This would require some additional guidance, including training, to implement so that government officials responsible for drawing up new policies and implementing existing policies are supported in the process. It could be run in parallel with 6.1 above.

Below is a proposed template that could be utilised by CfL lead agencies for integrating suicide prevention into policies, plans and programmes. It is modelled on, and is a simplified version, of the current poverty impact assessment template. As NOSP does not currently have influence over the implementation of policy (and the Connecting for Life commitment is led by government departments), it is suggested that the oversight and responsibility for implementation would rest with the CfL Implementation Group, chaired by the Department of Health.

**Proposed template for suicide prevention impact assessment**

<b>Background information</b>			
1. Title and brief description of the policy, plan or programme			
2. Name and department of the person(s) carrying out the impact assessment			
3. Date of the impact assessment			
4. What are the main aims and objectives of the policy, plan or programme?			
5. Who will be affected by the policy, plan or programme?			
<b>Stage 1: Screening for suicide relevance</b>	<b>Yes</b>	<b>No</b>	<b>Possibly</b>
6. Is this policy, plan or programme relevant to persons at risk of suicide? (See guidance on screening to help you assess the relevance).  <b>If yes</b> , proceed to the next questions for impact assessment.  <b>If no</b> , complete the summary sheet and return to xxxx.			
<b>Stage 2: Carrying out suicide prevention impact assessment</b>	<b>Yes</b>	<b>No</b>	<b>Possibly</b>
7. Has the policy, plan or programme taken account of the potential impact on persons at risk of suicide (taking account of the 23 priority groups in Connecting for Life who are particularly vulnerable to suicide)?			
8. If yes to above, have measures been taken to mitigate the impact of this policy, plan or programme on persons at risk/groups vulnerable to suicide? (e.g. suicide prevention training and guidance for staff; ligature audit; information and referral to services etc.)			
9. Have different stakeholders, including target groups been involved in drawing up the policy, plan or programme?			

### 6.2.3 A single policy impact assessment framework

The final proposal is that suicide prevention is included in an integrated impact assessment framework that covers all existing poverty, social, equality and human rights impact assessments. This would be an effective way for suicide prevention impact assessment to be included as part of a single framework, because of the overlaps between priority groups at risk of suicide with impact assessments covering poverty and inequality. An integrated impact assessment framework would help to combine the various policy impact assessment functions across government, enabling a better potential cross-over between different policy areas.

There is a commitment to increase impact assessments across government, through the creation of a new Cabinet Secretariat, under the current programme for government.<sup>39</sup> With regard to the future institutional arrangements that will be put in place for budget and policy proofing, which will include drawing on the expertise of the IHREC in proofing processes, there is an opportunity for the Connecting for Life implementation group to engage in a dialogue with both the Department of Taoiseach and the IHREC, with the view to integrating suicide proofing into the process.

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<sup>39</sup> Government of Ireland, 2016, *op cit.* p. 104

## Appendix 1: Review of selected policies for their relevance to suicide prevention

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>SOCIAL PROTECTION</b>		
Department of Social Protection, <b>Roadmap for Social Inclusion 2020 -2025: Ambition, Goals, Commitments</b> <sup>40</sup>	Sets an ambition to reduce consistent poverty rate to 2% or less, and to make Ireland one of the most socially inclusive States in the EU. 22 Targets (poverty, deprivation, income distribution, housing, health, early learning and care, social participation/ active citizenship). 7 goals (covering older people, people outside of employment, workers, families, people with disabilities, communities) and delivered through 66 commitments. Reference is made to groups in society who face additional barriers in accessing and taking up employment opportunities because of cultural and social norms, inherited biases and legacy service deficiencies (people from identifiable minority groups, including people from the Travelling and Roma communities, some migrant nationalities, members of the LGBTI+ community and former prisoners).	Many of the commitments will undoubtedly contribute to suicide prevention amongst groups affected by poverty and social exclusion. There is no specific reference to suicide prevention, and one reference to mental health and well-being amongst children (p.41). Commitments in health concern access to universal health care for under 6 year-olds, healthy childhood and introduction of Sláintecare (Smile agus Sláinte Oral Health policy in 2019).

<sup>40</sup> <https://www.gov.ie/pdf/?file=https://assets.gov.ie/46557/bf7011904ede4562b925f98b15c4f1b5.pdf#page=1>

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>HEALTH, INCLUDING HEALTH PROMOTION AND PREVENTION</b>		
<p>HSE, <b>The Health Promotion Strategic Framework, 2011</b></p>	<p>The framework sets out national objectives for the HSE on health promotion. The settings approach adopted by this framework provides a mechanism for addressing multiple health challenges, including health inequalities and the social determinants of health, through a more integrated and cohesive level of intervention.</p>	<p>It refers to the context of access to health care; of recognising gender in influencing life expectancy, mental health, risk of chronic disease, experience of abuse and risk of suicide (referencing the Institute of Public Health in Ireland, 2008); and that amongst Travellers, suicide is 6 times the rate of general population and accounts for approximately 11% of all Traveller deaths (DOHC 2011).</p>
<p>Department of Health, <b>Healthy Ireland: A Framework For Improved Health and Wellbeing, 2013 - 2025</b></p>	<p>Sets out a public health and wellbeing strategy with a vision for: 'Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility'. There are six themes and a framework for implementation and delivery.</p>	<p>Several references are made to suicide, including that more Irish young people die by suicide than in other countries, that alcohol is a contributory factor in half of all suicides, that the economic crisis is expected to produce secondary mental health effects that may increase suicide and alcohol related death rates, and that suicide is significantly more likely among men than women. Specific commitments are made under wellbeing to reduce self-harm across all life stages; reduce suicide across all population groups; and increase wellbeing among vulnerable groups. NOSP is included as one of several multi-sectoral partners to: 'Combine mental health promotion programmes with interventions that address broader determinants and social problems as part of a multi-agency approach, particularly in areas with high levels of socio-economic deprivation and fragmentation.' (2.13).</p>

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>HEALTH, INCLUDING HEALTH PROMOTION AND PREVENTION</b>		
<p>Department of Health, <b>National Positive Ageing Strategy, 2013</b><sup>41</sup></p>	<p>The strategy aims to shift focus from ageing being a health issue to a whole-of-government approach.</p> <p>Vision statement: 'Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfillment and dignity of older people are pursued at all times.'</p> <p>There are four high-level national goals, each of which contains several objectives.</p>	<p>Many of the actions are relevant to suicide prevention. Specific reference is made to relevant strategies, including the former Reach Out, the National Suicide Prevention Strategy (2005).</p> <p>Of interest is that the strategy is underpinned by the UN Principles for Older Persons (independence, participation, care, self-fulfillment and dignity), which should guide any actions developed to progress Ireland towards an age-friendly society i.e. they should be used to assess the age-friendliness of policies, programmes and services for older people. As a result the UN Principles serve as a useful age-proofing tool for policy development and service delivery.</p> <p>By phrasing each principle as a policy question, a policy evaluation check-list can be developed, for example:</p> <ul style="list-style-type: none"> <li>- How can the policy, programme or service under consideration be improved to better enhance the independence, participation, care, self-fulfillment or dignity of older people?</li> <li>- Will a policy, programme or service under consideration have a negative impact on the independence, participation, care, self-fulfillment or dignity of older people?</li> </ul>

<sup>41</sup> [https://health.gov.ie/wp-content/uploads/2014/03/National\\_Positive\\_Ageing\\_Strategy\\_English.pdf](https://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf)



Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
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**HEALTH, INCLUDING HEALTH PROMOTION AND PREVENTION**

<p>Department of Health, Reducing Harm, <b>Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</b><sup>42</sup></p>	<p>The strategy has three goals. Goal 1: Promote and protect health and wellbeing; Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery; Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use; Goal 4: Support participation of individuals, families and communities; Goal 5: Develop sound and comprehensive evidence-based policies and actions. It contains a strategic action plan for 2017-2020. The strategy is referred to in Connecting for Life.</p> <p>The Strategy is led by the Department of Health and involves actions assigned to the HSE, Government departments and key statutory and non-statutory agencies in Ireland. NOSP has been assigned the responsibility for monitoring and reporting systems to support the delivery of the Strategy.</p>	<p>Action 2.2.30: 'Continue to target a reduction in drug-related deaths and non-fatal overdoses.'</p> <p>This includes 'Developing synergies between <i>Reducing Harm, Supporting Recovery</i> and other relevant strategies and frameworks in particular Connecting for Life whose primary aim is to reduce suicide rates in the whole population and amongst specified priority groups; and providing suicide prevention training to staff working with young people in the area of alcohol and substance use, in line with Connecting for Life.</p>
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<sup>42</sup> [http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017\\_2025.pdf](http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf)

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>MENTAL HEALTH</b>		
<p>Department of Health, <b>Vision for Change: Report of the Expert Group on Mental Health Policy</b></p>	<p>This report informed the new national strategy on mental health (launched in 2020, see below). An expert oversight group was established to update the policy and a national stakeholder consultation exercise has been carried out. There have been a lot of additional resources introduced since Vision for Change was published. Examples are leaflets on population group such as LGBTI+ people, people in later life, people with financial difficulties.<sup>43</sup></p>	<p>The report contains specific short sections on suicide prevention within a) the general population and b) people with mental health difficulties.</p>
<p>Department of Health, <b>Sharing the Vision: A Mental Health Policy for Everyone</b><sup>44</sup></p>	<p>The new national strategy on mental health was published in June 2020. It has the objective to develop a broad based, whole system mental health policy for the whole of the population. The vision of the policy is to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual.</p>	<p>The policy supports continued implementation of the Connecting for Life and specifically states that the Department of Health will extend the timeframe and funding for the strategy for Connecting for Life to 2024.</p> <p>The policy supports continued implementation of the Connecting for Life and specifically states that the Department of Health will extend the timeframe and funding for the strategy for Connecting for Life to 2024.</p> <p style="text-align: right;"><i>(Continued overleaf)</i></p>

<sup>43</sup> See for example, HSE health promotion leaflets in partnership with Connecting for Life give specific guidance for people self-harming or who have suicidal thoughts. Examples are: Looking after your mental health for LGBTI+ people, Looking after your mental health in later life; Looking after your mental health when you have financial difficulties.

<sup>44</sup> <https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/>

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>MENTAL HEALTH</b>		
<i>(Contd.)</i>	This mental health system should deliver a range of integrated activities to promote positive mental health in the community. It should intervene early when problems develop; and it should enhance the inclusion and recovery of people who have complex mental health difficulties. Service providers should work in partnership with service users and their families to facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services.	Specific actions which overlap with Connecting for Life relate to: stigma reduction; mental health promotion; whole school wellbeing promotion; improved pathways of care; social prescribing; enhanced access to talk therapies, dual diagnosis; enhancement of the National Clinical Care Programme for the Assessment and Management of Patients Presenting to emergency departments following self-harm; the priority groups of homeless people, those in direct provision, Travellers and prisoners; and better suicide data.
<b>HSE, National Framework for Recovery in Mental Health 2018-2020<sup>45</sup></b>	Recovery was first identified as an objective in policy in Vision for Change. This is a framework for improved quality in and a person-centred mental health care service. Organised around four principles (lived experience of the service user; coproduction; organisational commitment; and learning and practice. See also: HSE's Advancing Recovery in Ireland (ARI) Framework which is a collaborative initiative now merged with the Office for Mental Health Engagement. <sup>46</sup>	No specific reference to recovery as a key principle in suicide prevention or to the work of NOSP. The framework remains highly relevant to suicide prevention.

<sup>45</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/recovery-framework.pdf>

<sup>46</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/>

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>MENTAL HEALTH</b>		
<p>HSE, <b>Best Practice Guidance on Mental Health Services, 2019</b><sup>47</sup></p>	<p>This provides a guidance framework for implementation of all relevant mental health policies and procedures in mental health services, based on a recovery framework and intended to implement in mental health services the existing National Standards for Safer Better Healthcare through improvements in the quality and safety of healthcare services in Ireland.</p>	<p>The guidance includes specific references to suicide prevention in two main areas: a) provision of information about services such as self-harm liaison nurses in Emergency Departments, Suicide Crisis Assessment Nurses (SCAN) available to GPs; b) guidance in managing risk to self; b) inclusion of precautions / assessing and managing a range of risks including to self, and suicide and self-harm in risk management policies. The guidance does not cross-reference to other policy areas or guidance such as mental health promotion.</p> <p>Note: The NOSP Best Practice Guidance on Suicide Prevention used the same framework adapted to and updated with relevance to suicide prevention. It is therefore intended to complement the Best Practice Guidance on Mental Health.</p>
<b>RURAL DEVELOPMENT</b>		
<p>Government of Ireland/ Dept. of Rural &amp; Community Development, <b>Realising Our Rural Potential – Action Plan for Rural Development, 2018</b><sup>48</sup></p>	<p>To be replaced soon by a new whole-of-government rural development policy to be drawn up by the Department of Rural and Community Development. It will follow on from the Action Plan for Rural Development 2017-2019. This includes 5 key pillars and over 270 actions. There is one specific action that cross-references Connecting for Life, and reference is made to local services in improving mental wellbeing and addressing isolation in rural areas, for example through 'Sheds for Life' programme for men (Action 67).</p>	<p>Action no. 20: In line with the Connecting for Life Programme, provide support for local strategies across rural Ireland to address suicide and improve mental wellbeing.</p> <p>Specific actions that are relevant to suicide prevention include tackling social exclusion, provide services to people living in remote areas, enhancing recreational and cultural facilities and improving job opportunities particularly for young people.</p>

<sup>47</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-guidance/best-practice-guidance/documents/best-practice-guidance-for-mental-health-services.pdf>

<sup>48</sup> <https://assets.gov.ie/2715/131118093828-a9da81a7a12b4f85aad3260c4f4bd80c.pdf>

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>CHILDREN AND YOUTH</b>		
<p>Department of Children and Youth Affairs, <b>Better Outcomes, Brighter Futures: The national policy framework for children and young people, 2014-2020</b><sup>49</sup></p>	<p>Whole-of-Government approach to services in support of children and young people overseen by the Children and Young People's Policy Consortium, includes a comprehensive set of approaches to children's services and supports. It is a national framework for a cross-departmental strategy towards policy and services for children and young people. It brings together all relevant government departments, agencies, statutory services and the voluntary/community sectors. The strategy promotes specific outcomes: active and healthy, with positive physical and mental wellbeing; achieving their full potential in learning and development; safe and protected from harm; economic security and opportunity; connected, respected and contributing to their world. A mid-term review was carried out in 2019.<sup>50</sup> One of the main considerations to emerge from the review was the need to focus on priorities such as child homelessness, child poverty, mental health and wellbeing, prevention and early intervention and the progression of the National Early Years Strategy.</p>	<p>Reference is made to the increase incidence of youth self-harm and suicide, and the increase demand for mental health services. Reference is also made to the mental health impacts of bullying.</p> <p>Government commitment 1.8: 'Implement a Vision for Change as it relates to children and young people, in particular to improve access to early intervention youth mental health services and coordination of service supports, with a focus on improving mental health literacy and reducing incidents of self-harm and suicide.' (DH, HSE, NOSP, DCYA, DES, Local Government)</p> <p>Many of the actions in the strategy are highly relevant to suicide prevention amongst children/young people.</p>

<sup>49</sup> <https://assets.gov.ie/23796/961bbf5d975f4c88adc01a6fc5b4a7c4.pdf>

<sup>50</sup> <https://assets.gov.ie/38401/b6fd3f579d514bb79f65d692970b55e6.pdf>

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>CHILDREN AND YOUTH</b>		
<p>Department of Children and Youth Affairs, <b>National Youth Strategy, 2015-2020</b><sup>51</sup></p>	<p>The National Youth Strategy has its basis in Better Outcomes, Brighter Futures – National Policy Framework for Children &amp; Young People 2014-2020 and complements the National Strategy on Children and Young People’s Participation in Decision-Making 2015-2020). The National Youth Strategy takes a cross-sectoral, whole-of-society approach to supporting young people in their everyday lives (based on five outcomes: active and healthy, achieving their full potential in learning and development, safe and protected from harm, have economic security and opportunity, and are connected and contributing to their world).</p>	<p>Objective 1: Active and healthy, physical and mental well-being.</p> <p>Objective 1.10: Implement Connecting for Life, Ireland’s National Strategy to Reduce Suicide 2015–2020 (2015) as it relates to young people</p> <p>Objective 1.11: Optimise the potential of youth services in promoting suicide prevention as part of those strategies and plans which focus on young people</p> <p>Objective 1.12: Promote the guidelines document Technology, mental health and suicide prevention in Ireland: A good practice guide to ensure the safe and responsible delivery of online support services for young people.</p>
<p>Department of Children and Youth Affairs, <b>LGBTI+ Youth Strategy, 2018-2020: LGBTI+ young people: visible, valued and included</b><sup>52</sup></p>	<p>The strategy contains three high-level goals: Goal 1 : Create a safe, supportive and inclusive environment for LGBTI+ young people. Goal 2: Improve the physical, mental and sexual health of LGBTI+ young people. Goal 3: Develop the research and data environment to better understand the lives of LGBTI+ young people.</p>	<p>The strategy refers to mental health problems, including higher rates of severe stress, anxiety, depression, self-harm and attempted suicide.</p> <p style="text-align: right;"><i>(Continued overleaf)</i></p>

<sup>51</sup> <https://www.youth.ie/documents/national-youth-strategy-2015-2020/>

<sup>52</sup> <https://assets.gov.ie/24459/9355b474de34447cb9a55261542a39cf.pdf>

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>CHILDREN AND YOUTH</b>		
<i>(Contd.)</i>	It refers to other national strategies targeted at-risk groups, including Connecting for Life. Others identified are: Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025; Reducing Harm, Supporting Recovery – the National Drug and Alcohol Strategy, 2017–2025; and the National Sexual Health Strategy 2015–2020.	Objective 11(b): Develop targeted early intervention initiatives and services to reduce the risk of mental health problems for LGBTI+ young people, including suicide and self-harm (led by Department of Health).
Department of Justice, <b>National Traveller and Roma Inclusion Strategy, 2017-2021</b> <sup>53</sup>	There are ten strategic themes designed to promote Traveller and Roma inclusion (marking a shift in emphasis from previous strategies from integration to inclusion). These are: employment and Traveller economy, children and youth, health, gender equality, anti-discrimination, accommodation, Traveller and Roma communities, and public services. Each of the ten strategic themes has objectives and actions.	Reference is made to ERSI data that the suicide rate is almost seven times higher among Traveller males than in the general population (p.10). Specific commitments are made under the health theme on suicide prevention with the following objective: 'The rate of suicide and mental health problems within the Traveller and Roma communities should be reduced and positive mental health initiatives should be put in place.' A large number of actions are recommended on access to services, reducing self-harm, suicide prevention and better research (see actions 87-96).

<sup>53</sup> [http://www.justice.ie/en/JELR/Pages/National\\_Traveller\\_and\\_Roma\\_Inclusion\\_Strategy\\_2017-%202021](http://www.justice.ie/en/JELR/Pages/National_Traveller_and_Roma_Inclusion_Strategy_2017-%202021)

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>JUSTICE: SPECIFIC TARGET GROUPS</b>		
<p>Department of Justice, <b>Migrant Integration Strategy, 2017-2020</b><sup>54</sup></p>	<p>The Strategy provides a framework for action on integration by Government and diverse sectors and organisations. It starts from the principle that integration is the responsibility of Irish society as a whole and will require action by Government, public bodies, service providers, businesses, NGOs but also by local communities. It seeks to encourage local communities to take action to promote integration.</p> <p>Vision: 'The vision of this Strategy is that migrants are facilitated to play a full role in Irish society, that integration is a core principle of Irish life and that Irish society and institutions work together to promote integration.'</p> <p>There are general actions and specific actions on citizenship/long term residence; access to public services and social inclusion; education; employment and pathways to work; health; integration into the community; political participation; intercultural awareness and combating racism and xenophobia; volunteering; and sport.</p>	<p>No specific reference is made to risks of social exclusion and the potential role of suicide prevention, although many of the actions can impact on suicide prevention.</p>

<sup>54</sup> [http://www.justice.ie/en/JELR/Migrant\\_Integration\\_Strategy\\_English.pdf/Files/Migrant\\_Integration\\_Strategy\\_English.pdf](http://www.justice.ie/en/JELR/Migrant_Integration_Strategy_English.pdf/Files/Migrant_Integration_Strategy_English.pdf)



Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>JUSTICE: SPECIFIC TARGET GROUPS</b>		
<p>Department of Justice, <b>National Strategy for Women and Girls, 2017-2020</b><sup>55</sup></p>	<p>The Goal of the strategy is: To change attitudes and practices preventing women’s and girls’ full participation in education, employment and public life, at all levels, and to improve services for women and girls, with priority given to the needs of those experiencing, or at risk of experiencing, the poorest outcomes.</p> <p>It is proposed to advance this goal through six high-level objectives, as follows: advance socio-economic equality for women and girls; advance the physical and mental health and wellbeing of women and girls; ensure the visibility in society of women and girls, and their equal and active citizenship; advance women in leadership at all levels; combat violence against women; embed gender equality in decision-making. Actions are set out for each objective. The Strategy is intended to be a living document. Further actions will be added where necessary over its lifetime.</p>	<p>Specific mention is made of commitments in other government strategies, including implementing Connecting for Life: Ireland’s National Strategy to Reduce Suicide.</p> <p>Many of the actions related to changing social norms, promoting gender equality and women’s leadership, combating violence against women and improving the health and wellbeing of women and girls are highly relevant to suicide prevention. For example, trauma associated with violence against women and girls is an area that could be looked at with a suicide prevention lens.</p>

<sup>55</sup> [http://www.justice.ie/en/JELR/National\\_Strategy\\_for\\_Women\\_and\\_Girls\\_2017\\_-\\_2020.pdf/Files/National\\_Strategy\\_for\\_Women\\_and\\_Girls\\_2017\\_-\\_2020.pdf](http://www.justice.ie/en/JELR/National_Strategy_for_Women_and_Girls_2017_-_2020.pdf/Files/National_Strategy_for_Women_and_Girls_2017_-_2020.pdf)

Policy or strategy	Overview	Reference to and/or relevance to suicide prevention
<b>JUSTICE: SPECIFIC TARGET GROUPS</b>		
Department of Justice, <b>National LGBTI+ Inclusion Strategy 2019-2021</b> <sup>56</sup>	Based on the mission: 'A safe, fair and inclusive Ireland where people are supported to flourish and to live inclusive, healthy and fulfilling lives, whatever their sexual orientation, gender identity or expression, or sex characteristics.' It is grounded in the values of equality, respect for diversity, inclusion and visibility. Thematic pillars include: treated equally, healthy, and safe and supported, and an Action Plan sets out specific actions for government departments and other partners/stakeholders.	There is no specific input on positive mental health and wellbeing in relation to suicide prevention. Many of the actions are highly relevant to suicide prevention.
Department of Justice, <b>National Disability Inclusion Strategy, 2017-2021</b> <sup>57</sup>	The Strategy has a whole-of-government approach to improving the lives of people with disabilities around eight themes (Equality and Choice; Joined up policies and public services; Education; Employment; Health and Wellbeing; Person centered disability services; Living in the Community; and Transport and access to places.	<p>Action 44 refers to suicide prevention, under the heading 'People with disabilities are supported to reach their full potential', states that: 'We will support schools with the implementation of the Well-being in Post Primary Schools Guidelines for Mental Health Promotion and Suicide Prevention (2013) and Well-being in Primary Schools Guidelines for Mental Health Promotion (2015) in order to build resilience among the younger population and improve mental health outcomes, including young people with existing mental health difficulties.'</p> <p>Several actions related to mental health e.g. early intervention amongst infants, young people and their families; advocacy services; equal access to health care etc. In addition, all government policies and programmes will be proofed against "their potential impact on women with disabilities" and "...consideration will be given to whether a new Impact Assessment should be developed to support this action, or whether the current (separate) Disability and Gender Impact Assessments are sufficient." (p.12)</p>

<sup>56</sup> [http://www.justice.ie/en/JELR/LGBTI+Inclusion\\_Strategy\\_2019-2021.pdf/Files/LGBTI+Inclusion\\_Strategy\\_2019-2021.pdf](http://www.justice.ie/en/JELR/LGBTI+Inclusion_Strategy_2019-2021.pdf/Files/LGBTI+Inclusion_Strategy_2019-2021.pdf)

<sup>57</sup> <http://www.justice.ie/en/JELR/Pages/WP17000244>



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