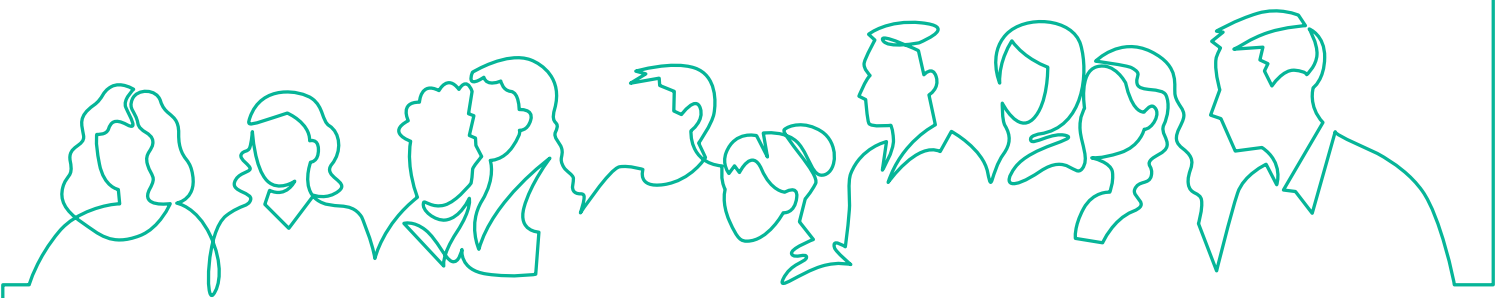




Suicide Prevention Impact Assessment Toolkit



Contents

<u>Section 1: Introduction</u>	2
Aims of the guidance	2
What is suicide prevention impact assessment?	2
Why carry out suicide prevention impact assessment?	3
Who should carry out suicide impact assessment?	3
What is suicide prevention?	3
<u>Section 2: Main target groups affected by suicide prevention</u>	5
<u>Section 3: Risk and protective factors</u>	6
What protects people from the risks of suicide?	6
Table 1: Individual, socio-cultural and situational risk factors	7
<u>Section 4: Examples of current suicide prevention initiatives in government departments</u>	8
<u>Section 5: Carrying out suicide prevention impact assessment</u>	10
Option 1: Template for suicide prevention impact assessment	10
Option 2: Integration into existing impact assessment frameworks	12
<u>Glossary</u>	14

1. Introduction

Aims of the guidance

This Toolkit provides practical guidance and information for policy-makers in government departments about suicide prevention and how to integrate suicide prevention into policy-making functions. We refer to this as suicide prevention impact assessment.

What is suicide prevention impact assessment?

Suicide prevention impact assessment is a process by which government departments assess policies and programmes for their impact or potential impact on the groups most at risk of suicide. This can take place during the design, implementation and review of policies. The overall objective is to contribute to the prevention of suicide.

There are many ways that government policies can contribute to the prevention of suicide, even when it may not be immediately obvious that they could play a role. Specific interventions could include training and awareness raising about supporting groups at risk of suicide, helping staff to assist and communicate with people in distress, risk assessment with individuals who may be at risk, or assessment of buildings and ligature points, including access to the means of suicide. In Section 4 below are some examples of ways that government departments have integrated suicide prevention into their policies, plans and programmes, in order to illustrate some of the approaches taken.

Overall, integrating suicide prevention into policy-making is an important way to ensure that policy developments are joined-up, and that policy proposals take account of the full range of broad-based policy objectives, often cutting across different policy areas. Suicide prevention is one of these.

A glossary of terms is included to help familiarise policy-makers with the language and terminology around suicide prevention.

Why carry out suicide prevention impact assessment?

Suicide prevention impact assessment can help to focus policy-making on actions and outcomes that can help to prevent suicide. It can help save lives and enable people to rebuild their lives.

The national strategy on suicide prevention, Connecting for Life, includes Action 3.1.1. which calls on government departments to “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.” This toolkit aims to provide practical information for policy-makers in doing this.

The rationale is that policy-makers are able to identify positive or negative impacts of a proposed policy on the groups at risk of suicide. If there is a potentially negative impact, the next step is to mitigate the risk of suicide, for example, amongst a specific target group. If there is already a positive impact in preventing suicide, then this could be the basis for further reinforcing and enhancing the role the policy, plan or programme can play in preventing suicide.

Who should carry out suicide prevention impact assessment?

Suicide prevention impact assessment should be carried out by policy-makers in government departments when they are drawing up, implementing and reviewing policies, plans and programmes. This can also include guidance, training and actions to implement policy, a plan or programme.

What is suicide prevention?

Suicide prevention involves individual, community and societal level actions to reduce the risk and incidence of suicide. The starting point is that suicide can be prevented. Preventing suicide can include actions such as building awareness about mental health and how to support individuals and groups who may be at risk of suicide amongst the general population, in the community and amongst professionals and service providers, along with resilience, recovery and help-seeking skills, and referral to support services, for people who are at risk of suicide.

Connecting for Life is Ireland's national strategy to reduce suicide. It has a vision of:

“An Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing.”

The strategy contains actions that focus on:

- preventive and awareness-raising work with the population as a whole;
- supportive work with local communities;
- targeted approaches to priority groups who are at risk of suicide;
- a whole-of-government, multi-agency, inter-professional, expert-by-experience, local/national;
- involvement of multiple stakeholders across and between levels of government and governance.

On the one hand, the strategy recognises that people need support when they are in crisis, when they may have a lived experience of suicide or if they have been bereaved through suicide. On the other hand, suicide prevention is addressed through universal approaches such as by building resilience among young people, reducing alcohol use within the population and delivering health promotion programmes to at-risk populations.

2. Main target groups affected by suicide prevention

In preparation for suicide prevention impact assessment, it is important that policy-makers are familiar with the groups most at risk of suicide.

Connecting for Life provides a list of 23 groups at increased risk of suicide, grouped under the following headings:¹

- **Health/mental health related groups:** People with mental health problems of all ages, those who have engaged in repeated acts of self-harm, people with alcohol and drug problems and people with chronic physical health conditions.
- **Minority groups:** Members of the LGBTI community, members of the Traveller community, homeless people, people who come in contact with the criminal justice system (e.g. prisoners and ex-prisoners), people who have experienced violence and abuse (e.g. domestic violence, clerical, institutional, sexual or physical abuse, workplace violence and harassment), asylum seekers, refugees, migrants, and sex workers.
- **Demographic cohorts:** Middle aged men and women, young people and economically disadvantaged people.
- **Suicide related:** People bereaved by suicide.
- **Occupational groups:** Healthcare professionals, professionals working in isolation, e.g. veterinarians, farmers.

However, it is important to be aware that any individual can be at risk of suicide, and that suicidality can be triggered by significant life course events occurring in family and personal relationships, such as divorce and relationship breakdown, or as a result of economic insecurity resulting from consumer debt or job losses, as was the case during the 2008 economic crisis, and is currently affecting many people during the COVID-19 pandemic. As a result it is important that policy-makers are aware of the main risk and protective factors.

¹ For further information about priority groups see Connecting for Life, pages 31-33. <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/national-strategy-to-reduce-suicide/>

3. Risk and protective factors

A further way to understand the role of suicide prevention and its role in suicide prevention impact assessment is to look at risk factors and protective factors.

Risk factors: Although there is no one explanation of suicide and no one risk factor it is evident that when an individual experiences several risk factors this can put them in a much more vulnerable situation. As Connecting for Life explains: “Most commonly, several risk factors act cumulatively to increase an individual’s vulnerability to suicidal behaviour and risk factors interplay in different ways for different population groups and individuals.”

For example, a sense of isolation and lack of social support, discrimination, economic stress, violence and abuse are examples of factors that can lead to depression and feelings of isolation and despair. Table 1, on the opposite page, gives a summary of a range of risk factors that can impact on an individual’s vulnerability, under the headings: individual, socio-cultural and situational.

What protects people from the risks of suicide?

Resilience, connectedness and social cohesion and inclusion are all protections against suicidal behaviour. They are important determinants of mental health. For example, this occurs when people feel connected, if they are safe, secure and included as individuals in families, schools, neighbourhoods, local communities, cultural groups and society as a whole. These issues are closely connected to the social determinants of health, which are an important part of the *Healthy Ireland* framework for health and wellbeing.²

² Healthy Ireland: A framework for improved health and wellbeing 2013 – 2025. <https://www.hse.ie/eng/services/publications/corporate/hienglish.pdf>

**TABLE 1: Individual, socio-cultural and situational risk factors**

INDIVIDUAL

- | | |
|--|--|
| <input checked="" type="checkbox"/> Previous suicide attempt | <input checked="" type="checkbox"/> History of trauma or abuse |
| <input checked="" type="checkbox"/> Mental health problem | <input checked="" type="checkbox"/> Acute emotional distress |
| <input checked="" type="checkbox"/> Alcohol or drug misuse | <input checked="" type="checkbox"/> Major physical or chronic illnesses and chronic pain |
| <input checked="" type="checkbox"/> Hopelessness | <input checked="" type="checkbox"/> Family history of suicide |
| <input checked="" type="checkbox"/> Sense of isolation | <input checked="" type="checkbox"/> Neurobiological factors |
| <input checked="" type="checkbox"/> Lack of social support | <input checked="" type="checkbox"/> Acute emotional distress |
| <input checked="" type="checkbox"/> Aggressive tendencies | |
| <input checked="" type="checkbox"/> Impulsivity | |

SOCIO-CULTURAL

- | | |
|---|---|
| <input checked="" type="checkbox"/> Stigma associated with help-seeking behaviour | <input checked="" type="checkbox"/> Certain cultural and religious beliefs (e.g. the belief that suicide is a noble resolution of a personal dilemma) |
| <input checked="" type="checkbox"/> Barriers to accessing health care, mental health services and substance abuse treatment | <input checked="" type="checkbox"/> Exposure to suicidal behaviour, e.g. through the media, and influence of others who have died by suicide |

SITUATIONAL

- | | |
|---|--|
| <input checked="" type="checkbox"/> Job and financial losses | <input checked="" type="checkbox"/> Local clusters of suicide that have a contagious influence |
| <input checked="" type="checkbox"/> Relational or social losses | <input checked="" type="checkbox"/> Stressful life events |
| <input checked="" type="checkbox"/> Easy access to lethal means | |

Source: Connecting for Life, p. 22

4. Examples of current suicide prevention initiatives in government departments

The following are some examples of suicide prevention initiatives that have been introduced by a selection of government departments to illustrate different approaches taken, such as training for staff working with vulnerable groups or in difficult situations or integrating suicide prevention into operational programmes.



In the **Defence Forces** suicide prevention is an important part of the new Defence Forces Mental Health and Wellbeing Plan (2020-2023). A resilience framework, which includes a focus on suicide prevention, is currently being drawn up. A strong emphasis is given to suicide prevention through awareness and training across the whole organisation. An important part of this is to create organisational leadership and culture to make it easier for people to be supported to speak about and find resolution to the problems they face.



The Department of Employment and Social Protection (DEASP) support staff working in front-line roles through stress awareness and mental health awareness courses, as well as through suicide prevention through safeTALK and ASIST training programmes. Since 2014, approximately 1300 staff have completed the safeTALK training and a further 50 staff have completed the ASIST training. It has contributed to greater awareness of suicide and suicide prevention, enabling staff to become more responsive and sensitive to the needs of customers. DEASP has developed joint guidelines with the HSE NOSP to assist staff dealing with customers in suicide distress and training workshops have been provided for staff.



In 2018 the **Probation Service** established a Mental Health Working Group to review how the service works with offenders with mental health issues. It led to 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, although progress was temporarily halted because of the COVID-19 restrictions. In early 2020, the Young People's Probation team carried out the ASIST training and the Working Group runs an annual conference on mental health to coincide with World Mental Health day to raise awareness among staff.



The Irish Prison Service (Department of Justice) established a Mental Health Training Oversight Group in 2015. It led to guidance about mental health training, including suicide prevention, and a new Mental Health Awareness Training Programme for officers, prisoners, their colleagues, and their families and the wider community. While focused primarily on prisoner outcomes, there has been a high level of positive outcomes for staff and in 2020 training was given to front-line staff, senior prison management and IPS HQ staff. Regular refresher courses will also be provided in the future for all staff.



The Department of Justice plays a role in coordinating policy and service delivery functions related to vulnerable populations, many of whom are included in the priority groups under Connecting for Life, including groups covered in the equality policy area, such as women and LGBT+ people, 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.



The Department of Rural and Community Development (DRCD) oversees the Social Inclusion Community Activation Programme (SICAP) which has 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 health and wellbeing project on Social Farming in South Kerry and Cork; a self-care Wellness Recovery Action Plan (WRAP) in Limerick and West Cork; and the “Journey to Jigsaw” mental health project for young people in Bray.

5. Carrying out suicide prevention impact assessment

This section provides two options for carrying out suicide prevention impact assessment. The first option is for a stand-alone impact that can be used by any policy-maker during the policy-making process, initiating a new policy, evaluating the impact of a policy, or revising/ updating an existing policy. The second option gives suggestions for integrating suicide prevention into existing impact assessment frameworks.

OPTION 1:

Template For Suicide Prevention Impact Assessment

The template for suicide prevention impact assessment (below) is a practical tool containing some questions to help policy-makers think through the impact of their policy, plan or programme on groups at risk of suicide. The template aims to trigger policy-makers to consider the actual or potential impact of the policy, plan or programme on the groups at risk of suicide. It is, therefore, important to consider whether suicide prevention is relevant to the aims objectives of the policy, plan or programme, and to the groups that will be affected by the policy, plan or programme.

> Stage 1: Screening:

In Stage 1 it is important to check whether suicide prevention is relevant to the planned policy, plan or programme. The policy, plan or programme will have relevance if it is likely to have a positive or negative effect on one of the priority groups at risk or suicide.

If the policy, plan or programme is relevant the policy-maker should proceed to Stage 2.

Where this is no relevance, a brief explanation of this should be recorded in the summary sheet.

> Stage 2: Suicide impact assessment

Stage 2 is the impact assessment and involves three simple steps.

STEP 1:

Has the policy, plan or programme taken account of suicide and particularly people in priority groups at risk of suicide?

In your response, briefly state what the impact(s) will be, both positive and negative. It will be important to consider the priority target groups in Connecting for Life and other factors that may play a role in protecting people against suicide (as described earlier in this guidance). It is important also to outline any evidence upon which this assessment has been based.



STEP 2:

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?

There are a range of mitigation measures that could be implemented ranging from suicide prevention training and guidance for staff; carrying out a suicide risk assessment/ligature audit; ensuring accessible information and signposting to suicide prevention services; improving resilience and recovery through mental health supports; promoting the inclusion and participation of groups facing vulnerabilities, discrimination, including people facing multiple and intersection discrimination such as women migrants, disabled women, young people from LGBTI communities etc.



STEP 3:

How have different stakeholders, including priority target groups been involved in drawing up the policy, plan or programme?

In drawing up any policy, plan or programme it is important to consult with the individuals or groups that will be affected. This could also include the groups and organisations in the community that provide suicide prevention services and work directly with individuals, families and communities affected by suicide.

Draft suicide prevention impact assessment template

Stage 1: Screening for relevance to suicide prevention	YES	NO	POSSIBLY
<p>Is this policy, plan or programme relevant to suicide prevention and particularly to the persons at risk of suicide?</p> <p>If yes, proceed to the next questions for impact assessment.</p> <p>If no, complete the summary sheet and return to xxxx.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stage 2: Carrying out suicide prevention impact assessment	YES	NO	POSSIBLY
<p>Step 1: Has the policy, plan or programme taken account of the potential impact on persons at risk of suicide?</p> <p>.....</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Step 2: 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?</p> <p>.....</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Step 3: How have different stakeholders, including target groups been involved in drawing up the policy, plan or programme?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPTION 2:

Integration Into Existing Impact Assessment Frameworks

Option 2 is aimed at policy-makers in government departments already engaged in impact assessment. The aim is to integrate suicide prevention into their existing policy-making functions. It will also be relevant to the future integration of impact assessment frameworks, which will need to integrate suicide prevention.

Integrating suicide prevention into existing impact assessments will be relevant for the Department of the Taoiseach (Cabinet Handbook and Social Impact Assessment), the Department of Employment Affairs and Social Protection (Poverty Impact Assessment), the Department of Justice (Gender Impact Assessment and Disability Impact Assessment), and the Irish Human Rights and Equality Commission (the forthcoming public duty impact assessment).

The following are illustrative examples of what could be included in existing impact assessment frameworks:

EXISTING IMPACT ASSESSMENTS

PROPOSED INTEGRATION OF SUICIDE PREVENTION

Cabinet Handbook

To include the provision to assess the impact on:

- People at risk of suicide in the case of all substantive policy proposals.
- Include a statement of the likely effect/impact 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 NOSP guidelines / toolkit.

Poverty Impact Assessment template

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: Would the proposal address the risks of suicide faced by groups who experience inequalities? What actions could be taken to mitigate any negative impacts?

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?

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?

Glossary

This glossary will help you to use the correct definitions surrounding suicide as this can also help to change awareness about what it is and how it can be prevented. Here are a few definitions that may be helpful:

Died by (or of) suicide	(rather than 'committed suicide') this recognises that suicide is a mental health condition and is affected by a range of factors or life situations; it is based on definitions of illness such as 'died of a heart attack'.
Person with lived experience	A person with the lived experience of suicide has struggled with suicidal thoughts or behaviours and may have survived an attempt at suicide - their experiences and choices, and the learning that they gain from these experiences and choices, are important.
Person using a suicide prevention service	Person using a suicide prevention service is the generic term used for the person using/accessing a suicide prevention service, and includes a service user, a person with lived experience of suicide, a person in crisis and/or a person bereaved by suicide.
Recovery	A journey of both 'recovery and discovery', which can be ongoing and take place in different ways at different stages of a person's lifecycle. A recovery approach is built on a culture of hope, expectation and building resilience that the person can recover from their mental health challenges and build a fulfilling life of their own choosing.
Bereaved by suicide	Someone who has been affected by the suicide of another person, such as a friend or family member, and who may have experienced psychological, physical and/or social distress and grief, including PTSD.
Fatal or non-fatal attempt	(rather than 'successful', 'completed' or 'failed attempt') Using fatal and non-fatal definitions is another way of using illness-based definitions, such as a 'non-fatal heart attack'.

National Office for Suicide Prevention

HSE Community Strategy and Planning,
Stewarts Hospital, Palmerstown, Dublin 20

Tel: (01) 6201670

Email: info@nosp.ie

 [@NOSPIreland](https://twitter.com/NOSPIreland)

www.nosp.ie

www.connectingforlifeireland.ie

