

National Office for Suicide Prevention
Annual Report 2005



National Office for Suicide Prevention Annual Report 2005

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NOSP Annual Report Advisory Committee:

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This report is prepared in order to meet the statutory requirements of the Health (Miscellaneous Provisions) Act, 2001, Section 14.

Note: This document is available to download on www.nosp.ie and is also available in the Irish language.

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Overview

Overview

This is the first annual report of the National Office for Suicide Prevention (NOSP) which was established by the Health Service Executive following the launch, in September 2005, of *Reach Out – A National Strategy for Action on Suicide Prevention*.

The activities relating to suicide prevention referred to in this report represent continued progress on suicide prevention activities of recent years. The partnerships created at local and national level, with statutory, voluntary and community organisations represent the building blocks on which we can make a real input in reducing the level of suicides in Ireland.

The actual number of suicides over the last few years has remained relatively stable, from a peak of 519 in 2001. The number of self-harm presentations to our A&E departments remains at around 11,000 per annum. Despite the relative stability in reported rates, we must seek to reduce this unacceptable level of suicidal behaviour while continuing to monitor age and gender patterns of suicide death. Only when we see a steady decline in self-harm and suicide can we be confident that our prevention measures are working.

Reach Out provides us all with clear, measurable actions. The NOSP will monitor and report on those actions over the course of strategy implementation. Among earlier priori-

ties for the NOSP has been the development of a suicide prevention network which will assist the process of coordination and consultation. The annual report also allows us to indicate short-term priorities and with this in mind the 12-point action plan for 2006 is included in this years report.

In 2005, the President of Ireland Mary McAleese hosted a forum on suicide prevention referred to later in this report. This approach will be followed by the NOSP who will hold an annual forum to present research, to discuss priorities and to consult with the many organisations and individuals involved in suicide prevention. New partnerships are required to give effect to the actions in *Reach Out*. The NOSP will develop these partnerships and build on those already established.

The NOSP has taken over the functions previously held by the NSRG (National Suicide Review Group). I want to express my thanks and appreciation to those members on the board of the NSRG who willingly gave of their time and expertise. *Reach Out* gives us a platform to make significant further progress in our suicide prevention efforts and I look forward to working with all those involved in this area to significantly reduce the current levels of self-harm and suicide.

Geoff Day
Head, National Office for Suicide Prevention

1. Policy Context

National

Building on the policy reference for suicide prevention set out previously in the Health (Miscellaneous Provisions) Act 2001 and in policy and research documents such as the Report of the National Task Force on Suicide (1998) and the national health strategy Quality and Fairness (2001), some key developments were advanced in 2005.

Reach Out – National Strategy for Action on Suicide Prevention

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

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

 www.hse.ie/en/publications

A Vision for Change – Report of the Expert Group on Mental Health Policy

The National Office for Suicide Prevention contributed to the development of the Report of the Expert Group on Mental Health Policy throughout 2005 by liaising with members of that Group, informing on the experiences in developing and through participation on the sub-group on suicide prevention. The Expert Group which reported in early 2006 endorsed the approach to suicide prevention outlined in stating “the strategies recommended in to prevent suicide and to improve mental health provision for people engaging in suicidal behaviour should be adopted and

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

 www.hse.ie/en/publications

Oireachtas Sub-Committee on Suicide Prevention

In October 2005 it was ordered that “a sub-Committee (to be called the sub-Committee on the High Level of Suicide in Irish Society) be established to consider such matters as it may think fit in relation to suicide and to report back to the Joint Committee thereon”. Many agencies, including the NOSP, reported to the sub-committee in 2005. The report published by the sub-committee is available on the Oireachtas website.

 www.oireachtas.ie

International

World Health Organisation European Ministerial Conference

Among the most significant international policy developments in 2005 was the publication of a *Ministerial Mental Health Declaration for Europe* following a World Health Organisation (WHO) European Conference held in Finland. Coinciding with this declaration was the publication of a new *Mental Health Action Plan for Europe* which highlights activity in the area of suicide prevention. Among the 12 areas for action identified in the Action Plan is a call to “prevent mental health problems and suicide”. While outlining a range of actions in the area of suicide prevention that are compatible with, the *WHO Action Plan* describes the task of suicide prevention as broad-based given that “the social precipitants of mental health problems are manifold and can range from individual causes of distress to issues

that affect a whole community or society.”

The WHO invited the European Commission to contribute to implementing the new framework for action and the result of that invitation was a Green Paper on improving mental health in the population published in late 2005.

 www.euro.who.int/mentalhealth2005

European Union Green Paper on Mental Health
Improving the mental health of the population: towards a strategy for mental health for the European Union

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


The stated purpose of the European Commission is “to launch a debate with the European institutions, Governments, health professionals, stakeholders in other sectors, civil society including patient organisations, and the research community about the relevance of mental health for the EU, the need for a strategy at EU-level and its possible priorities.”

Describing the current situation with regard to mental

health in the European Union the Green Paper points to suicide as an indicator, reporting that “58,000 citizens die from suicide every year (in the EU), more than the annual deaths from road traffic accidents, homicide, or HIV/AIDS.” The suicide rate of member countries is also used to illustrate health inequalities with considerable variation in rates described, from 44 suicides per 100,000 population in Lithuania to 3.6 per 100,000 in Greece (the Irish rate is currently around 13 per 100,000).

A particular initiative highlighted is the European Alliance Against Depression or EAAD Project which is based on the development of regional information networks for health professionals, the voluntary sector, education and the wider community. The Irish site for the implementation of this project is being developed by the National Suicide Research Foundation with some HSE collaboration. The NOSP is represented on the project steering group.

In continuing to develop a European Mental Health Strategy (incorporating suicide prevention) a widespread consultation process is underway.

 www.ec.europa.eu/comm/health/ph_determinants/life_style/mental_health_en.htm

2. *Reach Out* Strategy Development

The major initiative in 2005 in terms of HSE activity in suicide prevention was the development of *Reach Out*, the National Strategy for Action on Suicide Prevention which is referred to above in the section on policy.

Consultation was central to developing this strategy. Five regional consultation meetings and one national consultation meeting were held with many of the key people from the statutory and voluntary sectors. The importance of the national and regional consultation meetings was in bringing together a diverse range of organisations and individuals that not only contributed to the development of the strategy but will also support its implementation over the coming years (proceedings reports from all consultation meetings are available at www.nosp.ie). Many of the stakeholders in

the strategy development were invited to the Forum on Integration and Partnership hosted by President Mary McAleese (described in more detail below).

In addition to the consultation meetings, an advertisement was placed in the national press calling for submissions from interested members of the public and from private, public and voluntary organisations. Local media also covered the call for submissions ensuring that a wide section of the population would become aware of the strategy and its development. The level of interest and the attendance at the public launch of the strategy reflected the ethos of consultation and involvement adopted throughout the strategy development.

3. Suicide Prevention Network

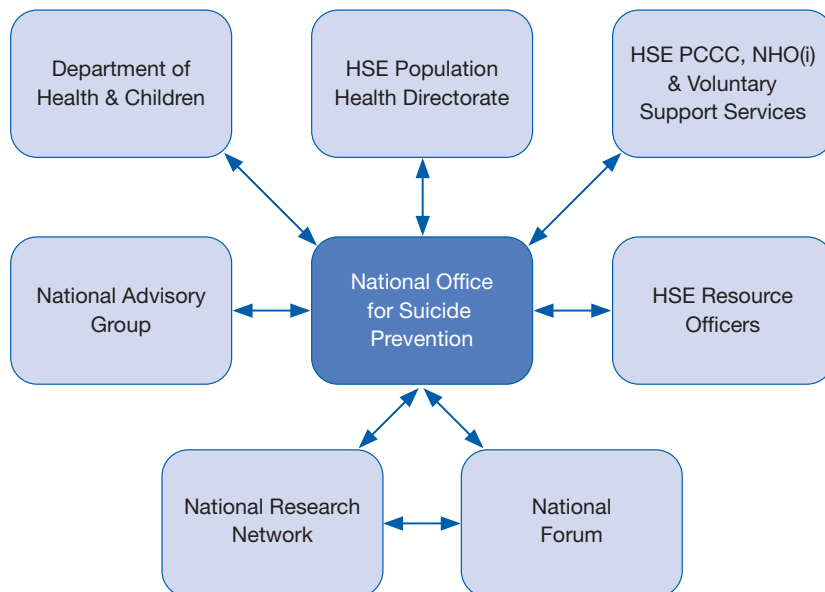


Figure 1 - Suicide Prevention Network

Suicide Prevention Network

A number of voluntary and statutory agencies are engaged in suicide prevention activities in Ireland and a principle function of the NOSP is to coordinate all of this activity – the *Reach Out* strategy providing the framework for these endeavours. Figure 1 is an overview of *Reach Out* implementation structures, and by extension outlines suicide prevention structures in Ireland for the coming years, from the perspective of the NOSP in its coordinating role.

HSE Population Health Directorate

The Population Health Directorate is responsible for promoting and protecting the health of the entire population and target groups, with particular emphasis on health inequalities. It achieves this by positively influencing health service delivery and outcomes through strategy and policy recommendations covering a range of areas. The NOSP

links in particular with the Assistant Director for Health Promotion within Population Health and other colleagues in Health Promotion nationally and regionally. The head of the NOSP reports directly to the Director of Population Health.

 www.hse.ie

HSE PCCC, NHO(i) and Voluntary Support Services

The NOSP links directly as appropriate with both HSE providers in Primary, Continuing and Community Care (PCCC) and the National Hospitals Office (NHO) as well as with voluntary sector services. Direct links with service providers are in relation to issues such as primary care responses to suicidal crises, the management of deliberate self-harm, bereavement counselling and other specific initiatives recommended in *Reach Out*.

 www.hse.ie

(i) HSE PCCC – Health Service Executive, Primary, Community and Continuing Care. HSE NHO – Health Service Executive, National Hospitals Office.

HSE Resource Officers

The Resource Officers for Suicide Prevention have been central to the development of suicide prevention initiatives since they were appointed to each of the former health boards from 1998 onwards. They are a key resource to ensure implementation of *Reach Out* at a regional and local level. The NOSP and Resource Officers meet on a regular basis to progress the work of strategy implementation and future service planning. There are 11 Resource Officers employed by the HSE. See Appendix 3 for contact details.

 www.hse.ie

National Forum

In *Reach Out* it was proposed that “a representative national forum would be briefed by the National Office on the achievements overall in suicide prevention and, in particular, in relation to strategy implementation. This forum would also provide an opportunity for the exchange of views on developments in suicide research and prevention.”

Membership of the National Forum is reflective of the actions set out in *Reach Out* with stakeholders representing health, education, the media, voluntary and community groups. Stakeholders include agencies that the NOSP has started to develop links with along with agencies that have been dedicated to suicide research and prevention for a number of years such as the National Suicide Research Foundation, Irish Association of Suicidology, 3Ts, Console and Living Links.

National Research Network

In response to the increasing volume of research into suicidal behaviour in Ireland the NOSP is committed to bringing together all those interested in suicide research in Ireland in order to promote collaboration and encourage the effective use of research findings in planning services and prevention activity.

National Advisory Group

Reach Out recommends that “a steering group comprised of key individuals who can offer their expertise to guide the work of the National Office should also be appointed. This steering group would replace the National Suicide Review Group.” The National Advisory Group for the NOSP has been appointed and is comprised of individuals with expertise and experience in a range of disciplines relevant to suicide prevention work – rather than being representative of health regions. The function of the Group is to provide strategic direction and guidance to the NOSP in implementing *Reach Out*. The terms of reference and membership of the Group is listed in Appendix 5.

Department of Health and Children

The Department of Health and Children's statutory role is to support the Minister in the formulation and evaluation of policies for the health services.

It also has a role in the strategic planning of health services. This is carried out in conjunction with the Health Service Executive, voluntary service providers, Government Departments and other interests.

The Department was a partner in the development of *Reach Out* and continues to support its implementation, especially through the Mental Health Section of the Department.

 www.dohc.ie

4. Progress Report - Suicide Prevention Activities 2005

This section reports on activities throughout 2005 under the Action Area headings in *Reach Out*. We will be using this framework in future annual reports.

Some of the activities described below were not developed in direct response to the specific actions of *Reach Out* but were planned prior to the launch of the strategy (ii).

General Population Activities

Area 1 - The Family

- Formal links to provide family support in the aftermath of a death by suicide were developed in the Dublin area with the local HSE Bereavement Support Service. Initially, a pilot bereavement support camp for children will be run over an 18 month period, involving three residential weekends for children bereaved following a death by suicide in the family – with wider family participation also included.
- *Parentstop* is a drop-in centre in the North West which provides a listening, advocacy and referral service for parents needing support or advice in all aspects of parenting. It was established following a family support needs assessment in the area.
- An annual one-day conference run by the *Partners for Health in Education* (a health, education and voluntary group alliance formed in 2002) was held in Castlebar, Co. Mayo in April, 2005. The conference aimed to raise awareness of the importance of emotional and mental health in day-to-day living and explore ways of supporting the emotional and mental health of young people and also of parents, guardians and teachers. It was attended by 120 parents and teachers. This annual conference is a positive example of bringing together families, schools and the health sector.

Area 2 - Schools

- The *Working Things Out* programme for senior cycle secondary school students saw considerable developments during the year. A project leader was appointed, a pilot study using two lessons of the programme material was completed in three schools and training in programme delivery was provided for five teachers. Six representative Dublin schools committed to mainstreaming the material from September 2005. The HSE (Health Promotion) has provided funding for the employment of a research psychologist to evaluate the programme.

 www.workingthingsout.ie

- The *Mind Yourself* programme was set up initially in the counties of Monaghan and Cavan and has since developed as a partnership between the HSE and the National Suicide Research Foundation extending into counties Louth, Meath, Cork and Kerry. The programme is based on both the best available evidence and also on consultation with young people. It is a suicide prevention initiative with senior cycle students focusing on health promotion, problem solving, awareness of services and building capacity in the wider community. Up to the end of 2005 over 1000 young people had participated in the project.
- Successful partnership working in the area of education has seen the development of *Student Support Teams* between County Limerick VEC and the HSE. This initiative is aimed at crisis readiness and providing support for students through the training of school personnel in risk awareness and assessment and in responding to a critical incident in the school. Training (a three-day workshop) commenced in September 2005 and an evaluation involving students, members of the support team and the wider school community is planned.
- In the Midlands, a partnership has developed between the local coordinator for SPHE (Social, Personal and

(ii) For further information on any of these activities, please contact the NOSP or the relevant resource officer. Contact details are provided in Appendix 3 (Resource Officers) and Appendix 5 (NOSP).

Health Education) and the HSE Resource Officer for Suicide Prevention to deliver a day-long programme for teachers of SPHE on both bereavement and emotional health issues. Further training to incorporate crisis management has been planned – revisiting a training programme delivered in the area in 2003.

- A mental health day was run in a secondary school in County Donegal for senior cycle students, parents and teachers. Workshops for students included ‘Stress Management’, ‘Dealing with Anger’, ‘Making the Most of Friendships’ and ‘Finding out about Services’. Teachers participated in workshops such as ‘Time Out for Me’ and an evening session was available to parents entitled ‘Parenting for Mental Health’.
- A one-day training course was provided for 13 teachers to facilitate the delivery of the *MindOut* programme in post primary schools in the North West. The training day introduces teachers to the *MindOut* programme and addresses the issue of dealing with mental health within the classroom.
- Training was delivered on developing crisis action plans with primary schools in Kildare where no NEPS service was available. The training was run by NEPS in partnership with the HSE, Mental Health Ireland and the home-school liaison service in Kildare.

Area 3 - Youth Organisations and Services

- Youth Services in the Mid West received four training sessions covering the myths and facts of suicide, contributory factors to suicide and, engaging with a person in a suicidal crisis.
- The HSE Resource Officer for Suicide Prevention collaborated with the Health Promotion Department in the Midlands to develop and deliver a Specialist Certificate Programme in Health Promotion for Youth Workers which is accredited by National University of Ireland, Galway (NUIG). The programme covers suicide preven-

tion and mental health promotion.

- A series of lectures promoting positive mental health and well-being among third level students was run in the NUIG, using the theme Friends Supporting Friends. It was organised by the Health Promotion Department, NUIG and facilitators included both the Mental Health Promotion Officer and the Resource Officer for Suicide Prevention, HSE Western Area and Development Officer for Mental Health Ireland.
- The *MindOut* Programme was adapted, piloted and evaluated in YouthReach Centres in County Donegal.
- The HSE Southern area in partnership with Foróige have put in place a Healthy Living project in Castletownbere, West Cork. This project is aimed at improving the mental health of young people who may be at risk of suicidal behaviour.

Area 4 - Third Level Education Settings

- Staff from a number of Third Level Colleges and Universities have received ASIST Training (Applied Suicide Intervention Skills Training) including UCD, Trinity College Dublin, University of Limerick and Limerick Institute of Technology.
- Staff members of Letterkenny Institute of Technology have trained as trainers in the *Mental Health First Aid* programme.

 www.healthscotland.com/smhfa

- A general mental health information and awareness programme for youth leaders, student counsellors and chaplains was planned in conjunction with Dundalk Institute of Technology, beginning with an Open Day to provide information in October 2005.
- The cinema advertisement *Don't Get Down, Get Help* which promotes Samaritans' services is being redeveloped in partnership with students from Athlone Institute of Technology.
- An online student counselling and support service has

been developed involving collaboration between Trinity College Dublin and the Health Service Executive.

Area 5 - Workplaces

- Planning work has been done in Dublin (Northern area) by the HSE Resource Officer for Suicide Prevention and Mental Health Promotion and Health Promotion colleagues focusing on workplace settings to introduce ASIST and other initiatives into the workplace. However, in general, suicide prevention efforts in workplace settings are not well developed at this stage.

Area 6 - Sports Clubs and Organisations

- Discussions took place with GAA clubs in the south east of the country regarding the development of mental health promotion initiatives through the clubs themselves, with the support of the HSE, but this setting has not been fully developed in terms of the potential for suicide prevention and mental health promotion initiatives.

Area 7 - Voluntary and Community Organisations

- Wide-ranging support was provided for many local, regional and national voluntary organisations throughout 2005. In particular, training was organised in ASIST and other programmes such as Gatekeeper Training in the Mid West, South East and South Western areas and both the *Concerned about Suicide* and the *Better Mental Health for All* programmes in the North West. The types of organisation linked with the HSE included voluntary counselling services, mutual self-help groups and bereavement support organisations. Voluntary organisations operating at a national level are listed in Appendix 3.
- Schizophrenia Ireland launched their second occasional paper entitled *Supporting Life: Suicide prevention for mental healthcare service users*. The NOSP are among the contributors to this publication.

- A peer support education programme has been piloted in the Midleton area in Cork.

Area 8 - Church and Religious Groups

- Some clergy including school chaplains in HSE areas across the country have attended ASIST training, although in general offers of this training only seem to be taken up by clergy who have been directly affected by a suicide death in the community.
- In Waterford, an article on suicide prevention from the HSE perspective was published in the Diocesan magazine *Harvest*.

Area 9 - Media

- The cinema campaign *Don't Get Down, Get Help* was further rolled out in cinemas in the HSE Dublin-Mid Leinster region. The campaign promotes Samaritans' helpline and email support services.
- In the south east the IAS (Irish Association of Suicidology) and Samaritans guidelines for the portrayal of suicide in the media were re-distributed to local media contacts.
- Locally and regionally the HSE Resource Officers for Suicide Prevention have forged strong media contacts to ensure issues around suicide and mental health are handled sensitively and responsibly. The HSE in the South is particularly proactive in terms of highlighting suicide prevention services available in the area – having featured on national radio and television programmes as well as local programmes.

Area 10 - Reducing Stigma and Promoting Mental Health

- In the Limerick area, a number of awareness building events were organised including a walk through Limerick city to build awareness of suicide prevention and, in September 2005, a seminar covering mental health

issues and young people was organised.

- In the North East, considerable anti-stigma and positive mental health promotion work is organised through SPAN, the Suicide Prevention Awareness Network.

Area 11 - Primary Care and General Practice

- Training initiatives in Primary Care were developed in 2005 and included participation in ASIST for GPs and practice nurses along with some basic awareness training for GP Trainees. Half-day Mental Health Promotion Seminars were delivered to the Primary Care Networks.
- In the Mid-West, there was considerable interest among GPs in participating in STORM training (Skills Training On Risk Management) with 12 GPs ultimately taking part in the training. The training has a more clinical focus in comparison with ASIST training.
- In late 2005 set-up costs were provided by the HSE in the east coast to develop Action 11.5 of *Reach Out*. This service development will involve the appointment of a specialist professional in self-harm/suicide prevention to work with Primary Care and the Liaison Mental Health Service. In addition to the clinical focus of this post, the post-holder will work with patients, their carers and GPs on the provision of education and advocacy as appropriate.
- The Mental Health and Primary Care initiative, representing a collaboration between the HSE South Western area and ICGP, completed and piloted ten modules relating to mental health and illness. One of these modules has been dedicated to awareness of suicide and parasuicide and is now available within the CME (Continuing Medical Education) training programme for GPs.

Targeted Approach

Area 12 - Deliberate Self-Harm

- In the Mid-West, an Outreach Response Service is being developed following consultation with individuals who have engaged in deliberate self-harm and have come into contact with local health services. The service is being designed to engage all those presenting with deliberate self-harm behaviours at the A&E Department of the Mid-West Regional Hospital. The service will be provided by a Clinical Nurse Specialist from within the multi-disciplinary team of the designated sector and will have a formal liaison arrangement with the current Liaison Mental Health Service and the current out-of-hours Crisis Psychiatric Nursing Service. This initiative will facilitate the development of a significant community intervention and will complement current community service provision. Outreach work with clients will be proactive to ensure ongoing engagement with the service.
- An evaluation of the crisis nursing service available in the HSE Southern area was conducted in 2005. This service offers 24-hour access to specialist psychiatric nurses at the three Cork city hospitals. The main objective of this initiative is to improve the quality of care delivered to individuals attending A&E Departments, following deliberate self-harm and attempted suicide.
- In May, the 9th Annual Cross-Border conference on mental health focussed on deliberate self-harm and young people. The conference is organised annually by the Southern Health and Social Services Board in Northern Ireland and the HSE in the North East.
- NOSP funding has been provided to develop self-harm response services in hospital A&E departments in Cavan, Monaghan, Navan, Kilkenny, Tallaght, Letterkenny, Sligo, Mayo, Mullingar, Blanchardstown, Bantry and Mallow.

Area 13 Mental Health Services

- In November, East Galway Mental Health Service organised a one-day conference on *Suicide and Depression*. The event included presentations from the Regional HSE Resource Officer, the NOSP, Samaritans and a number of researchers.
- Skills Training on Risk Management (STORM), a two day programme teaching clinicians how to assess and manage suicide risk, was delivered to Mental Health Service staff in the west of the country. Six part-time trainers, from multi-disciplinary backgrounds, delivered the training. Two further trainers completed the Training for Trainers programme in October 2005. A total of 16 workshops were held in 2005 (7 in Galway City and County, 3 in Mayo and 6 in Roscommon) with 197 participants completing the programme. The training was also delivered to staff from primary care services, including GPs and to staff of the GP out-of-hours cooperative, Westdoc. Mental health services in the Dublin area also received STORM training in 2005.
- ASIST training has been delivered through the post graduate training on 'Enduring Mental Illness' in the School of Nursing at Trinity College Dublin.

Area 14 Alcohol and Substance Abuse

- Issues around the risk of alcohol and substance abuse are routinely incorporated into awareness training delivered by the HSE Resource Officers for Suicide Prevention. For example, there is a section on *Alcohol and Suicide* in the *Concerned about Suicide* programme delivered in the North West and in the gatekeeper training in the South Western area.
- A brief alcohol intervention programme has been developed in partnership with GAA clubs in the North East, while also in the North East a system of self-referral to alcohol counsellors has been introduced.

Area 15 - Marginalised Groups

- During 2005, two suicide prevention awareness sessions were delivered to traveller's groups and two sessions were delivered to lesbian, gay, bi-sexual and trans-gender representative groups in the North East.
- In Galway, a counselling service is being developed as a partnership initiative between the Galway Traveller Movement, Adult Survivors of Abuse Counselling Service and the HSE Resource Officer with funding support from the Traveller Health Unit, HSE West and the NOSP.

Area 16 - Prisons

- A training needs analysis was developed in 2005 with prison officers in Mountjoy, the Dochas Centre and St Patrick's Institution. This action research analysis is being conducted with a view to developing a training programme for prison staff that can be delivered on a national basis.

Area 17 - An Garda Síochána

- Members of An Garda Síochána attended ASIST training throughout the country. In particular there was an emphasis on training for Juvenile Liaison Officers in the Midlands and for Community Gardai in north Dublin.

Area 18 - Unemployed People

- The JOBS programme for unemployed people has been successfully piloted in the North West and an evaluation report is available. The programme led to significant economic and mental health benefits for participants.

Area 19 - People who have experienced Abuse

- Work began in 2005 on a research project examining risk and protective factors for suicidal behaviour amongst persons who have experienced institutional abuse. Meetings took place between the NSRF (National Suicide Research Foundation) and the survivors' group,

Right of Place, with an initial phase of research being approved for March - August 2006.

Area 20 - Young Men

- The Department of Health and Children supported the consultation process around the development of a specific Men's Health Policy during 2005, involving six consultation meetings. The NOSP participated in this phase one consultation process. In the development of consultation reports five key policy areas were identified, with the issue of suicide prevention being addressed in four of the five areas.

 www.healthinfo.ie/menshealth/

- Overall, suicide prevention activities in a number of areas will indirectly aim to reduce risk among young men. However, there is a need to develop initiatives specifically for this group. Partnership working between the Men's Health Forum of Ireland and the NOSP is being established.

Area 21 - Older People

- In Dublin, the HSE have been working with the group Age and Opportunity to develop the programme Ageing with Confidence. A trainee's manual was published in early 2005 and the training of trainers programme is being redeveloped with a specific trainer's manual due to be published in 2006.
- In the South-East, the HSE Training and Development Officers continue to develop and deliver a programme around depression awareness in the elderly, targeting those working with older people. Similarly, the leaders of the Third Age Centre in County Meath also received suicide prevention awareness training in 2005.
- In the West, a poster and leaflet campaign was developed in 2005 with the support of Mayo Mental Health Services and the NOSP. The campaign, which aims to disseminate practical information on depression among

older people, is being developed under the acronym AGED (Assessment Guidelines on Elderly Depression).

- Community Care Services in the HSE (East Coast) have been briefed on the issue of suicide prevention and depression awareness among older people.

Area 22 - Restricting and Reducing Access to Means

- In 2005, a report on the *Disposal of Unwanted Medication Properly (DUMP)* campaign in the HSE South Western Area was finalised. The project, which involved the participation of 157 pharmacies, aimed to:
 - Reduce access to the means of overdose and parasuicide
 - Reduce accidental poisoning among children
 - Provide environmental protection/prevent contamination

Each pharmacy was provided with waste disposal containers, information leaflets and promotional posters for display to alert customers. In terms of monitoring and evaluation, each pharmacist maintained a record sheet for a minimum period of six weeks outlining the medicine returned, quantity, date and reason for return. The evaluation reports on a random sample of 31 pharmacies for a six-week period revealing a return rate of 1706 items – the majority of which (72%) can be classified as 'general medications', while 12% of items were classified as 'central nervous system medication'. A full evaluation will be conducted in collaboration with the School of Pharmacology, Trinity College Dublin. The DUMP project commenced in the HSE Midlands region where there is 99% involvement with community pharmacies in the region. Data is also being collected in this region to compare against types of medications used in overdose as compiled by NSRF report.

Responding to Suicide

Area 23 - Support following Suicide

- The organisation Console continued to develop in 2005 with the setting up of a counselling service in Galway, building on the range of support services offered by the organisation nationally. These services include a free-phone helpline (1800 201 890), individual and family counselling, support groups and practical information resources.
- There is a considerable network of statutory and voluntary bereavement support services across the regions and examples include the Living Links service which is widely promoted in the Mid-West (where it was founded) and in other areas of the country, a HSE Bereavement Support Service in the Midlands, the South, and the North West, Life Support and CRUSE in the North East and Talk it Over, an 'umbrella' organisation for support groups in the South East.
- Training is offered to voluntary support services in a number of ways, including, for example, through the HSE Resource Officer and the Health Promotion Department in the West.
- It sometimes happens that a particular community is acutely affected by a number of suicides in a relatively short space of time, requiring a dedicated and timely response to support the community in such difficult circumstances. In Galway in 2005 the HSE worked with the Family Support and Neighbourhood Youth Projects in Ballybane to develop a policy of response to sudden deaths in the community.
- In addition to counselling and other support services there are a wide range of information resources to help people through a bereavement by suicide and other sudden deaths. In many areas this information is produced under the banner of *You Are Not Alone* (originating in the Mid West). In 2005 the *You Are Not Alone* materials were

published in the HSE North West and South Western areas – and these resources are widely available elsewhere in the country.


 www.hse.ie/en/Publications/HSEPublications

Area 24 - Coroner Service

- A report of an attitudes survey involving coroners was prepared in 2005 by the NSRF and presented at the 13th Annual Medical Faculty Research Day in University College Cork in June. The report was based on a survey of 60 coroners and deputy coroners. The study will be submitted for publication in 2006.
- Further action is needed in relation to work with, and support for, the Coroner Service and their potential role in suicide prevention and research.

Information and Research

Area 25 Information

- In collaboration with the HSE North West, Community Creations launched a youth website, www.spunout.ie in 2005. This site was created by youth, health, media and design professionals who worked directly with young people aged 16 to 25. It combines a multi media web magazine, an online InfoZone, a Mind, Body and Soul health centre, and contacts database. Suicide prevention is one of many topics pertinent to youth culture that is dealt with on the web site.
-  www.spunout.ie
- An information help line which has been running since 2004 in the North East was launched nationally. The number is 1850 24 1850. Information on public health and social services is offered to callers.
 - The Dublin West/South West Mental Health Directory was published in association with Clondalkin Mental Health Association.

- The crisis cards *Numbers When You Need Them* and *Help at your Fingertips* were redeveloped and published in the HSE South Western area.

Area 26 Research

- Form 104 is a confidential Garda form completed following an inquest in Ireland and used by the Central Statistics Office in the compilation of statistics. The NSRF was commissioned in 2004 to examine the data collected by this form. This study continued in 2005 and a report is in preparation and will be completed in 2006.
- Action 25.2 in *Reach Out* sought to establish a national confidential inquiry into deaths from unnatural causes including suicide. A prerequisite for this work was the preparation of a scoping paper the primary purpose of which was to inform the development of improved mechanisms for recording, gathering, analysing and effectively utilising information in relation to suicide deaths in Ireland for the purposes of suicide prevention. In October 2005, the NOSP commissioned the NSRF to prepare this scoping paper, to be completed in 2006.
- The development of an effective service response for people who have engaged in deliberate self-harm (DSH) or are acutely suicidal was identified as a key priority of *Reach Out*. Action 12.1 was to review the nature and extent of assessment, treatment and aftercare for patients who have engaged in DSH or who are acutely suicidal presenting to A&E departments. In 2005, the NOSP commissioned the NSRF to carry out this review in relation to DSH. To be completed in 2006, the review will be based on data relating to the assessment and aftercare of up to DSH patients who presented to A&E departments during 2006.
- The National Parasuicide Registry continued to collect and analyse data on deliberate self-harm presentations at hospital A&E departments. See the following section on Current Mortality and Self-Harm Data for the most recent figures.

5. Awareness Building, Coordination & Skills Development

World Suicide Prevention Day

World Suicide Prevention Day each year (September 10th) focuses global attention on the estimated 1 million lives lost annually through suicide. It is a joint initiative of the World Health Organisation and the International Association for Suicide Prevention and was first held in 2003. In 2005 the theme of World Suicide Prevention Day was “Suicide – Everyone’s Business”.

The following is an outline of some of the activities internationally to mark the day (iii):

Austria: Viennese Crisis Intervention Centre

The Viennese Crisis Intervention Centre organised a workshop for journalists providing them with information about suicide prevention, imitational effects, crisis intervention, influence of media reports on suicidal behaviour and suicide media coverage. One key feature was the presentation of the recently revised guidelines “How to Report on Suicide”.

Belgium: Suicide Prevention Project of the Mental Health Centres

A public debate with a panel discussion, entitled 'Hold On, Take Care', was held focusing on the development of chains of care for suicidal people and their relatives. Members of the panel included a GP, mental health workers and a survivor. The aim was to raise awareness within the sector in order to increase levels of care for suicidal people.

Brazil

A general hospital initiative was organised in Brazil based around three days of activities related to the prevention of suicidal behaviours in the hospital setting. Activities included brief training sessions on suicide prevention for the clinical personnel of the hospital (including nursing attendants,

nurses and other medical staff) and a number of lectures regarding the psychological aspects of suicidal behaviours and its impact on the healthcare team and on the detection, assessment, and management of suicidal patients. The event concluded with a multidisciplinary discussion about the prevention of suicide in the general hospital setting (with the presentation of clinical vignettes).

Canada

A number of initiatives were held across Canada to mark World Suicide Prevention Day including a 5km walk to fund-raise for suicide awareness programmes. In Vancouver, the Suicide Survivors Coalition encouraged local libraries to develop displays promoting suicide prevention literature and disseminating booklists recommended by suicide survivors and mental health professionals. Events elsewhere included the dedication of an ice-hockey game to suicide prevention and the hosting of fundraising rock concerts.

Denmark

In Denmark the Mental Health Fund organised a full-day conference on suicide prevention covering issues such as prevention possibilities among children, young people and elderly, dissemination of research results, the link between mental illness and suicide, and, experiences among those who are left behind.

Hong Kong

In collaboration with counterparts all over the world to promote the prevention of suicide, The Samaritan Befrienders Hong Kong organised a programme called “Parent-child Heartily Play Day” to encourage the public to care for the people around them, especially within a family.

Ireland: 3Ts

The 3Ts – Turning the Tide of Suicide organised a candle-

(iii) These overviews were adapted from www.iasp1960.org – the website of the International Association for Suicide Prevention.

light vigil on the eve of World Suicide Prevention Day in Dublin city centre. The evening included music by the Vedres Quartet, song by the Dublin Male Welsh Choir, guest speakers and a minute's silence for loved ones lost through suicide.

 www.3ts.ie

Republic of Korea

The Korean Association for Suicide Prevention held a day of commemoration and hosted a series of events in partnership with the Korean government. One such event was the "Award for Loving Life" which was awarded for outstanding service and invaluable contributions to suicide prevention in four fields - services, culture, media, and the academic sector.

United Kingdom and Republic of Ireland

Samaritans, with 203 branches in the UK and Republic of Ireland linked all local initiatives and events held around September 10th to World Suicide Prevention Day. These included local media conferences, volunteer recruitment days and vigils.

 www.samaritans.org and www.befrienders.org

For information on World Suicide Prevention Day 2006 visit

 www.iasp1960.org

President's Forum on Suicide Prevention

In 2005 the President of Ireland Mary McAleese hosted the Forum for Integration and Partnership of Stakeholders in Suicide Prevention at Áras an Uachtaráin. The Forum was attended by a representative range of interests and included participation from colleagues in Northern Ireland. The President addressed the Forum and participants held small group discussions on how to best develop partnership in tackling the problem of suicidal behaviour in Irish society.

Forum recommendations included:

- "Complete, publish and implement as a matter of priority, the National Strategy for Action on Suicide Prevention
- Move towards developing a coordinating structure with in the social partnership model
- Establish a leadership structure linked to government to coordinate, resource and administer the work of suicide prevention
- Support community groups and voluntary agencies in forming linkages and arriving at a greater mutual awareness
- Develop and resource safe, accessible and user-friendly mental health services where relevant expertise is available on a 24/7 basis
- Support research into the range of issues across society that contribute to suicidal behaviour
- Consider a major media campaign to promote positive mental and emotional health and challenge the stigma surrounding mental distress
- Request President McAleese to host a further meeting of the Forum in the future, where stakeholders could report back on progress that has been made in relation to forming effective strategic alliances and partnerships."

The proceedings and report of the Forum are available to download at:

 www.president.ie

All-Ireland Resource Officers and Suicide Awareness Coordinators Workshop

The Third Annual Meeting of Resource Officers for Suicide Prevention and their Northern Ireland counterparts took place in Monaghan in April, 2005.

Among the issues discussed were:

- ASIST (Applied Suicide Intervention Skills Training)

- Concerned about Suicide leaflet
- Media skills training
- Support for the bereaved by suicide
- Awareness pack
- Helplines
- Working with schools:
- Websites

It was agreed that the 4th annual meeting will proceed in 2006 at a date and venue to be confirmed.

Research Meetings

NOSP/RehabCare Research Meeting, Dublin

The National Office for Suicide Prevention organised a research meeting, in collaboration with RehabCare, to showcase suicide prevention projects which had received funding from the NSRG between 2000 and 2003. The aims of the meeting were to disseminate learning from the projects and to present the results of the review of the four-year funding programme.

The delegates were carefully selected to represent groups which would benefit from the learning to be gained from the individual projects. Seven projects were discussed using a mixed methodology of oral presentation and workshops. Feedback from the delegates indicated that the event was a success in terms of meeting its overall aim and also furthered networking within the community of suicide prevention stakeholders.

23rd International Association for Suicide Prevention Annual Congress, South Africa

The International Association for Suicide Prevention (IASP) congress is held every two years and in 2005 NOSP staff attended and presented on the consultation and develop-

ment process relating to *Reach Out*. Copies of the recently launched strategy were made available to delegates. The next IASP conference will be held in Killarney from 28th August to 1st September 2007, providing an important international focus for Irish suicide prevention efforts.

 www.iasp2007.org


Fourth International Meeting “Suicide: Interplay of Genes and Environment”, Belgium

This meeting is sponsored by the IASP and takes the unique focus of examining the interaction effects of genetics and environment in understanding suicidal behaviour. NOSP staff contributed to the scientific programme with a presentation on the experiences of the NSRG in relation to funding suicide prevention projects. Parallel sessions were organised along the following themes: depression, clinical issues and prevention, genetics and biology, and epidemiology.

ASIST - Applied Suicide Intervention Skills Training

Work in relation to ASIST training continued to develop following the first training for trainers (T4T) programme held in 2004. The NOSP has continued the national coordinating and support role first developed by the NSRG and, from that first T4T, developed a national network of trainers. Trainers are coordinated locally by the Resource Officers for Suicide Prevention in ten sites. More than 80 workshops were held across the country by the end of 2005, providing more than 1,800 participants with suicide first-aid skills.

Two national meetings were convened by the NOSP in February and October to support trainers and coordinators. These meetings facilitated the discussion of issues pertinent to the delivery of training and allowed trainers and coordinators to share their experiences in relation to the 2-day workshops. Results from an evaluation of the training



were disseminated at these meetings which show that the two-day workshop is effective in improving participants' confidence in engaging with someone who is experiencing a suicidal crisis. The results also indicate that this increased confidence is maintained six months after training.

In addition to the national trainers and coordinators meetings, the NOSP met with Living Works Education, the agency which developed ASIST, to discuss the future structure and coordination of training in Ireland. Living Works Education recognises the NOSP as the national coordinator of ASIST.

A second T4T was coordinated by the NOSP and run in November at a training site in Galway. A further 23

participants completed the training, representing the HSE and five additional agencies. These included Console, Mental Health Ireland, the National Association for the Deaf, the National Youth Health Programme of the National Youth Council of Ireland and Schizophrenia Ireland. The National Youth Health Programme became the 11th coordinating site for ASIST and will deliver workshops across the country in line with their national remit. The T4T further facilitated one Registered Trainer to up-skill to Consulting Trainer and another to Training Coach level, further developing the national resources in this area.

6. Current Mortality and Self-harm Data

National Suicide Mortality Data

The responsibility for classifying deaths in Ireland, including deaths by suicide, rests with the Central Statistics Office (CSO) on behalf of the Department of Health and Children. All deaths which are the result of an external cause, rather than a natural cause, are subject to an inquest. A Coroner's Certificate is completed for each inquest. External causes include accidents, homicides, suicides and those external deaths whose cause cannot be determined.

The CSO consults a number of sources of information before making the classification of cause of death. These include the Medical Cause of Death Certificate, the Coroner's Certificate and an additional statistical form, Form 104, which is completed by the Gardaí and returned to the CSO following an inquest.

The tables below present data on suicide and deaths by other external causes by age, gender, method and county from 1980 to 2003, the most recent year for which official data is available. The CSO makes data available by 'year of occurrence' and 'year of registration'. These two types of information are not comparable. For example, the figures for 2005 are not comparable to the figures for 2003.

Data by year of occurrence is the official data, and refers to deaths that occurred in that calendar year. Data by year of registration refers to deaths which were registered with the CSO in a particular year. Deaths which occur from an external cause are often not registered in the year in which they occur, as registration happens after an inquest closes. As inquests may not take place until the following calendar year, those deaths are not registered until the following

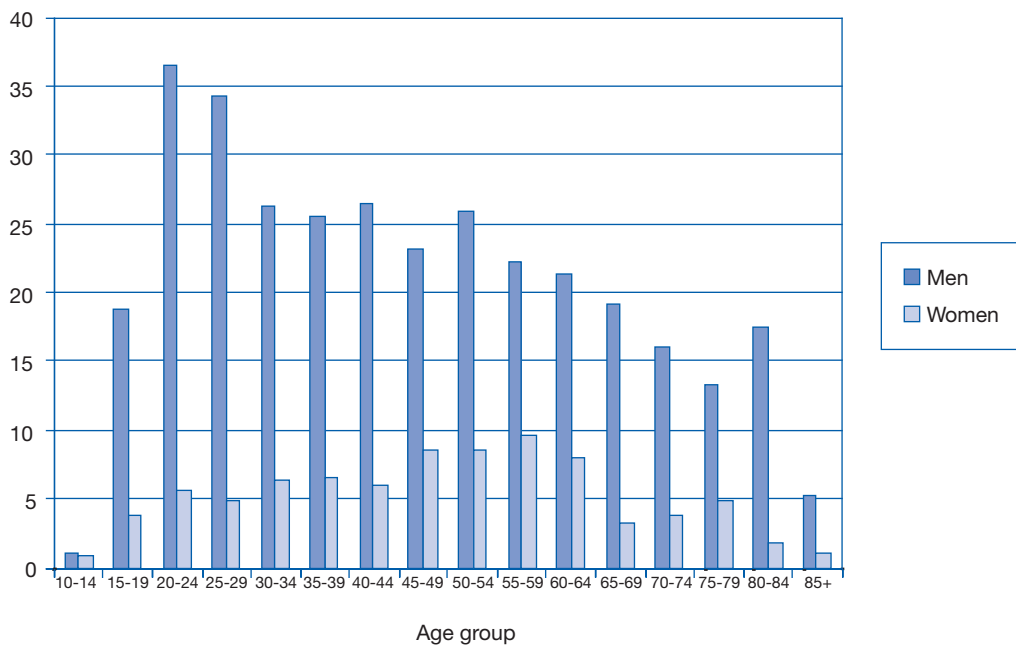


Figure 2 - Average annual male and female suicide rate per 100,000 population by 5-year age groups (2001-2003)

calendar year. The result is that a death which occurred in 2004 may be recorded in the official 2004 data (year of occurrence data) and in the 2005 figures for registered deaths.

For this reason, year of registration data is provided separately in Tables 1-3, and is not included in later tables which aggregate data over a five-year period.

Based on these data from the CSO, a total of 2,435 deaths by suicide occurred in Ireland between 1999 and 2003. This corresponds to a rate of 12.4 per 100,000 population. Of particular concern in Ireland, as elsewhere, is the high rate of death by suicide among young adults. More than a quarter (27%) of all deaths by suicide occurred in young adults in their 20s. Figure 2 shows the average annual rate

of suicide by age group and gender to portray a snapshot of the current pattern of death by suicide.

In relation to trends in suicide mortality over time, Figure 3 shows that the male suicide rate increased steadily until the late 1990s with more fluctuation and a general levelling of the rate in recent years. The overall female rate has remained fairly constant since the early 1980s.

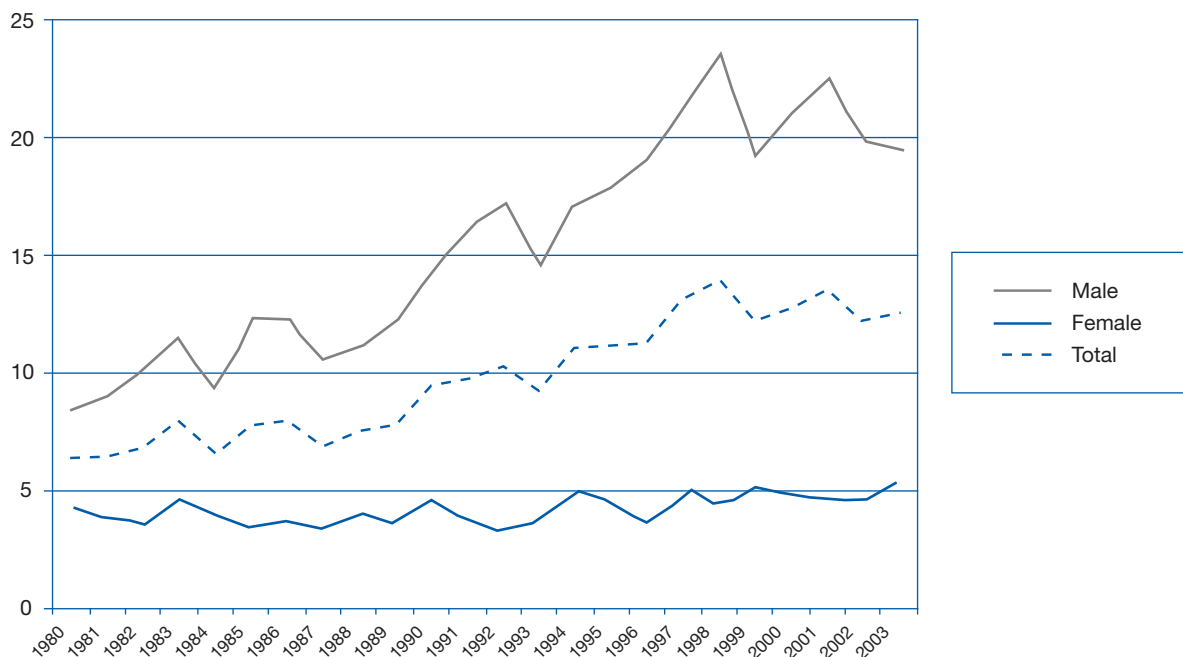


Figure 3 - Male, female and total population rate per 100,000, 1980 - 2003

Table 1. Overall population rate of suicide and other causes of death

Suicide, undetermined death, death by external causes, death by all causes, 1980-2005, per 100,000 population

Year	Suicide		Undetermined death		Death by external causes (ICD9: E800-E999)		Death by all causes	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1980	216	6.4	84	2.5	1713	50.4	33472	984.2
1981	223	6.5	72	2.1	1717	49.9	32929	956.3
1982	241	6.9	67	1.9	1630	46.8	32457	932.7
1983	282	8.0	62	1.8	1593	45.5	32976	941.1
1984	232	6.6	67	1.9	1436	40.7	32076	908.9
1985	276	7.8	65	1.8	1488	42.0	33213	938.2
1986	283	8.0	83	2.3	1539	43.5	33630	949.8
1987	245	6.9	71	2.0	1489	42.0	31413	885.7
1988	266	7.5	68	1.9	1427	40.4	31580	894.4
1989	278	7.9	92	2.6	1524	43.4	32111	914.9
1990	334	9.5	48	1.4	1502	42.8	31370	894.9
1991	346	9.8	38	1.1	1455	41.3	31305	887.9
1992	363	10.2	22	0.6	1363	38.3	30931	871.6
1993	327	9.1	19	0.5	1377	38.6	32148	902.2
1994	395	11.1	15	0.4	1447	40.5	30948	866.7
1995	404	11.2	10	0.3	1454	40.4	32259	895.8
1996	409	11.3	14	0.4	1524	42.0	31723	875.0
1997	478	13.1	30	0.8	1663	45.4	31581	862.7
1998	514	13.9	53	1.4	1801	48.6	31563	846.2
1999	455	12.2	71	1.9	1818	48.5	32608	846.1
2000	486	12.8	69	1.9	1752	48.3	31391	821.6
2001	519	13.5	78	2.0	1832	47.6	29812	785.5
2002	478	12.2	88	2.2	1768	45.1	29683	757.8
2003	497	12.7	87	2.2	1601	40.9	28823	735.8

Deaths by year of registration

2004	457	11.7	59	1.5	1383	35.3	28151	718.7
2005	432	11.0	89	2.3	1458	37.2	27441	700.5

Source of all Irish data used in Tables 1-6: CSO

Points of Note

- The rate of death by suicide peaked at 13.9 per 100,000 population in 1998, the year in which the National Task Force on Suicide published its final report.
- The average suicide rate in Ireland (1999-2003) is 12.4.
- Deaths by suicide represent approximately 1.7% of all deaths.

Table 2. Male rate of suicide and other causes of death

Suicide, undetermined death, death by external causes, death by all causes, 1980-2005, per 100,000 male population

Year	Suicide		Undetermined death		Death by external causes (ICD9: E800-E999)		Death by all causes	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1980	143	8.4	61	3.6	1118	65.4	18230	1066.7
1981	158	9.1	51	2.9	1181	68.3	18068	1044.8
1982	178	10.2	50	2.9	1123	64.3	17755	1016.9
1983	202	11.5	47	2.7	1062	60.5	18026	1026.4
1984	164	9.3	46	2.6	973	55.1	17485	989.5
1985	216	12.2	45	2.5	1019	57.5	18201	1027.7
1986	217	12.3	57	3.2	1039	58.7	18313	1034.8
1987	185	10.5	55	3.1	990	55.9	17002	960.4
1988	195	11.1	49	2.8	961	54.6	16980	965.4
1989	213	12.2	64	3.7	1049	60.1	17058	978.0
1990	251	14.4	33	1.9	1009	57.9	16828	965.6
1991	283	16.1	31	1.8	1025	58.5	16603	946.8
1992	304	17.2	19	1.1	984	55.8	16516	935.8
1993	260	14.7	15	0.8	937	52.9	17035	961.6
1994	305	17.2	11	0.6	1019	57.5	16338	921.1
1995	321	18.0	6	0.3	1025	57.3	17075	954.8
1996	345	19.2	12	0.7	1108	61.5	16672	926.1
1997	386	21.2	22	1.2	1162	63.9	16501	908.1
1998	433	23.5	35	1.9	1285	69.9	16553	896.2
1999	358	19.3	52	2.8	1283	69.0	16961	886.4
2000	395	21.0	46	2.6	1215	67.5	16192	847.0
2001	429	22.4	34	1.8	1330	69.7	15691	820.2
2002	387	19.9	67	3.4	1248	64.1	15390	790.8
2003	386	19.8	59	3.0	1108	56.9	14735	757.1
Deaths by year of registration								
2004	356	18.3	43	2.2	957	49.2	14484	744.2
2005	354	18.2	63	3.2	1036	53.2	1390	714.4

Points of Note

- Deaths by suicide among men increased steadily from 1980 until 1998. Since then the rate appears to have stabilised. The average rate (1999-2003) is 20.5 per 100,000 population.
- The average rate of undetermined deaths has significantly increased in the most recent 5 years. The rate for the period 1999-2003 is 2.7 compared with 0.9 for the period 1994-1998.

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

Suicide, undetermined death, death by external causes, death by all causes, 1980-2005, per 100,000 female population

Year	Suicide		Undetermined death		Death by external causes (ICD9: E800-E999)		Death by all causes	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1980	73	4.3	23	1.4	595	35.2	15242	900.8
1981	65	3.8	21	1.2	536	31.3	14867	867.3
1982	63	3.6	17	1.0	507	29.2	14702	847.9
1983	80	4.6	15	0.9	531	30.4	14950	855.4
1984	68	3.9	21	1.2	463	26.3	14591	828.1
1985	60	3.4	20	1.1	469	26.5	15012	848.6
1986	66	3.7	26	1.5	500	28.2	15317	864.9
1987	60	3.4	16	0.9	499	28.1	14411	811.3
1988	71	4.0	19	1.1	466	26.3	14600	824.0
1989	65	3.7	28	1.6	475	26.9	15053	852.6
1990	83	4.7	15	0.9	493	28.0	14542	824.9
1991	63	3.6	7	0.4	430	24.3	14702	829.5
1992	59	3.3	3	0.2	379	21.2	14415	808.1
1993	67	3.7	4	0.2	440	24.6	15113	843.5
1994	90	5.0	4	0.2	428	23.8	14610	813.0
1995	83	4.6	4	0.2	429	23.7	15184	837.6
1996	64	3.5	2	0.1	416	22.8	15051	824.3
1997	92	5.0	8	0.4	501	27.2	15080	818.0
1998	81	4.3	18	1.0	516	27.7	15010	796.9
1999	97	5.1	19	1.0	535	28.4	15647	806.3
2000	91	4.8	23	1.3	537	29.4	15199	796.6
2001	90	4.7	20	1.0	502	26.0	14521	750.8
2002	90	4.6	21	1.1	520	26.4	14293	725.2
2003	111	5.6	28	1.4	493	25.0	14088	714.8
Deaths by year of registration								
2004	101	5.1	16	0.8	426	21.6	13667	693.4
2005	78	4.0	26	1.3	422	21.4	13537	686.8

Points of Note

- Deaths by suicide among females represented 0.8% of all female deaths and 23% of female deaths by external causes in 2003.
- The highest rate of death by suicide was recorded in 2003 at 5.6 per 100,000, representing 111 female suicide deaths in that year.

Table 4. Average suicide rate by county

Average annual suicide rate per 100,000 population by county (1999-2003)

County	Persons	Males	Females
	Rate per 100,000 population	Rate per 100,000 population	Rate per 100,000 population
Carlow	9.1	14.5	3.5
Cavan	12.4	20.0	4.4
Clare	12.4	18.4	6.2
Cork	16.2	25.0	7.4
Donegal	11.8	18.5	5.0
Dublin	10.1	15.5	4.9
Galway	11.3	18.0	4.6
Kerry	13.7	23.1	4.2
Kildare	9.0	14.3	3.7
Kilkenny	17.4	32.1	2.5
Laois	9.2	14.6	3.5
Leitrim	16.3	25.5	6.4
Limerick	15.1	25.3	4.8
Longford	13.5	22.8	3.9
Louth	11.6	19.4	3.9
Mayo	13.1	22.0	4.1
Meath	12.1	19.8	4.2
Monaghan	13.3	24.6	1.6
Offaly	19.2	31.1	7.0
Roscommon	8.9	14.5	3.1
Sligo	10.3	18.8	2.0
Tipperary	16.0	24.3	7.5
Waterford	13.0	20.1	5.9
Westmeath	12.8	22.8	2.8
Wexford	16.6	30.3	3.1
Wicklow	11.3	19.7	3.1
Total	12.4	20.1	4.9

Points of Note

- The suicide rate per county ranges from 8.9 to 19.2 per 100,000 population (from Roscommon to Offaly).
- The male suicide rate was highest in Kilkenny (32.1 per 100,000) and lowest in Kildare (14.3 per 100,000).
- For females the county rate was highest in Tipperary (7.5 per 100,000) and lowest in Monaghan (1.6 per 100,000).

Table 5. Average suicide rate by age and gender

Rate of suicide occurring between 1999 and 2003 (inclusive) by age group and gender.

Age Group	Persons	Males	Females
		Rate per 100,000 population	Rate per 100,000 population
10-14 yrs	0.9	1.1	0.7
15-19 yrs	12.5	20.1	4.5
20-24 yrs	20.9	35.0	6.6
25-29 yrs	20.3	35.7	5.0
30-34 yrs	15.9	26.5	5.3
35-39 yrs	16.0	25.6	6.4
40-44 yrs	16.8	27.5	6.3
45-49 yrs	15.5	23.2	7.7
50-54 yrs	17.1	25.0	8.9
55-59 yrs	15.3	22.2	8.2
60-64 yrs	16.1	24.8	7.3
65-69 yrs	11.7	18.4	5.3
70-74 yrs	9.3	15.5	4.0
75-79 yrs	8.5	12.8	5.3
80-85 yrs	7.8	15.3	3.3
85+ yrs	3.4	9.6	0.7
Total	12.4	20.1	4.9

Points of Note

- The rate of suicide was highest for men aged 20-24 years and 25-29 years.
- The highest rates for females were among those aged 50-54 years and 55-59 years.
- Overall, the lowest suicide rates were recorded for those younger than 20 and older than 65 years.

Table 6. Suicide methods used, by age and gender

Method of suicide by age group, 1999-2003 inclusive.

Age Group	Poisoning	Hanging	Drowning	Guns	Other	Total
	%	%	%	%	%	%
Persons						
Under 15 yrs	23	77	0	0	0	100
15-24 yrs	12	66	9	8	5	100
25-44 yrs	17	54	16	7	6	100
45-64 yrs	17	46	27	5	5	100
Over 64 yrs	19	36	32	7	7	100
Total	16	53	19	7	6	100
Males						
Under 15 yrs	13	87	0	0	0	100
15-24 yrs	7	70	8	9	6	100
25-44 yrs	13	59	15	8	5	100
45-64 yrs	15	52	23	6	4	100
Over 64 yrs	16	40	28	9	7	100
Total	12	59	16	8	5	100
Females						
Under 15 yrs	40	60	0	0	0	100
15-24 yrs	36	48	12	1	3	100
25-44 yrs	34	30	20	4	12	100
45-64 yrs	25	25	38	1	11	100
Over 64 yrs	27	24	43	0	6	100
Total	31	31	27	2	9	100

Points of Note

- Hanging accounted for more than half of all deaths by suicide and was the most frequent cause of death by suicide for all age groups in the total population and among males.
- Males are more likely to die by firearms than females, although the proportion for both groups is relatively small.
- Poisoning was an equally common method of suicide among females as hanging, accounting for 31% of all female suicides.
- Drowning remains a relatively common method of suicide by international comparison, accounting for almost 1 in 5 Irish suicides.
- ‘Other’ methods include jumping from a height and cutting. They were most commonly used by females in the 25-44 year and 45-64 year age groups.

National Deliberate Self-Harm Data

The National Registry of Deliberate Self-Harm is a system of population-based monitoring for the occurrence of deliberate self-harm. Data collection began on January 1st, 2001 in four of the former ten health board areas. The Registry now collects data from all hospitals across the country. More than 11,000 cases of deliberate self-harm

present to Irish A&E hospital departments each year for treatment. In 2004 the rate of DSH for women was 233 per 100,000 population compared with 170 per 100,000 population for men. As Figure 4 shows, the rate is highest for girls aged 15-19 years and for young men aged 20-24 years.

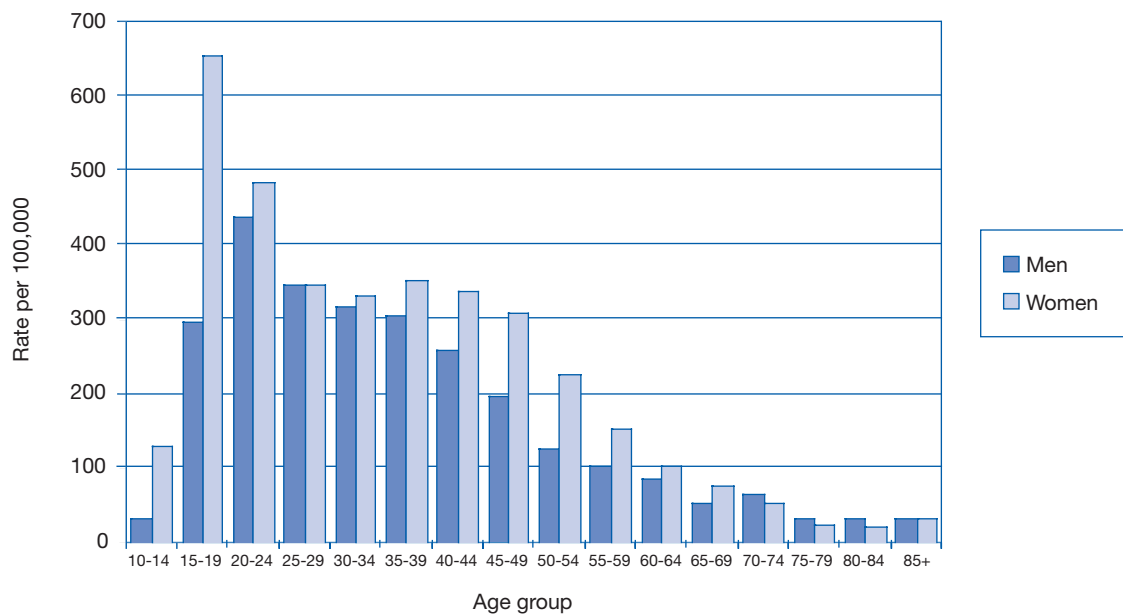


Figure 4 - Deliberate self-harm rate by age and gender, 2004 (source: NSRF)

International Mortality Data

The WHO estimates that approximately 1 million people die by suicide each year. Figure 5 shows that Ireland ranks 17th among its EU neighbours for deaths by suicide among the total population. Suicide is most problematic in north and eastern European countries while Mediterranean countries experience the lowest rates.

Youth suicide is of particular concern in Ireland (see figure 6). Specifically, Ireland ranks 5th highest for suicides among 15-24 year olds.

However caution is required when interpreting the data because of differing recording practices across the countries and some under-reporting.

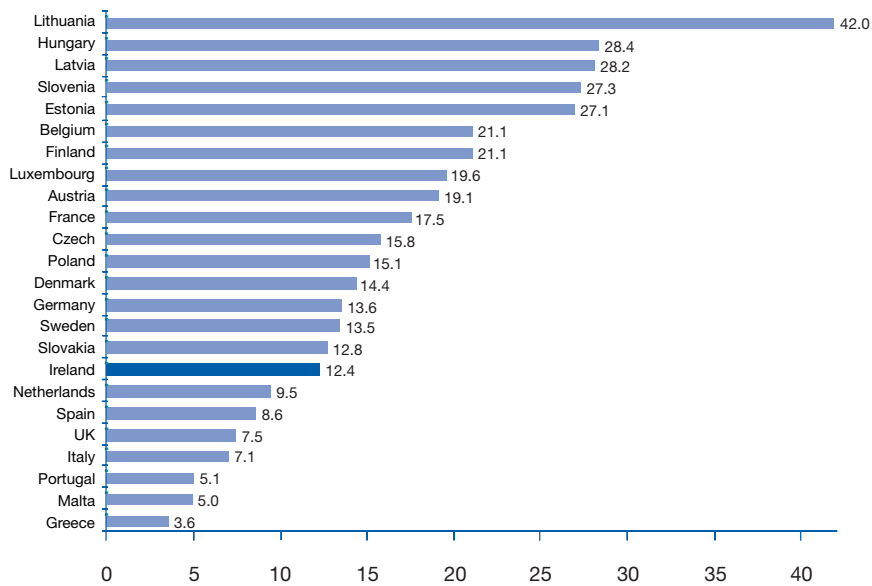


Figure 5 - EU total population suicide rates per 100,000

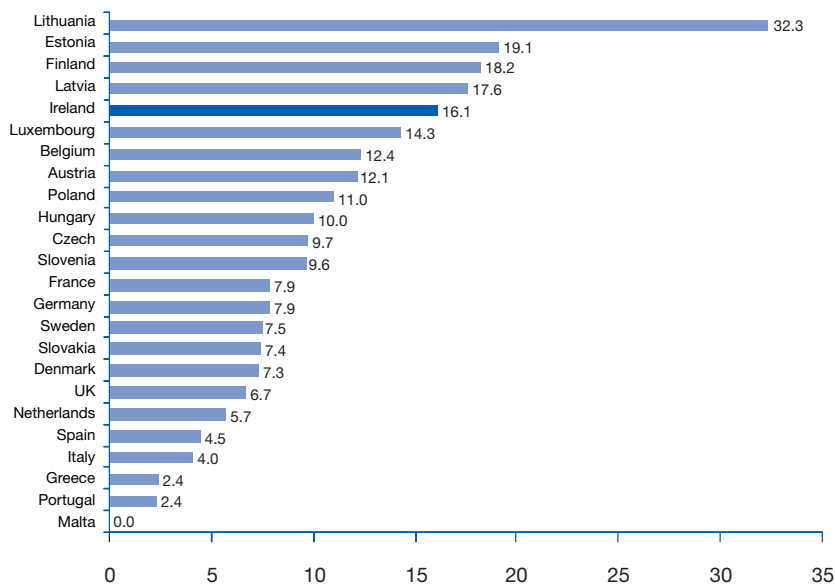


Figure 6 - EU Youth suicide rate per 100,000 population, 15-24 year olds

7. Development Plan 2006

1. National mental health promotion campaign (Reach Out Action Area 10)

The aim of this campaign is to launch, in conjunction with voluntary organisations, a national multi media campaign to impact on the stigma of mental health and to encourage help seeking. The campaign will be developed through a professional advertising/media agency with a view to launch in late 2006. The campaign will be whole population based initially but as it develops over time more targeted/local campaigns will be initiated. We have looked at the Scottish 'See Me' campaign which is beginning to have an impact on public views of mental health. To be sustainable over time an ongoing commitment of up to €1m will be made available.

2. A and E response to deliberate self-harm (Reach Out Action Area 12)

Additional resources were made available in 2005 to put in place experienced psychiatric nursing staff in A and E departments to respond to deliberate self-harm presentations. Early follow up impacts on the repetition rate for self-harm. Further investment will be made in 2006 to ensure that all A and E departments have a service to respond to such presentations. The NSRF in Cork are currently looking at best practice in this area in order to standardise our approach to service delivery.

3. Training and awareness programmes (e.g. Reach Out Action 7.3)

Reach Out sets a challenging agenda for the development and delivery of training and awareness programmes for communities, organisations and professionals. Such training will need to be delivered at both local and national levels. Some training in suicide prevention is already undertaken at local HSE level and through voluntary organisations. Mental health promotion training also takes place through HSE health promotion services. It is proposed that initially a

further four staff will be appointed, three to support the delivery of training in specific HSE areas and one to develop training packages for national organisations and professional training courses. The NOSP will continue to coordinate the delivery of the ASIST (Applied Suicide Intervention Skills Training) programme which has already seen the delivery of training to nearly 3000 people.

4. Support the development of bereavement support services (Reach Out Action Area 23)

A review of bereavement support services is about to be commissioned by the NOSP. This will inform future service development. However we are starting from a low level of service provision and, accordingly, core funding is being made available in 2006 for Console. This will enable the existing services to be placed on a firm ongoing financial basis and allow for the development and expansion of Console services.

5. Data collection on suicide (Reach Out Action Area 25)

The NOSP has commissioned work through the NSRF to scope the possible development of an improved and more detailed data collection system, based around existing information resources. The NSRF are also analysing data from Form 104 which is completed by the Gardaí, with a view to either improving the Form or looking at other ways of data collection. The development of a recording system yielding more in-depth information will require significant investment.

6. Institutional abuse and suicide (Reach Out Action Area 19)

There is some anecdotal evidence that those who have suffered institutional abuse have a high rate of suicide. The NSRF have been commissioned to examine data held by one of the survivor groups and then, as appropriate and

with support, to examine the particular vulnerabilities of this group of people.

7. Pilot primary care deliberate self-harm service (Reach Out Action 11.5)

Primary Care has a recognised, but as yet largely unsupported, role in preventing and responding to self-harm/suicide. The Cluain Mhuire service in South Dublin, in conjunction with local GPs, will run a pilot self-harm response service using an experienced psychiatric nurse to work closely with GPs and the mental health service. This model draws on the development of primary care mental health workers in the UK and elsewhere.

8. Media reporting of suicide/self-harm (Reach Out Action Area 9)

The NOSP is working with the IAS, Samaritans and NUJ to finalise and launch revised media reporting guidelines relating to suicide in May 2006. We are also proposing to launch completed research, previously funded by the National Suicide Review Group, which monitored media reporting. Additionally in 2006 we will sponsor awards for journalists to reflect improved reporting of suicide/self-harm.

9. National research programme (React Out Action Area 26)

There is much research on suicide/self-harm being undertaken at local, national and international level. It is important to ensure a coordinated approach to funded research and in particular to use such research to influence future suicide prevention activity. A national research meeting will be held in 2006, bringing together all of those involved in research, in order to seek agreement on a national research plan.

10. Reaching young people (Reach Out Action Area 25)

The NOSP is exploring ways of reaching young people through email text messaging in order to develop a sustainable support service. We will be consulting young people, voluntary organisations and those using technology before planning and developing services. This work is being scoped at present and will be reported on later this year.

11. To establish a national forum/national office (Reach Out – Making it Happen)

It is planned to hold at least one event per annum, the first being held on 14th March 2006.

12. Travellers and suicide (Reach Out – Action Area 15)

An additional sum of €50,000 is available to the NOSP in 2006 to respond to suicide/self-harm amongst the traveller community. Pavee Point, local traveller groups, and the Parish of the Travellers have been working together to determine the most appropriate ways of addressing this issue. We propose to fund action research in the traveller community to produce suitable materials to improve awareness of suicide and appropriate services. We will also be discussing the need to research suicide/self-harm as part of the national traveller health study currently being commissioned by the Department of Health and Children. Following a meeting with a Working Group addressing the issue of suicide in the traveller community the NOSP has now received a project proposal which is being finalised with the representative groups comprising the Working Group.

Appendix 1 - Reach Out Phase 1 Actions

Action	Lead/Identified Agencies	Deliverables	
Level A - General Population Approach			
7.2	Promote and facilitate the Alliance for Mental Health	Mental Health Ireland and other voluntary and community organisations and HSE NOSP	Resourced and operational National Alliance for Mental Health
7.3	Agree and deliver, on a partnership basis, a national training programme for volunteers and staff of voluntary and community groups involved in mental health promotion and suicide prevention	Voluntary and community groups and HSE NOSP	Agreed national training programme for the voluntary and community sector
7.4	Support a systematic programme of community education (including public lecture series and information materials) on mental health promotion and suicide prevention issues	Voluntary and community groups, HSE NOSP and County Development Boards	Agreed community education programme
8.1	Offer training in mental health promotion, suicide prevention, bereavement support and communicating sensitively about suicide to all religious groups	Religious groups and HSE NOSP	Agreed training programme for religious groups
9.1	Revise the publication Media Guidelines for the Responsible Portrayal of Suicide	IAS, Samaritans, HSE NOSP, NUJ and the Irish Film Board	Revised Media Guidelines
9.2	Develop a system of media monitoring and response for mental health and suicide related issues (learning from the <i>Media StopWatch</i> campaign in Scotland and Schizophrenia Ireland's <i>Media Watch</i> campaign)	SI, HSE NOSP and other voluntary/community organisations	Media monitoring and response system

Action	Lead/Identified Agencies	Deliverables
9.3 Appoint and train a panel of media spokespersons within the HSE and voluntary sector to respond to the media in relation to the statutory and voluntary work in suicide prevention, mental health promotion and bereavement support	HSE NOSP and voluntary/community organisations	A panel of media spokespersons
9.4 Recruit and train a network of volunteers who have been affected by suicidal behaviour and / or mental health problems and who are willing to engage with the media in a way that is responsible, safe and likely to encourage help-seeking and reduce stigma	Alliance for Mental Health and HSE NOSP	A panel of trained and supported volunteers
9.5 Promote an annual award for a journalist covering mental health and suicide prevention issues	IAS, National Union of Journalists and Alliance for Mental Health	Annual journalists award
10.1 Tender for the development and production of a sustainable anti-stigma and positive mental health promotion campaign in the media	HSE NOSP, HSE Health Promotion, DoHC Health Promotion Unit, Alliance for Mental Health, and successful tendering PR / Media company	Sustainable anti-stigma and positive mental health promotion campaign
11.1 Agree, plan and deliver a programme of education and training on suicide prevention for all relevant members of the Primary Care Team including GP trainees and community pharmacists	HSE NOSP and ICGP	National Training Programme for Primary Care

Action	Lead/Identified Agencies	Deliverables
11.1 Agree, plan and deliver a programme of education and training on suicide prevention for all relevant members of the Primary Care Team including GP trainees and community pharmacists	HSE NOSP and ICGP	National Training Programme for Primary Care
11.4 Determine and standardise the provision of support and information provided by primary care services to clients who are bereaved by suicide (See 23.1 and 23.2 below)	HSE NOSP, ICGP, bereavement support groups and Gardaí	Agreed guidelines for the role of GPs in supporting clients bereaved by suicide
11.5 Develop a ‘fast-track’ priority referral system from primary care to community-based mental health services for individuals experiencing a suicidal crisis who contact Primary Care services	HSE NOSP, HSE PCCC, DoHC, ICGP, and GP Coop services	Reduced waiting times for community-based mental health services and increased referral rates from primary care / early intervention services

Level B - Targeted Approach

12.1 Review the nature and extent of assessment, treatment and after-care for people who have engaged in deliberate self harm or who are acutely suicidal presenting to A&E departments	HSE NOSP and National Suicide Research Foundation	Report with service planning recommendations on the treatment and aftercare of people attending general hospitals following DSH
12.2 Develop, pilot and introduce, pending positive evaluation, guidelines for responding to people presenting to hospitals following DSH	HSE NOSP (to commission)	Guidelines / standard instrument for use in the assessment of DSH

Action	Lead/Identified Agencies	Deliverables
12.3 Plan, develop and implement services, such as liaison psychiatric nurse services, in all A&E Departments for responding to those who present following DSH or who are acutely suicidal	HSE NOSP, HSE National Hospitals Office and HSE PCCC	Effective service provision in every A&E Department for people who have engaged in DSH
12.4 As part of a comprehensive national training programme, plan and deliver basic awareness training for all levels of hospital staff on suicidal behaviour and develop and deliver specialist intervention, skills-based training for the appropriate staff	HSE NOSP, HSE National Hospitals Office and HSE PCCC	Training programme for A&E staff
12.5 Highlight the issue of DSH that is 'hidden' or that doesn't come to the attention of the health services in the delivery of awareness training and skills-based intervention training	HSE NOSP, HSE National Hospitals Office and HSE PCCC	Inclusion of information on 'hidden' DSH in training
13.2 As part of a comprehensive national training programme, plan and deliver a basic awareness training programme for mental health services staff on suicidal behaviour and develop and deliver a specialist skills-based training programme for the appropriate clinical staff	HSE NOSP	Training programme for mental health services staff

Action	Lead/Identified Agencies	Deliverables	
17.1	Prioritise the delivery of a structured, coordinated, national training and support programme, drawing on existing training resources, on suicide related issues for established members of the Garda Force and for trainee Gardaí	An Garda Síochána and HSE NOSP	National training and support programme National training programme relevant to older people
21.3	As part of a national training programme, promote knowledge, awareness and self-advocacy in mental health issues among older people and make provision for awareness training of key community gatekeepers who come into regular contact with isolated older people	National Council for Ageing and Older People, HSE and voluntary and community organisations	Report with service planning recommendations on the treatment and aftercare of people attending general hospitals following DSH

Level C - Responding to Suicide

23.1	Audit and review the range and quality of general bereavement support services and specific services to support those bereaved following suicide	HSE NOSP and voluntary and community support groups (to be commissioned)	Service plan for bereavement support services nationally
23.3	Review existing information resources and determine the future information needs of people who have been bereaved following suicide	HSE NOSP and voluntary and community groups (to be commissioned)	Information resources on bereavement support issues developed following consultation with bereaved people

Action	Lead/Identified Agencies	Deliverables
23.4 Develop and implement protocols for the health service response if a community is affected by suicide, learning from the experience of previous crises and building on existing critical incident response protocols	HSE NOSP	Agreed and planned protocols of health service response to support communities affected by suicide
23.5 Facilitate and support the proposed formal coordination of the national organisations working in the area of suicide bereavement support including the National Suicide Bereavement Support Network (NSBSN), Living Links and Console	HSE NOSP, NSBSN, Living Links and Console	Coordinated voluntary and community suicide bereavement support
24.2 Review existing information resources and if necessary produce and disseminate revised materials on the coroner service that would be helpful to the bereaved and to people working in relevant professions	HSE NOSP, Coroner Service and bereavement support groups	Information resources on the coroner service and guidelines for Inquest
24.3 Review existing guidelines on conducting the inquest procedure in a sensitive and supportive manner and agree a revised national set of guidelines for the inquest procedure	HSE NOSP, voluntary and community groups and the Coroner's Society of Ireland (to be commissioned)	Revised guidelines for conducting inquests
24.4 Organise and deliver training (as part of a national training programme) for coroners with regard to the psychological management of sensitive cases and other matters that arise in the course of coroners' work	HSE NOSP and Coroner Service	National training programme to support coroners in their role

Action	Lead/Identified Agencies	Deliverables
Level D - Information & Research		
25.1 Link and exchange data between relevant national information systems, including the National Parasuicide Registry, the Hospital In-Patient Enquiry system, the National Psychiatric Inpatient Reporting System and the National Drug Treatment Reporting System	HSE, DoHC, relevant national information systems and the Data	Accurate seamless data systems to inform service provision
25.2 Establish a national confidential inquiry into deaths from unnatural causes including suicide	Protection Commissioner HSE NOSP to commission	Accurate, in-depth, routinely available data on suicide from the relevant information sources to inform suicide prevention and the planning of services

Appendix 2 - Suicide Prevention Resource Information

Publications

General

- *Reach Out: National strategy for action on suicide prevention 2005-2014 (2005)*. Health Service Executive, National Suicide Review Group and Dept. of Health and Children. A national strategy for action on suicide prevention which has been shaped by an extensive consultation process with all the key stakeholders across the country. An underlying principle is that of shared responsibility. This document will inform suicide prevention initiatives for the next 10 years.
 www.doh.ie/publications/reachout.htm
- *The Male Perspective: young men's out look on life (2004)*. MWHB/NSRG/NSRF. A study of young men covering attitudes to help-seeking, mental health issues and suicidal behaviour making several recommendations in relation to focusing suicide prevention efforts on this group. The study was based on a community survey and on a series of focus groups.
 www.nsr.org/publications
- *Suicide in Ireland: a national study (2001)*. Departments of Public Health on behalf of the Chief Executive Officers of the health boards. A large-scale study of the factors associated with suicide in Ireland. Factors reported on include age, gender, marital status, employment status, contact with the health services and history of self-harm.
 www.nosp.ie/publications
- *National Suicide Prevention Strategy for England (2002)*. Department of Health. A comprehensive, evidence-based suicide prevention strategy for England which aims to reduce the death rate from suicide by 20% by 2010. Six key goals are outlined, each of which are supported by a number of objectives and actions.
- *Supporting One Another: an action plan for county Wexford aimed at assisting in the prevention of suicide (2004)*. Wexford County Development Board. An action-oriented plan for suicide prevention and mental health promotion in county Wexford which was developed on a partnership basis between various statutory and voluntary organisations.
- *Journal of Health Gain Volume 5 Issue 4 (Winter 2001/2002)*. Office for Health Gain. The Office for Health Gain (OHG) merged with the Health Boards Executive (HeBE) in 2002. The Office for Health Gain produces a quarterly journal / magazine on a particular health gain theme either in the area of prevention or health promotion. The theme of this issue was suicide prevention and it was edited by the National Suicide Review Group and published by the Office for Health Gain.
- *Learning about Mental Illness (2004)*. Schizophrenia Ireland and Barnardos' National Children's Resource Centre. A booklet designed specially for children whose parent, brother or sister are experiencing mental ill health.
- *Supporting Life: Suicide Prevention for Mental Healthcare Service Users (2005)*. Schizophrenia Ireland. The second discussion paper from this organisation, which aims to generate discussion around at-risk groups and suggest ways to assist in reducing their risk.
- *Suicide in Ireland – Everybody's problem*

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

- *Suicide and Old People: Myths, knowledge and prevention* (2004). J Tellervo (ed.). An anthology of professional and personal aspects of suicide and old people.

Education Sector

- *Responding to Critical Incidents: advice and information pack for schools* (2004). National Educational Psychological Service. A resource which was developed in an effort to build awareness amongst Principals and school teaching staff as to the potential impact disasters and critical incidents can have upon a school community.
 - *The Mental Health Initiative: a resource manual for mental health promotion and suicide prevention in third level institutions* (2003). Trinity College Dublin and the Northern Area Health Board. A comprehensive resource manual for college staff addressing issues around suicide prevention, crisis intervention and responding in the aftermath of a student suicide. A suggested training module is outlined in the resource manual.
 - *Health Promotion Guidelines for Health Professionals Visiting Schools* (2003). Western Health Board. Guidelines which aim to provide supportive information, advice and guidance on effective health promotion to health professionals who work with schools.
 - *Suicide Awareness: an information pack for post-primary schools* (2003). South Eastern Health Board.
- A practical resource for teachers which provides guidance regarding how to respond to students experiencing suicidal feelings, thoughts and behaviour. It follows the familiar three-tiered approach of prevention, intervention and postvention.
- *Mental Health Matters: a mental health resource pack* (2001). Mental Health Ireland. A resource pack for students engaging in the Transition Year programme in schools. Aims to promote personal, social, educational and vocational development. Materials include six modular-based units, which are supported by a video. Available from Mental Health Ireland (Appendix 3).
 - *A Student Dies, a School Responds* (2001). Mid-Western Health Board. A guide for post-primary schools. Aims to enhance the capacity of schools to reduce the threat of suicide and provide an effective response in the wake of a sudden traumatic death. The main sections include Managing the immediate crisis, Promoting emotional wellbeing in students, and Maintaining good practice. The appendices include practical information and resources.
 - *When Tragedy Strikes: guidelines for effective critical incident management in schools* (2000). INTO and Ulster Teachers Union. Contains practical advice for school staff on how to deal with tragic incidents in a way that supports students and staff. Contact the INTO (Appendix 3).
 - *RESTORE: a service for schools* (2002). North Western Health Board. RESTORE is a service provided by the NWHB to support principals and teachers in schools in the board's region in the event of a tragic death affecting the school. This booklet explains how the service is provided and offers practical guide lines on

managing the school's response to tragic deaths.

- *A School Journal* (2002). North Western Health Board. The second edition of the journal is available to senior cycle students in all post primary schools in the NWHB area. The journal aims to promote positive mental health and inform young people of services through a comprehensive services directory.
- *Suicide Prevention in Schools: best practice guidelines* (2002). Irish Association of Suicidology. Provides an overview of suicide in Ireland along with guidelines for prevention, intervention and postvention in the school setting. It also provides a list of resources for schools including bereavement support groups and voluntary organisations. Common myths about suicide, points to consider when informing students of a death by suicide, and a list of common student reactions and recommended staff responses are also included. The guidelines are available from the IAS (see Appendix 3) at a cost of €10.
- *The Cool School Programme* (2002). North Eastern Health Board. Three publications have been produced under this title. They include:
 - ~ *Responding to Bullying: first steps for teachers* – offers advice for teachers on how to proceed if a pupil asks for help
 - ~ *Investigating and Resolving Bullying in School* – deals with a number of strategies for preventing, investigating and responding to bullying incidents
 - ~ *Bullying in Schools: advice for parents* – contains advice for parents on how to deal with a child who reports being bullied at school
- *The Health of Irish Students: College Lifestyle and Attitudinal National (CLAN) Survey* (2005). Dept. of Health and Children, 2005. A qualitative evaluation of

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

- *Young People's Mental Health: A report of the results from the Lifestyle and Coping Survey* (2004). National Suicide Research Foundation. This report outlines the results from a large-scale study on lifestyle and coping issues of secondary school students. The issue of deliberate self-harm is allocated a particular focus.
- *Team Up to Save Lives: What your school should know about preventing youth suicide* (1996). University of Illinois at Chicago. A CD-ROM designed to supplement suicide prevention procedures that schools and communities already have in place.

Youth Services

- *Suicide Prevention: a resource handbook for youth organisations* (2003). National Youth Federation, National Suicide Review Group and South Eastern Health Board.
A comprehensive publication which provides information on suicide and para-suicide trends among adolescents, and on the multi-factorial causes of suicide. The role of the youth worker is examined with regard to general prevention, crisis response and post suicide intervention strategies. The document also contains a list of services and resources available to youth organisations.
- *Suicide Prevention: an information booklet for youth workers* (2003). National Youth Federation, National Suicide Review Group and South Eastern Health Board. Practical guidelines for youth workers.

Contains information on warning signs and risk factors, along with guidelines regarding how to deal with a threat of suicide and a completed suicide.

- *The Youthwise Guide* (2002). Mid-Western Health Board. Two publications have been produced under this heading. They are:
 - ~ *The Youthwise Guide: promoting emotional health in young people* – contains simple, practical advice and information for parents regarding the promotion of emotional health in young people. The reverse side contains a comprehensive list of services and resources for parents who require further advice and support.
 - ~ *Youthwise Guide: a companion pocket book* – a smaller version of the main document which can easily be carried around by a parent to consult whenever he or she wishes.
- *Youth Suicide Prevention: Evidence briefing* (2004). Institute of Public Health in Ireland and the NHS Health Development Agency. A review of reviews about the effectiveness of public health interventions to prevent suicide among young people.
- *Good Habits of Mind* (2005). A mental health promotion initiative for those working with young people in out-of-school settings. Along with an exploration of the determinants of the health of young people, this resource documents good practice guidelines for organisations and workers who provide services for out-of-school youth.

Media

- *Media Guidelines on Portrayal of Suicide* (2006). Samaritans and Irish Association of Suicidology. Guidelines for journalists on how to report sensitively on suicide in the media so that the risk of suicide for others is not increased. The issue of copycat suicide is covered along with recommendations regarding the language to be used by journalists and guidelines on factual reporting. Available from the IAS.

Bereavement

- *You Are Not Alone: a Mid-West guide for the bereaved in managing the aftermath of a suicide*. A booklet designed to provide some brief guidelines in managing the immediate events after a suicide and in coping with the long-term future. An 8-week healing programme is also available in conjunction with the booklet. A supporting leaflet, *Offering Help in the Aftermath of a Suicide*, is also available for friends and relatives of the grieving family.
- *Bereavement Information Pack: information for people bereaved through suicide or other sudden death*. (2002). South Eastern Health Board. Easy-to-access pull-out sheets on various topics of relevance to those bereaved through a sudden death.

World Health Organisation on-line publications

- *Preventing Suicide: a resource for general physicians*
- *Preventing Suicide: a resource for media professionals*
- *Preventing Suicide: a resource for teachers and other school staff*

- *Preventing Suicide: a resource for primary health care workers*
 - *Preventing Suicide: a resource for prison officers*
 - *Preventing Suicide: how to start a survivors group*
- All are available from the WHO mental health website:
www5.who.int/mental_health/main

Journals

- *Crisis: The Journal of Crisis Intervention and Suicide Prevention*
 Editors-in-Chief: Ad Kerkhof & John F Connolly

 Published under the auspices of the International Association for Suicide Prevention.

 Publishes articles on crisis intervention and suicidology from around the world.

 Published quarterly.
- *Suicide and Life - Threatening Behaviour*
 Editor-in-Chief: Morton M Silverman

 Official journal of American Association of Suicidology.

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

 Published quarterly.
- *British Medical Journal*
 Editor-in-Chief: Richard Small
 Publishes original scientific studies, reviews and edu-

cational articles, and papers commenting on the clinical, scientific, social, political, and economic factors affecting health.

Published weekly.

- *British Journal of Psychiatry*
 Editor-in-Chief: Greg Wilkinson
 A leading psychiatric journal which publishes UK and international papers.

Emphasis is on clinical research.

Published monthly.

- *American Journal of Psychiatry*
 Editor-in-Chief: Nancy C. Andreasen

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

Published monthly.

Websites

Irish

www.nosp.ie	National Office for Suicide Prevention
www.doh.ie	Department of Health and Children
www.nsrif.ie	National Suicide Research Foundation
www.ias.ie	Irish Association of Suicidology
www.survivingsuicide.com	Irish web site aimed at the bereaved
www.theblackdog.net	Irish web site aimed at young men
www.icgp.ie/prcsuicide.html	Irish College of General Practitioners Suicide Prevention Project
www.samaritans.org	Samaritans, UK and Ireland
www.mentalhealthireland.ie	Mental Health Ireland
www.cso.ie	Central Statistics Office, Ireland
www.nsbsn.org	National Suicide Bereavement Support Network
www.comhairle.ie	Agency supporting the provision of information on social services
www.tcd.ie/student_counselling/	Trinity College mental health initiative
www.sphe.ie	Social, Personal and Health Education
www.3Ts.ie	Turning the Tide of Suicide
www.spunout.ie	Youth website by Community Creations
www.recover.ie	Schizophrenia Ireland run site with information for persons affected by schizophrenia

International

www.curriculum.edu.au/mindmatters	A mental health promotion programme for secondary schools
www.cebmh.warne.ox.ac.uk/csr/	Oxford Centre for Suicide Research
www.iasp1960.org	International Association for Suicide Prevention
www.wfmh.com	World Federation of Mental Health
www.afsp.org/	American Foundation for Suicide Prevention
www.suicidology.org	American Association of Suicidology
www.health.gov.au	Australian Dept of Health and Ageing
www.uke.uni-hamburg.de/ens/	European Network for Suicidology
www.who.int/whosis/statistics	World Health Organisation mortality data
www5.who.int/mental_health/main	World Health Organisation publications on suicide prevention
www.rochford.org/suicide	Internet Crisis Resources
www.suicideinfo.ca	Suicide Information and Education Centre, Canada
www.livingworks.net	Canadian site containing information on ASIST training (suicide intervention)

Appendix 3 - Key Contacts

Key Contacts

Research and Education

Irish Association of Suicidology,

16 New Antrim St., Castlebar, Co. Mayo.

Web site: www.ias.ie

e-mail: drjfc@iol.ie

phone: 094-9250858

National Suicide Research Foundation,

1 Perrott Avenue, College Road, Cork.

Web site: www.nsr.ie

e-mail: nsrf@iol.ie

phone: 021-4277499

INSURE Project,

St. Vincent's University Hospital,

Elm Park, Dublin 4.

e-mail: k.malone@st-vincents.ie,

phone: 01-2094560

SPHE Support Service (Post Primary),

Marino Institute of Education,

Griffith Avenue, Dublin 9.

Web site: www.sphe.ie,

e-mail: sphe@mie.ie,

phone: 01-8057718

INTO (Irish National Teachers Organisation),

35 Parnell Square, Dublin 1.

Web site: www.into.ie

e-mail: info@into.ie

phone: 01-8722533

Voluntary Support Services

Aware Defeat Depression,

72, Lower Leeson Street, Dublin 2.

Web site: www.aware.ie,

e-mail: aware@iol.ie,

phone: 01-6617211

Providing support and assistance to that section of society whose lives are affected by depression

Barnardos,

Christchurch Square, Dublin 8.

Web site: www.barnardos.ie

e-mail: info@barnardos.ie

phone: 01-4549699

Committed to the best interests of children and young people in Ireland, promoting and respecting their rights

Console,

All Hallows College, Drumcondra, Dublin 9.

Tel (helpline service) 1800 201 890

Tel: 01 857 4300

E-mail: info@console.ie

Provide support to those bereaved by suicide.

GROW in Ireland,

Ormonde Home, Barrack Street, Kilkenny. Web site:

www.grow.ie

e-mail: info@grow.ie

infoline: 1890 474 474

GROW is a mental health organisation which helps people who have suffered, or are suffering, from mental health problems.

Mental Health Ireland,

Mensana House, 6 Adelaide Street,
Dun Laoighre, Co. Dublin.

Web site: www.mentalhealthireland.ie

e-mail: information@mentalhealthireland.ie

phone: 01-2841166

Providing help to those who are mentally ill and promoting positive mental health

Samaritans,

Irish Regional Office, Southern Desk Room 35, 112
Marlborough Street, Dublin 1.

Web site: www.samaritans.org

e-mail: jo@samaritans.org

phone: 'helpline' 1850 60 90 90

office: 01-8781822

Providing befriending 24 hours a day, 365 days a year to those passing through personal crisis

Bodywhys,

PO Box 105, Blackrock, Co. Dublin.

Web site: www.bodywhys.ie

e-mail: info@bodywhys.ie

phone: 'helpline' 01-2835126

office: 01-2834963

Providing help, support and understanding for people affected by eating disorders

Schizophrenia Ireland,

38 Blessington Street, Dublin 7.

Phone: 01 8601620

Phone Helpline 1890 621 631

Email info@sirl.ie

Dedicated to upholding the rights and addressing the needs of all those affected by schizophrenia and related illnesses.

Suicide Prevention Resource Officers

HSE Dublin Mid-Leinster

Ms Catherine Brogan,
Resource Officer for Mental Health Promotion and
Suicide Prevention,
HSE Dublin Mid-Leinster, Oak House, Millennium Park,
Naas, Co. Kildare.

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email: catherine.brogan@mailm.hse.ie

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Suicide Prevention,
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Ms Rita Kelly,
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HSE Dublin North East

Ms Caroline Lennon-Nally,
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Mr John McGuire,
Resource Officer for Mental Health Promotion/Suicide

Prevention, Health Promotion Unit,
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HSE South

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HSE West

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Mr Mike Rainsford,
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email: michaelp.rainsford@mailb.hse.ie

Appendix 4 - Relevant Legislation

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

The Criminal Law (Suicide) Act 1993, states in section 2:

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

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

Explanatory Note

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

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

In general, these Regulations

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

Health (Miscellaneous Provisions) Act 2001 states in section 4:

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

Appendix 5

National Suicide Review Group
(superceded by NOSP in September 2005)

Membership

- Mr Geoff Day, Chair, Assistant Chief Executive Officer, HSE North East
- Mr Pat Brosnan, Regional Coordinator of Planning and Development, Directorate of Mental Health, HSE Mid-West
- Ms Catherine Brogan, Resource Officer for Mental Health Promotion and Suicide Prevention, HSE South Western Area
- Dr Katherine Brown, Clinical Director, HSE Midlands
- Mr Pat Byrne, Director of Nursing, HSE South
- Dr Teresa Carey, Inspector of Mental Health Services, Mental Health Commission
- Dr John Connolly, Irish Association of Suicidology
- Mr Paul Corcoran, National Suicide Research Foundation
- Dr Rosaleen Corcoran, Director of Public Health and Planning, HSE North East
- Dr Neville deSouza, Specialist in Public Health Medicine, HSE South East
- Mr Martin Farrell, Director of Nursing, HSE Northern Area
- Dr Emer Feely, Specialist in Public Health Medicine, HSE Eastern Regional Health Authority
- Mr Brian Howard, Chief Executive Officer, Mental Health Ireland
- Mr Paul Howard, Assistant Principal, Department of Health and Children
- Dr Paul Moran, Consultant Liaison Psychiatrist, HSE East Coast Area
- Mr Paul Morris, Coroner, Co. Tipperary
- Mr Martin Rogan, Assistant Chief Executive Officer, HSE South Western Area
- Mr Michael Rowland, Senior Administrative Officer, HSE West
- Dr Ann Shannon, Specialist in Public Health Medicine, HSE North West
- Dr Dermot Walsh, Mental Health Research Division, Health Research Board

National Office For Suicide Prevention

Functions of National Office for Suicide Prevention:

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

NOSP Team

Mr Geoff Day

Geoff Day is Head of the new National Office for Suicide Prevention which has recently been established by the Health Service Executive.

Geoff was previously chair of the National Suicide Review Group and Assistant Chief Executive Officer with the North Eastern Health Board where he managed mental health, primary care and health promotion services. A social worker by training Geoff previously worked in the National Health Service in England before moving to Ireland in 1997.

Contact details:

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Kilmainham,
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Ms Karen Murphy

Karen Murphy works with the National Office for Suicide Prevention as Personal Assistant to Geoff Day. Karen has many years experience in public administration having worked with the Cardiovascular Strategy and in Recruitment in the HSE – North Eastern Region and previously worked in Community Development with the Local Authorities in Dublin. Karen is currently a Psychology undergraduate.

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e-mail: Karen.Murphy2@mailf.hse.ie

Mr Derek Chambers

Derek Chambers is the Research and Resource Officer of the National Office for Suicide Prevention. From 2003 to late 2005 he acted as Project Manager and Writing Group Coordinator for the development of *Reach Out – a National Strategy for Action on Suicide Prevention*. A UCC Sociology Graduate (M.A. 1999), Derek has nearly 10 years of experience in the area of suicide research and prevention, during which time he has co-authored a

number of book chapters and peer-reviewed articles and has presented regularly at major suicide prevention conferences in Ireland and internationally. More recently, his focus has been on the coordination of, and reporting on, prevention efforts as part of the first implementation phase of *Reach Out*. In particular, Derek has a strong interest in the development of population-wide campaigns to highlight mental health issues and help to break down the stigma attached to emotional distress and mental illness.

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1 Perrott Ave.,
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e-mail: chambers.derek@gmail.com

Ms Anne Callanan

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

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Ms Rachel Farrow

Rachel Farrow is currently covering as Assistant Research and Resource Officer for the National Office for Suicide Prevention, having previously worked on several projects with the National Suicide Research Foundation. Some of her project and research experience includes involvement in the Child and Adolescent Suicide in Europe (CASE) study and the National Parasuicide Registry and she has presented at national and international conferences on mental health and suicide. Rachel graduated with a BSc (Hons) in Psychology from the University of Bolton in 2002. Current interests include working with young people on mental health and suicide prevention issues.

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National Advisory Group to National Office for Suicide Prevention

Terms of Reference

Purpose:

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

Scope:

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

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

Membership:

The Advisory Group will comprise no more than 15 members and will reflect as far as possible expertise across the whole of the Strategy for Action programme. Members of the Advisory Group will be nominated by the Director of Population Health/Head of NOSP for a period of 3 years and then reviewed.

The Head of the National Office will chair the Advisory Group. In the absence of the Head of the Office the Advisory Group will nominate a chair.

Staff of the NOSP will attend the Advisory Group as required by the Head of NOSP. Other HSE staff may be asked to attend as necessary.

Frequency of meetings:

The Advisory Group will hold at least 4 meetings per annum. Location of meetings to be determined by the Advisory Group.



National Advisory Group Membership

- Professor Margaret Barry, Centre for Health Promotion Studies, NUI Galway
- Dr Tony Bates, Executive Director, National Centre for Youth Mental Health
- Mr Pat Brosnan, Director of Mental Health, HSE West
- Dr John Connolly, Irish Association of Suicidology
- Dr Rosaleen Corcoran, Director of Public Health, HSE North East
- Mr Paul Corcoran, Officer of Statistics & National Suicide Research Foundation
- Mr Geoff Day, Head, National Office for Suicide Prevention (Chair)
- Mr Brian Howard, Mental Health Ireland
- Mr Paul Kelly, Console
- Professor Kevin Malone, Professor of Psychiatry, UCD/St. Vincents
- Dr Paul Moran, Consultant Liaison Psychiatrist, Cluain Mhuire, St. John of Gods
- Ms AnneMarie Sheehan, National Educational Psychological Service
- Ms Lynn Swinburn, National Youth Council

Appendix 6 - List of Abbreviations

List of Abbreviations

A and E – Accident and Emergency
ASIST – Applied Suicide Intervention Skills Training
CD-ROM – compact disc, read only memory
CEO – Chief Executive Officer
CSO - Central Statistics Office
DoHC – Department of Health and Children
DSH – deliberate self-harm
DUMP – Dispose of Unwanted Medicines Properly
GP – General practitioner
HSE – Health Service Executive
IAS – Irish Association of Suicidology
IASP - International Association for Suicide Prevention
ICGP – Irish College of General Practitioners
NHO – National Hospitals' Office
NOSP – National Office for Suicide Prevention
NRDSH – National Registry of Deliberate Self-Harm
NSRF – National Suicide Research Foundation
NSRG – National Suicide Review Group
NUI – National University of Ireland
PCCC – Primary, Continuing and Community Care
SI – Schizophrenia Ireland
SPHE – Social, Personal and Health Education
STORM – Staff Training on Risk Management
T4T – Training for Trainers
WHO – World Health Organisation

www.nosp.ie



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Health Service Executive

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