



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

National Office for Suicide Prevention

# Annual Report

2009



**Even in these difficult times  
our individual and collective  
efforts will make a difference**

## Look after your mental health in tough economic times



Mental health is about how you think and feel and your ability to deal with ups and downs. Your mental health does not always stay the same. It can change as you move through different life stages or in response to difficulties in your life such as losing your job or having money worries. To look after your mental health choose one or two steps below to start and build up to as many as you can each day.

**Take it one day at a time** - Focus on the here and now and trust that you will have what it takes to cope with tomorrow. Think of times when you overcame certain situations in your life and improve your self confidence. Plan your day so that at the end of it you will feel you have achieved something.

**Talk about it and ask for help** - Talking about your feelings is a good way to cope with a problem. Speak to someone you trust such as your partner, a family member or friend. If you are feeling overwhelmed by sadness or despair, contact your GP. If you feel there is no one to talk contact the Samaritans.

**Get involved** - Keeping or taking up new hobbies or volunteering may help you meet people, feel less alone and more confident.

**Get advice on money problems** - Taking control of your money problems may help reduce your stress. Contact the Money Advice and Budgeting Service (MABS) for advice on 1890 283 438.

**Alcohol - Watch what you drink** - Sometimes people drink alcohol to deal with or forget about problems but this can make you feel worse when the alcohol wears off. Avoiding too much alcohol is important, if you are feeling down or worried.

**Eat and sleep well** - A healthy balanced diet and trying to get regular sleep will help your physical health and will also help you to be more positive and have more energy.

**Keep active** - Regular exercise will help you sleep and relax, look and feel better. A half an hour walk most days can make all the difference.

### **How to support someone you are worried about**

Listening to someone can help them feel supported and less alone. Reassure them. Show you care Offer support and let them know you care.

*'I'm worried about you and I want to help'*

*'What's up? I'm very worried about you'*

Don't be afraid to discuss suicide - asking about it won't put the idea in people's heads:

*'Do you feel like harming yourself?'*

*'Are you so down that you just want to end it all?'*

Get professional help; do not leave a suicidal person alone. Encourage them to look for help:

*'Let's talk to someone who can help'*

*'You're not alone. There are people who can help you out of this situation'*

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This report has been prepared by the Health Service Executive's (HSE), National Office for Suicide Prevention (NOSP) in order to meet the statutory requirements of the Health (Miscellaneous Provisions) Act, 2001, Section 4.

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- Department of Health & Children
- HSE Regional Resource Officers for Suicide Prevention

- The NGO and Voluntary Sector Organisations that contributed to this report.
- The staff of the National Office for Suicide Prevention
- The Central Statistics Office

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## Introduction

Suicidal behaviour remains an important public health issue in Ireland. Whilst the HSE National Office for Suicide Prevention has responsibility for overseeing the implementation of Reach Out, The National Strategy for Action on Suicide Prevention, all sectors of society have a role to play in reducing the tragedy of suicide.

The latest figures by year of occurrence for 2007 from the Central Statistics Office (CSO) show a small but continued reduction in the number of suicides. However CSO figures for year of registration for 2009 (often referred to as provisional) show an increase from 424 in 2008 to 527 in 2009. This is an increase of 24% on the previous year. International research would indicate that during an economic downturn suicide numbers increase, however, the size of the increase based on the provisional figures is extremely worrying.

Recent data from the 2009 deliberate self harm registry also shows an increase of 5% on 2008 and an 11% increase in the last two years. The impact of the economic downturn in 2008, and particularly in 2009, has led to substantial increases in both self harm and suicide numbers.

It is important therefore that our collective efforts in suicide prevention remain in place and are expanded where possible.

This annual report for 2009 provides details of the important work being undertaken at local and national level by those many organisations working in suicide prevention. Of particular note are

- The launching of the young peoples mental health awareness campaign and web site [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie)
- The funding of 16 projects through 13 voluntary organisations, supporting the 'Let Someone Know' campaign
- The publication of the research 'Supporting LGBT Lives' which examined the suicidal behaviour of this community and made recommendations to improve their resilience
- The distribution of 100,000 leaflets entitled 'Look after yourself in tough economic times' to those recently unemployed or in financial difficulty

- Continued work with the Defence Forces, Prison Service and Gardaí

The many organisations working in suicide prevention continue to work with professionalism and enthusiasm against a background of increasing demands with fewer resources. I want to thank our partner organisations for all their hard work in 2009. I also want to thank the staff of the National Office for Suicide Prevention, the HSE Resource Officers for Suicide Prevention and the many organisations who have contributed to this report.

Even in these difficult times our individual and collective efforts will make a difference.



Geoff Day  
Director  
National Office for Suicide Prevention



## Suicide Prevention - Key achievements in 2009

- The publication of the research 'Supporting LGBT Lives' which examined the suicidal behaviour of the lesbian, gay, bisexual and transgender community and made recommendations to improve their resilience
- The distribution of 100,000 leaflets entitled 'Look after yourself in tough economic times' to those recently unemployed or in financial difficulty
- The launching of the young peoples mental health awareness campaign and web site [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie)
- The development of a systematic training programme for staff in the Irish Prison Service
- The agreement of the Gardaí to train trainers in the Garda Training Centre in Templemore to deliver the ASIST programme to all new recruits
- The continued delivery of a further 159 ASIST workshops and 89 SafeTalk workshops. This brings to over 18,000 the number of people trained in the ASIST programme.
- Pilot the Suicide Support and Information System (SSIS) in the Coroner Service in Cork in order to better understand the incidence, pattern and causes of suicide and to improve the provision of support to the bereaved.



Launch of the Young Peoples Mental Health Awareness Campaign 'letsomeoneknow.ie'

## 1. Policy Context

### National

Some key government policy has a direct bearing on the development of suicide prevention and related initiatives.

#### ***Reach Out - National Strategy for Action on Suicide Prevention***

Launched in 2005 by the Minister for Health and Children, Mary Harney T.D., Reach Out provides the policy framework for suicide prevention activities in Ireland until 2014.

The strategy calls for a multi-sectoral approach to the prevention of suicidal behaviour through cooperation between health, education, community, voluntary and private sector agencies. The strategy represents one of the first policy development collaborations between the Health Service Executive and the Department of Health and Children and was produced following extensive consultation with all major stakeholders, including the general public.

<http://www.nosp.ie/html/reports.html>

#### ***A Vision for Change - Report of the Expert Group on Mental Health Policy***

The Expert Group which reported in early 2006 endorsed the approach to suicide prevention outlined in the strategy Reach Out stating "the strategies recommended to prevent suicide and to improve mental health provision for people engaging in suicidal behaviour should be adopted and implemented nationally". Furthermore, the Group recommended that "integration and coordination of statutory, voluntary and community activities is essential to ensure effective implementation of suicide prevention initiatives in the wider community. In this regard, the National Office for Suicide Prevention should be supported and developed."

[http://www.dohc.ie/publications/vision\\_for\\_change.html](http://www.dohc.ie/publications/vision_for_change.html)

#### ***Houses of the Oireachtas, Joint Committee on Health & Children Seventh Report, The High Level of Suicide in Irish Society, July 2006***

In October 2005 a sub-Committee on the High Level of Suicide in Irish Society was established. Many agencies, including the NOSP, gave evidence to the sub-committee.

The report of the Oireachtas sub committee

was published in June 2006 and made 33 recommendations. Some of the recommendations reinforced actions identified in Reach Out while other new recommendations relating to suicide prevention were made. The National Office for Suicide Prevention considers all recommendations as part of its ongoing development plans.

<http://www.oireachtas.ie/>

The Oireachtas sub committee met again in June 2009 to review progress with implementing the recommendations in its 2006 report. This report is also available on the Oireachtas website.

## International

### *European Union Green Paper on Mental Health*

In a Green Paper published in 2005 the European Commission confirmed that “the World Health Organisation (WHO) European Ministerial Conference on Mental Health should establish a framework for comprehensive action, and created strong political commitment for mental health”.

In 2008 the EU produced a series of consensus papers on mental health including one on “Prevention of Suicide and Depression” which the NOSP contributed to as part of an expert group. These papers were approved by an EU Ministers Council Conference held in Brussels in June 2008 attended by Minister John Moloney T.D., Minister for State at the Department of Health and Children.

[www.ec.europa.eu/health](http://www.ec.europa.eu/health)

## 2. Suicide Prevention Network in Ireland

Many voluntary and statutory agencies are engaged in suicide prevention activities in Ireland. A principle function of the NOSP is to coordinate all of this activity. Figure 1 is an overview of the *Reach Out* implementation structures, and outlines suicide prevention structures in Ireland for the coming years.



Figure 1 Suicide Prevention Network

### Department of Health and Children

The Department of Health and Children's statutory role is to support the Minister in the formulation and evaluation of policies for the health services. It also has a role in the strategic planning of health services. This is carried out in conjunction with the Health Service Executive, voluntary service providers, Government Departments and other interests.

The Department was a partner in the development of *Reach Out* - The National Strategy for Action on Suicide Prevention and continues to support its implementation, primarily through the Office for Disability and Mental Health. [www.dohc.ie](http://www.dohc.ie)



### Health Service Executive HSE

The HSE is responsible for the provision of public health services in Ireland. Its mission is to enable people to live healthier and more fulfilled lives [www.hse.ie](http://www.hse.ie). The HSE provides a range of services related to suicide prevention including, mental health promotion, responding to those who have self harmed, providing specialist resource officers for suicide prevention, providing mental health services and specialist counselling.

### National Advisory Group

*Reach Out* recommends that "a steering group comprised of key individuals who can offer their expertise to guide the work of the National Office should also be appointed". The National Advisory Group for the National Office for Suicide Prevention is comprised of individuals with expertise and experience in a range of disciplines relevant to suicide prevention work. The function of the group is to provide strategic direction and guidance to the National Office for Suicide Prevention in implementing *Reach Out*. The terms of reference and membership of the Group is listed in Appendix 5.



## HSE Regional Resource Officers

The Regional Resource Officers for Suicide Prevention have been central to the development of suicide prevention initiatives since they were appointed to each of the former health boards from 1998 onwards. They are a key resource to ensure implementation of *Reach Out* at a regional and local level. The NOSP and Resource Officers meet on a regular basis to progress the work of strategy implementation and future service planning. See Appendix 3 for Resource Officers contact details.

## Cross Border Network

As part of the developing relationship with colleagues working on suicide prevention in Northern Ireland a cross border group has been established to develop and monitor the actions set out in the All Island Action Plan which was considered and endorsed through the North-South Ministerial Council.

## Voluntary/NGO Sector

As well as engaging with many local community voluntary groups and organisations working in the area of suicide prevention, the NOSP has formal service level agreements with a number of national voluntary organisations. Networks are being established to reflect interest within both voluntary sector and statutory agencies on activity such as bereavement support. The organisations funded by NOSP are indicated on the office website.

[www.nosp.ie](http://www.nosp.ie)

## National Forum

In *Reach Out* it was proposed that “a representative national forum would be briefed by the National Office on the achievements overall in suicide prevention and, in particular, in relation to strategy implementation. This forum would also provide an opportunity for the exchange of views on developments in suicide research and prevention.” Membership of the National Forum is reflective of the actions set out in *Reach Out* with stakeholders representing health, education, the media, voluntary and community groups.

## Awareness Campaign Steering Group

A broad group representing nearly 30 organisations has been established to support

the awareness campaign funded by the National Office. The terms of reference are

- Contribute experience and expertise in planning the development of all 5 areas of project implementation.
- Support campaign staff in project implementation – individually and on behalf of the relevant organisation represented (where appropriate), including the facilitation of consultation with relevant stakeholders.
- Support the executive functioning of the management committee in project development.
- Contribute to sub-group working as required.
- Act as a spokesperson for the campaign as required and in consultation with the campaign staff and management committee.

## Technology for Wellbeing Group

A guiding principle of the *Reach Out* strategy is to harness the positive potential of Information and Communications Technology to provide support. The *Technology for Well-Being* network, first convened by the NOSP in 2007, was established to bring together providers of support services related to mental health and well-being who use technology in delivering those services. The network was established in order to share learning, develop good practice and encourage the integration of a range of accessible services in Ireland. Through their website

[www.technologyforwellbeing.ie](http://www.technologyforwellbeing.ie) the network aims to provide up to date information regarding technology issues relating to well-being, from a national and international perspective. A further aim of the network is to provide guidance for other organisations that are looking to integrate and establish technology based services into their own existing support services.

## Interdepartmental Sub Committee on Mental Health

'Reach Out' identifies in action Area 2 of the strategy, the education setting as a key area for mental health promotion and suicide prevention. In 2008, the interdepartmental subcommittee on health between the Department of Health and Children and the Department of Education and Science established a subgroup on mental health. The group will oversee the implementation of 'Reach Out' actions and other relevant national health and education policy pertaining to suicide prevention and mental health in the education setting.

### 3. Progress Report - Suicide Prevention Activities 2009

This section reports on activities throughout 2009 under the Action Area headings in *Reach Out*.

Reach Out comprises 26 action areas with 96 actions over a ten year period covering three phases. The approach taken is based on that recommended by the WHO - namely a whole population approach, combined with a targeted approach for those known to be at higher risk. Reach Out also proposes actions to improve support to many individuals and communities bereaved through suicide. Lastly, some actions relate to the necessity to undertake appropriate research and to ensure any data collected is robust and meaningful.

#### Level A - General Population Activities

##### Area 1 - The Family

Resource Officers for Suicide Prevention in the HSE areas continued to develop activities to support vulnerable families and those responding to suicide. Examples of such activity in 2009 included:

- The provision of 'Raising Boys for Fathers' courses in Galway and Mayo.
- Information evenings for families and community members.
- Gatekeeper community awareness programmes providing information on mental health, depression, bereavement and loss, drug and alcohol misuse, and suicidal/behaviour were delivered in Co. Offaly and Westmeath.
- A parenting course on 'Family Communication and self esteem' provided in Waterford.

In 2009, the National Suicide Research Foundation conducted a study on the impact of widowhood on suicide and accident mortality in Ireland. Data on all 10561 suicidal and accidental deaths of married or widowed persons aged at least 35 years in Ireland during 1986-2005 were analysed. Mortality rates were almost always higher among the widowed and often by a 2-fold difference. The excess mortality was equivalent to 2083 or 57.6% of all suicidal or accidental deaths of widowed persons in 1986-2005. Routine contact with recently widowed persons by public health professionals may be warranted with a view to reducing their excess mortality.

##### Area 2 - Schools

Zippy's Friends is an international school based programme designed to promote the emotional well being of children aged five to seven years. In February 2008, the Zippy's Friends programme was introduced to 30 Irish primary schools on a pilot basis in the HSE West as part of the Social Personal and Health Education curriculum, with the support of the Department of Health and Education, HSE Health Promotion and the NOSP. The initial evaluation and the implementation of the programme were completed in 2009. A total of 700 students and 42 teachers were involved in the programme. The findings of the evaluation demonstrated that the programme was effective in improving the children's emotional literacy and coping skills, reduced their hyperactivity levels and led to improved relationships in the classroom. Twelve month follow up data collection will commence in 2010.

Ongoing in-service training with post primary school teachers in SPHE and 3 whole staff development days in SPHE including sessions in mental health, suicide prevention and response to crises in schools, were undertaken in various parts of the country.

In 2009, the interdepartmental group commenced work on the development of a service delivery framework through which evidence based programmes and interventions in suicide prevention and mental health promotion can be delivered in the Irish post primary school setting. The framework will integrate existing evidence based approaches and highlight possible current gaps in programme delivery and how these gaps could be met. The framework will include examples of good practice relating to mental health promotion/suicide prevention in the school community in Ireland and how these approaches can be replicated nationally. The framework will contain specific recommendations relating to the following approaches:

- Classroom based life skills programmes e.g. SPHE
- Whole school approaches incorporating e.g. school policy, teacher training
- Targeted Interventions e.g. student support teams, school based counselling services and treatment interventions

In 2010, a comprehensive national consultation with key statutory and non statutory stakeholders on the proposed framework will be undertaken.

The Incredible Years Programme consists of three interlocking training programmes for parents, children and teachers which have been developed over a thirty year period by Dr. Carolyn Webster-Stratton, University of Washington, Seattle. The programmes have been implemented in several countries including the UK, Norway, New Zealand and Ireland.

The programmes have two long range goals; to provide cost effective early intervention programmes that all families and teachers can use to promote social, emotional and academic competence and to prevent conduct problems and to provide comprehensive interventions targeted at treating and reducing the early onset of conduct problems in young children.

The Incredible Years programmes are being delivered in a coordinated interagency approach in several locations across the country including Limerick and Drogheda. There are currently five parenting programmes being delivered in Ireland (age range from 0-12 years) which are delivered over 8-20 sessions by a range of leaders including family support workers, teachers, public health nurses and psychologists in a range of school and community settings.

Two child programmes, The Dina Small group programme (age range 3-8) a targeted intervention for young children with early onset conduct problems is delivered in a number of community and school settings, delivered over 18- 20 sessions by teachers and health professionals. In 2009, Training in the Teacher Classroom Management programme is delivered by Archways and by NEPS psychologists. There are currently over 60 NEPS psychologists trained to deliver the programme which is offered over 5-6 full day workshops 3-4 weeks apart, 10-12 half days fortnightly or 15 2-hour sessions weekly. To date NEPS has been involved in delivering this training to over 800 teachers nationwide.

The largest research evaluation of the Incredible Years programme in Ireland is currently being undertaken by NUI Maynooth. Information on

the NUI evaluation programme is available at [www.iyirelandstudy.ie](http://www.iyirelandstudy.ie)

Following numerous requests from schools for training in response to deliberate self harm and suicide, a consultation process between Co. Limerick VEC and the HSE Mid West led to the development and implementation of Crisis Response Training for Post Primary Schools throughout Limerick, Clare and North Tipperary. The development of Crisis Response structures have been identified as a core resource in promoting the mental health of students in post-primary school settings. The development of Crisis Response Teams, the importance of procedures, the identification of supports and the monitoring of progress following a death by suicide are critical components of this approach

At the request of school principals and working closely with the SPHE coordinator, the Resource Officer for Suicide Prevention in the Dublin North East responded to school/parents concerns regarding suicidal behaviours.

All students doing Junior and Leaving certificate in Co Wexford received a support and advice booklet and dvd aimed at reducing stress at exam times

Under the umbrella of the *European Alliance Against Depression (EAAD)*, 25 trainee guidance counsellors attended a Gatekeeper Awareness Training Programme on Depression and Suicidal Behaviour in the Cork and Kerry region in 2008. Independent evaluation in 2009 using a pre-post design showed that knowledge about symptoms of depression and level of confidence in dealing with suicidal people had improved significantly.

In 2009, the NSRF was involved in an evidence based health promoting programme for adolescents in European schools. The programme is developed by a consortium of 12 countries: Austria; Estonia; Germany; Hungary; Ireland; Israel; Italy; Romania; Slovenia; Spain and Sweden (co-ordinating centre). In 2008, SEYLE was funded by the EC 7th Framework Programme. Key developments included:

- The baseline questionnaire and study interventions took place with 17 Cork and Kerry schools during the month of

November 2009, with 1,102 students taking part.

- Each young person received a contact card detailing the SEYLE facilitator number, other local services and websites (including [letsomeoneknow.ie](http://letsomeoneknow.ie)).
- The SEYLE facilitator number was accessible to students 24/7.
- Immediate screening of all baseline questionnaires in the school setting identified 78 potential 'emergency' cases. Following communication with their parents, 26 of these were seen by a child and adolescent psychiatrist.
- The Profscreen intervention identified a further 47 adolescents for follow-up of whom 9 were seen by a child and adolescent psychiatrist.

### Area 3 - Youth Organisations and Services

The Office of the Minister for Children and Youth Affairs (OMCYA) undertook consultations with over 270 teenagers about their views on mental health. Six consultations took place around the country. The report *Teenage Mental Health What Helps – What Hurts* is available on [www.omc.gov.ie](http://www.omc.gov.ie)

MindOut training was completed with three groups in counties Mayo, Limerick and Galway. A Partnership initiative between Mayo and Limerick VEC and Health Promotion Services HSE West continues to support work with out of school children.

The National Office for Suicide Prevention provided funding to support the delivery of a mental health promotion programme for young people aged 15 to 18 years in the Westport/Louisburgh area. The Mindout programme has been identified as a mental health promotion programme to be offered to young people. The Mol an Óige Common Sense Parenting Programme is already being delivered to parents in the area. The existing interagency working group in Westport will co-ordinate and support the delivery of these programmes, which will be run in The Cove Youth Café in Westport.

The success of the Roscommon Lions Club's 4U Magazine in 2008 (a full colour magazine for teenagers with a significant level of content dealing with positive mental health), led to the launch of a radio version of the same project in

2009. The project was organised by the Roscommon Lions Club Committee on Suicide Awareness and Prevention, in association with Ros FM, with inputs from AWARE, Mental Health Ireland and Foroige. Nineteen young people from the Roscommon Leo Club, which is the junior section of the Roscommon Lions Club, took part in a foundation training in radio production, in preparation for the positive mental health for youth programme Radio 4U. Ten shows were aired in all and they covered topics such as bullying, depression, suicide, self-harm, and eating disorders. These shows are podcasted on Ros FM's website [www.rosfm.ie](http://www.rosfm.ie). The NOSP has provided funding to evaluate the 4U Magazine and Radio programmes.

An 'Emotional Health Awareness' Programme was developed and delivered which targeted two separate groups of vulnerable young men and women aged between 18-25 years. The development of this programme was aided by the completion of the two days 'Mental Health Promotion Training' which was organised by NOSP to educate appropriate staff around the development and delivery of Mental Health Promotion related initiatives. Feedback proved very positive with most participants reporting that they found the programme highly useful while all participants reported that they would recommend this programme to others.

A positive mental health / well-being session was presented to members of 'Comhairle na nOg' in St. Mary's Youth Centre, Tullamore. Approx. 50 members from groups all over Offaly participated as preparation for individual projects which were subsequently initiated by the members themselves, i.e. an information website, a keyfob, etc.

In conjunction with the National Travellers Suicide Awareness Project, the Suicide Prevention Officer was involved in the compilation and development of a training programme aimed to provide youth workers working with young people from the travelling community with a practical skills base to enable them to introduce mental health awareness and suicide awareness into their sessions with young people. The proposed programme was delivered to existing youth workers and additions and amendments made. A training manual, including games and other user friendly material, are now in the process of being compiled and printed.

Suicide Awareness Training and ASIST was provided to youth groups such as Regional Youth Services, Youthreach, Waterford Voluntary Youth Committee, Youthtrain, VEC.

*Jigsaw* Meath Planning Group supported by Headstrong completed a comprehensive community-based needs and resource analysis of the County in December 2008. Following this in 2009 *Jigsaw* Meath seeks to put in place structures, delivery mechanisms and enhanced resources for the successful implementation of the programmes developed from the needs analysis including

- A whole school mental health support structure
- Enhanced supports and training for families
- Increased social and recreation opportunities
- Systematic, cross sector training and support for frontline service providers and community leaders.

The *Jigsaw* Wraparound programme is a key component of the implementation plan for most *Jigsaw* sites. This means that a range of staff from many organisations within the community will be trained as *Jigsaw* Wraparound Facilitators in order to provide targeted support to young people to promote their mental health and well-being. Those trained in this approach will receive support both from within their organisations and from the *Jigsaw* project.

#### Area 4 - Third Level Education Settings

- Suicide awareness training, ASIST, STORM, Community Gatekeeper and Mental Health Awareness programmes continue to be delivered in third level settings across the country including
- NUI Galway
- Limerick Youth Services
- Nursing Department, University of Limerick
- Mary Immaculate College
- Longford VEC
- Abbyleix Further Education Centre (Social Studies and Pre-Nursing Students and Health & Safety Students)
- Athlone Institute of Technology (Post-Grad in Social Studies and Social Studies students)
- Moate Business College (Pre-Nursing Students)

- Youth Reach, Mountmellick, Co. Laois
- Westmeath Community Developments (Return to Work programme)
- Portarlinton Adult Education Centre (Social Studies students)
- HSE and IWA staff in a Disability Resource Centre, Mullingar, Co. Westmeath
- Athlone PLC Community College (Nursing and Social Studies Students)
- Teachers and Tutor Staff from all schools affiliated to Laois Education Centre attended a 'SafeTALK' programme in October 2009
- Participants on a 'FAS Recently Unemployed and Networking' course in Athlone, Co. Westmeath
- Union of Students Ireland in Waterford Institute of Technology
- Dundalk Institute of Technology nursing students

Using funding sourced through the National Office for Suicide Prevention, plans to develop a bibliotherapy or healthy reading scheme commenced in the two third level colleges in Galway i.e. NUIG and GMIT. The work is being carried out in partnership with the Health Promotion Department, HSE and the Galway Healthy Cities Initiative.

[www.pleasetalk.ie](http://www.pleasetalk.ie) is a student initiated web site which provides information about services to students on most third level campuses in Ireland. PleaseTalk has now expanded from one to 27 institutions, using funding from the NOSP.

Research into the efficacy of online counselling in a third level setting was completed by Trinity College Dublin Counselling Service, funded through the NOSP.

#### Area 5 – Workplaces

The National Office for Suicide Prevention provided funding to commence the enhancement, development and promotion of a healthy reading scheme for HSE staff in Galway, Mayo and Roscommon in partnership with the HSE Libraries and the Health Promotion Department.

The veterinary profession has long recognised that its members have a high incidence of stress and mental health problems associated with isolation, alcoholism, substance abuse



and, in extreme cases, suicide. Recent and on-going research, by Cambridge University, has both indicated that stressors specific to veterinary professionals included the high academic requirements, regular heavy workloads, isolated practices with little peer support, as well as routine association with euthanasia and the ease of access to lethal means.

In 2009 the NOSP continued its support of the veterinary profession as it aimed to promote positive mental health and to provide crisis response at times of extreme stress within the profession. This work is coordinated by a strategic management group established by the veterinary profession. Membership of the group includes the HSE, the Samaritans, as well as the various veterinary organisations - Veterinary Ireland, Veterinary Council of Ireland, Irish Veterinary Nurses Association, Veterinary Officers Association, Veterinary Defence Society, UCD Veterinary Medicine, VetNI and IFP Media (Irish Veterinary Journal).

In 2009, as a first step, the group developed a web-site, "VetAEGIS", to provide advice, education, guidance, information and support on stress, addiction, health, family and other life event matters. VetAEGIS is connected to UK VetHelpline, allowing callers to speak anonymously to fellow veterinary professionals trained in listening and sign-posting skills. The NOSP provided support for the training of final year veterinary students in UCD on stress management and mental health. In late 2009, the group commenced work on the provision of focused support in the form of telephone or face-to-face counselling services which was one aspect of the programme not addressed by VetAEGIS. This service will be launched in 2010.

A joint pilot project between the Regional Suicide Resource Office, HSE South and the Defence Forces Southern Brigade targeted at addressing the issue of suicide prevention within the Defence Forces was undertaken throughout 2009. This project was supported nationally by the NOSP. This is the first unique joint initiative undertaken between the Defence Forces and the HSE in addressing the issue of suicide prevention. The project involves the provision of training to key personnel across the three key areas of prevention, intervention and postvention along with the development of policies which support the Defence Forces in responding to suicidal incidents as they may occur.

The initial contact involved the Defence Forces requesting some support in the area of suicide prevention training which resulted in the provision of the SafeTALK programme. Based on the feedback to SafeTALK, it was felt that four training days should be delivered to Personnel Support Service (PSS) and Social Work Defence Forces personnel. These training days included a 1 day SafeTALK programme, a 1 Day Understanding Self Harm programme and a 2 Day Suicide Bereavement training programme. In June 2009 the SafeTALK programme was delivered to 22 PSS and Social Work personnel from the Defence Forces at Stephens Barracks, Kilkenny. The project culminated with a 1 day Training for Trainers programme in SafeTALK where personnel from the defence forces were trained to be able to deliver and roll out independently the SafeTALK programme to their own members in the Southern Brigade. The roll out of SafeTALK to all areas of the defence forces including the Navy and Air force is supported by the National Office for Suicide Prevention. A number of key Defence Forces personnel have also been trained in (ASIST). The Defence forces commenced development of a Critical Incident Protocol unique to their organisation.

Resource Officers for Suicide Prevention responded to individual workplaces including A 'Responding to Stress in the Workplace' programme which was developed in conjunction with Mental Health Ireland and delivered to administrative staff in M.A.B.S. Office in Tullamore, Co. Offaly and to Tutor Staff of Westmeath Adult Education Services.

SafeTalk programmes were delivered to Healthcare Assistants working in HSE Centres and Private Nursing Homes and to social work staff in the National Council for the Blind.

Political members of Offaly County Council were presented with an information and awareness session in relation to services of the Suicide Prevention Service.

FAS administrative and frontline staff from all FAS Offices throughout the Midlands and South East received awareness training.

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## Area 6 - Sports Clubs and Organisations

In conjunction with the Laois GAA Games and Development Officer, an event was organised at which 40 GAA clubs sent representatives to attend an awareness session on mental health (delivered by Mental Health Ireland) and suicide and suicide behaviour. Player welfare and opportunities for offering and providing support were discussed. The Support Directory produced by Portlaoise Parish was distributed to all GAA Clubs present.

## Area 7 - Voluntary and Community Organisations

A Confidential Helpline called CLUAS was set up in Co. Roscommon. It operates one day per week, Fridays from 7 to 10 pm, Tel: 1850 588599, offering a listening, understanding and signposting service. This initiative is led by the Roscommon Integrated Development Company, in partnership with community and statutory groups.

Work was undertaken with community groups in Blanchardstown during the Safer Blanchardstown week in October, to provide suicide prevention awareness.

A series of awareness programmes (Mental Health, Depression, Loss and Grief) were organised in conjunction with MHI, AWARE, Living Links, and delivered to clients attending the Acorn Project in Longford - (a support, education and drop-in centre).

Mullingar Suicide Awareness Group (Co. Westmeath) continued its development work throughout the year. A SafeTALK was delivered in October 2009 to the community in Mullingar. In conjunction with Living Links, a suicide bereavement support group was established and met for 12 weeks.

The community group established in Ferbane Co. Offaly (SOLAS (Suicide Outreach Learning and Support)) continued with its work throughout the year and achieved the establishment of a Youth Café in Ferbane with specific targeted programmes for both a junior and a senior group.

The Community Advice and Listening Line continues to operate in Co Wexford this is managed and supported by Wexford Local Development

Work started on developing a resource guide for communities and groups who want to work on making their communities more suicide safe. This initiative has been developed in response to a number of meetings with concerned community groups in the HSE West region. Local Suicide Resource Officers, with funding from the National Office for Suicide Prevention have started work on developing this resource which will include information which can be used to support initiatives in local communities and which will enable groups to develop their own responses to suicide. The resource guide will be available for distribution in 2010.

Training initiatives were developed in the North East with voluntary groups e.g. Mental Health Ireland, SHINE, Aware, SOSAD Ireland, PIPS Dundalk Simon Community & Living Links through continued delivery of core training such as Mental Health Promotion, SafeTalk and ASIST.

The Dundalk Mental Health Initiative was established which works to develop a community based initiative to address;

- a) Preventative actions – creating well being, promoting positive mental health within the community and volunteer sector.
- b) Networking/information sharing/ follow on support/ linkages following HSE training actions for those with mental health problems.
- c) Establishment of a steering group to act as a support mechanism for community and voluntary actions

Under the umbrella of the *European Alliance Against Depression (EAAD)*, in 2009, 60 Community Facilitators (including social workers, volunteers in community and youth based agencies) completed a Gatekeeper Awareness Training Programme to increase awareness on Depression and Suicidal Behaviour. This initiative is part of the Four-level Community Based Intervention Study on Depression and Suicidal Behaviour conducted by the National Suicide Research Foundation (NSRF).

## Area 8 - Church and Religious Groups

A meeting took place in January 2009 with

Presbyterian Ministers from the Midlands with the purpose of advising on services and training available.

In conjunction with the Priests of St. Peter and Paul's Parish in Portlaoise, Co. Laois, a 'Suicide Awareness' weekend was organised. The Suicide Prevention Officer spoke at both the Saturday and Sunday masses. Voluntary organisations were invited to attend and display information stands in the Parish Centre adjoining the Church. A 'Support Directory for Good Mental Health and Suicide Support Services' was compiled and distributed at all masses on the weekend.

## Area 9 – Media



Additional funding was provided to the NOSP in 2009 to fund a Young Peoples Mental Health Awareness Campaign. Following extensive consultation with young people and young peoples organizations the NOSP has developed a website [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie) focused on young people 13-17 years.

TV/Cinema and outdoor advertising have been used to encourage young people to access the website for information on looking after their mental health and what to do to seek help if they are concerned about themselves or others. The campaign was launched on 12th October 2009 by Minister John Moloney.

A second part of the campaign was aimed at supporting voluntary organizations with a similar message who were prepared to also advertise [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie) 16 projects from 13 organisations were funded in 2009.

Organisations supporting the campaign were:

- Bodywhys
- Crosscare National Traveller Programme
- Clauin Mhuire Early Intervention Service
- GROW
- National Suicide Research Foundation

- FREE Campaign – student mental health pack
- Rehabcare
- Samaritans
- Pieta House
- GLEN
- Headline
- Teenline
- BeLonGTo

A cinema advertising campaign with Carlton Screens was promoted for 12 weeks. The advert, which included a voice-over poem and which displayed the contact details for both the Samaritans and Teenline, was shown over 3,000 times at peak audience viewing occasions in the 5 main Cinemas throughout the Midlands.

RTE broadcast a series of 3 family experiences of self harm/suicide which were shown in March entitled 'I see a Darkness'. The NOSP and other voluntary agencies were asked to advise the production team on the best way to portray this sensitive subject. [www.rte.ie](http://www.rte.ie)

## Area 10 - Reducing Stigma and Promoting Mental Health

A project aimed at the promotion and nurturing of mental health through reading was initiated by Longford Library Service. Sets of books under a number of significant headings (depression, mental health, stress, suicide, bereavement and loss, addictions, anxiety, bullying, etc.) were purchased and are now available in all 6 libraries throughout Longford. GP's advise clients on the availability of the books as a means of self-help and empowerment.

Participation in 'Westmeath Disabilities Open Day 2009' in Athlone, Co Westmeath. Participated in 'Information Day' organised by Citizens Advice Service Athlone, Co. Westmeath.

A 36 hour (20 credit) course "Developing Community Capacity through Mental Health Promotion" designed by the Regional Suicide Resource Office was delivered to 24 students in Waterford Institute of Technology. All participants were from the voluntary community sector. This course will continue to be offered through WIT in 2010.

Monaghan County Development Board recently reviewed its' strategic plan for the county,

*Monaghan 2002-2012, Our People, Our Place.* Arising out of this review, a number of actions were identified that were prioritised for progress over the next couple of years. One of these was to have a Positive Mental Health week in Monaghan from the 3rd to the 10th October 2009. This coincided with national Positive Mental Health Week and with World Mental Health Day on the 10th October. A series of events were planned and a timetable distributed to all support agencies concerned. Schools and Youth groups were encouraged to do something to promote positive mental health during the week.

Under the umbrella of the *European Alliance Against Depression (EAAD)* 6,000 leaflets and posters were distributed in the Cork and Kerry region in 2009. The objectives of the posters and leaflets were to inform the general public about symptoms of depression and warning signs of suicidal behaviour as well as providing information on services and helplines.

## Area 11 - Primary Care and General Practice

The pilot SCAN project in Wexford and South Dublin continued to work with GPs in their area to provide early intervention services. The process for evaluation has been agreed and will begin in 2010.

The SCAN project has now extended to all of Co Wexford and a Clinical Nurse Specialist is now available to all GP's who are dealing with crisis presentations in their surgeries. A liaison mental health nursing service is available 7 days a week in Wexford, 5 days a week in Kilkenny/Carlow and Tipperary General.

Mental health promotion and suicide awareness training continues to be delivered to Regional G.P. Vocational Training Schemes in various parts of the country.

## Level B - Targeted Activities

### Area 12 - Deliberate Self Harm

The NOSP held a national stakeholder workshop in November 2009 to consider the interim findings of the 6 year analysis of deliberate self harm in Ireland undertaken by the National Suicide Research Foundation. The

group also developed proposals for inclusion in the 2010 plan on deliberate self harm to be developed by the NOSP.

The main outcomes of the NSRF study were:

- widespread variation in aftercare across the eight HSE hospital groups
- Over the six year period approximately half of those presenting were admitted to in patient care
- Aftercare following deliberate self harm varied by self harm method but 33% who attempted hanging or drowning were discharged after emergency treatment.

In October 2009, the NSRF was successful with a tender by NOSP to conduct an independent evaluation of a self harm awareness training programme which is being delivered by trainers in the HSE South and HSE West. The evaluation started in November 2009 and comprises both a quantitative and qualitative part involving training participants, trainers and key stakeholders.

Pieta House, Lucan and Living Life Counselling were supported in the ongoing provision of community based counselling services. As community based services, both Pieta House and Living Life Counselling provide a timely intervention and prevention service for people who feel isolated and who are reacting to challenging life events and who may be at a raised risk of suicide and self-harm. Funding provided enabled both counselling services to continue to offer specific support for those at raised risk of self harm and suicide. Pieta House also continued to establish and provide an outreach service to a number of communities across the Dublin region.

The SHIP service continues to operate in Wexford providing counseling and support to people at risk. The development and delivery of a support group for people presenting to the WSHIP service is now available as appropriate

### Area 13 - Mental Health Services

The Galway Jigsaw Service was formally launched in January 2009. It offers a free, confidential support service for young people aged 15-25 years in Galway City and County. The service is open 6 days a week (Monday to Saturday) in 18 Mary Street, Tel: 091 549252.

The project is supported by Headstrong, Mental Health Ireland and the HSE.

A low-cost counselling service, an initiative of PCI College was made available to the general public in the Midlands. This service is advertised at all training and awareness programmes.

In September 2009, the Suicide Resource Office, South East delivered the 'Understanding self-harm' training programme to trainee Psychiatrists in St John of God Hospital, Dublin.

A new module in promoting positive mental health has been developed in partnership with St. Angela's College, Sligo. This new module is part of the postgraduate Diploma in Nursing Studies (Community Mental Health) which educates and supports mental health nurses and other professionals who are working in, or wanting to work in, community settings and need the skills and knowledge required for the challenging role of promoting mental health. The first group of students completed the module in November 2009 and responded favourably to the workshops. Work is now underway to deliver the module via e-learning in response to the high level of interest in this subject area.

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## **Area 14 - Alcohol and Substance Abuse**

5 parent evening seminars were completed on substance use as a partnership initiative between Health Promotion Services, An Garda Síochána, Western Regional Drugs Task Force (WRDTF). 271 parents from 5 schools attended.

In conjunction with Merchants Quay Ireland, who have recently established a service in the Midlands, based in Athlone Co. Westmeath, a project supporting individuals and families who have lost family members to suicide was established. Group and one-to-one support was facilitated by a Bereavement Counsellor.

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## **Area 15 - Marginalised Groups**

The Crosscare National Travellers Suicide Awareness Project and other traveller organisations organised a national conference in March at which over 200 people attended.

Most of the participants were traveller women who met to raise awareness and discuss the issues related to traveller suicide. A report of the proceedings is available on [www.crosscare.ie](http://www.crosscare.ie)

The Galway Traveller Movement continue to promote and develop a culturally appropriate counselling support for Travellers aged 18 years and over in Galway.

In 2009 the HSE Midwest Traveller Health Unit formed a Mental Health Subgroup to address Mental Health Issues for Travellers. This group has representation from the HSE (Traveller Health, Mental Health, Suicide Prevention and Health Promotion) and Traveller Men and Women drawn from North Tipperary PHCP and Clare Men's Group. Two projects are being developed. Firstly to concentrate on identifying issues for Traveller Men in relation to their mental health, as little is known or documented on mental health needs of Traveller men both locally and nationally. Secondly to produce leaflets on mental health which will be literacy and culturally appropriate for the Traveller Community and will be distributed by Traveller Community Health Workers in the mid west.

In conjunction with Living Links, a joint programme was delivered to the Offaly Traveller Primary Health Workers incorporating listening skills and mental health awareness. An aim of this programme was to facilitate the Primary Health Workers in creating awareness among the travelling community of the availability of suicide bereavement services.

Work with residents of the Accommodation Centre in Portlaoise Co. Laois, in relation to the provision of support through a peer-led health promotion approach. Several focus group meetings were carried out with the aim of developing multilingual resources to raise awareness of issues affecting mental health and wellbeing. These resources are now being printed for distribution to all Asylum Centres throughout the country.

Racial and Ethnic Community Health Promotion (R.E.A.C.H) is a project established to build capacity of ethnic minorities to maintain positive mental health. It delivers lifestyle workshops such as suicide awareness, stress management and positive mental health promotion, as part of wider health promotion training.



Minister Mary Harney launched the research commissioned by GLEN and funded by the NOSP 'Supporting LGBT Lives'. Key findings from the research included:

- 58% of participants reported homophobic bullying in schools
- 34% of participants reported homophobic comments by teachers
- 5% left school early because of bullying
- 80% of participants had been verbally abused because of their LGBT identity
- 40% had been threatened with physical violence
- 10% missed work because they were afraid of being hurt because of their LGBT identity
- 27% had self-harmed and of these 85% had done so more than once
- 18% had attempted suicide and 85% saw this as related to their LGBT identity
- 24% of females and 15% of males attempted suicide at least once
- 81% of participants are now comfortable with their LGBT identity
- Support of family and friends as well as positive experiences in communities, schools and workplaces are seen as critical.

The research findings provide an insight into self harm and suicidal behaviour in the LGBT communities. As a result of the research, GLEN have agreed a plan with the NOSP to begin acting on the recommendations. [www.glen.ie](http://www.glen.ie)



Odhrán Allen, GLEN; Mary Harney, Minister for Health & Children; Michael Barron, BeLonGTo & Geoff Day, NOSP.

A workshop was organized to highlight Transgender issues – this was hosted by Connolly Hospital Academic Centre and participation was open to the wider Dublin area

## Area 16 - Prisons

In 2009, the NOSP and the suicide prevention offices from HSE Dublin North East and Dublin Mid Leinster continued to work in partnership with the Irish Prison Service (IPS) Training Centre on the delivery of the 'STOP' suicide prevention training programme. 'STOP' is a suicide prevention training programme specifically designed for Irish prison services staff. The programme is divided into four modules and provides skills based training to prison staff on how to respond to prisoners at risk of suicidal behaviour and those that may have engaged in self harm. In addition the programme contains information on mental illness, postvention and supports available to prisoners and staff within the prison setting. In 2009, four 2 Day 'STOP' training courses were delivered to frontline IPS staff. An evaluation of the programme among participants and trainers has provided an overview of how the programme will be delivered throughout the IPS in 2010.

A meeting was held with the Suicide Awareness Committee of Midlands Prison. Initiated by the Dep. Governor, the purpose of the meeting was to gain awareness of the services available and to discuss possibilities in relation to future working relationships and projects.

## Area 17 - An Garda Síochána

In 2009, An Garda Síochána published their review of training for probationary Garda. The NOSP made a written submission to the review in 2008. The new undergraduate programme includes a module on community policing, training on mental health and suicide prevention forms an integral part of the module.

In 2009, an ASIST course was delivered by the HSE Regional Suicide Prevention Office/HSE Mid West in the Garda College. Members of teaching staff from the college attended the course. An agreement was reached between the HSE and An Garda Síochána to have members of teaching staff from the Garda College trained as ASIST Trainers. The ASIST trainers from An Garda Síochána will co-facilitate with HSE ASIST trainers in the delivery of the ASIST course to all probationary Garda. In 2010, five members of teaching staff from the Garda College will complete the ASIST 'Train the trainer' programme in order to

incorporate this training into the new undergraduate programme for probationary Garda.

Following on a pilot project in Northern Ireland where the PSNI have alerted the health and social services to the needs of families bereaved through suspected suicide, a similar pilot project has been established in Co. Donegal. This project provides for the Gardaí to give early notification to HSE services of the needs of families bereaved through suicide, with their agreement.

## Area 18 - Unemployed People

The Winning New Opportunities programme was piloted in the HSE. Its aim is to provide job seeking skills to promote re-employment and to combat feelings of anxiety, helplessness and depression among the unemployed.

This is a 20 hour training programme for people who are unemployed which aims to enhance re-employment, return to education or volunteering as well as improving the mental health of unemployed people. Target groups for the programmes include; recently unemployed/redundant, young people unemployed, long term unemployed, people with disabilities including mental health problems, young people pre-employment and early school leavers at risk of becoming unemployed.

The programme has a strong national and international evidence base. The initial implementation phase is being evaluated by the Health Promotion Research Centre, NUIG and funded by Mental Health Ireland.

Mental Health awareness and 'SafeTALK' was delivered to the Women's Community Project in Mullingar (Return to Work Skills programme participants); Westmeath Community Developments (Return to Work skills programme) and workshops in Limerick, North Tipperary and West Sligo.

The NOSP launched its 'Looking after your mental health in tough economic times' initiative in July 2009. The initiative was undertaken following evidence from many organisations such as MABS and FAS that suicidal behaviour by their clients was increasing. 150,000 leaflets and wallet cards were produced as well as a

guidance document for organisations.

[www.nosp.ie](http://www.nosp.ie)



Professor Rick Price, Ms. Susan Kenny, Dr Justin Brophy & Mr. Geoff Day  
At the launch of "Tough Economic Times" on 29th July 2009.

## Area 19 - People who have experienced Abuse

In 2009, the NSRF was involved in a study on child sexual abuse and deliberate self-harm. The study examined the association of childhood abuse with deliberate self-harm and related psychopathology and the impact of childhood abuse on treatment outcome. This study was part of a randomised controlled trial of cognitive-behavioral therapy for 90 young people who recently engaged in Deliberate Self-Harm (DSH). Participants with a history of childhood sexual abuse showed more psychiatric disorders and reported higher levels of DSH, depression, suicidal cognitions, anxiety, and dissociation. Cognitive Behavioural Therapy participants with a reported history of childhood sexual abuse showed a significantly lower risk of self harm.

Information regarding the availability of the HSE counselling service for individuals who experienced abuse, whether emotional, physical or sexual, is distributed at all awareness and training sessions

## Area 20 - Young Men

The NOSP continued discussions with the Men's Health Forum, an all island group which is addressing issues relating to men's health. The group has proposed an action research project which will examine the international evidence regarding what works for improving men's health. The group will then support two pilot projects one in the North and one in the South which test the research evidence. This project will begin in 2010.

## Area 21 - Older People

In partnership with NOSP the Suicide Resource Office, HSE West have commenced the initial stages in the Development of a "Mental Health Promotion Suicide Awareness Training Programme for Service Providers Caring for Older People". A consultation forum with relevant partnership agencies facilitated the compilation of knowledge, experience and skills which is central to this development. Once evaluated this programme may be appropriate to be used nationally.

## Area 22 - Restricting and Reducing Access to Means

In 2009, the NSRF was involved in a study to investigate the impact of the withdrawal of distalgesic (co-proxamol) on fatal and non-fatal intentional drug overdoses in Ireland. This work was supported by the Medicines and Healthcare products Regulatory Agency (MHRA) in the UK.

An audit of the effectiveness and cost-efficiencies of the current DUMP (Disposal of Unused Medications Properly) project was initiated in 2009 and measures in relation to achieving a more efficient and consumer available service have been introduced

## Level C - Responding to Suicide

### Area 23 - Support following Suicide

Training and support in conjunction with Dundalk RAPID to ensure communities have the skills to deal with traumatic stress took

place. This involves support and collaboration from community/voluntary groups such as SOSAD Ireland, Living Links, AWARE, SHINE. All areas such as, prevention, intervention, postvention, the promotion of positive mental health will be covered. The long-term goal is to build capacity within the community to identify those in crisis and provide support. Key members of the community will be invited to coordinate the crisis response and have links with the statutory and community services which will provide support and guidance.

A working group was established to develop guidelines for HSE staff involved in responding to murder-suicide and suicide clusters. This work was recommended in the Redacted Report of the Monageer Inquiry 12/5/09 available on [www.dohc.ie](http://www.dohc.ie). The HSE guidelines will be available in 2010.

A number of support initiatives were put in place following death(s) by suicide in the Galway, Mayo and Roscommon areas. Community groups set up in response to suicide continue to be active in sustaining their network, supporting the community and fundraising.

Bereavement support group facilitators working in Galway, Mayo and Roscommon continue to meet on a twice yearly basis to co-ordinate their work, share information and offer peer support to one another. They continue to offer bereavement support to individuals, families and support groups during the year.

In the North East Kildare region a multiagency, multidisciplinary steering group was set up in 2009 to address and respond to incidents of suspected suicide. This steering group spearheads responses to incidents of suspected suicide in the region. Through this steering group two sub groups were established. One is a mental health promotion group which responds to mental health needs in the communities of North East Kildare. The other group was tasked with the job of developing a "Community Response Plan for Responding to Suspected Suicide". A community response to suicide was coordinated in three local communities throughout Co. Clare in order to provide support for the community and individuals in crisis and the prevention of further deaths or incidents. The crisis response was conducted in a manner that avoided glorifying the suicide.

Where possible individuals at risk were identified and appropriate services offered. A timely flow of accurate, appropriate information was made available to the families and community.

Co-working on projects with the Bereavement Care Liaison service, co-funded by the Irish Hospice Foundation and the HSE took place involving compilation and distribution of information leaflets to GP's, Undertakers, Coroners, etc.

In the South East a counseling service for persons bereaved through suicide is available through the Regional Suicide Resource Office. Two further information leaflets were developed "Losing a Loved One to Suicide" and "Bereavement Counselling Service for Traumatic Deaths". A two hour and full day training programme around the issue of postvention support has also been developed.

The NOSP contributed to the Forum on the end of Life organised by the Irish Hospice Foundation. The Forum report and draft Action Plan are available on [www.ec.europa.eu](http://www.ec.europa.eu)

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## Area 24 - Coroner Service

In 2009, the NSRF published the outcomes of a study on coroners' attitudes towards suicide and its prevention. Coroners routinely enquire into suicide deaths and communicate with people bereaved by suicide. However, no research has been conducted into coroners' attitudes towards suicide and its prevention. Approximately, one in five favoured the attitudes that suicide is a right or that it may be a justifiable resolution. Only 23% agreed that people who die by suicide are usually mentally ill. Irish coroners favour communication about suicide and have a positive attitude towards its prevention but they appear to underestimate the prevalence of mental illness.

## Level D - Information and Research

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### Area 25 - Information

Funding was provided by the National Office for Suicide Prevention to the Resource Officers for Suicide Prevention in Sligo/Leitrim and

Galway/Mayo/Roscommon to research and publish a booklet setting out some of the key learning experiences and range of initiatives communities have put in place in the immediate aftermath of suicide. It is proposed that the booklet will contain the following information:

- Suggestions on how to create suicide safer communities
- Examples of initiatives that have been implemented in specific areas
- Good practice guidelines
- An outline of what has been found to be helpful and less helpful courses of action, supported by international and national evidence
- Lists of useful resource material

The work is being carried out in partnership with the Alliance of Community Response Groups to suicide. It is due for publication in 2010.

The third edition of the Healthlines Directory was produced. The origin of this directory stem from the recommendations of the National Task Force on Suicide (1998). These were:

- The establishment of a directory of names and telephone numbers of voluntary groups who contribute to caring services to those in need and at risk of suicide
- A listing of details of statutory services in order that the public may be fully informed about all services available to them.

Samaritans extended the service available through their local branches by providing a text support service. This service was funded through the NOSP. [www.samaritans.org](http://www.samaritans.org)

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## Area 26 - Research

The Annual Report of the National Registry of Deliberate Self Harm was published in July 2009 providing an analysis of data collected for 2008. [www.nsrif.ie](http://www.nsrif.ie).

In 2009, the NSRF was involved in preparing the second report on the Registry of Deliberate Self Harm in the Western Health and Social Services Board in Northern Ireland which covered deliberate self harm presenting to emergency departments in 2008.

The National Office for Suicide Prevention

(NOSP) has commissioned the National Suicide Research Foundation to develop a model to obtain detailed information on all suicide deaths and possible suicide deaths requiring an inquest as well as the supports necessary for families in such circumstances.

In 2009, 98 cases of suicide and deaths classified as open verdicts were examined. In only 4% of cases, family members expressed a preference not to be approached further after the first contact. In nearly one third of cases, the Senior Researchers involved in the Suicide Support and Information System (SSIS) facilitated bereavement support following conclusion of the inquest.

In 2009, the NSRF was involved in an evidence based suicide prevention programme, funded by the EC 7th Framework and comprising a consortium of 12 centres in 10 countries: Ireland, England, Belgium; Estonia; Hungary; Netherlands; Scotland; Slovenia, Portugal and Germany (co-ordinating centre). In Ireland, the OSPI-project is being conducted in Limerick in collaboration with the Suicide Prevention Office, Limerick.

In 2009, the NSRF was involved in a publication based on an international comparative study of suicide among young people. The study aimed to specify differences in suicide rates, trends and methods used among 15-24 years olds by gender across 15 European countries. Data for 14,738 suicide cases in the age group 15-24 in 2000-2004/5 were obtained and analysed. Suicide rates ranged 5.5-35.1 for males and 1.3-8.5 for females. Statistically significant decline since 2000 was observed in Germany, Scotland, Spain, and England for males and in Ireland for females. Hanging was most frequently used for both genders, followed by jumping and use of a moving object for males and jumping and poisoning by drugs for females. Male suicides had a higher risk than females of using firearms and hanging and lower risk of poisoning by drugs and jumping. There were large differences between single countries.

Work continues until September 2010 on the DataPrev project funded by the European Commission, which aims to develop a database of mental health promotion and mental disorder prevention programmes, and produce policy and practice guidelines.

The project will:

- Develop a standardised protocol for collecting and appraising programmes for people in all age groups
- Enter the programmes into an on-line information system that will support coherence in the field among EU Member States
- Support policy-making, research and good practice by translating the evidence into guidelines and training for policy-makers to promote more effective interventions across Europe

[http://ec.europa.eu/research/fp6/ssp/dataprev\\_en.htm](http://ec.europa.eu/research/fp6/ssp/dataprev_en.htm)



## 4. Partnership development and capacity building

### Training and Education

The NOSP continued to coordinate the delivery of ASIST programmes in Ireland and in conjunction with colleagues in Northern Ireland commissioned an all island evaluation of ASIST, the results of which will be available in 2010.

ASIST and more recently SafeTalk are coordinated through a network of sites in Ireland. At local level Resource Officers for Suicide Prevention take on the coordination role. In 2009 there were 159 ASIST workshops in which 3,348 people completed the 2 day programme. SafeTalk, a half day awareness programme more recently developed was delivered to 1479 participants through 89 workshops.

Since the ASIST programme came to Ireland in 2004 over 18,000 community leaders and professionals have completed the 2 day programme.

As with all such programmes maintaining a pool of trainers is also important. In 2009 23 candidates completed the 5 day ASIST Trainers programme, maintaining the trainers pool at around 100.

### 2009 NOSP Annual Forum



Minister John Moloney, Broadcaster Anna Nolan and NOSP Director Geoff Day before the 2009 National Office for Suicide Prevention Annual Forum

The 6th Annual Forum was held in the Royal Hospital Kilmainham in September and was attended by around 200 people.

Individual projects were invited to present to the audience. In the afternoon the Lesbian, Gay,

Bisexual and Transgender (LGBT) community presented on issues relating to suicidal behaviour and their own communities. Organisations were given display space to showcase their activities throughout the Forum



Some of the voluntary organizations exhibiting at the Annual Forum

### Cross-border working

In response to the high number of suicides and self harm presentation in recent years, both jurisdictions have separately agreed national strategies for action:

- Reach Out – Ireland's National Strategy for Action on Suicide Prevention was launched in September 2005 ([www.nosp.ie](http://www.nosp.ie)).
- Protect Life – A Shared Vision – The Northern Ireland Suicide Prevention Strategy and Action Plan was launched in October 2006 ([www.dhsspsni](http://www.dhsspsni)).

All-Island actions on suicide prevention have been agreed between the Department of Health and Children, the Department of Health, Social Services, and Public Safety (DHSSPS), and the National Office of Suicide Prevention. Regular updates on progress in implementing the actions are provided to the North South Ministerial Council (NSMC).

### Actions completed or embedded include;

- Hosting of the XXIV Biennial Congress of the International Association of Suicidology; *ACTION: Completed*
- Resource Officer / Co-ordinator meetings; *ACTION: Embedded*
- CAWT (Cooperation and Working Together); *ACTION: Embedded*

### Further Action Areas

### **1. Training and Education**

Applied Suicide Intervention Skills Training (ASIST)

ASIST (Applied Suicide Intervention Skills Training) is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers - health workers, teachers, community workers, Gardai, youth workers, volunteers, people responding to family, friends and co-workers.

### **2. Performance Indicators**

In order to better monitor the outcomes of the All-Island co-operation on suicide prevention, the Public Health Agency is currently working with the DHSSPS and the NOSP on the development of appropriate performance Indicators. It is envisaged that in future an annual report will be provided to the NSMC outlining progress towards meeting the objectives contained in the Action Plan.

### **3. Media monitoring/Guidelines**

The Irish Association of Suicidology and the Samaritans, in association with the DHSSPS and NOSP, have revised and updated their media guidelines to incorporate advice re new technologies, including internet related suicides and also a new section on familicide/filicide (i.e. murder suicide). The new guidelines were launched in 2009. It is proposed that in the future, all relevant official press releases would highlight the importance of media adhering to the guidelines.

The DHSSPS, the Public Health Agency are currently working with NOSP in relation to media monitoring services and the extension of the Headline Media Monitoring Service in N.I. Headline is a media monitoring programme, working to promote responsible and accurate coverage of mental health and suicide related issues within the media.

### **4. Men's Health Forum**

The Men's Health Forum in Ireland (MHFI), in co-operation with the Institute of Public Health for Ireland, have been asked to develop a proposal for reaching out to vulnerable young men who are at risk of suicide and self-harm. In addition to an audit of ongoing work in this field, it is anticipated that the proposal will include, initially, the rollout of a pilot scheme in one of the jurisdictions.

### **5. Registry of Self-Harm**

The National Registry of Deliberate Self-Harm covers all Hospital Emergency Departments in the Republic. The Registry reports annually on the number and rate of presentations for deliberate self-harm in each hospital according to age, gender, method and type of care received. Service planning is in turn informed by the Registry report. The Registry is currently being piloted in the Western Health and Social Care Trust area in Northern Ireland. Evaluation of Phase 1 of the project is being extended to cover the Belfast area.

### **6. Public awareness campaign**

Work is ongoing on the development of all island awareness campaigns. NOSP received additional funding in 2009 to develop campaigns specifically aimed at young people.

### **Emerging themes for future joint cooperation**

- Suicide and the Internet
- Mental Health and Wellbeing Training
- Alert system for early intervention following suspected suicides
- Potential for joint production of materials e.g. ASIST materials

## 5. Current mortality and self-harm data

### National Suicide Mortality Data

National mortality data is published by the Central Statistics Office (CSO) on an annual basis. The International Classification of Diseases, Injuries and Causes of Death (ICD 10) is used to classify the cause of deaths. Deaths by suicide fall within the category of deaths by external causes, along with deaths by accident, homicide and undetermined cause.

A number of sources of information are used by the CSO to inform the classification of death. These include the Medical Cause of Death Certificate, the Coroner's certificate and Form 104, a statistical form which is completed by An Garda Síochána following an inquest. This process is detailed in a paper entitled *Inquested deaths in Ireland: A study of routine data and recording procedures* (NSRF, 2007; [www.nsrif.ie](http://www.nsrif.ie)).

The CSO makes two mortality data sets available

- by 'year of occurrence' and
- by 'year of registration' (or provisional data).

Data by year of occurrence is the official data, and refers to deaths that occurred in that calendar year. At the time of publication, 2007 is the most recent year for which data by year of occurrence is available. 458 deaths by suicide occurred in 2007, representing a rate of 10.6 deaths per 100,000 population. Data by year of registration refers to deaths which were registered with the CSO in a particular year. Deaths which occur from an external cause are often not registered in the year in which they occur, as registration happens after an inquest closes. As inquests may not take place until the following calendar year, there is an inevitable delay in registering these deaths. It is important to note that the data by registration data set is

provisional, and not comparable to data by year of occurrence. The CSO introduced an important change to the data which was reported in the registered data set. Specifically, deaths were included which had a provisional cause of death. The previous practice was to not include deaths in the annual summary until the cause of death was definitely established. This change is most likely to effect the number of deaths with an external cause. The CSO urges caution in comparing the figures in 2009 with those from previous years. However the provisional data for 2009 which shows a 24% increase on 2008 cannot be solely accounted for by changes in CSO counting methodology. It seems likely that the increase is primarily a result of the impact of the economic downturn with substantially more people unemployed and suffering from personal debt.

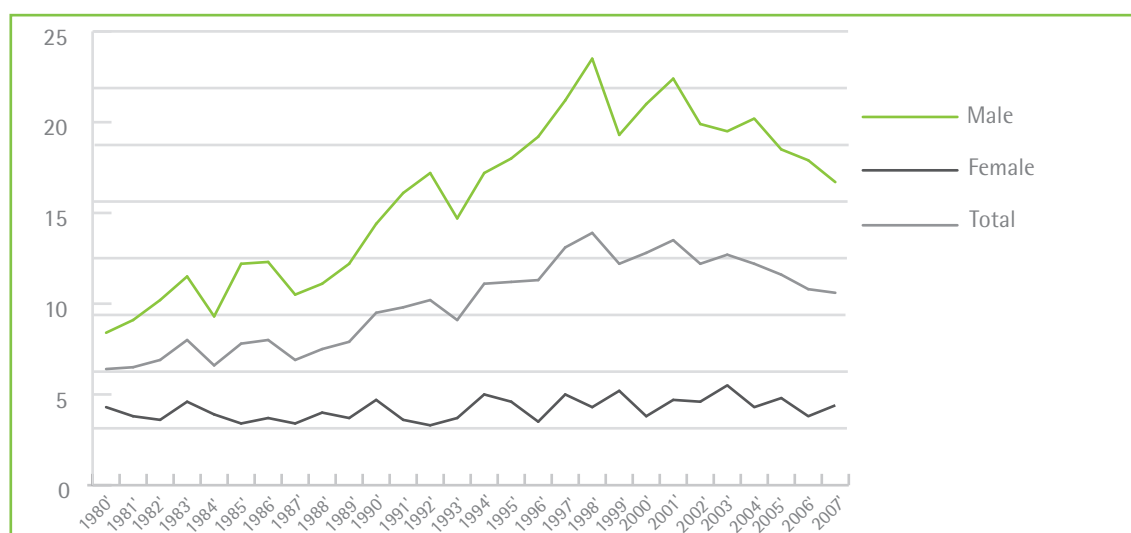
The data presented below in Tables 1, 2 and 3 include data by year of occurrence (2003 to 2007) and also data by year of registration (2008 and 2009). The data plotted in Figures 2, 3 and 4 and the data presented in Tables 4 and 5 are based on the five-year averages from 2003 to 2007, the most recent years for which completed data are available. Rates and percentages are presented in these figures and tables, rather than numbers, allowing for more meaningful comparisons across age groups.

### Suicide rate trends by gender

Figure 2 below reveals the steady increase in suicide rates from a relatively low 6.4 per 100,000 in 1980 to a peak of 13.9 per 100,000 in 1998. After this the rates leveled off and a decline has been witnessed to 10.6 per 100,000 in 2007.

The over-representation of male suicides has been consistent across the years, and the ratio in 2007 was 3.8:1.

**Figure 2. Suicide rate per 100,000 population by gender, 1980 to 2007**

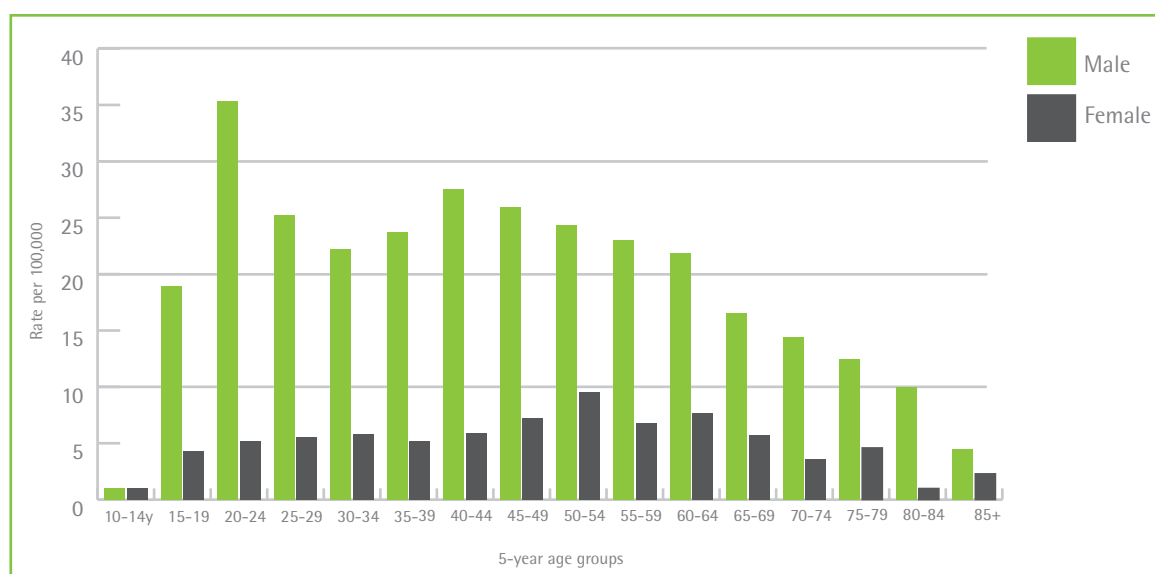


## Age pattern of suicide rates

Suicide in Ireland is predominantly a male problem, and the highest rate occurs in young men aged 20-24 years (34.7 per 100,000), as shown in Figure 3 below. However, the rates remain high (above 20 per 100,000 population) for those up to and including men aged 60-64 years.

Rates of death by suicide never exceed 9.5 for women. However, there is some variation across the age groups. The group with the highest rate of suicide are women aged 50-54 years. The data plotted in Figure 3 are detailed in Table 4.

**Figure 3. Average annual suicide rate per 100,000 by age and by 5-year age groups (2003-2007)**



**Table 1 - Population rate of suicide and other causes of death.**

Suicide, undetermined death, death by external cause, death by all causes, 2003-2007, per 100,000 total population

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999) ICD 10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2003	497	12.5	87	2.2	1601	40.2	28823	724.4
2004	493	12.2	81	2.0	1594	39.4	28665	708.9
2005	481	11.6	134	3.2	1745	42.2	28260	683.6
2006	460	10.8	82	1.9	1664	39.2	28488	671.9
2007	458	10.6	119	2.7	1759	40.5	28117	648.0
<b>Provisional death data by year of registration</b>								
2008	424	9.6	181	4.1	1663	37.6	28192	637.5
2009	527	11.7	195	4.3	1894	42.2	28898	643.7

Points of note:

- The suicide rate has declined in recent years, from 12.5 per 100,000 in 2003 to 10.6 per 100,000 in 2007.
- Deaths by suicide account for 26% of all deaths by external causes
- Over twice as many males (n = 1252) died due to external causes compared with females (n = 507). The gender difference is more significant in deaths by suicide, where almost four times as many males (n = 363) died by suicide compared with females (n = 96).
- Caution is urged in comparing the deaths registered in 2009 with those registered in 2008, particularly deaths from an external cause. The increase from 2008 to 2009 in suicides (from 424 to 527), undetermined deaths (from 181 to 195) and all external causes (from 1663 to 1894) is likely in part to be due to a change in methodology employed by the CSO to record deaths registered in a calendar year. Specifically, the 2009 data includes deaths with a provisional cause of death. The 2008 data does not include these deaths.

**Table 2 - Male rate of suicide and other causes of death**

Suicide, undetermined death, death by external cause, death by all causes, 2003-2007, per 100,000 population for males

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999) ICD 10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2003	386	19.5	59	3.0	1108	56.0	14735	745.2
2004	406	20.2	60	3.0	1127	56.0	14801	735.9
2005	382	18.5	93	4.5	1239	60.1	14412	699.0
2006	379	17.9	68	3.2	1180	55.6	14605	688.5
2007	362	16.7	87	4.0	1252	57.7	14391	662.8
<b>Provisional death data by year of registration</b>								
2008	332	15.0	135	6.2	1183	53.6	14413	653.3
2009	422	19.0	151	6.8	1370	61.8	15044	678.4

Points of note:

- Males were more likely to die by suicide (n = 362) than by transport accident (n = 231) in 2007
- Suicide accounts for one in three 'deaths by external cause' among men

**Table 3 Female rate of suicide and other causes of death**

Suicide, undetermined death, death by external cause, death by all causes, 2003-2007, per 100,000 population for females

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999) ICD 10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2003	111	5.5	28	1.4	493	24.6	14088	703.8
2004	87	4.3	21	1.0	467	23.0	13864	682.1
2005	99	4.8	41	2.0	506	24.4	13848	668.3
2006	81	3.8	16	0.8	484	22.8	13883	655.3
2007	96	4.4	32	1.5	507	23.4	13726	633.1
<b>Provisional death data by year of registration</b>								
2008	82	3.8	31	1.4	483	22.3	13751	634.3
2009	105	4.7	44	2.0	524	23.4	13854	618.0

Points of note:

- The overall female death rate is lower than that of males (633.1 compared with 662.8).
- Almost one in five female 'deaths by external cause' is by suicide.
- Males are more than twice as likely to die by external causes (57.7 per 100,000) than females (23.4 per 100,000).



**Table 4 - Average annual suicide rate by age and gender 2003-2007**

~Age Group	Persons	Males	Females
0-4	0.0	0.0	0.0
5-9	0.1	0.1	0.0
10-14	1.4	1.9	0.9
15-19	11.8	18.6	4.6
20-24	20.2	34.7	5.4
25-29	15.5	25.5	5.2
30-34	13.9	22.2	5.2
35-39	14	22.2	5.6
40-44	16.3	26.7	5.9
45-49	15.8	24.6	6.9
50-54	16.8	23.9	9.5
55-59	14.0	21.4	6.5
60-64	13.6	19.9	7.3
65-69	11.6	16.9	6.3
70-74	8.1	14.1	2.6
75-79	7.8	12.5	4.2
80-84	4.6	10.5	1.0
85+	2.5	4.0	1.8
Total	11.5	18.4	4.6

Points of note:

- In the whole population, the rate of death by suicide is 4 times greater in males than females. The difference increases to 6.4 for those aged 20-24 years. The difference reduces to 2.5 times for 50-54 year olds.

**Table 5 - Method of suicide by age and gender, 2003-2007**Persons

Age Group	Poisoning	Hanging	Drowning	Firearms	Other	Total
	%	%	%	%	%	%
Under 15yrs	5	95				100
15-24	8	77	7	5	3	100
25-44	13	63	13	4	7	100
45-64	14	47	25	7	7	100
Over 64yrs	12	46	30	7	5	100
Total	12	61	16	5	6	100

Males

Age Group	Poisoning	Hanging	Drowning	Firearms	Other	Total
	%	%	%	%	%	%
Under 15yrs		100				100
15-24	6	78	8	5	3	100
25-44	11	67	11	5	6	100
45-64	12	51	21	9	7	100
Over 64yrs	6	53	26	10	5	100
Total	10	64	14	6	6	100

*Females*

<b>Age Group</b>	<b>Poisoning</b>	<b>Hanging</b>	<b>Drowning</b>	<b>Firearms</b>	<b>Other</b>	<b>Total</b>
	%	%	%	%	%	%
Under 15yrs	17	83				100
15-24	19	67	6	5	3	100
25-44	24	45	20	2	9	100
45-64	20	33	40	1	6	100
Over 64yrs	30	28	38	0	4	100
Total	22	43	27	2	6	100

## Points of note:

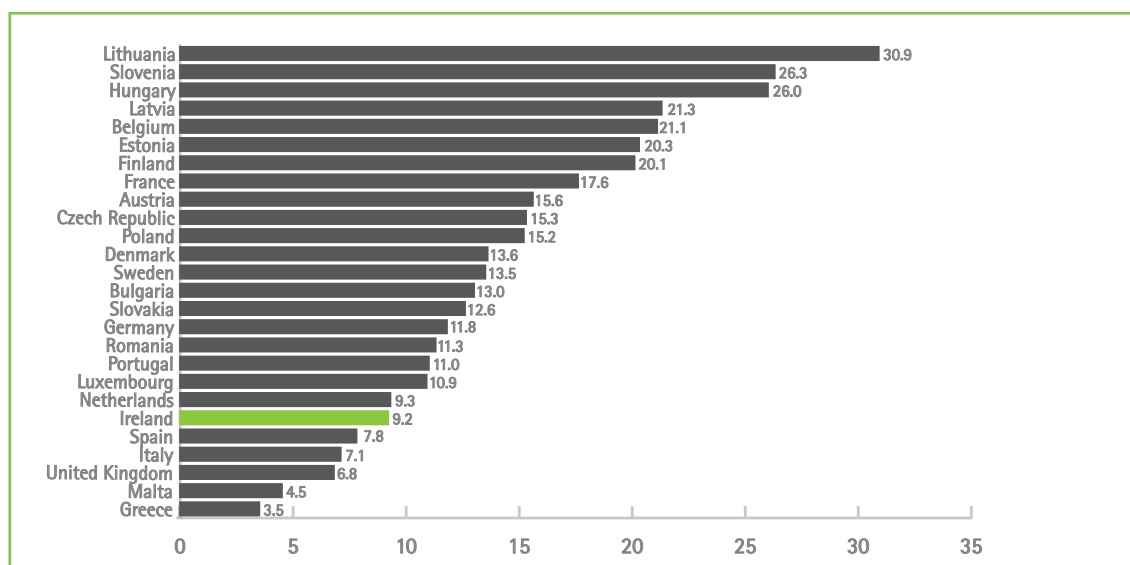
- Hanging is the most common method of suicide in Ireland accounting for three out of every five suicide deaths. It is more common among males (64%) than females (43%).
- Hanging is more commonly used by those in younger age groups. The opposite is true of drowning, which is more common within the older age groups.
- The pattern in the general population is reflected in male population, whereby hanging is the most common method, followed by drowning.
- For females, suicide by drowning is the most common method for older women.
- The use of firearms is rare accounting for 5% of all deaths by suicide. However, it is more common among males than females, and more commonly used by older men (10% of 65+ years) and younger women (5% of 15-24 yr olds).
- Causes in the category 'other' include self-cutting and jumping from a high place.

### International mortality data

Data presented below in Figures 5 and 6 have been extracted from the World Health Organisation's Statistical Information System (see [www.who.int/whosis/en](http://www.who.int/whosis/en)). Data presented are based on the most recent returns to the World Health Organisation. For this reason there may be a discrepancy between rates reported here and more up to date rates reported separately in each country (including Ireland).

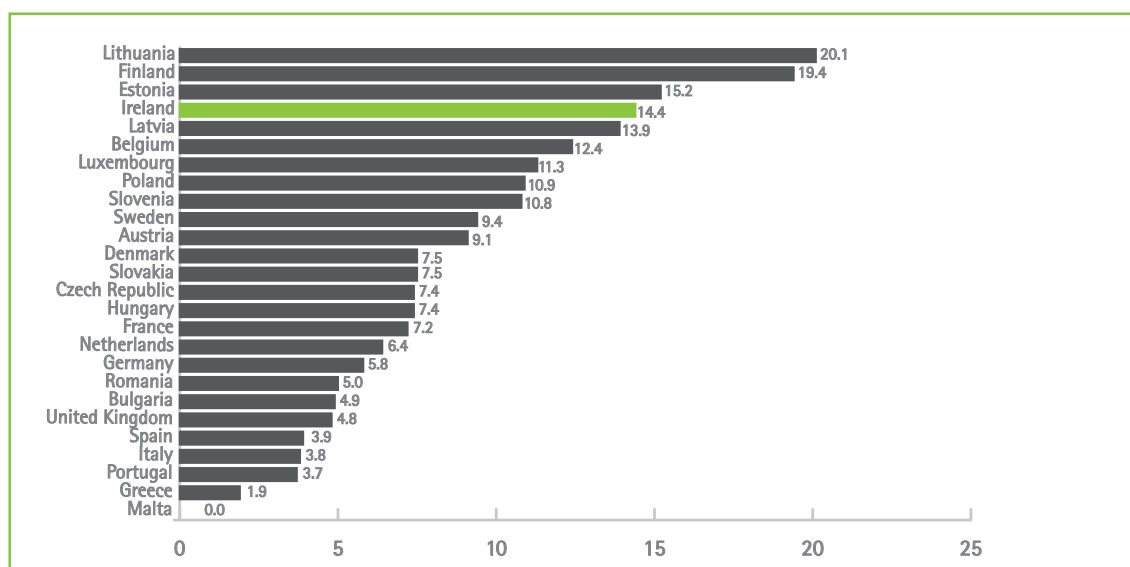
Caution is urged generally when comparing mortality rates for each country given the differences in recording and coding cause of death between countries.

**Figure 4. Total suicide rate per 100,000 population in the EU**



Based on W.H.O. Date accessed in June 25 2010

**Figure 5. Youth suicide rate (15-24yr olds) per 100,000 population in the EU**



## National deliberate self harm data

The National Registry of Deliberate Self Harm is a national system of population monitoring for the occurrence of deliberate self harm. The Registry, which was established by the National Suicide Research Foundation in 2002, monitors presentations following deliberate self harm to accident and emergency departments in all general hospitals. The Annual Report of the Registry can be found at [www.nrsf.ie](http://www.nrsf.ie)

The Registry uses the following definition of deliberate self harm: 'an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences'. This definition was developed by the WHO/Euro Multicentre Study Working Group and was associated with the term parasuicide. Internationally, the term parasuicide has been superseded by the term deliberate self harm and consequently, the Registry has adopted the term deliberate self harm. The definition includes acts involving varying levels of suicidal intent and various underlying motives such as loss of control, cry for help or self-punishment.

### Inclusion criteria

- All methods of self harm are included i.e., drug overdoses, alcohol overdoses, lacerations, attempted drowning, attempted hangings, gunshot wounds, etc. where it is clear that the self harm was intentionally inflicted.
- All individuals who are alive on admission to hospital following a deliberate self harm act are included.

### Exclusion criteria

The following cases are not considered to be deliberate self harm:

- Accidental overdoses e.g., an individual who takes additional medication in the case of illness, without any intention to self harm.
- Alcohol overdoses alone where the intention was not to self harm.

- Accidental overdoses of street drugs i.e., drugs used for recreational purposes, without the intention to self harm.
- Individuals who are dead on arrival at hospital as a result of suicide.

### Data items

A minimal dataset has been developed to determine the extent of deliberate self harm, the circumstances relating to both the act and the individual and to examine trends by area. While the data items recorded enable the system to avoid duplicate recording and to recognise repeat acts of deliberate self harm by the same individual, they ensure that it is impossible to identify an individual on the basis of the data recorded. Items are recorded as follows:

- Initials;
- Gender;
- Date of birth;
- Area of residence;
- Date and hour of attendance at hospital;
- Brought to hospital by ambulance;
- Method(s) of self harm;
- Drugs taken;
- Medical card status;
- Seen by (disciplines);
- Recommended next care.

### National deliberate self harm data 2009

For the period from 1 January to 31 December 2009, the Registry recorded 11,966 deliberate self harm presentations to hospital that were made by 9,493 individuals. Based on these data, the Irish person-based crude and age-standardised rates of deliberate self harm in 2009 were 213 (95% CI: 208 to 217) and 209 (95% CI: 205 to 214) per 100,000, respectively. Thus, the age-standardised rate in 2009 was 5% higher than it was in 2008 (200 per 100,000). This represents the third successive increase in the Irish rate of persons presenting to hospital as a result of deliberate self harm and equals the highest rate previously recorded by the Registry.

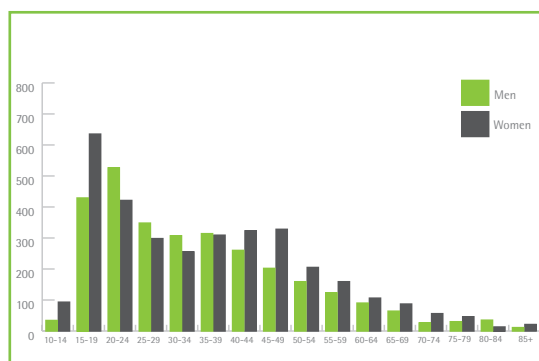
### Variation by gender and age

The person-based age-standardised rate of deliberate self harm for men and women in 2009 was 197 (95% CI: 191–203) and 222 (95% CI: 216–228) per 100,000, respectively. There was virtually no change in the female rate between 2008 and 2009. In contrast, the male rate increased by 10% in 2009, the second successive major increase. The male rate in

2009 was 23% higher than the rate of 160 per 100,000 recorded in 2006.

The female rate of deliberate self harm in 2009 was significantly higher (+13%) than the male rate. The gender difference has been decreasing for a number of years. The female rate was 37% higher in 2004-2005, 32-33% higher in 2006-2007 and 24% higher in 2008.

There was a striking pattern in the incidence of deliberate self harm when examined by age (see Figure). The rates were highest among the young. At 635 per 100,000, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 157 girls in this age group presented to hospital each year as a consequence of deliberate self harm. The peak rate for men was 526 per 100,000 among 20-24 year-olds or one in every 190 men. The incidence of deliberate self harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained relatively stable, at about 300 per 100,000, across the 25 to 49 year age range.



**Figure 6 Person-based rate of deliberate self harm by age and gender per 100,000.**

The extent of gender differences in the incidence of deliberate self harm varied with age. The female rate almost three times the male rate in 10-14 year-olds and was 50% higher than the male rate in 15-19 year-olds. The female rate of deliberate self harm was again higher than the male rate across the 40-59 year age range. However, in 20-34 year-olds, the male rate was 20% higher than the female rate. This is the first year the Registry has recorded a significantly higher rate of deliberate self harm in young men than in young women.

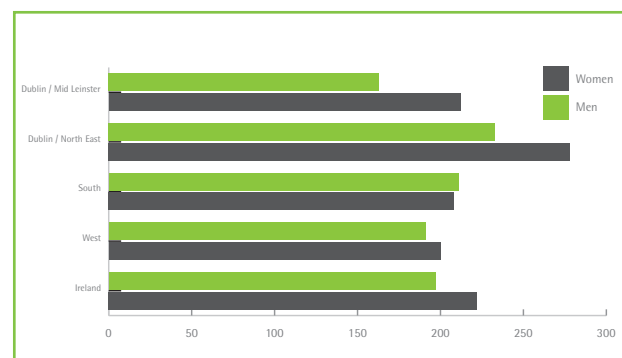
### Variation by area

In 2009, the incidence of deliberate self harm in the HSE Dublin/ North East Region was significantly higher than the national rate for both men and women. In contrast, men living in the HSE Dublin/ Mid-Leinster Region and women living in the HSE West Region had a significantly lower rate of deliberate self harm than nationally.

The female rate of deliberate self harm was significantly higher than the male rate only in the HSE regions of Dublin/ Mid-Leinster (+30%) and Dublin/ North East (+20%). In previous years, the female rate was significantly higher in each region. There was virtually no gender difference in the incidence of deliberate self harm in the HSE South and HSE West.

The 10% increase in the national male rate of deliberate self harm was highly significant and follows a similar increase of 11% in 2008. The increase in the male rate was due to the major increases in the HSE Dublin/ North East (+25%) and South (+22%) Regions. At national level, there was no change in the female rate of deliberate self harm. However, as for men, there was a significant increase in the female rate in the HSE Dublin/ North East (+11%) Region.

**Figure 7 Deliberate self harm rate per 100,000 in 2009 by HSE Region and gender**



### Method of deliberate self harm

Almost three quarters (71%) of all deliberate self harm presentations involved an overdose of medication (65% as the most lethal method of self harm employed). Drug overdose was more commonly used as a method of self harm by women than by men. It was involved in 64% of male presentations (57% as the most lethal method) and 78% of female episodes (72% as

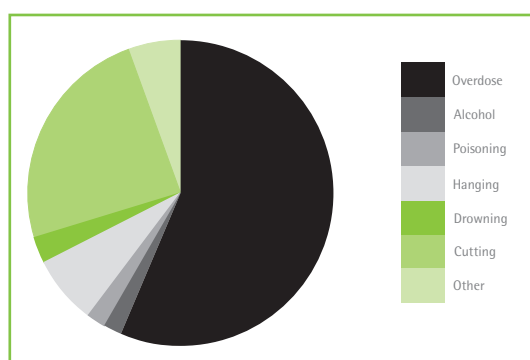


the most lethal method). While rare as a main method of self harm, alcohol was involved in 41% of all cases. Alcohol was significantly more common in male deliberate self harm episodes (45%) than in female episodes (37%).

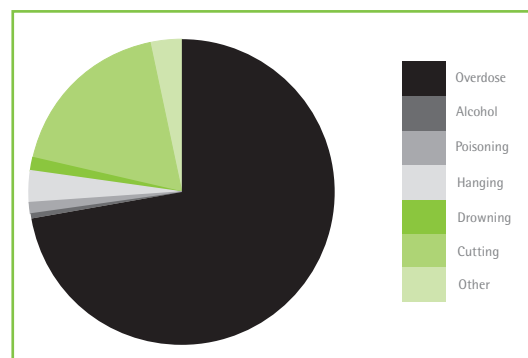
Cutting was the only other common method of self harm, involved in 22% of all episodes. Cutting was significantly more common in men (25%) than in women (19%). In 86% of all cases that involved self-cutting, the treatment received was recorded. Almost half (47%) received steristrips or steribonds, 21% did not require any, 28% required sutures while 5% were referred for plastic surgery. Men who cut themselves were twice as often referred for plastic surgery (6% vs. 3%).

Attempted hanging was involved in 5% of all deliberate self harm presentations (7% for men and 3% for women). At 608, the number of presentations involving attempted hanging was 18% higher in 2009 than in 2008 (16% higher for men and 21% higher for women). This is the greatest number of deliberate self harm presentations involving attempted hanging that has been recorded by the Registry.

**Figure 8 - Method of self harm for men**



**Figure 9 - Main method of self harm for women**



### **Repetition of deliberate self harm**

There were 9,493 individuals treated for 11,966 deliberate self harm episodes in 2009. This implies that approaching one in five (2,473, 20.7%) of the presentations in 2009 were due to repeat acts. Repeat acts accounted for 19.3-23.1% of the deliberate self harm presentations recorded by the Registry in previous years. Of the 9,493 deliberate self harm patients treated in 2009, 1,356 (14.3%) made at least one repeat presentation to hospital during the calendar year. This proportion is within the range reported for previous years (13.0-16.4%). At least five deliberate self harm presentations were made by 118 individuals in 2009. These repeaters accounted for just 1.2% of all deliberate self harm patients in the year but their presentations represented 7.6% of all deliberate self harm presentations recorded.

The rate of repetition varied highly significantly according to the main method of self harm involved in the deliberate self harm act (see Table). Of the commonly used methods of self harm, self-cutting was associated with an increased level of repetition. Almost one in five of those who used cutting as their main method of self harm in their index act made at least one subsequent deliberate self harm presentation in the calendar year.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	6389	122	140	484	214	1756	388	9493
Number who repeated	817	23	19	68	40	325	64	1356
Percentage who repeated	12.8%	18.9%	13.6%	14.0%	18.7%	18.5%	16.5%	14.3%

**Table 6: Repeat presentation after index deliberate self harm presentation in 2009 by main method of self harm.**

## 6. 2009 and 2010 Development Plans

### 2009 Development Plan

The plan for 2009 is based on maintaining our existing commitments from previous years and implementing new actions within the resources available to the office.

#### 1. Mental Health Awareness Campaign (Reach Out Action 10)

Building on the initial campaign, launched in 2007, further social marketing of the programme will take place with partner organisations. A targeted initiative will take place focusing on young people and their mental health. This will aim to use materials and approaches relevant to young people and identified by them through various consultation processes. The NOSP will continue to work with voluntary agencies and within the HSE to ensure a coordinated and cost effective approach. A detailed plan for 2009 will be developed.

#### 2. Deliberate Self Harm / A&E liaison nurses (Reach Out Action 12)

Two self harm, early identification and referral, services from primary care are being piloted in South Dublin and Wexford. Both projects are using the same approach and will be jointly assessed using the same research methodology, one in a rural and one in an urban setting. An interim evaluation of both projects will be available at the end of 2009.

#### 3. Evaluation of Reach Out

Reach Out set 3 Phases of actions over a 10 year time span 2005 to 2014 – Phase 1 being the early years of the strategy. A sub group of the National Advisory Group has begun work on an evaluation of Reach Out. This will comprise examining all available data and then interviews with key stakeholders. Dialogue will be maintained with the Oireachtas sub committee on suicide who are undertaking a similar piece of evaluation of the Oireachtas report on Suicide.

A report will be prepared by the end of 2009

#### 4. Suicide Prevention Research (Reach Out Action 26)

A position paper will be prepared during 2009 which will address the data collection on suicides and examine the sources of informal data collected outside of the CSO/Coroner/Garda system which indicate that the numbers of suicides may be higher than official figures.

A 6 year analysis of self harm activity undertaken by the NSRF will be available in April 2009 along with the annual analysis of data for 2008.

The research commissioned by the office through the NSRF to pilot a new way of collecting more comprehensive data on suicide through the Coroners Service will continue. Preliminary findings will be available in 2009.

Supporting LGBT Lives was launched in February 2009. We will provide some funding to GLEN to begin the implementation of the recommendations in the research

#### 5. Training and Education (Reach Out – various actions)

The current ASIST programme will continue to be supported. A 'Training for Trainers' 5 day workshop will be held to maintain the current number of trainers available to deliver the 2 day ASIST programme at 100.

A plan is being developed to provide information, training and support to organisations working with the increasing number of unemployed people arising from the present economic situation.

Training initiatives will continue with the Gardai and Prison Service

#### 6. Support for national initiatives through voluntary/community organisations (Reach Out – Area 7)

Substantial work has already been undertaken by voluntary/community groups in suicide prevention. It is critical that this work is continued, evaluated and developed. Local groups can access funding from the local HSE, Lottery funds, Dormant Accounts funding via Pobal or ESB Electric Aid. At national level the NOSP will consider funding the implementation of national projects or the roll out of evidence based local projects which have a national relevance.

#### 7. Innovation Fund Projects

The NOSP was successful in attracting funds for 5 innovative technology based Projects in 2008. Year two of the Innovation Fund will see the completion and evaluation of the 5 projects.

### **8. Extended Suicide Working Group**

This group was established to provide guidance to the HSE about how to respond to such complex events. This is multi disciplinary group which is expected to complete its work during 2009.

## **2010 Development Plan**

The plan for 2010 is based on maintaining our existing commitments from previous years and implementing new actions within the resources available to the office. The NOSP will continue to hold its successful Annual Forum and will also produce an Annual Report in line with the legislative requirements.

### **2010 Plan**

This plan sets out the main elements of a programme of work for 2010 within existing resources. In addition the NOSP will produce an annual report for 2009 in accordance with the statutory requirements of the Health (Miscellaneous Provisions) Act 2001 and also host its successful Annual Forum.

### **1. Evaluation of Reach Out**

Reach Out set 3 Phases of actions over a 10 year time span 2005 to 2014 – Phase 1 being the early years of the strategy. A sub group of the National Advisory Group will complete its work on an evaluation of Reach Out. This will comprise an examination of all available data and then interviews with key stakeholders. A report will be prepared by the end of 2010.

This is a deliverable in the HSE National Service Plan 2010

### **2. Deliberate Self Harm (Reach Out Action 12)**

Two self harm, early identification and referral, services from primary care are being piloted in South Dublin and Wexford. Both projects are using the same approach and will be jointly assessed using the same research methodology, one in a rural and one in an urban setting. An interim evaluation of both projects will be available during 2010. A comprehensive plan for developing a more systematic approach to self harm will be developed for discussion and action with key stakeholders.

This is a deliverable in the HSE National Service Plan 2010

### **3. Mental Health Promotion in School Settings**

The NOSP will maintain its involvement in the interdepartmental group which is examining best practice in mental health promotion in schools. This will include analysis of programmes and the issuing of guidance to schools on principles to be followed and programmes to use.

The recommendations from the pilot of Zippys Friends will be considered and implemented as resources permit.

### **4. Mental Health Awareness Campaign (Reach Out Action 10)**

Building on the initial campaign, launched in 2007, further social marketing of the programme will take place in 2010 with at least one showing of the advertisement on TV or cinema.

A targeted initiative which focussed on young people and their mental health was launched in 2009. The NOSP will continue to work with voluntary agencies and within the HSE to ensure a coordinated and cost effective approach. Co branding initiatives begun in 2009 will be completed in 2010. At least 2 further showings of the Young Peoples TV/Cinema advertisement will be undertaken in 2010. [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie) hits will be recorded and activity on Bebo will be monitored by NOSP staff.

A number of co branding projects provided with once off funding in 2009 will finalise their programmes in 2010, including, Bodywhys, Crosscare Travellers Project, DETECT, GROW, NSRF, Rehabcare, Teenline, and BelongTo.

### **5. Support for national initiatives through voluntary/community organisations (Reach Out – Area 7)**

Substantial work has already been undertaken by voluntary/community groups in suicide prevention. It is critical that this work is continued, evaluated and developed. Projects will provide at least the 2009 level of service on the basis of a reduced allocation.

16 projects will be funded through the NOSP to deliver programmes in 2010. These are,

- Teenline Ireland
- Living Links
- Spun Out

- Irish Association of Suicidology
- Cluain Mhuire
- Wexford self harm HSE
- Crosscare
- Belong To
- Console
- HSE South Bereavement service
- Wexford SHIP
- Technology for Wellbeing Group
- Young Social Innovators
- National Suicide Research Foundation
- Headline
- GLEN

have been produced for the public as well as a guidance book for organisations which advises how to prepare staff to respond to suicidal behaviours. Staff in organisations have also been offered priority placement on ASIST and Safetalk programmes.

This programme will continue in 2010 and additional materials and training will be funded as required. Additionally farmers marts will be targeted for the campaign as well as supporting pilot projects such as 'Winning New Jobs'

#### **6. Maintain delivery of the Applied Suicide Intervention Skills Training (ASIST) programme (Reach Out Action 7)**

ASIST is an internationally recognised skills development and suicide awareness programme for professional staff and community leaders. Since 2005 over 15,000 people have attended the 2 day training programme. There are over 100 trainers in Ireland delivering the programme. The programme is also delivered in NI.

The results of an all island evaluation of ASIST have just been completed and will be available to allow us further develop the programme on this island.

In addition to ASIST, a sister programme Safetalk, a half day suicide awareness programme, is now available here for delivery to community groups and organisations.

Both programmes are managed in Ireland by the NOSP following agreement between the NOSP and Living Works the Canadian owners of ASIST/Safetalk.

#### **7. Training and Education (Reach Out – various actions)**

Training initiatives will continue with the Gardai, Prison Service and the Defence forces. Other training initiatives with professional groups such as HSE staff and Veterinary staff will continue as necessary.

#### **8. Tough Economic Times programme**

This programme which began in 2009 was initiated following requests from organisations such as Money Advice and Citizens Information for information and training for the increasing numbers of people presenting in distress due to the economic downturn. 150,000 leaflets

## Appendix 1 - Suicide Prevention Resource Information

### Suicide Prevention Resource Information

#### On-line Publications

Below are some useful publications relating to suicide prevention, postvention and research. A complete list of National Office for Suicide Prevention publications can be obtained on the following website: [www.nosp.ie](http://www.nosp.ie)

Copies of information leaflets and publications can be ordered from [www.healthpromotion.ie](http://www.healthpromotion.ie)

#### General

##### ***Suicide in Ireland: a national study (2001).***

*Departments of Public Health on behalf of the Chief Executive Officers of the health boards.* A large-scale study of the factors associated with suicide in Ireland. Factors reported on include age, gender, marital status, employment status, contact with the health services and history of self harm.

[www.nosp.ie](http://www.nosp.ie)

##### ***Suicide in Ireland – Everybody’s problem (2005).***

A summary of the Forum for Integration and Partnership of Stakeholders in Suicide Prevention, held at Aras an Uachtaráin, March 2nd, 2005.

[www.president.ie](http://www.president.ie)

##### ***Reach Out: National strategy for action on suicide prevention 2005-2014 (2005).***

*Health Service Executive, National Suicide Review Group and Dept. of Health and Children.*

A national strategy for action on suicide prevention which has been shaped by an extensive consultation process with all the key stake holders across the country. An underlying principle is that of shared responsibility. This document will inform suicide prevention initiatives for the next 10 years.

[www.nosp.ie](http://www.nosp.ie)

##### ***A Vision for Change – Report of the Expert Group on Mental Health Policy (2006)***

The Expert Group which reported in early 2006 endorsed the approach to suicide prevention outlined in the strategy Reach Out stating “the strategies recommended to prevent suicide and to improve mental health provision for people engaging in suicidal behaviour should

be adopted and implemented nationally”. Furthermore, the Group recommended that “integration and coordination of statutory, voluntary and community activities is essential to ensure effective implementation of suicide prevention initiatives in the wider community. In this regard, the National Office for Suicide Prevention should be supported and developed.”

[www.dohc.ie](http://www.dohc.ie)

##### ***Houses of the Oireachtas, Joint Committee on Health & Children Seventh Report, The High Level of Suicide in Irish Society, (2006)***

In October 2005 a sub-Committee on the High Level of Suicide in Irish Society was established. Many agencies, including the NOSP, gave evidence to the sub-committee in 2005. The report of the Oireachtas sub committee was published in June 2006 and made 33 recommendations. Some of the recommendations reinforced actions identified in Reach Out while other new recommendations relating to suicide prevention were made. The National Office for Suicide Prevention considers all recommendations as part of its ongoing development plans.

[www.oireachtas.ie](http://www.oireachtas.ie)

##### ***Protect Life: A Shared Vision, The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011 (2006)***

*Department of Health, Social Services and Public Safety*

The strategy outlines key objectives aimed at reducing the suicide rate in northern Ireland. The strategy sets itself within the context of the wider Investing for Health framework, which include improving life expectancy, reducing health inequalities, and improving the mental health of the people of Northern Ireland.

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

##### ***Your Mental Health – Information Booklet (2009)***

*National Office for Suicide Prevention*

An information booklet developed as part of the NOSP awareness campaign 2007. The booklet provide advice, information and tips on how people can look after there mental health and wellbeing. An Older Person version and Lesbian, Gay, Bi-sexual and Transgender (LGBT) version of the book has been published. The booklet is also available in Polish and Russian languages.

[www.healthpromotion.ie](http://www.healthpromotion.ie)



**Concerned About Suicide (2009)***HSE, DHSSPS, NOSP*

An information leaflet on the warning signs and risk factors of suicide. It provides key facts about suicide and self harm, how to respond and contacts which can provide help. The leaflet is also available in Polish and Russian languages.

[www.healthpromotion.ie](http://www.healthpromotion.ie)

**Look after your mental health in tough economic times (2009)***National Office for Suicide Prevention*

An information leaflet and wallet card which gives practical information on how to look after your mental health and on where to get help if you or someone you know is in crisis and needs to talk in the current economic climate.

[www.healthpromotion.ie](http://www.healthpromotion.ie)

**Bereavement Support****Review of General Bereavement Support and Specific Services Available Following Suicide Bereavement (2007)***Petrus Consulting in association with St Vincent's University Hospital / UCD Advisory Team*

The National Office for Suicide Prevention (NOSP) selected Petrus Consulting to examine and report on general bereavement support services and specific services available following suicide bereavement. The emphasis of the review is on the services available to those bereaved following a suicide.

[www.nosp.ie](http://www.nosp.ie)

**You Are Not Alone: Help and Advice on Coping with the Death of Someone Close (2009)***National Office for Suicide Prevention, Health Service Executive*

The booklet looks at the natural grief reactions and emotions felt by the bereaved and explains, in a practical way, the events that occur after a death, from the postmortem to the coroners' inquest. Questions frequently asked by bereaved people are also addressed.

[www.healthpromotion.ie](http://www.healthpromotion.ie)

**You Are Not Alone- Directory of Bereavement Support Services (2009)***National Office for Suicide Prevention, Health Service Executive*

Provides a county by county listing of general bereavement support services dedicated to

those bereaved by suicide. The Services include local groups, self help groups and national voluntary agencies with branches across the country.

[www.healthpromotion.ie](http://www.healthpromotion.ie)

**Media****Meanings, Messages + Myths (2006).**

*The Coverage and Treatment of Suicide in the Irish Print Media* - John Cullen. This research project utilises an approach which mixes quantitative and qualitative methodologies with a view to developing a robust picture of how the Irish print media reports suicide. The booklet is available to download at

[www.nosp.ie](http://www.nosp.ie)

**Media Guidelines for Reporting Suicide and self-harm (2009).**

*Samaritans and Irish Association of Suicidology. Guidelines for journalists* on how to report sensitively on suicide in the media so that the risk of suicide for others is not increased. The issue of copycat suicide is covered along with recommendations regarding the language to be used by journalists and guidelines on factual reporting. The guidelines are available to download at

[www.ias.ie](http://www.ias.ie)

[www.samaritans.org](http://www.samaritans.org)

**Education Sector**

- **Responding to Critical Incidents: Guidelines for Schools (2008)**
- **Responding to Critical Incidents: Resource Materials for Schools (2008)**

*National Education Psychological Service, Department of Education and Science*

Updated edition of guidelines for school staff and NEPS psychologists to assist them in the development of critical incident management plan, and in responding efficiently when an incident occurs so as to minimise the potential impact of incidents on a school community.

[www.education.ie](http://www.education.ie)

**Suicide Prevention in Schools: best practice guidelines (2000).***Irish Association of Suicidology.*

Provides an overview of suicide in Ireland along with guidelines for prevention, intervention and postvention in the school setting. It also

provides a list of resources for schools including bereavement support groups and voluntary organisations. Common myths about suicide, points to consider when informing students of a death by suicide, and a list of common student reactions and recommended staff responses are also included. The guidelines are available from the IAS.

[www.ias.ie](http://www.ias.ie)

***Circular 0023/2010 Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE): Best Practice Guidelines for Post-Primary Schools***

[www.education.ie](http://www.education.ie)

***Circular 0022/2010 Social, Personal and Health Education (SPHE): Best Practice Guidelines for Primary Schools***

[www.education.ie](http://www.education.ie)

Department of Education and Skills

***The Mental Health Initiative: a resource manual for mental health promotion and suicide in third level institutions (2003).***

Trinity College Dublin and HSE

A comprehensive resource manual for college staff addressing issues around suicide prevention, crisis intervention and responding in the aftermath of a student suicide. A suggested training module is outlined in the resource manual.

[www.tcd.ie](http://www.tcd.ie)

## Young People

***Deliberate Self harm – Information for Young People***

Health Service Executive South, NOSP

A leaflet developed for young people who require information on self harm. It provides proactive and safe ways of coping and lists organisations which can provide help.

[www.healthpromotion.ie](http://www.healthpromotion.ie)

***Deliberate Self harm in Young People- Information for Parents/Guardians, Teachers etc.***

Health Service Executive South, NOSP

This guide specifically aimed to give parents, guardians and teachers a greater understanding of deliberate self harm in young people by including information on what is deliberate self harm and appropriate ways of providing help.

[www.healthpromotion.ie](http://www.healthpromotion.ie)

***Learning about Mental Illness for Children (2004).***

Schizophrenia Ireland and Barnardos' National Children's Resource Centre.

A booklet designed specially for children whose parent, brother or sister are experiencing mental ill health.

[www.shineonline.ie](http://www.shineonline.ie)

## Research

***Young People's Mental Health: A report of the results from the Lifestyle and Coping Survey (2004).***

National Suicide Research Foundation.

This report outlines the results from a large-scale study on lifestyle and coping issues of secondary school students. The issue of deliberate self harm is allocated a particular focus.

[www.nsrif.ie](http://www.nsrif.ie)

***The Male Perspective: young men's outlook on life (2004).***

MWHB/NSRG/NSRF.

A study of young men covering attitudes to help-seeking, mental health issues and suicidal behaviour making several recommendations in relation to focusing suicide prevention efforts on this group. The study was based on a community survey and on a series of focus groups.

[www.nosp.ie](http://www.nosp.ie)

***Youth Suicide Prevention: Evidence briefing (2004).***

Institute of Public Health in Ireland and the NHS Health Development Agency.

A review of reviews about the effectiveness of public health interventions to prevent suicide among young people.

[www.nosp.ie](http://www.nosp.ie)

***The Health of Irish Students: College Lifestyle and Attitudinal National (CLAN) Survey (2005).***

Dept. of Health and Children, 2005.

A qualitative evaluation of the college alcohol policy initiative undertaken by the Health Promotion Unit of the Dept. of Health and Children.

[www.healthpromotion.ie](http://www.healthpromotion.ie)

***Mental Health in Ireland: Awareness and Attitudes (2007)***

National Office for Suicide Prevention

The HSE National Office for Suicide Prevention (NOSP), in conjunction with voluntary and statutory sector partners, commissioned this research into mental health in Ireland in order to inform a national mental health awareness campaign.

[www.yourmentalhealth.ie](http://www.yourmentalhealth.ie)

### ***Inquested Deaths in Ireland (2007)***

*National Suicide Research Foundation*

The work reported here will contribute to increased knowledge and understanding of the circumstances of deaths by suicide in Ireland. In addition, the research will help us to determine the efficacy of Form 104 as a tool for routinely gathering accurate sociodemographic and psychosocial data on deaths that lead to a coroner's inquest.

[www.nsrfl.ie](http://www.nsrfl.ie)

### ***Institutional Child Sexual Abuse (2007)***

*National Suicide Research Foundation*

This research will help to set out a way forward by identifying risk and protective factors for survivors of abuse.

[www.nsrfl.ie](http://www.nsrfl.ie)

### ***Suicide, attempted suicide and prevention in Ireland and elsewhere. HRB overview series 7 (2008)***

*Health Research Board*

This paper presents an historical review of suicide, its frequency, the societal attitudes that shaped response to it and the consequences of this in legal and administrative terms. It examines the mechanisms of data acquisition and the quality of data. It reviews available data on suicide and deliberate self-harm in Ireland over an extended time frame and in international perspective and attempts to establish temporal trends.

[www.hrb.ie](http://www.hrb.ie)

### ***Young People and Mental Health - A National Survey (2009)***

*National Office for Suicide Prevention*

This presentation reviews the findings of a national survey of young peoples attitudes to mental health carried out on behalf of the HSE by Millward Brown Lansdowne.

[www.nosp.ie](http://www.nosp.ie)

### ***Teenage Mental Health – What Helps – What Hurts (2009)***

*The Office of the Minister for Children and Youth Affairs (OMCYA)*

Report on the Outcome of the Consultations

with Teenagers on Mental Health. The report outlines the views of 277 teenagers, aged 12-18, who took part in the consultations organised by the Office of the Minister for Children and Youth Affairs in six locations around the country during autumn 2008.

[www.omc.gov.ie](http://www.omc.gov.ie)

### ***Supporting LGBT Lives (2009)***

GLEN in collaboration with BeLonG To Youth Project commissioned researchers from Trinity College Dublin and University College Dublin to conduct the first significant study of LGBT mental health and well-being in Ireland.

[www.nosp.ie](http://www.nosp.ie)

### ***An evaluation of Zippy's Friends (2010)***

*Health Promotion Research Centre, National University of Ireland Galway*

This report presents the main findings on the evaluation of the Zippy's Friends emotional wellbeing programme in Irish primary schools. The Zippy's Friends programme is designed to promote the emotional wellbeing of children aged five to eight years of age by increasing their repertoire of coping skills and by stimulating varied and flexible ways of coping with problems of day-to-day life.

[www.nuigalway.ie](http://www.nuigalway.ie)

## **Journals**

### ***Crisis: The Journal of Crisis Intervention and Suicide Prevention***

Published under the auspices of the International Association for Suicide Prevention. Publishes articles on crisis intervention and Suicidology from around the world.

[www.hogrefe.com](http://www.hogrefe.com)

### ***Irish Medical Journal***

Publishes original scientific studies, reviews and educational articles, and papers commenting on the clinical, scientific, social, political, and economic factors affecting health.

[www.imj.ie](http://www.imj.ie)

### ***British Medical Journal***

Publishes original scientific studies, reviews and educational articles, and papers commenting on the clinical, scientific, social, political, and economic factors affecting health.

[www.group.bmj.com](http://www.group.bmj.com)

### ***Irish Journal of Psychological Medicine***

Ireland's only peer-reviewed clinical psychiatry journal supporting original Irish psychiatric and

psychological research.

[www.ijpm.org](http://www.ijpm.org)

### ***British Journal of Psychiatry***

A leading psychiatric journal which publishes UK and international papers. Emphasis is on clinical research.

[www.bjp.rcpsych.org](http://www.bjp.rcpsych.org)

### ***American Journal of Psychiatry***

Peer-reviewed articles focus on developments in biological psychiatry as well as on treatment innovations and forensic, ethical, economic, and social topics.

[www.ajp.psychiatryonline.org](http://www.ajp.psychiatryonline.org)

### ***Suicide and Life Threatening Behaviour***

*Official Journal of American Association of Suicidology.*

Devoted to emergent theoretical, clinical and public health approaches related to violent, self-destructive and life-threatening behaviours.

[www.guilford.com](http://www.guilford.com)

### ***Archives of Suicide Research***

The official journal of the International Academy of Suicide Research (IASR), is the international journal in the field of suicidology. The journal features original, refereed contributions on the study of suicide, suicidal behavior, its causes and effects, and techniques for prevention. The journal incorporates research-based and theoretical articles contributed by a diverse range of authors interested in investigating the biological, pharmacological, psychiatric, psychological, and sociological aspects of suicide.

[www.tandf.co.uk](http://www.tandf.co.uk)

### ***International Journal of Culture and Mental Health***

This important new peer-review journal provides an innovative forum, both international and multidisciplinary, for addressing cross-cultural issues and mental health. Culture as it comes to bear on mental health is a rapidly expanding area of inquiry and research within psychiatry and psychology, and other related fields such as social work, with important implications for practice in the global context.

[www.tandf.co.uk](http://www.tandf.co.uk)

## Appendix 2 - Websites

	<i>Website</i>	<i>Organisation</i>	<i>Description</i>
www.aware.ie	Aware		Helping to Defeat Depression
www.barnardos.ie	Barnardos		Bereavement Counselling for Children is a service for children and young people who have lost someone close to them
www.belongto.org	BeLonG To		An organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between 14 and 23
www.bodywhys.ie	Bodywhys		Provides support to people affected by eating disorders
www.cso.ie	Central Statistics Office		
www.console.ie	Console		Supporting those bereaved by suicide
www.crosscare.ie	Crosscare		The Social Care Agency of The Dublin Diocese
www.dhsspsni.gov.uk	Department Health, Social Service & Public Safety, Northern Ireland		
www.education.ie	Department of Education & Skills		
www.dohc.ie	Department of Health & Children		
www.glen.ie	GLEN		Gay and Lesbian Equality Network
www.grow.ie	Grow		Mental Health Movement in Ireland
www.hse.ie	Health Service Executive		
www.healthpromotion.ie	Health Service Executive		Online ordering service for HSE publications
www.inspireireland.ie	Inspire Ireland Foundation		An online information service to help young people aged 16-25
www.iasp.info	International Association for Suicide Prevention		
www.irishadvocacynetwork.com	Irish Advocacy Network		
www.ias.ie	Irish Association of Suicidology		
www.lenus.ie	Lenus		Irish Health Repository
www.livinglinks.ie	Living Links		Supporting those bereaved by suicide
www.livingworks.net	Living Works		Information on ASIST training (suicide intervention) and other programmes
www.mentalhealthireland.ie	Mental Health Ireland		
www.nosp.ie	National Office for Suicide Prevention		
www.yourmentalhealth.ie	National Office for Suicide Prevention		Website promoting positive mental health



	<i>Website</i>	<i>Organisation</i>	<i>Description</i>
www.letsomeoneknow.ie	National Office for Suicide Prevention		Website promoting positive mental health for young people
www.nsrif.ie	National Suicide Research Foundation		
www.pieta.ie	Pieta House		Centre for the Prevention of Self-Harm or Suicide
www.publichealth.hscni.net	Public Health Agency, Northern Ireland		
www.samaritans.org	Samaritans		
www.seechange.ie	See Change		To reduce stigma and challenge discrimination associated with mental health
www.seniorhelpline.ie	Senior Helpline		A confidential listening service for older people by older people
www.shineonline.ie	Shine		Supporting People Affected by Mental Ill Health
www.sphe.ie	SPHE		Social, Personal and Health Education, as part of the curriculum, supports the personal development, health and well-being of young people
www.spunout.ie	SpunOut		An interactive website providing health, lifestyle information and signposting to support services.
www.teenline.ie	Teenline		
www.3Ts.ie	3ts		Turning the Tide of Suicide
www.who.int	World Health Organisation		

## Appendix 3 - Key Contacts

Organisation	Web	Phone	Email	Text
<b>AWARE:</b> A service for people who experience depression and concerned family and friends	<a href="http://www.aware.ie">www.aware.ie</a>	1890 30 33 02	<a href="mailto:wecanhelp@aware.ie">wecanhelp@aware.ie</a>	
<b>Barnardos:</b> Bereavement Counselling for Children is a service for children and young people who have lost someone close to them	<a href="http://www.barnardos.ie">www.barnardos.ie</a>	01 473 2110	<a href="mailto:bereavement@barnardos.ie">bereavement@barnardos.ie</a>	
<b>Bodywhys:</b> Provides support to people affected by eating disorders	<a href="http://www.bodywhys.ie">www.bodywhys.ie</a>	1890 20 04 44	<a href="mailto:alex@bodywhys.ie">alex@bodywhys.ie</a>	Text 'SUPPORT' to 53305
<b>Console:</b> Supporting and helping people bereaved through suicide.	<a href="http://www.console.ie">www.console.ie</a>	1800 20 18 90	<a href="mailto:info@console.ie">info@console.ie</a>	
<b>GROW:</b> A Mental Health Organisation which helps people who have suffered, or are suffering, from mental health problems	<a href="http://www.grow.ie">www.grow.ie</a>	1890 47 44 74	<a href="mailto:info@grow.ie">info@grow.ie</a>	
<b>Health Service Executive:</b> Ireland's national health and social care provider	<a href="http://www.hse.ie">www.hse.ie</a>	1850 24 18 50		
<b>Living Links:</b> Providing assertive outreach support to the suicide bereaved	<a href="http://www.livinglinks.ie">www.livinglinks.ie</a>	087 412 2052	<a href="mailto:info@livinglinks.ie">info@livinglinks.ie</a>	
<b>Mental Health Ireland</b>	<a href="http://www.mentalhealthireland.ie">www.mentalhealthireland.ie</a>	01-2841166	<a href="mailto:info@mentalhealthireland.ie">info@mentalhealthireland.ie</a>	
<b>Pieta House:</b> Centre for the Prevention of Self-Harm or Suicide	<a href="http://www.pieta.ie">www.pieta.ie</a>	01 601 0000	<a href="mailto:mary@pieta.ie">mary@pieta.ie</a>	
<b>Rehabcare:</b> A mental health promotion project which aims to contribute to suicide prevention efforts by providing timely, appropriate information and support to young people	<a href="http://www.headsup.ie">www.headsup.ie</a>	01 205 7200	<a href="mailto:info@headsup.ie">info@headsup.ie</a>	Text "HEADSUP" to 50424
<b>Samaritans:</b> A confidential 24 hour emotional support service for people who are experiencing feelings of distress or despair, including those which may lead to suicide.	<a href="http://www.samaritans.org">www.samaritans.org</a>	1850 60 90 90	<a href="mailto:jo@samaritans.org">jo@samaritans.org</a>	
<b>Senior Helpline:</b> A confidential listening service for older people by older people	<a href="http://www.seniorhelpline.ie">www.seniorhelpline.ie</a>	1850 44 04 44		
<b>Shine:</b> The national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness	<a href="http://www.shineonline.ie">www.shineonline.ie</a>	1890 62 16 31		
<b>Teenline Ireland:</b> A confidential listening service for young people	<a href="http://www.teenline.ie">www.teenline.ie</a>	1800 83 36 34		

## Suicide Prevention Resource Officers



### **North Dublin City North Dublin County**

Ms. Caroline Lennon-Nally,  
Resource Officer for Mental Health  
Promotion and Suicide Prevention,  
HSE Dublin North East,  
Park House,  
North Circular Road,  
Dublin 7.  
Phone: 01 8823403  
E-mail: caroline.lennonally@hse.ie

### **Louth, Meath Monaghan, Cavan**

Mr. Garreth Phelan  
Resource Officer for Mental Health  
Promotion/Suicide Prevention,  
Health Promotion Unit,  
HSE Dublin North East,  
St Brigid's Complex,  
Ardee,  
County Louth.  
Phone: 041 6850674  
Email: garreth.phelan@hse.ie

### **Cork Kerry**

Ms. Brenda Crowley,  
Mental Health Resource Officer,  
HSE South,  
St David's Resource Centre,  
Clonakilty Hospital,  
County Cork.  
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***Waterford, Killkenny, Carlow,  
South Tipperary, Wexford***

Mr. Sean McCarthy,  
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HSE South,  
St Patrick's Hospital,  
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Waterford.  
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***South Dublin City  
Kildare, West Wicklow***

Ms Imelda Halton,  
Resource Officer for Suicide Prevention,  
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***South Dublin County  
East Wicklow***

Ms Imelda Halton,  
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***Longford, Westmeath  
Laois, Offaly***

Ms. Josephine Rigney  
Suicide Prevention Resource Officer  
HSE Midlands Suicide Prevention  
Service  
Old Birr District Hospital,  
Birr,  
Co. Offaly.  
Tullamore Office: C/o HAMCO  
Enterprises, Cloncollig, Tullamore.  
Phone: 057-93 27909  
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***Sligo  
Leitrim***

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## Appendix 4 - Relevant Legislation

The following section presents extracts from Irish legislation (or explanatory notes thereof) that is related to suicide prevention issues in terms of the de-criminalisation of suicide, restriction on the sale of paracetamol and finally, reporting requirements in relation to suicide prevention.

### **1. The Criminal Law (Suicide) Act 1993, states in section 2:**

- (i) Suicide shall cease to be a crime.
- (ii) A person who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide, shall be guilty of an offense and shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years.

### **2. Statutory Instrument No. 150 of 2001 - Medicinal Products (Control of Paracetamol) Regulations, 2001**

*Explanatory Note:*

(This is not part of the instrument and does not purport to be a legal interpretation).

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

In general, these Regulations

- (i) Prescribe maximum pack sizes for products when sold in pharmacies and in non-pharmacies.
- (ii) Prescribe cautionary and warning statements which must appear on all packs.
- (iii) Prohibit the sale of paracetamol products in automatic vending machines.
- (iv) Prohibit the sale of paracetamol products in nonpharmacy outlets when a second analgesic component is concerned.
- (v) Prohibit the sale of multiple packs of paracetamol in the course of a single transaction.
- (vi) Prohibit the sale of paracetamol products unless they are in blister packs or equivalent form of packaging.

### **3. Health (Miscellaneous Provisions) Act 2001 states in section 4:**

The Minister for Health and Children shall, not later than 9 months after the end of each year beginning with the year 2002, make a report to each House of the Oireachtas on the measures taken by health boards during the preceding year to prevent suicides.



## Appendix 5 - National Office for Suicide Prevention

### National Office for Suicide Prevention

Functions of National Office for Suicide Prevention:

- Oversee the implementation of 'Reach Out' the National Strategy for Action on Suicide Prevention
- Commission appropriate research into suicide prevention
- Coordinate suicide prevention efforts around the country
- Consult widely and regularly with organisations and interested parties

### NOSP Team

Mr. Geoff Day

Geoff Day is Director of the National Office for Suicide Prevention established by the Health Service Executive within its Population Health Directorate in 2005. Geoff was previously chair of the National Suicide Review Group and Assistant Chief Executive Officer with the North Eastern Health Board where he managed mental health, primary care and health promotion services. A social worker by training Geoff previously worked in the National Health Service in England before moving to Ireland in 1997. Geoff is a member of the HSE's Expert Advisory Group on Mental Health. Geoff has completed the ASIST 2-day training programme.

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Ms. Susan Kenny

Susan Kenny has been training and development officer with the National Office for Suicide Prevention since 2007. Susan is responsible for the development and strategic management of national training programmes as set out in the 'Reach Out' strategy. She is also charged in the NOSP with coordinating national work on suicide prevention and mental health promotion in the school and third level setting. Susan is a member of the HSE national alcohol implementation committee. Prior to joining the NOSP, she worked for eight years in clinical and health promotion services in the HSE and NHS. Susan completed her M.Sc. in Community Health from TCD, has a B.BS in Healthcare management, completed the ASIST 2-day training programme and is a Research Fellow with the Department of Public Health and Primary Care in Trinity College Dublin.

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National Office for Suicide Prevention

Health Promotion Department

St. Brigids, Ardee

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Mr. Declan Behan

Declan Behan joined the National Office for Suicide Prevention as Senior Executive Officer in January 2007. Prior to this Declan spent over five years as Contract Manager in the HSE procurement services. His responsibilities include developing service level agreements with agencies funded by the NOSP, coordinating the annual forum on suicide prevention and the publication of the annual report. Declan has completed the ASIST 2-day training programme.

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Health Promotion Department, St. Brigids, Ardee  
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Ms. Anne Callanan

Anne Callanan has held the post of Assistant Research and Resource Officer since 2001. Her responsibilities include the national coordination of the ASIST training programme and the management of the national data on deaths by suicide. Previous research experience include examining the health service needs of homeless men and examining alcohol consumption levels of the general population. Anne completed her Master's in Health Psychology in 1996 and is currently training in psychotherapy.

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Ms. Karen Murphy

Karen Murphy works with the National Office for Suicide Prevention as Personal Assistant to Geoff Day. Karen has many years experience in public administration having worked with the Cardiovascular Strategy and in Recruitment in the HSE North Eastern Region and previously worked in community development with the Local Authorities in Dublin. Karen holds an Honours Degree in Psychology, has completed the ASIST 2-day training programme and has undertaken training in LGBT issues for counsellors.

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## National Advisory Group to National Office for Suicide Prevention

### Terms of Reference

#### **Purpose:**

To provide the National Office for Suicide Prevention with expertise in the area of suicide prevention in order to implement the 3 phases of Reach Out the National Strategy for Suicide Prevention. The Advisory Group will also take over some of the functions previously held by the National Suicide Review Group.

#### **Scope:**

Specifically, the Advisory Group will provide expertise in the following areas:

1. Bring national and international research to the attention of the National Office.
2. Consider implications of national/international research and its appropriateness to Ireland.
3. Consider the output from the proposed National Forum and its relevance and appropriateness regarding accepted research evidence and best practice.
4. Advise on the trends in suicide/deliberate self harm and implications for services.

#### **Membership:**

The Advisory Group will comprise no more than 15 members and will reflect as far as possible expertise across the whole of the Strategy for Action programme. Members of the Advisory Group will be nominated by the Director of Population Health/Head of NOSP for a period of 3 years and then reviewed. The Head of the National Office will chair the Advisory Group. In the absence of the Head of the Office the Advisory Group will nominate a chair. Staff of the NOSP will attend the Advisory Group as required by the Head of NOSP. Other HSE staff may be asked to attend as necessary.

#### **Frequency of meetings:**

The Advisory Group will hold at least 4 meetings per annum.

#### National Advisory Group Membership

- Dr. Tony Bates, Executive Director, National Centre for Youth Mental Health
- Dr. John Connolly, Irish Association of Suicidology
- Dr. Anne Shannon, Department of Public Health Medicine, HSE West
- Dr. Ella Arensman, National Suicide Research Foundation
- Dr. Paul Moran, Consultant Liaison Psychiatrist, Cluain Mhuire, St. John of Gods
- Mr. Martin Bell, Investing for Health Team, Department of Health, Social Services, and Public Safety, Northern Ireland
- Mr. Pat Brosnan, Director of Mental Health, HSE West
- Mr. Brian Howard, Mental Health Ireland
- Mr. Paul Kelly, Console
- Ms. Anne Marie Sheehan, National Educational Psychological Service
- Mr. James Doorely, National Youth Council of Ireland
- Mr. Geoff Day, Head, National Office for Suicide Prevention (Chair)
- Professor Margaret Barry, Centre for Health Promotion Studies, NUI Galway
- Professor Keith Hawton, Centre for Suicide Research, Warneford Hospital, Oxford, England
- Professor Kevin Malone, Professor of Psychiatry, UCD/St. Vincents

## Appendix 6 - 2008 NOSP Funding Allocation

The NOSP budget allocation in 2009 was €5,632,768. This was an increase of €535,167 on the 2008 allocation. However with an additional once of allocation of €1,000,000 which was made (see note below) the base budget was reduced by €464,833. The allocation of non pay expenditure is set out below:

<i>Area</i>	<i>Expenditure 2009</i>	<i>Expenditure 2008</i>
HSE Innovation Fund	2.97%	8%
Awareness Campaign	26.89%	14%
National Programmes	32.51%	44%
Regional Programmes	3.95%	3%
Research	27.54%	24%
Training	4.42%	7%
Annual Forum	0.32%	0.30%
Operational	1.56%	1%

Note:

The additional €1,000,000 was primarily to implement a young person's awareness campaign. The allocation for the [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie) campaign was €900,000, of this €600,000 was spent on the development and running of the campaign. The remaining €300,000 was invested in 16 youth focused suicide prevention projects with 13 voluntary organisations. A further €100,000 of the additional monies was used to pilot a quality standard for bereavement support services within Console.

## Appendix 7 - Definition of Key Terms

### **Mental Health Promotion**

Mental health promotion is an approach characterised by a positive view of mental health, rather than emphasising mental illness or deficits, which aim to engage with people and empower them to improve population health (WHO, 2004).

### **Deliberate Self harm (DSH)**

The various methods by which people deliberately harm themselves, including self-cutting and taking overdoses. Varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent, although an increased risk of further suicidal behaviour is associated with all DSH.

### **Suicidal Behaviour**

The spectrum of activities related to suicide including suicidal thinking, self harming behaviours not aimed at causing death and suicide attempts (Commonwealth Department of Health and Aged Care, Australia, 1999).

### **Suicide**

A conscious or deliberate act that ends one's own life when an individual is attempting to solve a problem that is perceived as unsolvable by any other means (Commonwealth Department of Health and Aged Care, LIFE Strategy, Australia, 1999).

### **Suicide Prevention**

The science and practice of identifying and reducing the impact of risk factors associated with suicidal behaviour and of identifying and promoting factors that protect against engaging in suicidal behaviour.

## Appendix 8 - List of Abbreviations

<b>A and E</b>	Accident and Emergency
<b>ASIST</b>	Applied Suicide Intervention Skills Training
<b>CD-ROM</b>	compact disc, read only memory
<b>CEO</b>	Chief Executive Officer
<b>CSO</b>	Central Statistics Office
<b>EAAD</b>	European Alliance Against Depression
<b>EAG</b>	Expert Advisory Group on Mental Health
<b>EASR</b>	European Average Standardised Rate
<b>EU</b>	European Union
<b>DAP</b>	Crosscare's Drugs and Alcohol Programme
<b>DoHC</b>	Department of Health and Children
<b>DSH</b>	Deliberate Self Harm
<b>DUMP</b>	Dispose of Unwanted Medicines Properly
<b>GLEN</b>	Gay and Lesbian Equality Network
<b>GP</b>	General Practitioner
<b>HSE</b>	Health Service Executive
<b>IAS</b>	Irish Association of Suicidology
<b>IASP</b>	International Association for Suicide Prevention
<b>ICGP</b>	Irish College of General Practitioners
<b>LGBT</b>	Lesbian Gay Bisexual Transgender
<b>NEPS</b>	National Educational Psychological Service
<b>NGO</b>	Non Governmental Organisations
<b>NHO</b>	National Hospitals' Office
<b>N.I.</b>	Northern Ireland
<b>NOSP</b>	National Office for Suicide Prevention
<b>NRDSH</b>	National Registry of Deliberate Self harm
<b>NSRF</b>	National Suicide Research Foundation
<b>NSRG</b>	National Suicide Review Group
<b>NUI</b>	National University of Ireland
<b>PCCC</b>	Primary, Continuing and Community Care
<b>ROI</b>	Republic of Ireland
<b>RTAs</b>	Road Traffic Accidents
<b>SI</b>	Schizophrenia Ireland
<b>SPHE</b>	Social, Personal and Health Education
<b>SPHE</b>	Social, Personal and Health Education
<b>SSIS</b>	Suicide Support and Information System
<b>T4T</b>	Training for Trainers
<b>VEC</b>	Vocational Educational Committee
<b>WHO</b>	World Health Organisation
<b>YSI</b>	Young Social Innovators



## Notes

## Concerned About Suicide

This information is based on the leaflet "Concerned about Suicide", originally produced by the HSE Resource Officers for Suicide Prevention, Ireland and the Suicide Awareness Coordinators for Northern Ireland. Re-printed as part of the all-island cooperation in implementing the suicide prevention strategies *Reach Out* (Republic of Ireland) and *Protect Life - A Shared Vision* (Northern Ireland).

### The Warning Signs

Most people who feel suicidal don't really want to die, they just want an end to their pain. These are some of the signs which may indicate that someone is thinking of taking their life:

- A suicide attempt or act of self harm
- Expressing suicidal thoughts
- Preoccupation with death
- Depression
- Becoming isolated
- Alcohol abuse
- Drug abuse
- Sudden changes in mood or behaviour
- Making 'final' arrangements, e.g. giving away possessions (such as books, CDs, DVDs)

### Associated Risk Factors

- Access to a method of suicide, e.g. medication, firearms
- Loss of someone close (such as a friend or family member)
- Relationship break-up
- Impulsiveness, recklessness and risktaking behaviour
- Alcohol / drug abuse

### How to Respond

If you are concerned about someone you can follow these three steps:

#### Show You Care

Offer support and let them know you care. Say something like:

- 'I'm worried about you and I want to help'
- 'What's up? I'm very worried about you'
- 'Whatever's bothering you we will get through this together'

#### Ask the Question

Don't be afraid to discuss suicide - asking about it won't put the idea in people's heads:

- 'Do you feel like harming yourself?'
- 'Do you feel like ending your life?'
- 'Are you so down that you just want to end it all?'

### Call For Help

Encourage them to look for help:

- 'Let's talk to someone who can help'
- 'I will stay with you until you get help'
- 'You're not alone and there are people who can help you out of this situation'

If you, or someone you know, is in crisis now and need someone to talk to:

- Contact Samaritans on 1850 609090 Republic of Ireland
- Contact your local doctor or GP out-of-hours service; see 'Doctors - General Practitioners' in the Golden Pages, Republic of Ireland
- Go to, or contact, the Accident and Emergency Department of your nearest general hospital



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

National Office for Suicide Prevention

2009

[letsomeoneknow.ie](http://letsomeoneknow.ie)



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