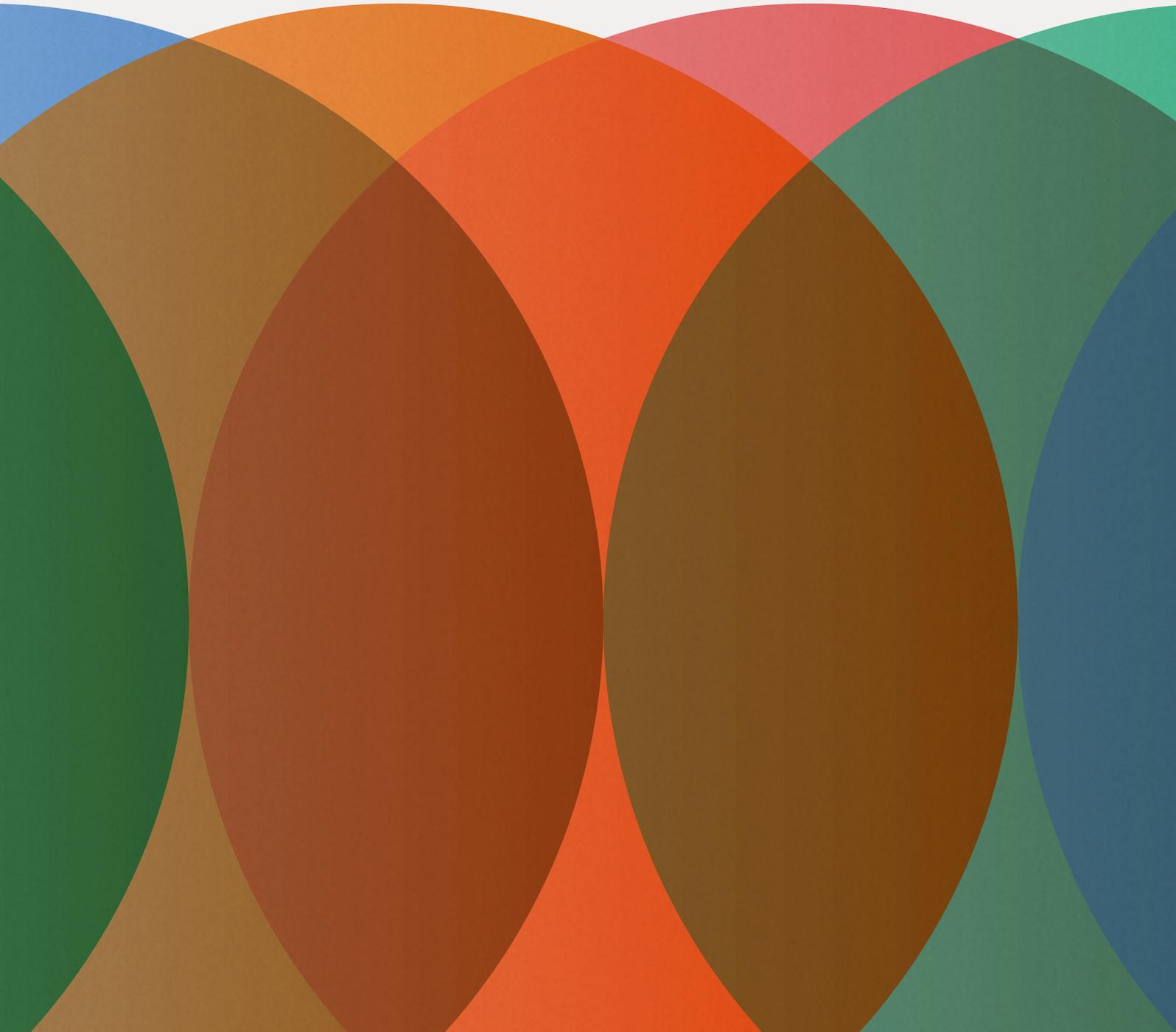


National Office for Suicide Prevention

Annual Report

2015



Foreword from the HSE Mental Health Division

Suicide rates in Ireland saw significant changes over the past decade, with an increase in suicide rates between 2007 and 2011. However, data from 2012 onwards suggest a levelling-off on the rate of suicide with the most recent confirmed CSO figures indicating there were 487 deaths by suicide in 2013.

Whilst the data indicates a stabilisation in suicide rates, the prevention of suicide is a challenge which all of us in society have to take on board. In 2015, the Government launched *Connecting for Life*, the national strategy to reduce suicide 2015-2020. *Connecting for Life* sets out a vision of an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing. Addressing suicidal behaviour means supporting people in many different ways and requires a coordinated effort across many different sectors and levels of society. *Connecting for Life* is designed to coordinate and focus the efforts of a broad range of government departments, state agencies, non-statutory organisations and local communities in suicide prevention.

There is usually no single cause or risk factor that is sufficient to explain a death by suicide. Most commonly, several risk factors act together to increase a person's vulnerability to suicide. *Connecting for Life* involves preventative and awareness-raising work with the population as a whole, alongside supportive work with local communities and targeted approaches to supporting priority groups vulnerable to suicide. The strategy also proposes high-quality standards of practice across services, underpinned by evaluation and evidence.

Looking ahead, there is much work to be done in delivering on *Connecting for Life* at national, regional and local levels. The HSE National Office for Suicide Prevention (NOSP) is a core part of the HSE Mental Health Division, and is responsible for co-ordinating implementation of *Connecting for Life*. The NOSP's annual report provides us with an insight into the wealth of activity in suicide prevention nationwide, and the diversity of projects and services delivered under *Connecting for Life*. Through the HSE Mental Health Division, funding of more than €11.8 million was invested in suicide prevention in 2015. A significant portion of that money was invested in the provision of services for those who are experiencing difficult times.

With the launch of *Connecting for Life*, 2015 has been an important year for progressing suicide prevention in Ireland. I would like to acknowledge the key role of the NOSP in supporting and co-ordinating implementation of national suicide prevention strategy, and to thank the NOSP team and their partner agencies for all the work over the past year.



A handwritten signature in black ink, which appears to read 'Anne O'Connor'. The signature is written in a cursive style.

Ms. Anne O'Connor
National Director
HSE Mental Health Division

Foreword from the HSE National Office for Suicide Prevention

Here in the HSE's National Office for Suicide Prevention, we believe that suicide prevention is everybody's concern. With the launch of *Connecting for Life*, we now have a national framework and action plan which brings together the work of Government Departments, state agencies, non-governmental partner organisations and the community. Through the roll-out of *Connecting for Life* in this integrated manner, we are confident that the national target of a 10% reduction in suicide and a reduction in self-harm rates will be achieved by 2020.

Connecting for Life takes an evidence-informed approach, to ensure that suicide prevention activity nationwide delivers real and measurable benefits in a cost-efficient way. The strategy was informed by a review of the evidence on suicide prevention interventions, undertaken by the Health Research Board in 2015. However both internationally and nationally, the evidence base for suicide prevention is limited and therefore one of our core areas of work is to commission and co-ordinate research that helps build our understanding of effective suicide prevention in Ireland.

Key *Connecting for Life* initiatives in 2015 included:

- * The recruitment of six new HSE Resource Officers for Suicide Prevention, with a total of 22 Resource Officers now working in communities around the country.
- * Ongoing national development of dialectical behaviour therapy (DBT) across mental health services. The national DBT team provided training to more than 150 therapists nationwide in 2015.
- * Development of the National Clinical Care Programme for management of self-harm presentations to Emergency Departments. In 2015, 25 Clinical Nurse Specialists across 16 Emergency Departments delivered training to emergency staff and increased awareness of suicide and self-harm.

- * Ongoing roll out of suicide prevention training in communities nationwide. Since 2004, 71,254 adults have received free training in suicide prevention through the ASIST and safeTALK programmes.
- * *#littletthings*, our award winning mental health and wellbeing campaign, managed by HSE Mental Health, the NOSP and HSE Communications was rolled out nationally. The campaign highlights that we all experience difficult times in our lives and that, when we do, there are some simple, evidence-based, little things that can make a big difference to how we feel.

Working together, sharing learning and building capacity is key to delivery of *Connecting for Life*. I would like to thank everyone who supported development of the new strategy, and to acknowledge the efforts of people, communities and organisations working in suicide prevention across the country in 2015.



A handwritten signature in dark ink, appearing to read 'Gerry Raleigh', written over a light gray dotted grid background.

Mr. Gerry Raleigh
Director
National Office for
Suicide Prevention

Table of Contents

Foreword from the HSE Mental Health Division	01
Foreword from the HSE National Office for Suicide Prevention	02
Table of Contents	03
National Office for Suicide Prevention in 2015	04
SECTION 1	
HSE National Office for Suicide Prevention	
Our role	06
Working in partnership	08
Our funded partners in 2015	10
Resource Officers for Suicide Prevention	12
SECTION 2	
Connecting for Life	
About <i>Connecting for Life</i>	18
How will <i>Connecting for Life</i> work?	20
SECTION 3	
Progress in rolling out <i>Connecting for Life</i>	
<i>Connecting for Life</i> - One year on	22
Our work in 2015	26
SECTION 4	
Suicide mortality and self-harm in Ireland	
Suicide and self-harm	64
SECTION 5	
Financial information	
Financial overview 2015	74
Funded agencies 2015	75
SECTION 6	
Appendices	
Appendix 1 - Support services	78
Appendix 2 - Our team in the National Office for Suicide Prevention	80

National Office for Suicide Prevention in 2015

Suicide prevention in Ireland

- * **National Office for Suicide Prevention:** Our role is to support, inform, monitor and co-ordinate the implementation of suicide prevention strategy in Ireland. We are part of the HSE Mental Health Division.
- * **Budget for suicide prevention:** Total budget of €11.87 million in 2015. This was an increase of approximately 20% on 2014's budget.
- * **Suicide is a complex problem:** Multiple risk factors affect different people in different ways.
- * **Preventing suicide** means supporting people in many different ways, and taking a co-ordinated approach across society and government.

Connecting for Life

- * **Connecting for Life:** Our new 5 year strategy to reduce suicide and self-harm rates, launched in June 2015. *Connecting for Life* adopts the World Health Organization target to reduce suicide by 10% by 2020.
- * **Local implementation:** The first local implementation plan for *Connecting for Life* was launched in 2015, in Donegal. A plan for Wexford was also in development in 2015.

Our work

- * **National co-ordination:** We continued to co-ordinate and support the suicide prevention work of agencies from the voluntary, statutory and non-statutory sectors.
- * **Investing in services and community supports:** In 2015, we provided funding of €5.3 million to 32 non-profit and community organisations and service providers. We also provided further investment of €770,000 directly to community organisations to support communities in responding to suicide.
- * **Building community capacity:** The HSE recruited six new Resource Officers for Suicide Prevention. There are now 22 Resource Officers for Suicide Prevention working in communities nationwide.
- * **Training and education:** We established a working group to develop a *National Educational and Training Strategy and Action Plan*. The plan will set out an evidence-informed and coordinated approach to suicide prevention education and training nationwide.
- * **Numbers trained:** More than 6,500 people took part in safeTALK training, with more than 2,600 people trained in ASIST. Suicide prevention training was also embedded in the programme for Trainee Gardai in the Garda College, Templemore.
- * **Standards and best practice:** Draft *Quality Standards and Guidelines for Suicide Prevention* were developed by the National Standards Working group, set-up by the NOSP.
- * **Investment in research:** The National Suicide Research Foundation (NSRF) continues to produce high-quality research and data to support implementation of *Connecting for Life*.
- * **Campaigns:** We continued to roll out *#littletthings*, the national mental health and wellbeing campaign, in partnership with more than 30 organisations. The campaign signposts people to www.yourmentalhealth.ie and Samaritans' freephone 116 123 helpline.

SECTION 1

HSE National Office for Suicide Prevention

Our role

The role of the HSE National Office for Suicide Prevention (NOSP) is to effectively support, inform, monitor and co-ordinate the implementation of *Connecting for Life*. The NOSP is part of the HSE Mental Health Division.

What we do

- * Co-ordinate the implementation of *Connecting for Life*.
- * Track and monitor the implementation and outcomes of the strategy to support evidence based approaches.
- * Provide an advisory function and oversee quality assurance frameworks on suicide prevention practice.
- * Undertake and commission research and evaluation.
- * Ensure effective communication on suicide prevention to the agencies responsible for implementation of the strategy, and the public.
- * Share, with target audiences, the learning emerging from the implementation of the strategy.
- * Co-ordinate media monitoring activity and stigma reduction campaigns.
- * Develop and coordinate the implementation of the National Training and Education Strategy.
- * Commission the provision of services and supports.

How we work

To achieve the outcomes of this cross-sectoral strategy, we work with the broad range of statutory, non-statutory and community partners engaged in suicide prevention. This includes providing suicide prevention expertise and monitoring of the strategy to the National Cross Sectoral Steering and Implementation Group. The National Cross Sectoral Steering Group has responsibility for senior leadership and accountability for the strategy and report to the Cabinet Committee on Social Policy and Public Service Reform.

We rely on strong working relationships within the health services and work closely with the internal HSE *Connecting for Life* Implementation Group.

For a list of the NOSP staff see appendix 2.

*We rely on strong
working relationships
within the health
services and work
closely with the internal
HSE Connecting for Life
Implementation Group.*



RESEARCH

TRAINING

STANDARDS

QUALITY ASSURANCE

COMMISSION SERVICES

GUIDELINES

INFORMATION

COMMUNICATION

The role of the NOSP

CO-ORDINATION

CAMPAIGNS

MONITORING

EVALUATION

EVIDENCE

Working in partnership

Preventing suicide involves many organisations – from the local GAA club that may give a young person a vital support network to government departments setting national health and public safety policy.

Partnership is the foundation of effective suicide prevention work in Ireland. Suicide prevention is best achieved when individuals, families, health and community organisations, workplaces, government departments and communities work collaboratively to build an infrastructure of suicide prevention and support from national through to local level.

The NOSP is central in coordinating and connecting the work of multiple government departments, state agencies, charitable and voluntary organisations, community groups and individuals. Collaborative working allows us to benefit from the expertise and experience of the various stakeholders and achieve more, in an efficient, streamlined way.

*Partnership is the
foundation of
effective suicide
prevention work
in Ireland.*



Taoiseach Enda Kenny and Spokesperson on Mental Health and Disability, Kathleen Lynch, with representatives from partner organisations at the launch of *Connecting for Life*.

Our funded partners in 2015

The NOSP funded a wide range of non-profit and community organisations and services in 2015.

Suicide or Survive

**Westport
Family Resource
Centre**

SpunOut.ie

Samaritans

Shine and Headline

**Social
Prescribing**

**National Traveller
Suicide Awareness
Project**

MyMind

**Young Social
Innovators**

**GLEN & the
LGBT Helpline**

**Mojo
Project
Dublin**

BelongTo

Pieta House

ReachOut.com

Aware

**National
Suicide
Research
Foundation**

**Suicide
Bereavement
Liaison Service**

Bodywhys

Turn2Me

**Irish Association
of Suicidology**

**Transgender
Equality Network
Ireland**

**National
Youth Council
of Ireland**

**Irish Society for
the Prevention of
Cruelty to Children
and Childline**

Irish Men's Sheds

**Mojo
National**

**The Family Centre,
Mayo**

**Irish College of
General Practitioners**

Nurture

**Mojo
Project
Kildare**

**Community
Resilience
Fund**

Men's Health Forum

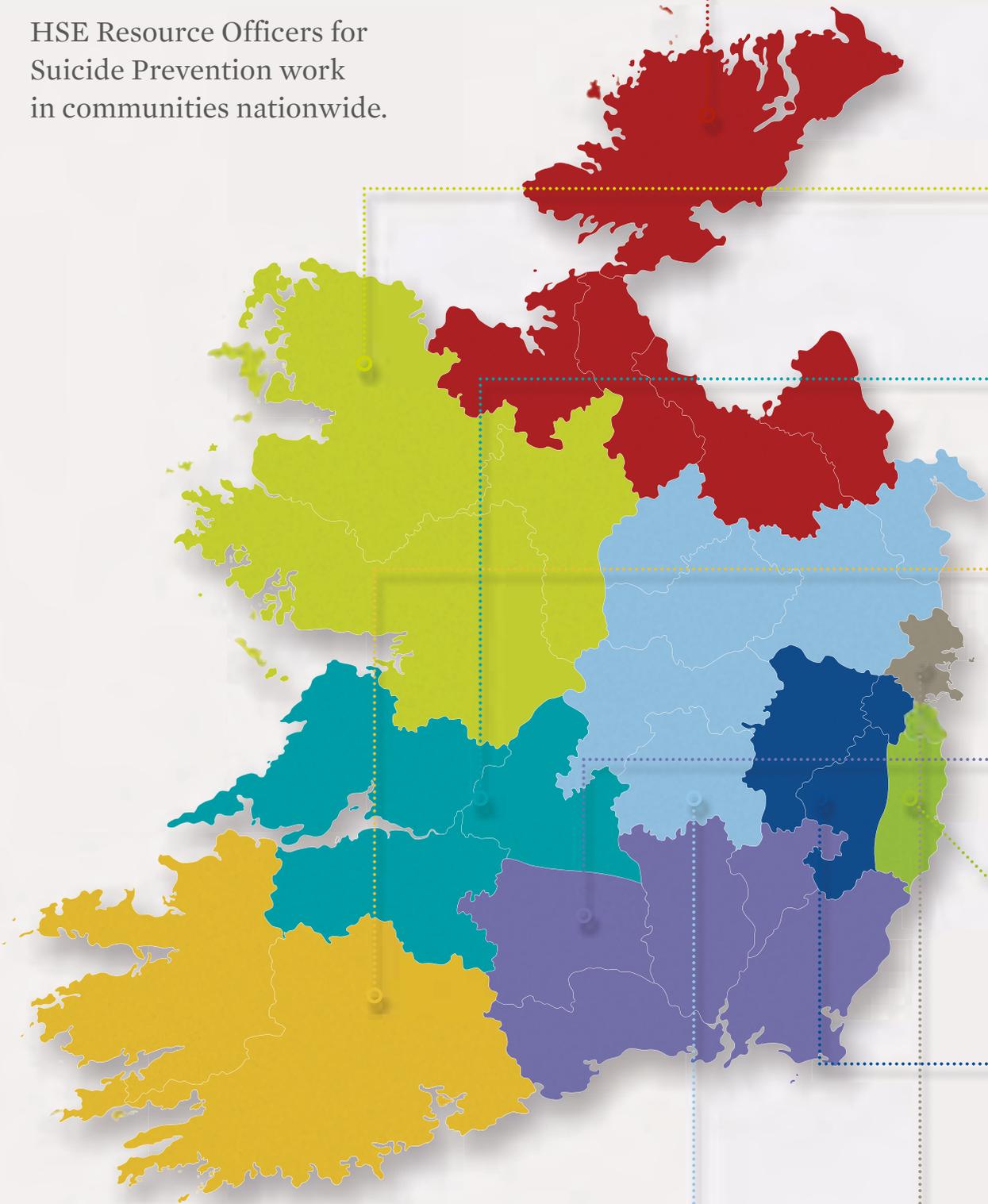
GAA

**Dialectical
Behaviour
Therapy**

Console

Resource Officers for Suicide Prevention

HSE Resource Officers for Suicide Prevention work in communities nationwide.



CHO AREA 1

DONEGAL

Anne Sheridan *Mental Health Promotion / Resource Officer for Suicide Prevention*

SLIGO & LEITRIM

Mike Rainsford *Mental Health Promotion / Resource Officer for Suicide Prevention*

CAVAN & MONAGHAN

Emer Mulligan *Resource Officer for Suicide Prevention*

CHO AREA 2

GALWAY

Mary O'Sullivan *Resource Officer for Suicide Prevention*

ROSCOMMON

Mary McGrath *Resource Officer for Suicide Prevention*

MAYO

Siobhan McBrearty *Resource Officer for Suicide Prevention*

CHO AREA 3

LIMERICK

Ciara Dempsey *Resource Officer for Suicide Prevention*

CLARE & NORTH TIPPERARY

Mary Kennedy *Resource Officer for Suicide Prevention*

CHO AREA 4

CORK

Helena Cogan *Co-ordinator of Training and Support Services*

CORK

Martin Ryan *Resource Officer for Suicide Prevention*

KERRY

Julieann Lane *Resource Officer for Suicide Prevention*

CHO AREA 5

WATERFORD, WEXFORD, KILKENNY, CARLOW, SOUTH TIPPERARY

Sean McCarthy *Resource Officer for Suicide Prevention*

WATERFORD, WEXFORD, KILKENNY, CARLOW, SOUTH TIPPERARY

Tracy Nugent *Resource Officer for Suicide Prevention*

CHO AREA 6

SOUTH EAST DUBLIN

Pauline O'Reilly *Resource Officer for Suicide Prevention*

EAST WICKLOW

Adam Byrne *Resource Officer for Suicide Prevention*

CHO AREA 7

KILDARE & WEST WICKLOW

Niamh Crudden *Resource Officer for Suicide Prevention*

WEST DUBLIN, DUBLIN SOUTH CITY & DUBLIN SOUTH WEST

Emma Freeman *Resource Officer for Suicide Prevention*

CHO AREA 8

LAOIS & OFFALY

Josephine Rigney *Resource Officer for Suicide Prevention*

LONGFORD & WESTMEATH

Eddie Ward *Resource Officer for Suicide Prevention*

LOUTH & MEATH

Sandra Okome *Resource Officer for Suicide Prevention*

CHO AREA 9

DUBLIN NORTH

Róisín Lowry *Mental Health Promotion / Resource Officer for Suicide Prevention*

DUBLIN NORTH CITY

Sara Maxwell *Resource Officer for Suicide Prevention*

Address: Health and Wellbeing Division, HSE West, 1st Floor, St Conal's Campus, Letterkenny, Co. Donegal.

Phone: 074-9109120 / 086-3404321 / 074-9104693 Email: anne.sheridan1@hse.ie

Address: HSE West, JFK House, JFK Parade, Sligo.

Phone: 074-9135098 Email: michael.p.rainsford@hse.ie

Address: HSE Mental Health Services, Carrickmacross Primary Care Centre, Donaghmoyn Road, Carrickmacross, Co. Monaghan.

Phone: 086-1717563 Email: emer.mulligan@hse.ie

Address: HSE West, 64 Dominick Street, Galway.

Phone: 091-560182 Email: mary.osullivan@hse.ie

Address: Room S23, Primary Care Centre, Golf Links Road, Roscommon.

Phone: 090-6665071 Email: mary.mcgrath9@hse.ie

For all Suicide Prevention training enquiries in Galway, Mayo and Roscommon please email: srotraining.gmr@hse.ie

Address: The Old Health Centre, HSE West, Lord Edward Street, Ballina, Mayo.

Phone: 096-80458 Email: siobhan.mcbrearty@hse.ie

Address: Resource Office for Suicide, HSE Mid West Mental Health Services, St. Joseph's Hospital, Mulgrave Street, Limerick.

Phone: 061-461454 / 061-461262 Email: ciara.dempsey@hse.ie

Address: Resource Office for Suicide, HSE Mid West Mental Health Services, St. Joseph's Hospital, Mulgrave Street, Limerick.

Phone: 061-461454 / 061-461143 Email: maryg.kennedy@hse.ie

Address: Suicide Resource Office, HSE South, 'Nemetona', St. Stephen's Hospital, Glanmire, Cork.

Phone: 021-4858596 Email: helena.cogan@hse.ie

For all Suicide Prevention training enquiries in Cork please contact: **Agnes Cahill**
028-40402
agnes.cahill@hse.ie

Address: St Stephen's Hospital Campus, Sarsfield Court, Glanmire, Cork.

Phone: 021-4659707 / 087-3287094 Email: martin.ryan8@hse.ie

Address: HSE Community Services, Rathass, Tralee, Co. Kerry.

Phone: 066-7184535 Email: julieann.lane@hse.ie

Address: HSE South, St Patrick's Hospital, John's Hill, Waterford.

Phone: 051-874013 Email: sean.mccarthy@hse.ie

For all Suicide Prevention training enquiries in Waterford, Wexford, Kilkenny, Carlow and South Tipperary please email: trainingsro@hse.ie

Address: Regional Suicide Resource Office, Front Block, St. Patrick's Hospital, John's Hill, Waterford.

Phone: 051-874013 Email: tracy.nugent@hse.ie

Address: Mental Health Division, Vergmount Hall, Clonskeagh, Dublin 6.

Phone: 01-2680336 Email: pauline.oreilly@hse.ie

Address: Mental Health Division, Glenside Road, Wicklow.

Phone: 0404-60684 / 087-0637096 Email: adam.byrne@hse.ie

Address: The Liberties Building, Meath Community Unit, Heytesbury Street, Dublin 8.

Phone: 086-2535529 Email: niamh.crudden@hse.ie

Address: The Liberties Building, Meath Community Unit, Heytesbury Street, Dublin 8.

Phone: Coming soon Email: emma.freeman@hse.ie

Address: HSE Dublin Mid-Leinster, Old Birr Hospital, John's Terrace, Birr, Co. Offaly.

Phone: 057-9357807 / 086-8157850 Email: josephine.rigney@hse.ie

Address: Health Service Executive, The Health Centre, Dublin Road, Longford.

Phone: 043-3350169 / 086 3801152 Email: eddie.ward@hse.ie

Address: Mental Health Services, St Brigid's Hospital Complex, Kells Road, Ardee, Co. Louth.

Phone: 041-6860799 Email: sandra.okome@hse.ie

Address: Department of Health Promotion & Improvement, HSE Dublin North East, Nexus Building, Blanchardstown Corp Park, Ballycoolin, Dublin 15.

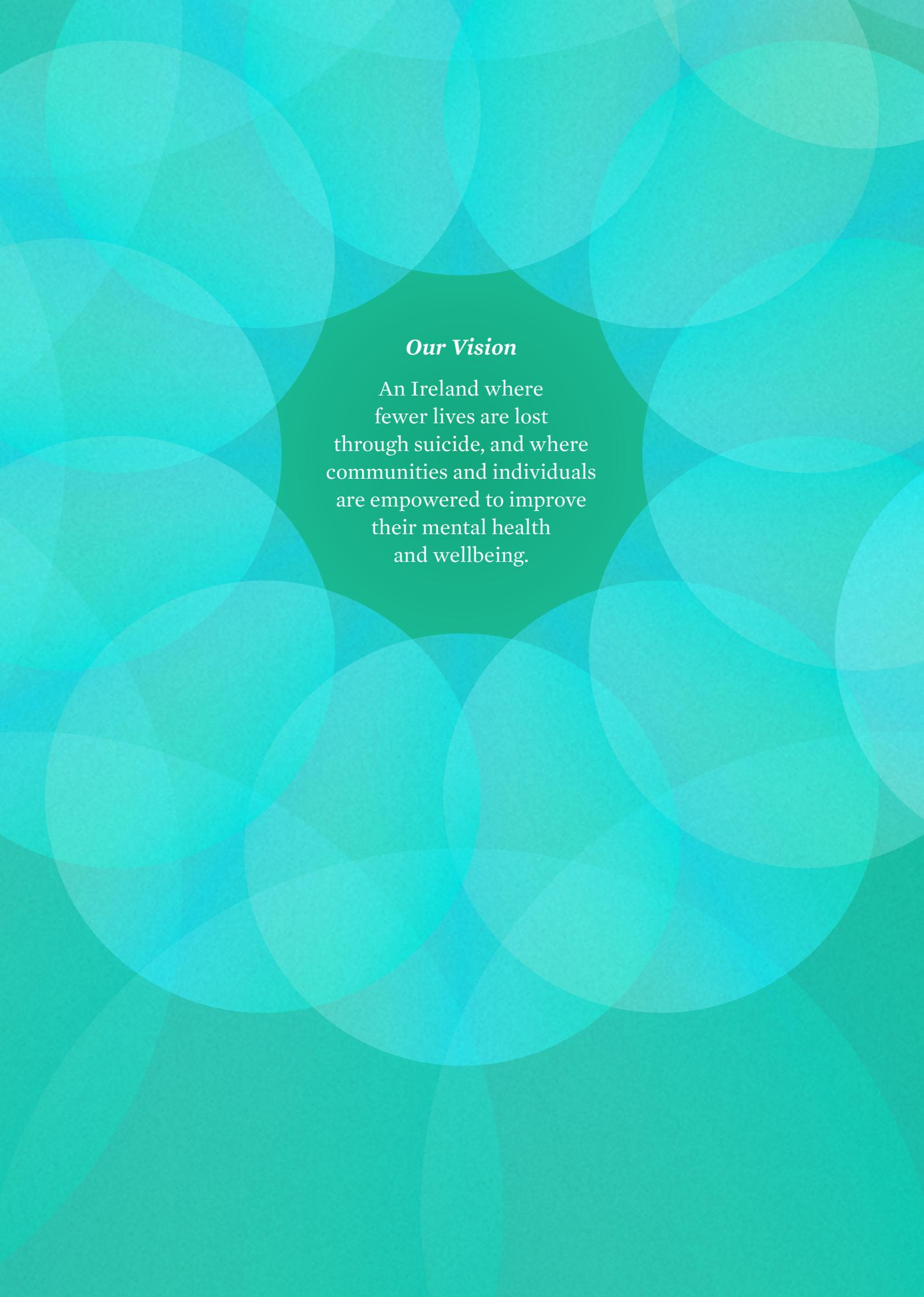
Phone: 01-8976121 Email: roisin.lowry@hse.ie

Address: Connolly Norman House, 224 North Circular Road, Dublin 7.

Phone: 086-0214241 Email: sara.maxwell@hse.ie

SECTION 2

Connecting for Life



Our Vision

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

Our Goals

Better understanding of mental health and suicide

Supporting communities to prevent and respond to suicidal behaviour

Targeted approaches for those vulnerable to suicide

Improved access, consistency and integration of services

Safe and high quality services

Reduce access to means of suicide

Better data and information

Outcomes by 2020

Reduced suicide rate

Reduced rate of self harm

About *Connecting for Life*

In 2015, the Government launched *Connecting for Life*, our national strategy to reduce suicide 2015-2020. *Connecting for Life* is founded on the suicide prevention work that has taken place in Ireland over the past ten years as part of *Reach Out*, the Government's previous strategy to reduce suicide.

Suicide is a complex problem. Addressing suicidal behaviour means supporting people in many different ways and requires a coordinated effort across many different sectors and levels of society. *Connecting for Life* is designed to coordinate and focus the efforts of a broad range of government departments, state agencies, non-statutory organisations and local communities in suicide prevention.

Evidence base: *Connecting for Life* is based upon current national and international evidence in relation to effective suicide prevention strategies. This evidence base continues to grow and develop across the world.

Outcomes: The World Health Organization (WHO) target of a 10% reduction in the rates of suicide by 2020 is identified as the minimum objective for the strategy. The primary outcomes are:

- * Reduced suicide rate in the whole population and amongst specified priority groups.
- * Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups.

Evaluation: Monitoring and evaluation is embedded into the implementation process through an outcomes framework that will track and assess the impact of the strategy against set indicators over time. This approach is unique in terms of comparable national suicide prevention strategies.

Implementation of *Connecting for Life*: A clear national governance structure is identified to drive the implementation of the strategy. The structure provides the required levels of oversight in terms of responsibility and accountability. It includes:

- * High level political leadership.
- * Administrative leadership at national and local level involving all key partners.
- * A clear definition of the role of the National Office for Suicide Prevention as supporting the implementation, monitoring and evaluation of the strategy.
- * A resource and communication framework to support the governance structures.

Cross-sectoral dependencies: Whilst the focus of *Connecting for Life* is suicide prevention, the strategy clearly identifies a high level of cross dependency with other government policies. The actions and commitments included in *Connecting for Life* will support and also be dependent upon the successful implementation of such policies.



Taoiseach Enda Kenny, Director of NOSP Gerry Raleigh and Dr Shekhar Saxena, World Health Organization, at the launch of *Connecting for Life*.

How will *Connecting for Life* work?

Connecting for Life clearly maps out the actions required to achieve each of its seven goals. Each action has a lead agency and supporting partners.

Delivery of the actions is supported in a number of ways:

Implementation structures:

- * High level political leadership
(*Cabinet Committee on Social Policy and Public Service Reform*)
- * National Cross Sectoral Steering and Implementation Group
(*Departments and agencies central to the delivery of the strategy*)
- * National implementation support
(*National Office for Suicide Prevention*)
- * Local structures for implementation
(*HSE National Mental Health Division through Community Health Organisations, supported by HSE Resource Officers for Suicide Prevention*)
- * Individual agency structures
(*Including a co-ordinated HSE structure*)

Financial resources: Implementation of the strategic actions will include both improved use of existing resources and identification of resource requirements that may emerge for key programmes and sectors.

Communications: *Connecting for Life* includes a communications framework to inform and support the organisations, communities, teams and services who will be working to implement the strategy.

Evaluation: An outcomes framework will track and assess the impact of the strategy against baseline indicators over time. This approach is unique in terms of comparable national suicide prevention strategies.

Go to www.nosp.ie for further information on *Connecting for Life*.

Connecting for Life
clearly sets out who
will drive, support
and monitor the work.

SECTION 3

Progress in rolling out Connecting for Life

Connecting for Life - One year on

Suicide prevention is everybody's concern. *Connecting for Life* provides a national framework and action plan, which bring together the work of government departments, state agencies, non-governmental partner organisations and the community. The following pages highlight the work of the National Office for Suicide Prevention and our funded partners in implementing *Connecting for Life* in 2015.

Establishment of implementation structures

Since the launch of *Connecting for Life* in June 2015, the National Cross Sectoral Steering and Implementation Group has been set up. The group, led by the Department of Health, includes representatives from government departments, four HSE directorates, community and voluntary interests, the College of Psychiatrists of Ireland and the Irish College of General Practitioners.

The individual agency implementation systems have also been established. Work is also underway on the development of the National Office for Suicide Prevention to support the delivery of our responsibilities under *Connecting for Life*.

Outcomes development

At the core of *Connecting for Life* is an outcomes focus – a vision that measurable improvements be made in relation to the incidence of suicide and self-harm. The implementation plan sets out agreed primary indicators and data variables to allow the primary outcomes (reduced rates of suicide and self-harm presentations) to be measured and tracked over time.

Work continues on development of secondary and intermediate outcomes and indicators (an outcomes framework), which can provide preliminary evidence that *Connecting for Life* is on course to achieve its long-term goal of reducing the rate of suicide.

Evidence informed

Connecting for Life takes an evidence-informed approach to suicide prevention, to ensure all activity related to the strategy delivers real and measurable benefits in a cost-efficient way. The strategy was informed by a review of the evidence on suicide prevention interventions, commissioned by the NOSP and published by the Health Research Board in 2015. The review found international evidence of effectiveness in relation to priority actions from *Connecting for Life*, such as means restriction, media guidelines, cognitive behavioural therapy (CBT) and dialectical behaviour therapy (DBT) and emergency department interventions.

However, the international evidence base for suicide prevention is limited and the review concluded that there is a need for more high-quality research in the Irish context to identify the true impact of suicide prevention interventions. One of our core areas of work is to commission and co-ordinate research that helps to build the evidence base for suicide prevention in Ireland. We funded evaluations and research into a number of NOSP funded projects, such as:

- * Self-Harm Intervention Programme (SHIP)
- * Dialectical behaviour therapy (DBT) services
- * A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service
- * Mayo Suicide Bereavement Liaison Service
- * Mojo programme
- * National Travellers Mental Health service

Further information on our research and evaluation work is available on page 60.

*At the core of
Connecting for Life
is an outcomes
focus – a vision
that measurable
improvements be
made in relation
to the incidence
of suicide and
self-harm.*

One year on – overall progress

Connecting for Life sets out 69 actions for delivery of the strategy. The action plan also includes lead and supporting partners with responsibility for delivery. This section highlights some of the progress made by the lead agencies and our funded partner organisations in 2015.

In June 2016, one year after the launch of the strategy, progress has been made in 86% of the actions listed in *Connecting for Life*. Reported progress by goal is as follows:

GOAL	%*
1: Better understanding of suicidal behaviour	100%
2: Supporting communities to prevent and respond to suicidal behaviour	100%
3: Targeted approaches for those vulnerable to suicide	100%
4: Improved access, consistency and integration of services	88%
5: Safe and high-quality services	63%
6: Reduce access to means	60%
7: Better data and research	89%
TOTAL:	86%

* Percentage of actions progressed

The NOSP monitors progress on implementation of Connecting for Life through activity reporting by the lead agencies identified in the strategy. There are 69 actions across the seven goals in the strategy. The above table reports on the percentage of progress per goal – i.e. how much progress there has been within each goal's activities.

Who is involved in delivering *Connecting for Life*?

Government departments, state agencies, non-governmental organisations and community partners work in partnership to roll-out *Connecting for Life*.

HSE
National Office for
Suicide Prevention

HSE
Mental Health
Division

HSE
Estates

HSE
Primary Care
Division

HSE
Community Health
Organisations

Department
of Defence

Department
of Children and
Youth Affairs

Department
of Environment,
Community and
Local Government

Department
of Justice
and Equality

Local
Authorities

**HSE
Resource Officers for
Suicide Prevention**

**Department
of Health**

**Department
of Education
and Skills**

**Department
of Jobs, Enterprise
and Innovation -
Health and Safety
Authority**

**Higher
Education
Authority**

**Department
of Agriculture,
Food and
the Marine**

**Department
of Social
Protection**

**Health
and Safety
Authority**

**Department
of Transport,
Tourism and Sport**

**More than 30
partner organisations
from the non
statutory sector**

**HSE
Health &
Wellbeing**

**Department of
Communications,
Energy and
Natural Resources**

**Press Council
of Ireland**

**HSE
Acute Hospitals**



Dr. Justin Brophy, Chair of IAS on the left and Mr. Dan Neville, President of the IAS in the middle, greeting President Michael D. Higgins, Uachtarán na hÉireann.

Our work in 2015

Connecting for Life sets out a vision of an Ireland where fewer lives are lost through suicide. This vision is realised through seven goals. The following pages outline these goals and highlight the work of NOSP, and our funded partners, under each goal in 2015.



There is a growing national dialogue around mental health and wellbeing in Ireland.

Highlights from 2015

Irish Association of Suicidology (IAS)

The IAS held its annual conference in Naas, County Kildare, with more than 120 people attending. President Higgins addressed the conference, and international and national speakers presented on topics relating to young people, suicide and self-harm.

*The #littletthings
campaign highlights
that we all experience
difficult times in our
lives and that when
we do there are some
simple, evidence-based
little things that can
make a big difference
to how we feel.*

#littletthings campaign and yourmentalhealth.ie

Little Things is the national mental health and wellbeing campaign by the HSE Mental Health Division, NOSP and HSE communications alongside a coalition of more than 30 partner organisations. Since the start of the campaign:

- * There was approximately a 30% increase in calls to the Samaritans' free-to-call 116 123 helpline.
- * www.yourmentalhealth.ie received more than 280,000 visitors, with more than one million page views. People visit the website for supportive information on mental health and signposting to services.
- * Funded partner organisations have reported increases in people reaching out for and accessing support.

The award-winning *#littletthings* campaign was rolled out nationally in 2015, with the support of our partner organisations and HSE staff. Partnership work included a series of mental health focused interviews on regional radio stations and highlighting the *#littletthings* campaign at the Connaught Senior Football Championship semi-final in Galway.

The *#littletthings* campaign highlights that we all experience difficult times in our lives and that when we do there are some simple, evidence-based little things that can make a big difference to how we feel. These little things can help us to cope, but there are also supports and services we can use if we need to. *#littletthings* answers two key questions that we all need the answers to in order to be able to look after our own and others' mental health: 'What can I do?' and 'Where can I go?'



In an innovative attempt to raise awareness of the #littlethings campaign amongst young males, each GAA minor squad in the 2015 Connacht championship was issued branded gear to wear on match days. Here, GAA team captains from Galway, Roscommon, Leitrim, Sligo, and Mayo, show their support for the campaign.

Highlights from 2015

National Youth Council – National Youth Health Programme

The National Youth Council of Ireland (NYCI) is the representative body for national voluntary youth work organisations in Ireland. Highlights from their work in 2015 include:

Research: Mental health has been identified by young people and those working with young people as the number one area of importance in the National Youth Strategy 2015 – 2020 (Department of Children and Youth Affairs). The National Youth Health Programme conducted a rapid mental health needs consultation with staff and volunteers from a wide range of youth organisations. When asked what the main issues affecting young people were, a range of issues were highlighted, including stress, anxiety and body image. When asked how young people cope it was generally observed that young people engage in unhealthy coping mechanisms such as substance misuse, self-harming and suicide, and risky sexual behaviour. On a more positive note, it was reported that young people talk to each other and turn to staff whom they know and trust. The issues presenting in services included young people having panic/anxiety attacks, anger issues, self-harm and suicide and low mood. Supports identified by the sector included training, toolkits and resources, as well as information and access to age-appropriate services. Concern was expressed about the fact that in the absence of services, workers were left in a holding position, trying to support and maintain a young person in the absence of the specialist help required.

Connected Communities: Connected Communities is a mental health promotion initiative rolled out by the National Youth Health Programme and funded by the NOSP. Connected Communities works to build resilient youth communities. A total award of €32,000 was made available to five organisations: ECO-UNESCO, Tipperary and Carlow Regional Youth Services, Foróige and East Wicklow Youth Service.

The National Youth Health Programme also delivered a range of training programmes in 2015 and encouraged youth organisations to participate in a quality assurance framework via the Health Quality Mark.

When asked what the main issues affecting young people were, a range of issues were highlighted, including stress, anxiety and body image.

Please Talk

Please Talk empowers third-level students to talk openly about their mental health and connects them to support services available in the college setting. Please Talk urges students to understand that talking is a sign of strength, not of weakness, and that if you're experiencing problems while at college, there are people there who you can talk to.

In 2015, Please Talk launched the 'I Talked' campaign, sharing personal messages from students who had been through tough times to encourage openness around mental health. The campaign was hosted in five colleges across Ireland. Also in 2015, Please Talk ran the annual Chats for Change campaign in third-level colleges. The campaign urged students to talk about their mental health and involved a college roadshow at which 15,000 campaign packs were distributed. The campaign engaged large numbers of students, both in college and via social media (with more than three million reached via Twitter).

ReachOut.com

ReachOut.com is a youth mental health service dedicated to taking the mystery out of mental health. The service aims to provide quality assured mental health information to help young people to get through tough times. In 2015, ReachOut.com attracted 285,002 Irish user sessions from 226,095 Irish users. This is a 35% increase in users on the previous year.

The service also progressed on reconfiguring ReachOut.com as a frontline service offering clinically supervised online support. An agreement was reached with the College of Psychiatrists of Ireland that a panel of volunteer psychiatrists will provide advice and supervision to ReachOut.com staff and volunteer moderators. This clinical back-up is in addition to the support of a Chief Clinical Adviser. A protocol of response to crisis communications online has been developed in partnership with An Garda Síochána.

Highlights from 2015

See Change – National mental health stigma reduction partnership

See Change works in partnership with more than 90 organisations to reduce the stigma and discrimination associated with mental health problems. See Change has developed the “See Change in your Workplace Pledge Programme” as a comprehensive engagement programme to address stigma in Irish workplaces. The programme involves training, workshops, policy support and help with running in-house initiatives.

In 2015, See Change launched the pledge programme. Its aim is to help to facilitate a cultural shift in workplaces so that employers and employees feel supported and secure in starting a discussion about how mental health can affect each one of us. It approaches all aspects of working life, recognising that everyone in the organisation has a role to play in challenging stigma. By signing up to the pledge, organisations show they are committed to creating an open culture around mental health for managers and employees.

SpunOut.ie

SpunOut.ie is Ireland’s youth information website, created by young people for young people. In 2015 SpunOut.ie recorded 1.2 million visits to the website (an increase of 43%) from 890,000 readers who consumed 1.8 million pages of information. Of those, 190,000 page views pertained to mental health specific content. Lived-experience sharing was key to SpunOut’s main stigma reduction campaign in 2015, “Listening is Helping”. Other campaigns in 2015 reflected the Little Things campaign themes and included the ‘Eat Well, Feel Well’, ‘Sleep Happy’ and ‘Have Fun, Get Fit’ campaigns.

In February 2015, the organisation launched a resource in partnership with Twitter called the SpunOut.ie Online Safety Hub to inform young people how to stay safe, secure and private online.

SpunOut redesigned their website in late 2015, in order to improve its ability to provide relevant, up-to-date information and run dedicated campaigns. The result has been a faster, more accessible site, better capable of reaching target audiences. The new site was launched in Facebook’s Dublin headquarters by then Minister for Health Leo Varadkar, T.D.



SpunOut.ie Action Panel, Board and Staff Members at the SpunOut.ie 10th Anniversary Event to launch the new look website.

Highlights from 2015

Young Social Innovators

Young Social Innovators (YSI) encourages, motivates and creates new opportunities for young people to actively participate in the world around them. It seeks to engage young people wherever they are - in schools, communities, youth organisations, in families, in or out of work - and prepare them to fully take part in civic action, whether through volunteerism, community service, service-learning, citizenship education or social entrepreneurship and innovation. Mental-health related projects in the YSI Health and Wellbeing programme enable young people to enhance their understanding of mental health issues and to identify practical solutions to promote the understanding of positive mental health, and increase access to education.

In 2015, the YSI Action Programme engaged more than 6,000 young people. The YSI Annual Awards were held in May with more than 5,000 young people attending. 270 of the YSI projects related directly to health. 15 regional Speak Out fora were held, involving more than 4,900 young people. The YSI also ran three 'Dens' in the year, to enable more young people to pitch their ideas for support from the Social Innovation Fund. Close to 300 young people were involved with projects in the Dens, with more than €10,000 granted to support their projects. In 2014/15, the CAST film festival engaged with 2,400 young people.

YSI also undertook research, funded by the NOSP, into the benefits of participating in YSI by young people at risk. This research is ongoing in 2016.

Mental-health related projects in the YSI Health and Wellbeing programme enable young people to enhance their understanding of mental health issues and to identify practical solutions to promote the understanding of positive mental health, and increase access to education.

GOAL

2

To support local communities' capacity to prevent and respond to suicidal behaviour

OBJECTIVES

Improve the continuation of community level responses to suicide through planned, multi-agency approaches.

Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, sporting organisations).

Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations.

WHY THIS GOAL MATTERS

Well-structured and co-ordinated community-based initiatives can translate into protective benefits for families and individuals, which contribute to reduced risk of suicidal behaviour. An empowered community can respond to the needs of its members and protect them in difficult times and can sustain these positive effects over time. The work of and partnership formed amongst HSE Resource Officers for Suicide Prevention and non-statutory organisations is crucial in ensuring this goal is met.

An empowered community can respond to the needs of its members and protect them in difficult times and can sustain these positive effects over time.

Highlights from 2015

HSE Resource Officers for Suicide Prevention nationwide

The HSE's Resource Officers for Suicide Prevention are key to building community capacity to respond to suicide. Regional work in suicide prevention is driven by the priorities outlined in *Connecting for Life*, whilst also responding to local needs and supporting community participation and leadership. Following recruitment in 2015, there are now 22 Resource Officers nationwide, who, in consultation with the NOSP and community stakeholders, are developing *Connecting for Life* implementation plans for each of their regions. These plans set out priorities based on local needs and on the suicide and self-harm rates in each area.

A significant proportion of the Resource Officers' work aims to bring together organisations and stakeholders to:

- * Coordinate action on suicide prevention within communities, through providing leadership and advice.
- * Develop evidence-based action plans across HSE areas.
- * Deliver and coordinate community gatekeeper training, e.g. ASIST and SafeTALK.
- * Promote public awareness of how suicidal behaviour can be prevented and of the availability of support services based within communities.
- * Highlight resources and supports available to people bereaved by suicide.
- * Provide support to people bereaved by suicide and promote healing and recovery.
- * Promote the mental health and wellbeing of all community members.

The Resource Officers worked on a range of activities and projects nationwide in 2015, including:

National initiatives...

- * Partnership development and preparation for consultations in relation to the implementation of *Connecting for Life* at Community Health Organisation (CHO) level nationwide. The first county implementation plan for *Connecting for Life* was launched in 2015, in Donegal. A plan for Wexford was also in development in 2015.
- * Organising training courses in suicide and self-harm prevention, and stress control. Training was provided to the general public and frontline staff in services such as health, youth work, foster care, Tusla and education.
- * Supporting roll-out of the #littletthings campaign in communities and health services across the country.
- * Development of the Suicide Bereavement Liaison Service in locations across the country.

Regional work in suicide prevention is driven by the priorities outlined in Connecting for Life, whilst also responding to local needs and supporting community participation and leadership.

Involvement in local initiatives, such as...

- * Launch of the Sligo/Leitrim Youth Directory, www.sligoleitrimdirectory.ie, and ongoing mental health promotion via www.alive2thrive.ie.
- * Connect Mental Health, a new community based organisation in South Donegal, held a three day mental health awareness event.
- * The Mayo Suicide Prevention Alliance, a network of organisations working in the areas of mental health and suicide prevention in County Mayo.
- * Mental Health Week on Grangegorman Campus hosted by HSE Dublin North City Mental Health Services and Dublin Institute of Technology.
- * Roll out of Arklow Youth Mental Health Week, which promotes positive mental health awareness and emotional literacy, helps reduce stigma and encourages help-seeking behaviour.
- * Management of the Community Resilience Fund at county level, resourcing local services focused on supporting communities responding to suicide.
- * Co-ordinating the Bereavement Counselling Service for Traumatic Deaths across Waterford, Wexford, Carlow, Kilkenny and South Tipperary.
- * The Advancing Recovery in Ireland (ARI) initiative. ARI brings together people who provide services, those who use them and their families and community supports, to work on how make our mental health services better.
- * Development of the APSI (Access to Psychological Services Ireland) mental health service in Laois and Offaly.
- * Development of the SMILY LGBT youth services in Sligo and extending outreach capacity to Leitrim.
- * Research, commissioned by the Roscommon Mental Health Supports Network, to map mental health and therapeutic services in County Roscommon and to assess the needs of organisations providing those services.
- * Launch of Mindspace Mayo, a free and confidential mental health support service for young people aged 15-25 who are going through a difficult time.
- * Woodlands For Health, in Wicklow, which sets out to identify the health value that woodland activities can provide to participants and to demonstrate its value to health professionals.
- * Limerick Mental Health week and mental health related events in Ennis, Co. Clare.
- * Cork mental health initiatives, such as the Feeling Good festival, Cork Mental Health Foundation's Mental Health Wellness Seminar and Let's Talk Wellness Week.
- * Launch of 'Lighting the Way South Cork', an information booklet for people bereaved through suicide.
- * The HSE South Suicide Prevention Helpline and Farm & Rural Stress Helpline.

Highlights from 2015

ASIST and safeTALK Training in Ireland 2004 - 2015

More than 9,000 people took part in safeTALK and ASIST workshops around the country in 2015. A total of 36,917 attended safeTALK and 34,341 attended ASIST training between 2004 and 2015.

	SafeTALK Workshops	SafeTALK Participants	ASIST Workshops	ASIST Participants
2004	0	0	30	641
2005	0	0	80	1724
2006	11	200	150	3184
2007	30	473	151	3219
2008	31	443	152	3279
2009	58	915	159	3348
2010	199	3439	158	3461
2011	282	5100	162	3525
2012	326	6921	156	3444
2013	379	6982	154	3406
2014	319	5891	114	2509
2015	343	6553	111	2601
Total	1,978	36,917	1,577	34,341

Understanding Self-Harm training

Developed by the NOSP, Understanding Self-Harm training is an awareness programme that aims to reduce the stigma of self-harm, improve awareness and sensitivity to self-harm issues among individuals and care agencies, and promote effective care services for those who engage in self-harming behaviour. It is a one-day programme, coordinated through the Resource Officers for Suicide Prevention. Two Understanding Self-Harm Trainings for Trainers (T4Ts) were facilitated in December 2014, with 21 trainers completing the training. In 2015, 621 participants, participated in workshops throughout the country.

The training is suitable for people who work with young people such as youth workers, teachers, residential care staff, as well as Gardaí, people in caring professions, parents, concerned members of the public, people who work in alcohol and addiction services, those who work with homeless people and people who work with those recovering from mental illness.

eSuicideTALK

The NOSP funded the online training programme, eSuicideTALK, which is available for free on www.yourmentalhealth.ie. eSuicideTALK is a one to two hour exploration in suicide awareness. The programme is organised around the question “Should we talk about suicide?” It offers a space to safely explore some of the more challenging issues relating to suicide. The programme encourages everyone to find a part they can play in preventing suicide. Its goal is to help make direct, open and honest talk about suicide easier.

Community Resilience Funding

The Community Resilience Fund aims to resource local programmes and services focused on supporting communities responding to suicide. In 2015, funding was provided to projects in the areas of:

- * Suicide bereavement support
- * Mental health promotion
- * Mental health supports
- * Low cost counselling
- * Youth supports
- * Social prescribing
- * Regional suicide action plans

Engaging Young Men Project

During 2015, the Men’s Health Forum in Ireland (MHFI) received funding from the NOSP to undertake a second year of the Engaging Young Men Project (EYMP). This initiative seeks to develop an evidence-based training programme and appropriate resources to support organisations to connect more effectively with young men around mental health issues.

In 2015, MHFI developed the Connecting with Young Men programme. This was delivered to more than 110 workshop participants. The aim of Connecting with Young Men is to assist a broad range of local practitioners to effectively engage with young men on mental health issues.

GAA

Emotional wellbeing was a key theme at the GAA’s National Health & Wellbeing Conference 2015. The gathering, themed ‘Healthy Minds... Healthy Bodies...Healthy Clubs’, attracted 270 delegates (most of whom were club Health & Wellbeing Officers).

In July 2015, Gerry Raleigh, Director of the NOSP, helped launch the GAA’s new Critical Incident Response Plan. It contains the details of all the HSE’s Resource Officers for Suicide Prevention, and best practice for clubs and counties to assist them in responding to a death by suicide. It also aims to help all GAA units:

- * Develop and maintain their own critical incident response plan.
- * Identify and access the range of national and local support services that are available to them in such circumstances, so that they are not expected to take on any burden alone.

To reach a young male audience, the GAA rolled out an innovative awareness campaign with Connacht GAA and all five county minor panels, as part of the provincial championship. With the support of their management teams and sponsors, the county minors squads wore specially branded gear at all their matches that signposted their friends, families, peers and supporters to www.yourmentalhealth.ie. Alongside a continued partnership with Samaritans, the GAA helped to signpost thousands of people across the four provinces to services and messages pertinent to their emotional wellbeing.

Highlights from 2015

Mojo – Men’s Support Programme

Mojo is a programme for men who are affected by unemployment and/or the recession and who are finding it difficult to cope. The programme aims to motivate the participants to make positive changes to their lives, by providing a training programme that focuses on developing their resilience to their current situation and offering them support to access local services that can help them to return to work or education.

In 2015, Mojo programmes were run in both Kildare and South Dublin. In total, more than 115 men took part in the programme over the course of the year. Mojo had a high profile launch of the programme and its evaluation findings in June 2015. The organisation also worked in partnership with Samaritans, the Irish Association for the Social Integration of Offenders, D12 Community Mental Health Forum and SWAN Family Support.

*The programme
aims to motivate
the participants
to make positive
changes to their lives.*

National Family Resource Centres – Mental Health Promotion Project

In 2015, a revised *Code of Practice for Suicide Prevention* and toolkit was launched in order to support, mentor and train Family Resource Centres (FRCs) on effective suicide prevention. By the end of 2015, the number of FRCs who have adopted or are in the process of adopting the Suicide Prevention Code of Practice increased to 81.

More than 120 people from FRCs participated in Mind Your Mental Health training (delivered in partnership with Mental Health Ireland) and 117 people participated in *Suicide Prevention Code of Practice* workshops.

2015 also saw the completion of a literature review of the international evidence base around mental health promotion in community settings, alongside consultation with key stakeholders. This will help to inform the development of a National Framework for Mental Health Promotion between the FRC Programme, Tusla, and the HSE. Once completed, this framework will outline opportunities for collaboration across services in order to provide pathways to care, build community resilience, promote social connectedness and combat stigma.

MOJO

TALLAGHT

CREATING MALE SPACE

MENTAL
FITNESS

LIFE

Director of NOSP, Gerry Raleigh, speaking at the launch of Mojo and the project evaluation findings, in June 2015

MOJO

GOAL

3

To target approaches to reduce suicidal behaviour and improve mental health among priority groups

WHY THIS GOAL MATTERS

While Ireland's overall suicide rate is among the lowest in the OECD, particular demographic groups have consistently been shown by both national and international research evidence to have an increased risk of suicidal behaviour. These include young people aged 15-24, people with mental health problems of all ages, people with alcohol and drug problems, people bereaved by suicide and prisoners.

OBJECTIVES

Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.

Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.

Enhance the supports for young people with mental health problems or vulnerable to suicide.

There are other groups with potentially increased vulnerability to suicidal behaviour where the research evidence is either less consistent or limited. These include asylum seekers, refugees, migrants, sex workers and people with chronic illness or disability. Further research is required for these groups, and these risk groups may change over time. While there is significant overlap between many of the groups, it is important to note that even within a group where there is increased risk, only a minority will engage in suicidal behaviour.

While Ireland's overall suicide rate is among the lowest in the OECD, particular demographic groups have consistently been shown by both national and international research evidence to have an increased risk of suicidal behaviour.

Highlights from 2015

BeLonG To

BeLonG To is the national organisation for lesbian, gay, bisexual and transgender (LGBT) young people aged between 14 and 23. In 2015, there were 22 LGBT youth groups in BeLonG To's national network. The organisation had more than 3,400 contacts with young people via their Dublin youth groups, with more than 400 one-to-one sessions with young people. Outside Dublin, more than 300 young people attended LGBT youth groups and more than 100 received one-to-one support. The organisation supported 100 LGBT asylum seekers and refugees. Other key areas of work included:

- * More than 600 people took part in BeLonG To's training workshops. BeLonG To also undertook a training blitz for youth workers and teachers, highlighting the risks of suicide, self-harm and poor mental health indicators of LGBT young people and strategies to combat this, particularly in relation to bullying.
- * Stand Up! Awareness Week, BeLonG To's national campaign to tackle homophobic and transphobic bullying, took place twice in 2015, with training being delivered to youth workers and teachers around the country.
- * New resources were launched, including an accreditation pack and quality standards for LGBT youth work and an information booklet for trans youth and those questioning their gender identity.

Exchange House Ireland - National Travellers Mental Health Service

The National Travellers Mental Health Service takes a community development approach to address the issue of Traveller suicide. In 2015, there was an increase of almost 30% of Travellers engaged with the service (more than 1,700 people).

The service provided mental health support and advocacy services, safeTALK training and mental health awareness talks, training and events (with close to 1,500 people attending). The service also supported nine Traveller organisations in developing Traveller specific suicide prevention programmes.

GLEN - Gay and Lesbian Equality Network

GLEN is a policy and strategy focused organisation, which aims to deliver ambitious and positive change for lesbian, gay and bisexual people (LGB) in Ireland, ensuring full equality, inclusion and protection from all forms of discrimination. The GLEN Mental Health Programme aims to mainstream LGBT issues and develops targeted responses, where appropriate.

In 2015, the *LGBTIreland Report* was funded by the NOSP and commissioned by GLEN and BeLonG To. This is a 2-module study, with module 1 assessing the mental health and wellbeing of LGBTI people in Ireland and module 2 assessing public attitudes. The report will make detailed recommendations for LGBTI suicide prevention and mental health promotion based on the findings and will be published in 2016.

Highlights from 2015

Suicide or Survive (SOS)

SOS works to break down the stigma associated with mental health issues and ensure that those affected have access to quality recovery services that are right for the individual. In 2015, Suicide or Survive:

- * Completed two Eden suicide support group programmes and started a third in Dublin. The organisation also worked in partnership with the HSE's National Counselling Service in Galway and trained five staff to run the Eden Programme in Galway and Castlebar.
- * Ran 12 WRAP mental wellness programmes, with more than 120 attendees. This included two WRAP programmes run in Wheatfield Place of Detention.
- * Ran 35 Wellness Workshops nationally, including one for young people. Use of the online Wellness Workshop also increased in 2015, with 80,000 online visitors.
- * Facilitated four See Change Workplace Mental Health Workshops.
- * Developed a programme to enhance the support skills of individuals struggling with mental health and/or suicide, and to promote and teach tips and tools for self-care.

Transgender Equality Network Ireland (TENI)

TENI is the national organisation for transgender (trans) people. TENI seeks to improve conditions and advance the rights and equality of transgender people and their families. In 2015, TENI was contacted more than 3,000 times by individuals and organisations seeking support and information. More than one third of those contacting TENI were seeking support, with 7% requiring crisis intervention or suicide prevention. More than 250 of the contacts related to trans children and young people.

In June 2015, TENI hosted Trans-FUSION, which was part of Dublin's LGBT Pride events. The goal of Trans-FUSION was to promote positive mental health in the trans community through arts and discussion. TENI also participated in See Change's annual Pride event and contributed to the Waterford Diver-City Festival, with a goal of raising awareness and mainstreaming trans issues.

TENI worked in collaboration with a range of agencies to increase awareness of trans healthcare needs and experiences, including in the areas of mental health and suicide prevention. In 2015, TENI delivered 68 training courses to 2,400 HSE staff and healthcare providers. TENI provided two trans awareness training sessions to Pieta House, as well as training to other support agencies. TENI also delivers Resilience Training, designed to promote positive mental health and help participants manage stress while improving coping skills. In 2014-15, TENI conducted the pilot resiliency course with 12 individuals over three sessions across a ten-month time period.

GOAL

4

*To enhance accessibility,
consistency and care
pathways of services for people
vulnerable to suicidal
behaviour*

OBJECTIVES

Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.

Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide.

Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide

WHY THIS GOAL MATTERS

A person vulnerable to suicidal behaviour requires easy access to a continuum of support in accordance with his or her needs at a particular time – from a sensitive response to a disclosure of distress to crisis management or appropriate referral, psychotherapeutic interventions or longer-term support. Transition points between services need to operate under widely understood protocols, ensuring the person is guided through a supportive network of assistance and that the work of statutory and non-statutory service providers enhance and complement each other. In some geographical areas there are clusters of services and supports for certain groups, while in other areas there are service gaps. What is more, the response to the person in distress may vary according to the type and location of the service. The foundations of a sustained approach to preventing and reducing suicide and (especially repeated) self-harm are consistently available services and integrated care pathways, across both statutory and non-statutory services.

*A person vulnerable to suicidal behaviour
requires easy access to a continuum of
support in accordance with his or her needs
at a particular time*

Highlights from 2015

Aware

Aware provides a range of free nationwide support services in relation to depression. These include group meetings offering support and information, a telephone and email support service, and a number of programmes based on principles of cognitive behavioural therapy (CBT). The organisation also provides interactive talks and workshops in schools as well as education and training programmes for the workplace. In 2015, Aware:

- * Had more than 12,000 visits to 39 nationwide support groups, answered 11,000 calls through the Aware support line and replied to 2663 support emails.
- * Held 136 Wellness at Work training sessions. This programme is designed to provide education and information to organisations so that people can talk openly about their mental health.
- * Delivered 64 CBT-based Life Skills programmes and five online CBT-based Life Skills programmes to more than 2,500 adults.
- * Delivered Aware's CBT-based talk about depression and how to cope with life challenges to just under 28,000 students.
- * Researched and developed a new relatives programme designed to help frontline carers in communities. The programme has been designed to educate and inform carers and also to help carers mind their own mental health.
- * Piloted a six-week, CBT-based programme for senior-cycle students in secondary schools.

Bodywhys

Bodywhys is the national voluntary organisation dedicated to supporting people in Ireland affected by eating disorders. Bodywhys provide a range of support services for people affected by eating disorders, including specific services for families and friends. In 2015, Bodywhys received funding from the NOSP for the PiLaR (Peer Led Resilience) programme, delivered in partnership between Bodywhys and the HSE Mental Health Services.

Families can play a vital role in identifying an eating disorder and also in helping the person affected to address both the behaviours and any associated emotional distress. The programme aims to provide support through peer-led resilience building. The objective is to establish a self-care pathway, beginning with identifying individual issues of need and progressing through to improving outcomes in order to incorporate the resources necessary for individualised support services. Participation helps families and carers to understand what an eating disorder is, how it develops and is maintained in an individual, and how they can support the person to move towards recovery while protecting their own wellbeing.

Childline

The Irish Society for the Prevention of Cruelty to Children operate Childline, which is a free confidential listening service that is available 24 hours a day, 365 days of the year. The service is for children and young people up to the age of 18. In 2015, Childline responded to more than 430,000 contacts from children, across its range of services. This included more than 8,000 contacts to talk about psycho-social/mental health issues, and more than 1,000 relating to suicide.

Childline answered 379,357 calls from young people and responded to 18,304 online engagements in 2015. Childline Online (text and chat services) had more than 6,000 unique service users.

Console – Bereavement counselling

The NOSP provided funding to Console for the provision of bereavement counselling to those affected by suicide. In 2015, Console continued to provide a variety of suicide prevention and postvention services and supports, including:

- * Suicide bereavement counselling, psychotherapy and postvention support from Console Centres across the country.
- * The Console 24/7 freephone suicide prevention helpline and text message service for anyone in crisis, bereaved by suicide or concerned about another. This service provided intervention and support, and works closely with emergency services and other relevant agencies.

Development of dialectical behaviour therapy (DBT) services

A national roll-out of DBT across all mental health services is ongoing, based on rigorous evaluation. The national DBT team provided training to more than 150 therapists across the country in 2015, as well as continuing to train and support therapists on existing DBT teams nationwide. The team also link with clinical care programmes to ensure uniformity of pathways to specialist treatment. Availability of DBT to those with co-morbid addiction and mental health difficulties is expanding (Cork, Waterford, Wexford, Meath, Mayo) and a uniform approach is achieved through rigorous national implementation of training, referral criteria, etc.

A pilot project to teach life and resilience skills to more than 400 Transition Year students in Cork began in September 2015. This age cohort currently has the highest rates of self-harm presentations nationally. The pilot project represents interagency collaboration across mental health, health promotion, the national educational psychology service (NEPS) and the Department of Education.

National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm

This Clinical Programme is a part of an overall strategy. It specifically addresses the care and treatment required by people who present to the emergency departments (ED) of acute hospitals following an episode of self-harm. The Programme aims to provide a standardised specialist response to all such people and, by so doing, reduce the numbers leaving emergency departments without an assessment, link people into appropriate care and involve families and friends as appropriate. The overall aim is to reduce repetition, which is known to be associated with an increased risk of completed suicide.

35.5 clinical nurse specialist nurses have been allocated to emergency departments across the country to deliver the programme, in addition to the teams and staff already in place.

In tandem with the programme, a training plan has been developed to ensure that staff are skilled and have on-going opportunities to develop competencies and have access to supervision in this clinical area. Training will also be provided to emergency healthcare staff in working with self-harm or suicidal patients to foster improved knowledge of self-harm, more positive attitudes and increased confidence in assessing and managing people in the emergency department.

Highlights from 2015

MyMind

MyMind, the Centre for Mental Wellbeing, provides affordable mental health services across four centres nationally in Dublin, Cork and Limerick. The number of clients served by MyMind nationally in 2015 grew by 14% from 2014, with more than 1,800 clients in total. Also in 2015, MyMind opened its new Dublin North centre.

In the course of the year, MyMind partnered with the Irish Men's Sheds Association to raise awareness of men's mental health, and with the Asthma Society of Ireland (ASI) for the Dublin City Marathon, to highlight the link between physical and mental health. The organisation also launched a partnership with St Patrick's Mental Health Services and worked with the Dublin Rape Crisis Centre to provide training for MyMind therapists in the area of childhood sexual abuse and sexual violence.

*The organisation
also launched a
partnership with
St Patrick's Mental
Health Services and
worked with the
Dublin Rape Crisis
Centre to provide
training for MyMind
therapists in the
area of childhood
sexual abuse and
sexual violence.*



MyMind Ambassador Sarah Grey. Sarah has been working with MyMind in advocating for mental health awareness.

Highlights from 2015

Pieta House

Pieta House provides free crisis intervention services to those experiencing suicidal ideation or engaging in self-harm behaviour. Services are provided in nine centres throughout Ireland with a tenth centre, in Waterford, scheduled to open in 2016.

In 2015, Pieta House provided over 5,400 clients with support. The organisation also began a more targeted approach to reducing the risk of suicide among high-risk and vulnerable people. The organisation commenced initiatives with organisations working in the Traveller community and the wider community itself to explore the Traveller community's needs in respect of mental health services and examined ways to increase awareness of and access to Pieta House services for Travellers. In addition, a programme seeking to improve resilience skills and help-seeking behaviour in young adults was initiated with support from teachers and students in schools in Cork and Dublin. With the support of GLEN, Pieta House provided training to therapists and staff on awareness and sensitivity of the issues facing the LGBTQI+ (*Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex*) community and specific supports they may need.

Reviews of local Pieta House service plans were undertaken to ensure full engagement with other local services and partnership with other organisations including general mental health, domestic violence, substance abuse and homeless services.

The 2015 Pieta House Darkness into Light event saw over 100,000 people, in over 80 locations worldwide, take part in the dawn walk to challenge stigmatized attitudes toward suicide and to increase awareness of the services available from Pieta House.

*over 100,000 people,
in over 80 locations
worldwide, take part
in the dawn walk to
challenge stigmatized
attitudes toward
suicide and to increase
awareness of the
services available
from Pieta House.*



Participants in the 2015 Darkness into Light walk, organised by Pieta House.

Highlights from 2015

Samaritans

Samaritans continued to provide a space for people who are struggling to cope to talk about whatever is troubling them. Calls to Samaritans helpline continue to increase, since the number has become free to call and since the *#littlETHINGS* campaign was launched, with a 30% increase in 2015. The organisation answered more than 600,000 calls in the year – that’s more than one call every minute.

Also in 2015, Samaritans had five agencies whose support lines divert into Samaritans when their lines are closed. Not only does this give each agency an opportunity to ensure their opening hours are adequate for their callers but, more importantly, it provides a safety net for callers to be supported until they can reach their agency of choice. The partner agencies are Aware, LGBT Helpline, Carers Association, Cura and Shine.

Samaritans continue to support prisoners through the prison Listener scheme. This is the result of a unique partnership between the Irish Prison Service, Samaritans and Listeners themselves, who are drawn from the prison population. Under the scheme, Samaritans volunteers train prisoners to become peer supporters for their fellow inmates.

*Samaritans
answered more
than 600,000 calls
in the year – that’s
more than one call
every minute.*

SCAN: Suicide Crisis Assessment Nurse service

SCAN provides a fast-track, accessible and responsive specialist mental health nursing service for adults experiencing self-harm/ suicide crisis who contact their GP. The GP can usually arrange for an appointment for the SCAN nurse to see a patient. Appointments can be facilitated within the GP surgery or primary care setting. Based on a comprehensive assessment, decisions relating to the appropriate care pathway for the patient are agreed.

SCAN was rolled out in eight sites across the country in 2015. SCAN was developed, within the HSE mental health services, in North Dublin, Tallaght, Wexford, Waterford, North Cork, Galway, Donegal, Laois and Offaly.

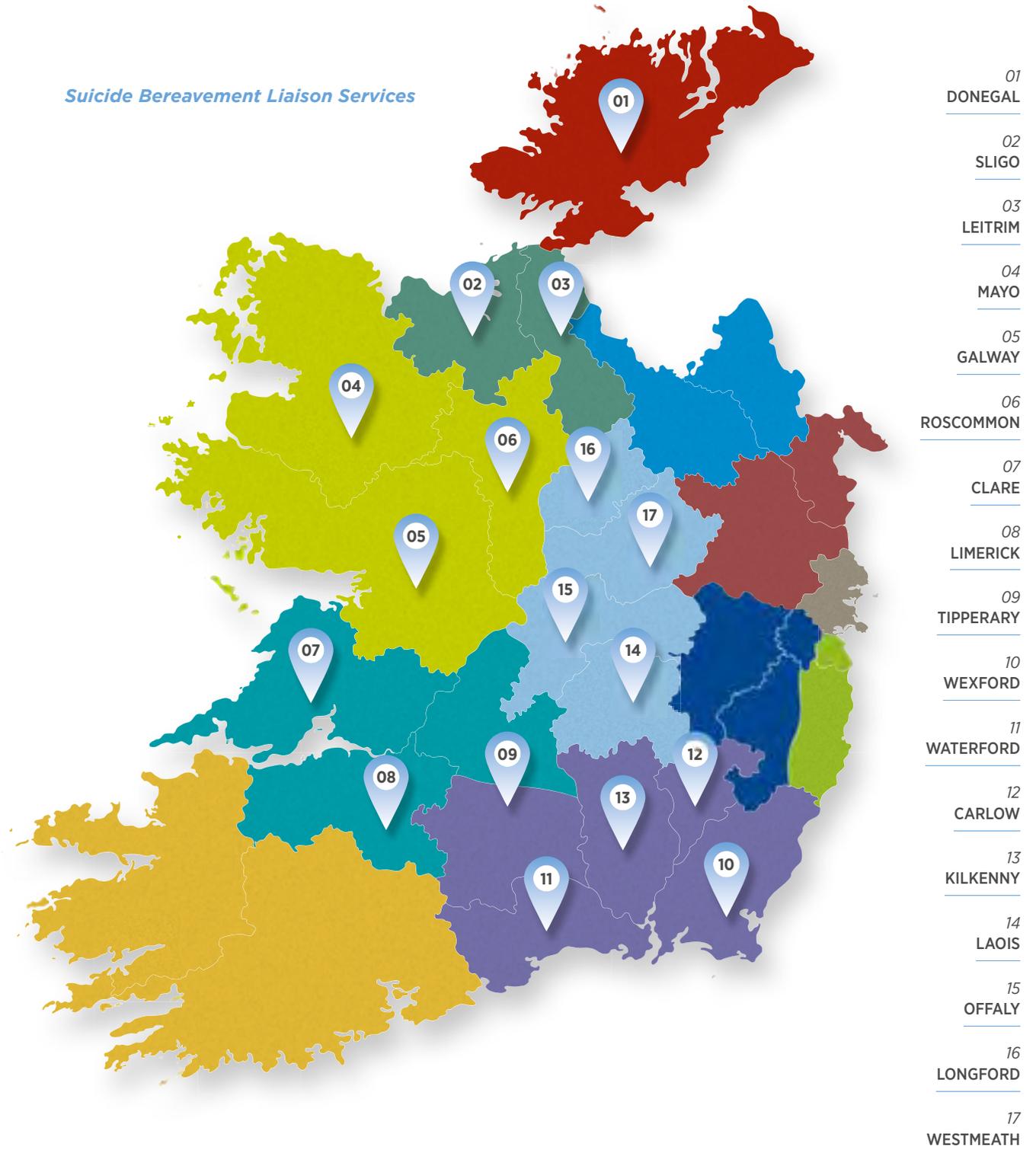
Turn2me

Turn2me is an online support community, providing peer and professional online mental health services for adults. Turn2me provides a three-tiered approach to supporting mental wellbeing, including self help; peer support and professional support such as online counselling.

Turn2Me provides free online counselling to Irish adults nationwide. In 2015, there were more than 238,000 visits to turn2me.org. Weekly online support groups on mental health issues were also provided along with Mood Skills, a psycho-educational CBT-based programme for depression. In late 2015, Turn2Me embarked on the redevelopment of their website to create an e-mental healthcare platform, which will allow delivery of services within an encrypted and secure platform.

Turn2Me won the Irish Internet Association Award 2015 for Best Use of Technology for Social Good.

Suicide Bereavement Liaison Services



In the aftermath of a death by suicide, the HSE, along with statutory and non-statutory partners, works to ensure that all necessary supports are available to the bereaved and to local communities. The aim of the service is to provide practical and emotional support and information on helpful services. A Suicide Bereavement Liaison Person is available to meet with a bereaved family (at their request), as a group or individually. The service is available in the immediate aftermath of a suicide or for those bereaved many years who are seeking help for the first time.

GOAL

5

To ensure safe and high-quality services for people vulnerable to suicide

OBJECTIVES

Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.

Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.

Reduce and prevent suicidal behaviour in the criminal justice system.

Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention.

WHY THIS GOAL MATTERS

Supporting people through a time of distress can be difficult work; therefore, agencies need to have good-practice guidelines, clear care protocols, appropriate training and supervision mechanisms.

By ensuring the quality and standard of both statutory and funded non-statutory health and social care services and strong governance and accountability structures, service users and providers are protected, and the professionalism and safety of the service response are enhanced. All services must promote an ambition for recovery, restoring the individual's independence built on self-worth and self-belief.

All services must promote an ambition for recovery, restoring the individual's independence built on self-worth and self-belief.

Highlights from 2015

National Education and Training Strategy

In 2015 the National Office for Suicide Prevention established a working group to develop a National Education and Training Strategy and Action Plan. The need for an evidence-informed, coordinated and quality-assured approach to suicide prevention education and training was identified and recommended during the process of developing *Connecting for Life*.

The overall goal of the strategy is to enable us to oversee the coordination, quality assurance, monitoring and evaluation of all education and training actions identified in *Connecting for Life*. This work will build the capacity of government departments, non-statutory partners, community organisations, groups and individuals to identify and respond appropriately to individuals at risk of suicide and self-harm.

Training in the Garda College, Templemore

Suicide prevention and intervention training has become embedded into the new training programme for the Trainee and Probationer Gardaí in the Garda College, Templemore. A clear emphasis is now placed on the acquisition of a skill set to support those who are distressed and experiencing suicidal thoughts. A cascade model of training delivery for both safeTALK and ASIST is currently in place. Six safeTALK trainers and eleven ASIST trainers, with support from the HSE, facilitate this roll-out. The delivery of workshops to students commenced in 2015.

safeTALK Training for Trainers (T4Ts)

Four safeTALK T4Ts were facilitated in 2015. Forty new trainers from the statutory, non-statutory, voluntary and community sector joined the existing teams of trainers.

The overall goal of the strategy is to enable us to oversee the coordination, quality assurance, monitoring and evaluation of all education and training actions identified in Connecting for Life.

Highlights from 2015

Development of National Standards

Supporting people through a time of distress can be difficult work; therefore agencies need to have good-practice guidelines and standards. By ensuring the quality and standard of both statutory and funded non-statutory health and social care services, service users and providers are protected and the professionalism and safety of the service response are enhanced.

Development and implementation of national standards on suicide prevention, governing service quality, is an objective under Goal five of *Connecting for Life*. In 2015, we worked on the development of national standards, through a multidisciplinary working group. A draft set of standards was submitted to the NOSP in December 2015. Currently the focus is on ensuring the standards are evidence based and are supported by an evidence informed model for implementation and monitoring.

Supporting people through a time of distress can be difficult work; therefore agencies need to have good practice guidelines and standards.

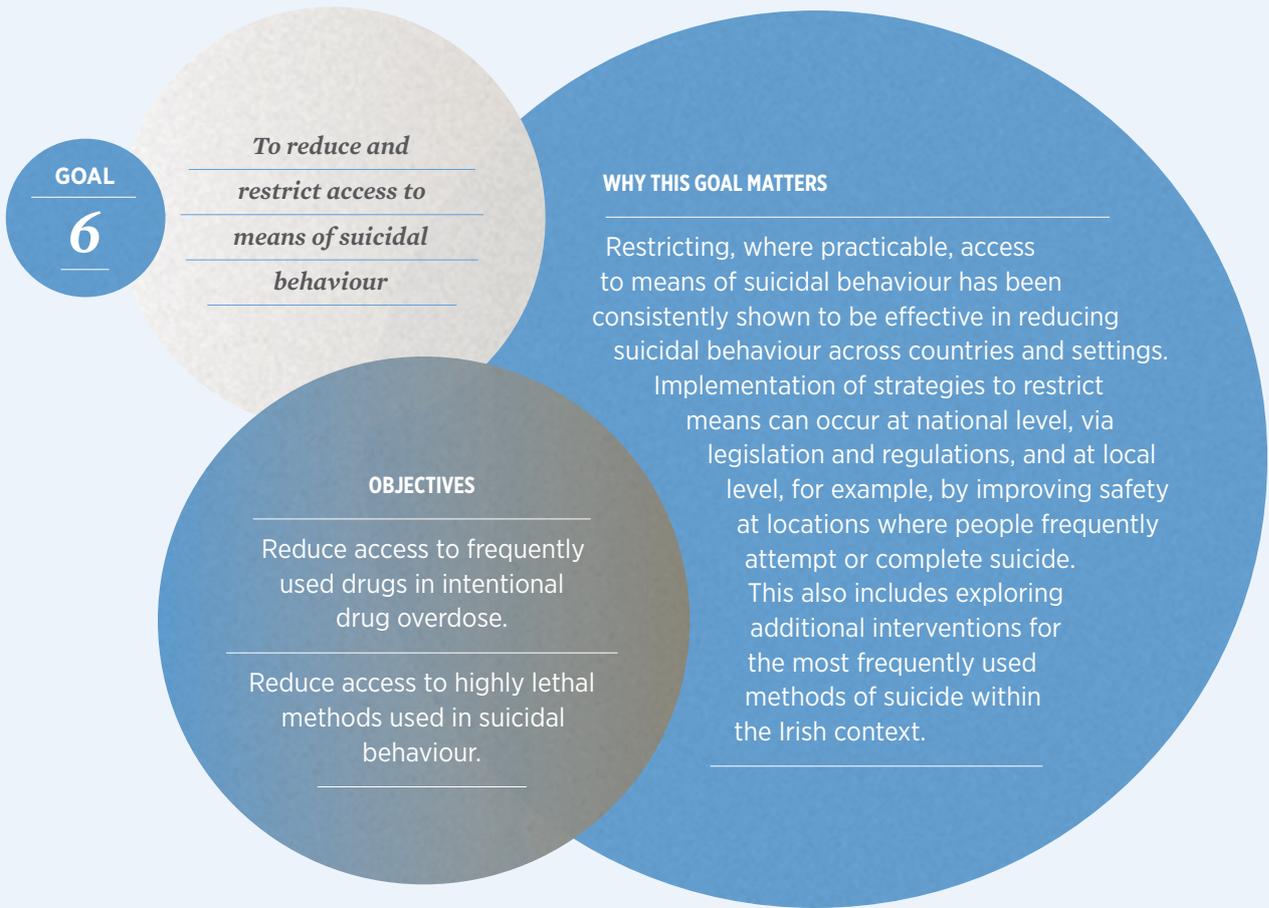
Good practice guidance - Technology, mental health and suicide prevention

The first of its kind, *Technology, mental health and suicide prevention in Ireland: a good practice guide*, is an important resource for new and established mental health organisations interested in using technology to reach people in need of support.

Given that many people experiencing distress now go online as a first step towards getting help, online mental health information and support is fast becoming an essential public service. ReachOut Ireland was funded by the NOSP to develop a good practice guide to direct the safe delivery of online mental health support. The guide incorporates the latest information on data protection and privacy policies, moderation policy and crisis response guidelines. It also informs the public what to look out for when reviewing online resources. In developing the guidelines, ReachOut Ireland identified the online services already available in Ireland, showcased examples both in Ireland and internationally and collated existing relevant guidelines and policies. This work informed an overarching document providing a good practice guide for the provision of mental health information, peer-support and online therapy.

Good practice guidance - Lesbian, gay and bisexual clients

Guidelines for Good Practice with Lesbian, Gay and Bisexual Clients was developed by GLEN in partnership with the Psychological Society of Ireland (PSI). The guide for psychologists was launched by An Taoiseach, Enda Kenny, in May 2015 and the resource has been distributed to PSI members nationally.



Restricting, where practicable, access to means of suicidal behaviour has been consistently shown to be effective in reducing suicidal behaviour across countries and settings.

Highlights from 2015

Encouraging responsible reporting of suicide

Significant worldwide research shows that there are links between certain types of media coverage of suicide and imitative behaviour among vulnerable people. This risk increases significantly if detailed descriptions of suicide methods are given and if the coverage romanticises or sensationalises suicide.

Samaritans has been working with the media in Ireland for over two decades, providing expert advice on how to approach this sensitive topic through the *Media Guidelines for Reporting Suicide*, produced with the Irish Association of Suicidology. Samaritans recognises that the media can play a hugely important role in raising awareness of the issues surrounding suicide, signposting to sources of support and encouraging people who are struggling to cope to seek help. Samaritans also believes that journalists must take care to balance what is in the public interest with the risk of influencing 'copycat' suicides among those who may be vulnerable.

Samaritans worked closely with the Press Council to introduce a new clause to the Code of Practice, which was introduced in June 2015. The new clause requires newspapers and magazines to avoid giving excessive details of methods used when covering suicide. This is a significant development, which will encourage responsible reporting and ultimately contribute to suicide prevention.

*Significant worldwide
research shows that
there are links between
certain types of media
coverage of suicide and
imitative behaviour
among vulnerable people.
This risk increases
significantly if detailed
descriptions of suicide
methods are given and if
the coverage romanticises
or sensationalises suicide.*

Headline media monitoring programme

Headline is Ireland's national media monitoring programme, working to promote responsible and accurate coverage of mental health and suicide related issues within the Irish media. Headline continued to monitor the quality of national and regional print and online coverage of mental health and suicide issues based on the extent to which a piece adheres to the media guidelines.

Throughout 2015, Headline delivered media training to media professionals and journalism students in third-level colleges across the country to ensure that current and upcoming media professionals are equipped to report on mental health and suicide in a positive and responsible way.

Headline also co-ordinated two media awards: the Student Media Award and a new award, the Headline National Magazine Award. These awards highlighted and praised the excellent work that is being done by media professionals and journalism students.

Partnership work with the Irish Pharmacy Union

We worked in partnership with the Irish Pharmacy Union (IPU) to distribute #littlethings campaign materials to approximately 1,700 pharmacies nationwide. Pharmacies across the country displayed the #littlethings posters. The #littlethings campaign highlights that we all experience difficult times in our lives and that when we do there are some simple, evidence-based little things that can make a big difference to how we feel.

Reaching out to people in crisis

For decades, Samaritans has campaigned for and put up signs at locations where people are more likely to die by suicide, as the organisation believes these signs can make a crucial difference when people are considering taking their own lives.

A person focused on taking their life has often lost sight of alternatives. The period of suicidal crisis, where someone is fixated on taking their own life, usually only lasts a short while. Creating a barrier, whether it is a fence, or an alternative course of action, such as details of an organisation like Samaritans, can often interrupt people enough for them to have second thoughts about what they are doing and seek help.

Last year there were 33 drownings by suicide and 25 undetermined deaths by drowning in Ireland. Samaritans is working with Irish Water Safety to reduce the number of suicides in our waterways. Signs with contact details for Samaritans are being placed on 5,000 ring buoy boxes on waterways across the country. The organisation hopes that this will encourage people who are in crisis to reach out and get support.

Train stations are also areas that can benefit from Samaritans' support. Samaritans and Iarnród Éireann have been working together to increase awareness of the importance of seeking support among commuters. Samaritans signs are now on display in every station platform in the country. The signs carry Samaritans' contact details and encourage people who are struggling to cope to reach out and get support. Research has shown that such signage can play an important role in reducing suicide. That research prompted the initiative, which is being run jointly by the Samaritans and Iarnród Éireann.

GOAL

7

To improve surveillance, evaluation and high-quality research relating to suicidal behaviour

OBJECTIVES

Evaluate the effectiveness and cost-effectiveness of *Connecting for Life*.

Improve access to timely and high-quality data on suicide and self-harm.

Review (and, if necessary, revise) current recording procedures for death by suicide.

Develop a national research and evaluation plan that supports innovation aimed at early identification of suicide risk, assessment, intervention and prevention.

WHY THIS GOAL MATTERS

Responsive, cost-efficient and effective suicide prevention services depend on the widespread availability of robust data – data on the types of services and interventions that are effective in reducing or preventing suicidal behaviour, on the groups most vulnerable to suicidal behaviour, on trends in suicidal behaviour in Ireland and on key risk and protective factors. Improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context, having real-time and better integrated data surveillance systems for suicidal behaviour and accelerating the transfer of research findings into practice are fundamental to the success of *Connecting for Life* and other suicide prevention policies and practices.

Improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context, having real-time and better integrated data surveillance systems for suicidal behaviour and accelerating the transfer of research findings into practice are fundamental to the success of Connecting for Life and other suicide prevention policies and practices.

Highlights from 2015

Evaluation of dialectical behaviour therapy (DBT) services

The National DBT Project continues to evaluate the effectiveness, cost effectiveness and implementation of DBT nationwide. The project is also working on pilot studies on adapted DBT programmes in an intellectual disability service, and a general school population, as well as a study on the Family Connections programme, for significant others of service users attending DBT programmes in the Cork city area.

Evaluation of the Self-Harm Intervention Programme (SHIP)

The SHIP service provides non-crisis, time-limited specialist counselling support to people who are self-harming or at risk of suicide across the South East of Ireland. The SHIP service, which is a HSE provided service, is unique within Ireland in terms of its approach, its model and the structures that underpin how the service is run. *Responding to Self Harm*, an evaluation of the service, was funded by the NOSP and published in 2015. The evaluation found that, based on feedback from service users and a broad range of other stakeholders, the SHIP counselling service is both clinically effective and cost effective. Whilst the SHIP service is embedded in and integrated with other HSE counselling services such as the National Counselling Service (NCS) and Counselling in Primary Care (CIPC), the report also highlights the importance of the SHIP service as part of a continuum of services in suicide prevention. It achieves this by complementing and providing onward care pathways to frontline assessment services such as the Liaison Psychiatric Nurse Service in emergency departments and the Suicide Crisis Assessment Nurse (SCAN) service.

A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service

In 2015, the National Suicide Research Foundation (NSRF) was commissioned by Donegal Mental Health Service (DMHS) to complete an independent study into untimely deaths and possible suicide deaths of service users.

The study came about following concern within DMHS about the sudden and untimely deaths of a number of service users. The main aim of the study was to identify risk factors associated with sudden unexpected deaths and suicides which would aid the DMHS in the care and treatment of service users who are at risk of suicide or sudden unexpected death. The study findings were launched in 2016 and inform the provision of mental health services to people at risk of suicide.

Evaluation of the Hope Social Prescribing Project

The Family Centre Castlebar commissioned the NSRF to conduct an independent evaluation of the Hope Social Prescribing Project, Erris. The outcomes of the Hope Project evaluation underline the benefits of social prescribing to support local communities' capacity to prevent the development of severe mental health problems and suicidal behaviour.

Evaluation of the Mayo Suicide Bereavement Liaison Service

The Family Centre Castlebar also commissioned an evaluation, by Dublin City University, of the Mayo Suicide Bereavement Liaison Service. The evaluation found that the service was accessible to those bereaved by suicide and beneficial to users, who felt supported in their bereavement recovery process.

Highlights from 2015

National Suicide Research Foundation (NSRF)

In 2015, the NSRF co-ordinated 22 research projects in the area of suicide, self-harm and related mental health issues, including the evaluation of intervention and prevention programmes for suicide and self-harm. The NSRF also provided briefings, information and advice to a range of national and international organisations. Highlights from the NSRF's work included:

- * Provided an evidence-based Train The Trainer programme to 34 self-harm nurses, with the aim of rolling out suicide and self-harm awareness training among emergency health-care staff in general hospitals across Ireland.
- * Provided evidence-based training programmes on awareness of depression and suicidal behaviour among trainee GPs, trainee psychiatrists and trainee guidance counsellors, as part of their curriculum.
- * Expanded the Suicide Support and Information System (SSIS) to Donegal. The SSIS was developed to provide access to support for the bereaved, while at the same time obtaining information on risk factors associated with suicide and deaths classified as open verdicts.

Research into help-seeking among third-level students

This research study involved a formal collaboration between ReachOut Ireland, the NOSP and the Irish Association of University and College Counsellors (IAUCC), with support from the Union of Students in Ireland (USI). The study explored the mental health and help-seeking behaviours and preferences of third level students in Ireland, with a focus on e-mental health (using the internet and technology for mental health information and support) and college supports and services for mental health and wellbeing.

The research found that the majority of survey respondents are highly likely to search for mental health information online; in parallel, students in focus groups highlighted the importance of

being provided with quality, visible and easily accessible online mental health information by their colleges. Additionally, results demonstrated that traditional services on-campus, such as the Student Health Service and Student Counselling Service, are valued by students and should be adequately resourced to meet student demand.

Research into multimodal validation of facial expression detection software for real-time monitoring of affect in patients with suicidal intent

Assessing present suicide intent in ordinary clinical settings is recognised as being very difficult and unreliable. The aim of this study is to go beyond the limits of questionnaires and interviews in objectively assessing emotional state in suicidal individuals. The project used newly developed software that recognises and describes facial emotion in a group of patients attending clinical services with suicidal ideation and compared this to readings in healthy individuals.

The project involved testing participants in a sequence of psychological tests and challenges and recording and decoding their emotional responses. Levels of current emotional stress were also simultaneously measured using novel wearable devices to measure pulse variation and skin conductivity.

The study report is currently in development, and the researchers expect to show that there are measurable differences in several emotional responses of suicidal individuals compared to controls. This opens up a new and readily applicable avenue of suicide assessment.

SECTION 4

Suicide mortality and self-harm in Ireland

Suicide and self-harm

Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself. Self-harm includes the various methods by which people intentionally harm themselves. 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 self-harm.

Suicide and self-harm in Ireland

A note relating to the data presented:

The Central Statistics Office (CSO) provides mortality data in two forms: (i) year of registration data and (ii) year of occurrence data. In this report, we focus on 'year of occurrence' data, as this information is more comprehensive and allows for year-on-year comparison. At the time of writing, 2013 is the most recent 'year of occurrence' data available. Data for 2014 and 2015 are also included but are provisional, due to the data-collection process in Ireland.

The CSO publishes national mortality data, including data on deaths by suicide. It is likely that a proportion of the deaths classified as undetermined are also deaths by suicide, but it is not possible to estimate this at present.

Self-harm statistics in Ireland are gathered by the National Self-Harm Registry Ireland, which reports annually on Irish statistics relating to self-harm. These reports are based on data collected on persons presenting to hospital emergency departments as a result of self-harm. Since 2006, all general hospital and paediatric hospital emergency departments in Ireland have contributed to the Registry. You can download the latest report on incidence of self-harm in Ireland from www.nsrif.ie.

The CSO publishes national mortality data, including data on deaths by suicide. It is likely that a proportion of the deaths classified as undetermined are also deaths by suicide, but it is not possible to estimate this at present.

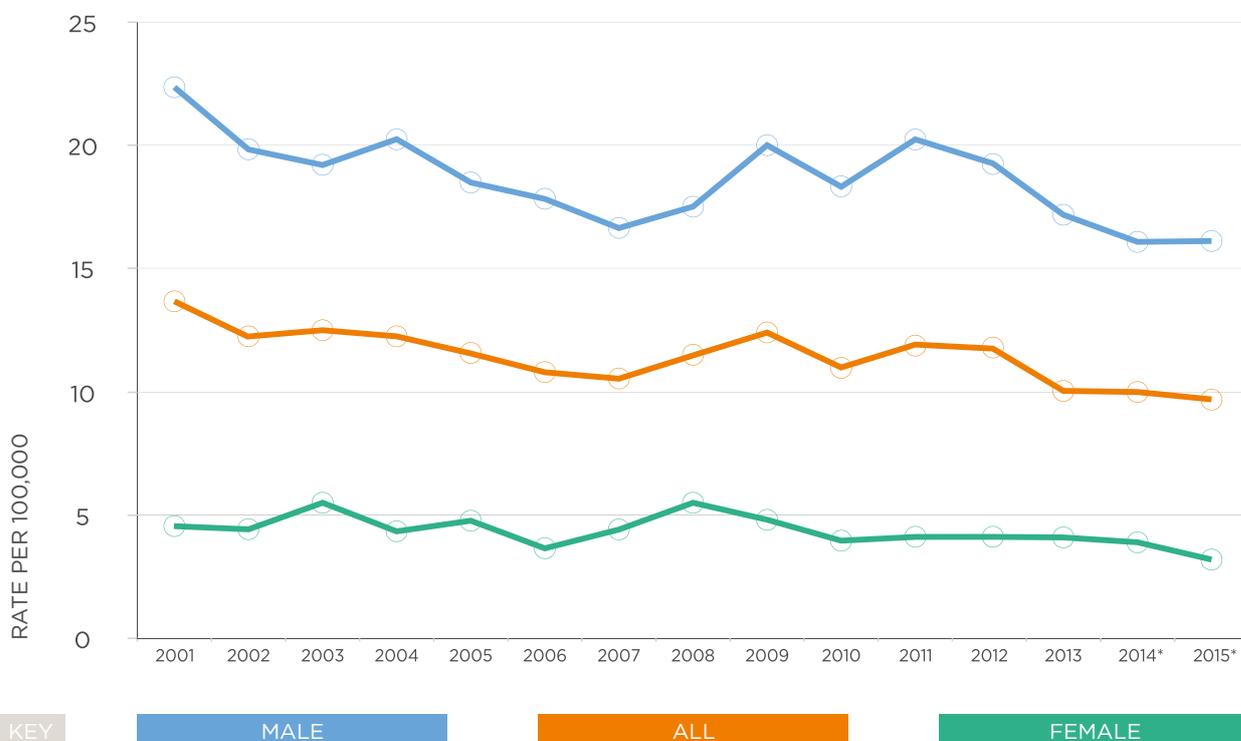
Incidence of suicide in Ireland, 2004-2015

There were 487 deaths by suicide in Ireland in 2013, representing a rate of 10.6 per 100,000. The majority of these were by men (n=391; 80.3%). This high male-to-female ratio is a constant feature of deaths by suicide over the years, as can be seen in the figure below.

Since 2007 there has been an increase in the suicide rate in Ireland. The increase observed between 2007 and 2012 can be wholly attributed to an increase in the male rate of suicide, as reported in a recent paper published in the International Journal of Epidemiology (Corcoran et al, 2015). More recently, data from 2012 onwards suggest a levelling-off of this rise. However, this pattern should be interpreted with some caution, as data for 2014 and 2015 are still provisional.

Since 2007 there has been an increase in the suicide rate in Ireland. The increase observed between 2007 and 2012 can be wholly attributed to an increase in the male rate of suicide, as reported in a recent paper published in the International Journal of Epidemiology (Corcoran et al, 2015).

Suicide rate per 100,000 by gender, 2001-2015



Note: Figures for 2014 and 2015 are provisional and subject to change.

Numbers and rates of suicide and other causes of death, 2005-2015

Year	Suicide		Undetermined		Death by external cause		All deaths	
	Number	Rate**	Number	Rate**	Number	Rate**	Number	Rate**
2015*								
Males	375	16.4	51	2.2	1,020	44.6	15,150	661.7
Females	76	3.2	17	0.7	419	17.9	14,802	631.0
Total	451	9.7	68	1.5	1,439	31.0	29,952	646.2
2014*								
Males	368	16.1	46	2.0	1,088	47.7	14,863	652.0
Females	91	3.9	16	0.7	472	20.3	14,232	610.8
Total	459	10.0	62	1.3	1,560	33.8	29,095	631.2
2013								
Males	391	17.2	41	1.8	1,064	46.8	14,958	657.8
Females	96	4.1	15	0.6	427	18.4	14,546	627.2
Total	487	10.6	56	1.2	1,491	32.5	29,504	642.4
2012								
Males	445	19.6	36	1.6	1,142	50.3	14,945	658.5
Females	96	4.1	18	0.8	435	18.8	14,241	614.9
Total	541	11.8	54	1.2	1,577	34.4	29,186	636.5
2011								
Males	458	20.2	40	1.8	1,211	53.3	14,492	637.7
Females	96	4.1	27	1.2	482	20.8	13,964	603.1
Total	554	12.1	67	1.5	1,693	36.9	28,456	620.2
2010								
Males	405	17.9	54	2.4	1,198	54.1	14,334	646.8
Females	90	3.9	29	1.3	462	20.5	13,627	604.4
Total	495	11.1	83	1.9	1,600	37.1	27,961	625.4
2009								
Males	443	20.0	52	2.3	1,236	55.7	14,727	664.1
Females	109	4.9	22	1.0	490	21.9	13,653	609.1
Total	552	12.4	74	1.7	1,726	38.7	28,380	636.4
2008								
Males	386	17.5	64	2.9	1,215	55.1	14,457	655.3
Females	120	5.4	19	0.9	506	22.8	13,817	623.6
Total	506	11.4	83	1.9	1,721	38.9	28,274	639.8
2007								
Males	362	16.7	87	4.0	1,252	57.7	14,391	662.8
Females	96	4.4	32	1.5	507	23.4	13,726	633.1
Total	458	10.6	119	2.7	1,759	40.5	28,117	648.0
2006								
Males	379	17.9	68	3.2	1,180	55.6	14,065	688.5
Females	81	3.8	16	0.8	484	22.8	13,883	655.3
Total	460	10.9	84	1.9	1,664	39.2	27,948	671.9
2005								
Males	382	18.5	93	4.5	1,239	60.1	14,412	699.0
Females	99	4.8	41	2.0	506	24.4	13,848	668.3
Total	481	11.6	134	3.2	1,745	42.2	28,260	683.6

* Figures for 2014 and 2015 are provisional and subject to change. ** All rates are crude, based on 100,000 population.

Rates of suicide in Ireland by gender and age, 2001-2015

The majority of people who die by suicide in Ireland are male. In 2013, for both males and females, the highest rates of suicide were observed among 45-54 year-olds (31.4 per 100,000 and 7.7 per 100,000, respectively). The lowest rates of suicide were recorded among 15-24 year-olds and those aged over 65 years.

Male suicide rates per 100,000 population

Year	All	15-24	25-34	35-44	45-54	55-64	65+
2001	22.4	27.7	37.2	29.9	28.6	26.5	17.2
2002	19.9	27.6	34.4	22.2	22.8	23.1	16.9
2003	19.5	29.5	22.7	30.6	23.3	24.3	14.0
2004	20.2	27.1	28.0	28.5	29.4	22.9	13.2
2005	18.5	25.6	26.8	24.9	25.8	21.6	10.4
2006	17.9	27.5	23.5	21.4	24.1	21.1	14.2
2007	16.7	23.7	23.5	19.5	20.9	16.6	16.3
2008	17.5	22.2	25.3	22.7	24.6	21.2	12.1
2009	20.0	24.4	26.6	31.5	26.6	26.9	12.6
2010	17.9	24.0	20.5	28.8	28.9	23.3	7.3
2011	20.2	26.7	27.0	28.2	32.3	25.1	12.8
2012	19.6	21.1	25.1	27.7	32.3	28.3	14.7
2013	17.2	16.1	19.9	21.6	31.4	27.1	16.8
2014*	16.1	16.7	19.5	21.7	30.6	20.1	14.8
2015*	16.4	21.5	24.2	23.6	24.2	18.1	14.3

* Figures for 2014 and 2015 are provisional and subject to change.

Female suicide rates per 100,000 population

Year	All	15-24	25-34	35-44	45-54	55-64	65+
2001	4.7	5.1	4.4	6.8	8.5	10.7	1.6
2002	4.6	4.7	6.8	5.3	8.0	6.3	3.2
2003	5.5	5.0	6.0	7.0	9.5	9.9	5.2
2004	4.3	2.9	5.2	6.5	7.7	7.4	3.5
2005	4.8	6.4	6.8	4.3	7.5	6.2	4.3
2006	3.8	5.1	3.6	4.6	6.2	6.5	2.7
2007	4.4	4.8	5.1	6.4	9.4	5.3	1.9
2008	5.4	8.1	4.6	6.5	9.2	8.4	4.9
2009	4.9	4.1	5.3	7.9	7.2	6.8	4.4
2010	3.9	3.6	4.7	5.3	6.0	8.4	2.1
2011	4.2	5.6	7.0	6.1	5.9	5.2	1.0
2012	4.1	5.8	5.3	6.0	7.1	5.6	1.3
2013	4.1	3.5	6.6	5.4	7.7	4.2	3.6
2014*	3.9	4.7	6.7	5.5	5.6	3.7	2.9
2015*	3.2	3.6	5.0	3.5	5.2	5.7	2.2

* Figures for 2014 and 2015 are provisional and subject to change.

Rates of suicide in Ireland by geographical area, 2004-2015

There was variance in suicide rates by geographical region over the period 2004 - 2015. The table below provides information on the rates by county, from 2004 - 2015. The suicide rates based on the most recent data available were highest in Limerick City, Carlow, Roscommon and Tipperary North.

Suicide rate by county, 3-year moving average

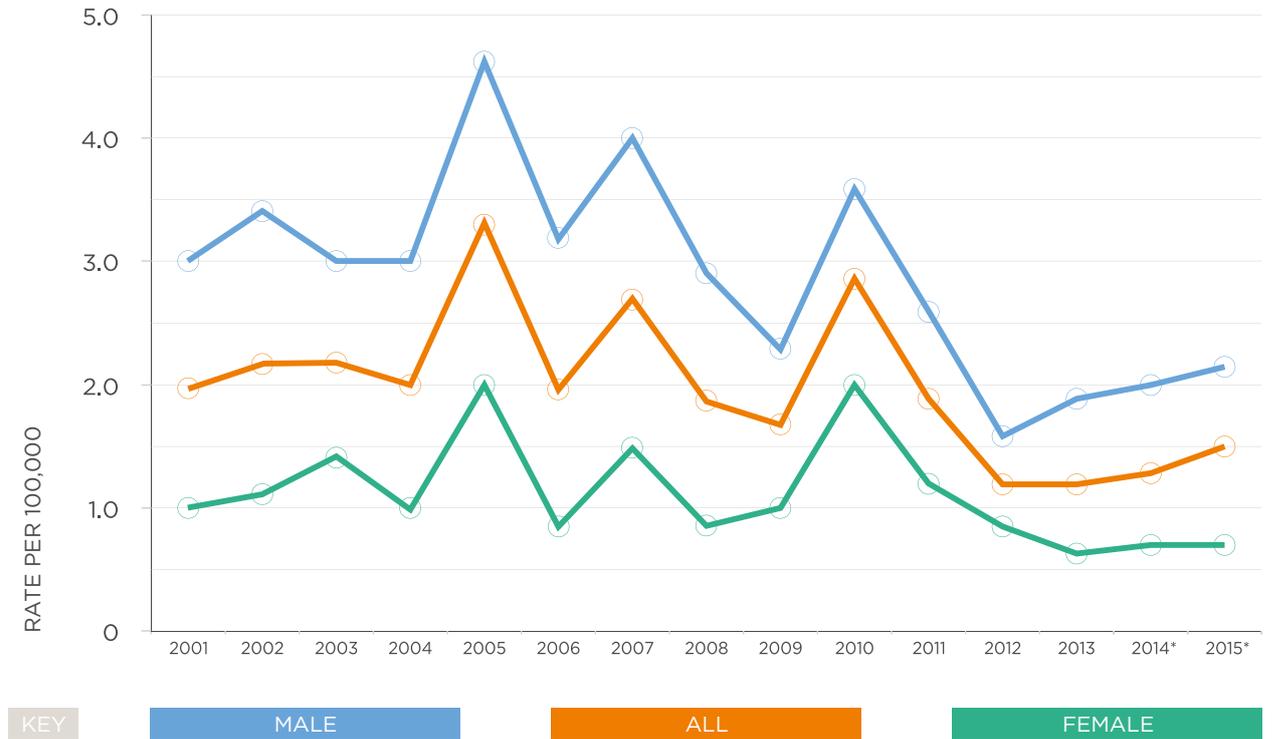
3 year moving average	2004 - 2006	2005 - 2007	2006 - 2008	2007 - 2009	2008 - 2010	2009 - 2011	2010 - 2012	2011 - 2013	2012 - 2014*	2013 - 2015*
Carlow	17.0	19.9	17.4	14.5	11.7	12.3	11.6	15.2	17.6	17.5
Cavan	19.3	18.5	16.7	14.9	12.0	10.2	10.0	14.0	14.5	15.6
Clare	12.6	12.2	12.8	14.3	11.6	11.1	10.3	14.2	15.6	15.9
Cork City	17.9	18.6	19.3	19.3	19.2	17.7	18.6	15.9	16.8	12.1
Cork County	12.8	12.5	13.1	13.3	13.5	13.5	11.9	11.8	9.7	10.2
Donegal	10.4	9.7	10.1	10.9	9.6	8.0	6.4	8.9	9.3	10.2
Dublin City	11.3	11.0	10.3	10.4	10.4	10.8	11.0	10.5	9.4	7.9
Dun Laoghaire	5.6	5.9	6.5	7.3	7.9	7.3	7.1	7.0	8.1	6.4
Fingal	6.1	4.7	5.2	6.3	6.7	6.0	5.6	5.2	5.8	5.4
Galway City	8.7	5.5	7.5	8.7	8.8	11.0	9.8	12.1	9.7	12.4
Galway County	11.3	12.1	10.6	10.9	12.5	13.1	13.6	13.3	12.2	13.2
Kerry	11.3	9.9	9.5	12.6	15.4	18.1	19.1	16.7	14.6	11.7
Kildare	10.6	11.4	11.4	11.4	10.3	10.5	10.9	11.8	11.5	11.2
Kilkenny	10.1	11.4	11.5	10.9	9.6	11.2	11.8	11.8	9.4	10.0
Laois	8.8	10.4	11.6	10.9	13.5	16.5	16.9	12.3	9.4	7.3
Leitrim	23.4	13.1	8.9	10.9	14.9	16.8	15.6	12.5	9.3	9.5
Limerick City	16.4	14.1	12.4	10.8	11.9	16.6	21.4	26.0	26.0	22.4
Limerick County	10.7	10.1	8.6	10.8	11.4	13.3	14.0	12.4	9.7	9.2
Longford	15.2	12.6	10.5	9.2	7.9	8.7	7.6	9.3	10.9	10.9
Louth	9.3	8.6	11.1	11.6	12.8	12.9	14.0	12.7	11.8	8.1
Mayo	11.1	13.8	12.8	12.8	11.5	13.3	15.4	14.6	14.8	10.7
Meath	11.1	7.5	9.3	10.8	10.9	8.3	7.5	8.8	9.5	9.4
Monaghan	10.9	10.0	9.8	11.3	12.2	10.5	13.1	13.1	15.8	13.2
Offaly	12.8	11.8	13.7	14.7	17.6	16.1	16.0	12.5	11.6	9.0
Roscommon	12.7	17.6	15.5	11.9	11.1	10.5	11.4	10.9	13.4	16.2
Sligo	13.2	8.7	6.9	7.3	10.3	11.3	11.8	9.8	9.7	7.7
South Dublin	10.2	8.4	8.6	8.2	8.2	9.5	8.8	9.4	7.3	8.3
Tipperary North	19.1	14.7	14.8	14.8	14.7	14.6	9.9	14.0	14.0	15.9
Tipperary South	10.5	11.1	12.0	14.1	14.3	14.6	14.2	13.4	12.3	11.9
Waterford City	11.5	9.3	9.2	13.1	11.1	14.1	10.8	9.3	6.4	3.6
Waterford County	16.6	11.9	13.0	13.2	15.1	12.4	11.4	9.9	9.3	12.2
Westmeath	12.7	13.6	12.1	14.4	14.9	14.0	13.2	11.6	9.6	9.1
Wexford	13.6	15.7	13.5	13.9	12.5	14.8	17.8	17.8	16.6	12.2
Wicklow	13.4	11.7	10.3	9.3	10.6	11.5	10.2	8.3	6.3	7.9
Ireland	11.6	11.0	10.9	11.3	11.4	11.7	11.6	11.5	10.8	10.1

* Figures for 2014 and 2015 are provisional and subject to change. Suicide rates are based on annual population estimates which are subject to change, this may account for minor variations with rates in previous reports.

Deaths of undetermined intent

There are indications that deaths of undetermined intent may include 'hidden' cases of suicide. However, it is not yet clear what proportion of undetermined deaths are suicide cases. The figure below shows an overview of the rate of undetermined deaths per 100,000 by gender and overall for Ireland, 2001 - 2015.

Rates of undetermined deaths per 100,000 by gender and total rates for Ireland, 2001 - 2015



Note: Figures for 2014 and 2015 are provisional and subject to change.

Incidence of self-harm in Ireland

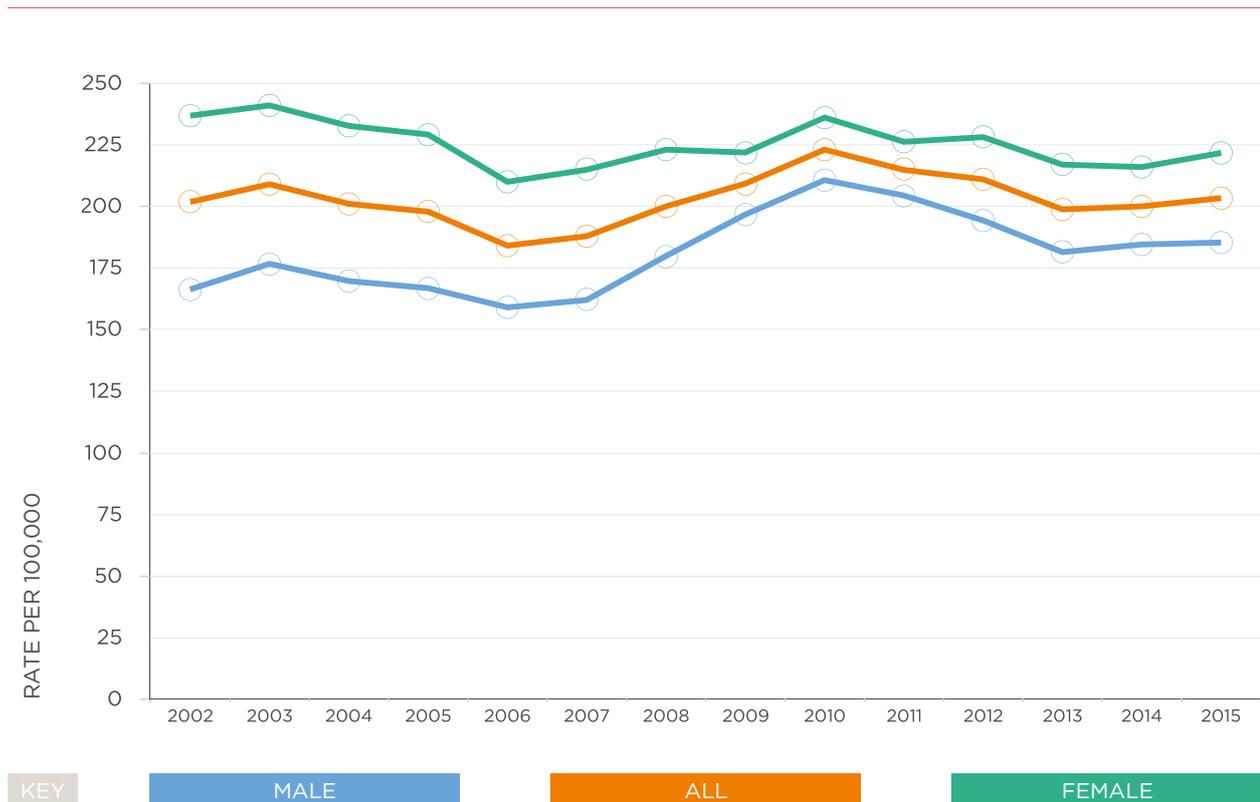
Self-harm includes the various methods by which people intentionally harm themselves. The Irish statistics presented here are collated by the National Self-Harm Registry Ireland, and you can download the latest reports at www.nsrif.ie.

Trends in self-harm by gender in Ireland, 2002-2015

In 2015, the Registry recorded 11,189 presentations to hospital due to self-harm nationally, involving 8,791 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital following self-harm in 2015 was 204 per 100,000. Thus, there was a 2% increase in the age-standardised rate from 2014, however this increase was not statistically significant. In recent years there were successive decreases in the self-harm rate between 2011 and 2013, and essentially no change between 2013 and 2014. The rate in 2015 was still 9% higher than the pre-recession rate in 2007.

Between 2007 and 2010 there was an increasing trend in the rate of self-harm in Ireland, with a 19% increase overall during this period. The largest increase was seen among men, where the rate went from 162 per 100,000 to 211 per 100,000 (+30%). There was a less pronounced increase in the female rate during this period, with a 10% increase observed. While overall the female rate of self-harm in Ireland is consistently higher than the male rate, the gender gap has been narrowing in recent years, with the female rate of self-harm 19% higher in 2015 (222 vs. 186 per 100,000).

Rates of self-harm by gender, 2002 - 2015



Rates of self-harm by gender and age

The highest rate of self-harm is in the younger age brackets. In 2015 the highest rate for women was among 15-19 year-olds, at 718 per 100,000. This rate implies that one in every 139 girls in this age group presented to hospital in 2015 as a consequence of self-harm. The highest rate for men was among 20-24 year-olds at 553 per 100,000, or one in every 181 men. The incidence of self-harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained stable, across the 30-54 year age range.

In 2015, the only significant change in the rate of hospital-treated self-harm by age were among men aged 35-39 years, where the rate increased by 15% from 220 to 253 per 100,000.

Rates of self-harm by region, 2015

There was widespread variation in the male and female self-harm rate by city/county of residence. The male rate varied from 77 per 100,000 for Monaghan to 434 per 100,000 for Cork City. The lowest female rates were recorded for Roscommon (133 per 100,000) with the highest rates recorded for Limerick City residents, at 443 per 100,000. Relative to the national rate, a high rate of self-harm was recorded for male and female city residents and for men living in Sligo, Kerry, South Dublin and Tipperary South and for women living in South Dublin, Cavan, Meath and Carlow.

Nationally, the incidence of persons presenting to hospital with self-harm was 263 per 100,000 for residents of urban districts which was nearly twice (84%) the incidence rate of 143 per 100,000 among residents of rural districts. In particular, high rates of self-harm for both men and women were recorded in Cork City and Limerick City.

The highest rate of self-harm is in the younger age brackets. In 2015 the highest rate for women was among 15-19 year-olds, at 718 per 100,000. This rate implies that one in every 139 girls in this age group presented to hospital in 2015 as a consequence of self-harm.

Repetition of self-harm, 2015

Repeated self-harm is a significant risk factor for suicide. Therefore, those who present with repeat acts of self-harm are a significant target group for suicide prevention. Appropriate aftercare is critical in reducing rates of subsequent suicide in this population cohort.

There were 8,791 individuals treated for 11,189 self-harm episodes in 2015. This implies that approximately one in five (2,398, 21.4%) of the presentations in 2015 were due to repeat acts, which is similar to 2013 and 2014 (21.0% and 22.0%, respectively).

Of the 8,791 self-harm patients treated in 2015, 1,283 (14.6%) made at least one repeat presentation to hospital during the calendar year. This proportion is within the range reported for the years 2003-2014 (13.8-16.4%). At least five self-harm presentations were made by 126 individuals in 2015. They accounted for just 1.4% of all self-harm patients in the year but their presentations represented 8.7% (n=977) of all self-harm presentations recorded.

For further information please refer to the most recent report from the National Self-Harm Registry Ireland, available at www.nsrif.ie

*Repeated self-harm
is a significant risk
factor for suicide.*

*Therefore, those who
present with repeat
acts of self-harm
are a significant
target group for
suicide prevention.*

*Appropriate aftercare
is critical in reducing
rates of subsequent
suicide in this
population cohort.*

SECTION 5

Financial Information

Financial Overview 2015

In 2015, we continued to increase investment in frontline services and organisations working in the area of suicide prevention and mental health promotion. Overall expenditure in 2015 increased by approximately 20% from 2014 levels. Our overall budget for the year was €11.87 million. This allocation has been committed and will be reflected in the full year cost of services, including those initiatives commenced in 2015.

2015's increase in funding is spread across a broad spectrum of agencies and services supporting:

- * Intervention & bereavement support services
- * Families & communities
- * Therapeutic supports
- * Marginalised groups
- * Young people
- * Men
- * Research
- * Other agencies covering all demographics

Summary of overall expenditure year on year is shown in the table below.

In 2015, we continued to increase investment in frontline services and organisations working in the area of suicide prevention and mental health promotion.

	2014	2015
	€	€
Grants to agencies	4,446,886	5,311,951
Communications projects	709,093	1,563,801
Non grant expenditure (office expenses, salaries, etc)	777,335	959,005
Training programmes (ASIST, safeTALK, DBT)	973,898	848,739
HSE funded programmes/ Community Resilience Fund	857,198	770,083
Regional liaison & Suicide Prevention services	790,000	790,000
Total	€8,554,410	€10,243,579

Funded Agencies 2015

	2014	2015
	€	€
Alcohol Action	2,500	0
Aware	0	95,000
BeLonG To	192,000	192,000
BodyWhys	23,840	22,000
Community Creations / SpunOut.ie	65,500	104,800
Console	548,000	485,997
Curam Clainne - Mayo Suicide Liaison Project	72,000	102,059
GAA	25,000	50,004
GLEN	145,843	105,000
GROW	70,000	0
HeadsUp (Rehabcare)	7,000	0
Institute of Technology, Carlow	15,000	0
Irish Association of Suicidology	60,000	60,000
Irish College of General Practitioners	0	62,056
Irish Men's Shed	0	54,109
ISPCC / Childline	201,000	246,002
Lifford Clonleigh Family Resource Centre	39,666	113,784
Men's Health Forum	0	52,500
Mojo Project - Dodder Valley	99,026	70,267
Mojo Project - Kildare	0	89,640
MyMind	20,000	72,400
National Suicide Research Foundation	650,289	836,002
National Youth Council of Ireland	18,750	39,000
Nurture	50,000	60,000
Pieta House	503,500	651,702
ReachOut Ireland (formerly Inspire Ireland Foundation)	205,608	210,124
Samaritans	582,998	611,805
Shine	303,506	236,997
Suicide or Survive SOS	144,000	197,500
Teenline	20,660	0
Transgender Equality Network Ireland	32,000	47,000
Tribli Limited / Exchange House National Travellers Service	111,500	200,002
Turn2Me	83,200	83,198
Westport Family Resource Centre	30,000	60,503
Young Social Innovators	124,500	100,500
Total	€4,446,886	€5,311,951



Delegates at the launch of *Connecting for Life*.

SECTION 6

Appendices

Appendix 1 – Support services

ORGANISATION	WEB	PHONE
<p>AWARE Aware offers a service for people who experience depression, and for concerned family and friends.</p>	www.aware.ie	1800 80 48 48
<p>Barnardos Barnardos provides bereavement counselling for children and young people who have lost someone close to them through death.</p>	www.barnardos.ie	1850 222 300
<p>BeLonG To BeLonG To supports lesbian, gay, bisexual and transgender young people in Ireland.</p>	www.belongto.org	01 670 6223
<p>Bodywhys Provides support to people affected by eating disorders.</p>	www.bodywhys.ie	1890 20 04 44
<p>Childline Childline is a 24 hour listening service for all children up to the age of 18.</p>	www.childline.ie	1800 666 666 Or text Talk to 50101
<p>GROW GROW helps people who have suffered, or are suffering, from mental health problems.</p>	www.grow.ie	1890 47 44 74
<p>Health Service Executive Ireland’s national health and social care provider.</p>	www.hse.ie	1850 24 18 50
<p>HSE National Counselling Service Free counselling and psychotherapy service, provided by the HSE.</p>	www.hse-ncs.ie	1800 477 477
<p>Jigsaw Jigsaw supports young people’s mental health and wellbeing.</p>	www.jigsaw.ie	01 472 7010
<p>Living Links Living Links provide assertive outreach support to people bereaved by suicide.</p>	www.livinglinks.ie	087 412 2052

ORGANISATION	WEB	PHONE
<p>LGBT Helpline A non-judgmental and confidential service providing listening, support and information to lesbian, gay, bisexual and transgender (LGBT) people, their family and friends.</p>	<p>www.lgbt.ie</p>	<p>1890 929 539</p>
<p>MyMind MyMind offers accessible and affordable mental health care for those in need.</p>	<p>www.mymind.org</p>	
<p>Pieta House Centre for the prevention of self-harm or suicide.</p>	<p>www.pieta.ie</p>	<p>1800 247 247</p>
<p>Samaritans Confidential 24 hour emotional support service for people who are experiencing feelings of distress or despair, including those which may lead to suicide.</p>	<p>www.samaritans.org</p>	<p>116 123</p>
<p>Senior Helpline Confidential listening service for older people by older people.</p>		<p>1850 44 04 44</p>
<p>Shine Shine is dedicated to upholding the rights, and addressing the needs of, all those affected by enduring mental illness.</p>	<p>www.shine.ie</p>	<p>1890 62 16 31</p>
<p>SOS SOS offer the Eden Programme, a supportive weekly group environment over a 6-month period, and wellness workshops that give people the tools to improve their own mental wellness.</p>	<p>www.suicideorsurvive.ie</p>	<p>1890 577 577</p>
<p>Turn2Me Turn2Me is an online mental health community providing moderated peer-to-peer forums, online group support and online counselling services.</p>	<p>www.turn2me.org</p>	

Appendix 2 – Our team in the National Office for Suicide Prevention

Mr. Gerry Raleigh	<i>Director</i>
Ms. Susan Kenny	<i>National Lead for Strategy, Planning and Implementation</i>
Ms. Paula Forrest	<i>Senior Executive Officer</i>
Ms. Paula Skehan	<i>Finance and Freedom of Information Officer</i>
Ms. Fidelma Morrissey	<i>Administration Officer</i>
Ms. Deirdre Connelly	<i>Administration Support</i>
Ms. Sandra Anderson	<i>Administration Support</i>
Ms. Sharon Nolan	<i>PA to Director</i>
Ms. Kahlil Coyle	<i>Communications Manager</i>
Ms. Anna Lally	<i>yourmentalhealth.ie Manager</i>
Mr. Hugh Duane	<i>Information Officer</i>
Ms. Bernie Carroll	<i>Resource Officer for Suicide Prevention</i>
Ms. Brid Casey	<i>Resource Officer for Suicide Prevention</i>

Acknowledgements

We gratefully acknowledge the input of the following in the preparation of the Report:

- * Department of Health
- * HSE Resource Officers for Suicide Prevention
- * The NGO, voluntary and statutory organisations that contributed to this Report
- * The Central Statistics Office
- * The National Suicide Research Foundation

Note: This document is available to download on www.nosp.ie

National Office for Suicide Prevention

Mental Health Division,
Health Service Executive,
Stewart's Hospital,
Palmerstown, Dublin 20.
Phone: +353 (0)1 620 1670

www.nosp.ie

