

Suicide Prevention in the Community

A Practical Guide



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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A Practical Guide

Health Service Executive (2011)

Authors: Mary O’Sullivan, MA, Mike Rainsford, MA, DMS,
and Nicole Sihera, MSc.

This guide is available on the National Office
for Suicide Prevention website: **www.nosp.ie**



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Acknowledgements

This document was compiled by Mary O’Sullivan and Mike Rainsford, Resource Officers for Suicide Prevention, Health Service Executive (HSE) West, with the assistance of Nicole Sihera, Research Officer.

We are especially grateful to Nicole Sihera for all her hard work in helping to put this guide together. This includes gathering the information, researching, carrying out interviews and working as co-author on the document.

We would like to acknowledge the contributions made by our colleagues in the writing of this guide. They include Resource Officers for Suicide Prevention, Mental Health Promotion Officers, and Training and Development Officers, HSE.

We would also like to thank the following people and organisations for their contributions:

- Alliance of Community Response Groups in the West.
- Brendan Murphy, formerly National Co-ordinator, Alcohol and Substance Abuse Prevention (ASAP) Programme, GAA; now Regional Drugs Training Officer, HSE West.
- Catherine Brogan, National Specialist Planner in Mental Health (HSE) and George Brogan, Community Mental Health Nurse, HSE Dublin North East.
- Derek Chambers, Director of Programmes and Policy, Inspire Ireland, www.reachout.com
- Galway Traveller Movement and Petra Daly of Crosscare.
- Irish Association of Suicidology (Dr John Connolly and Dan Neville TD).
- National Office for Suicide Prevention.
- Odhrán Allen of GLEN; and David Carroll of BeLonG To.
- Paul Gillen and Kate Walshe, Health Promotion Department, HSE West.
- Priscilla Doyle, Researcher, World Health Organisation Collaborating Centre for Health Promotion Research, National University of Ireland Galway.
- Rachel Wright, ‘See Change’ Programme Co-ordinator.
- Suzanne Costello, Director, Samaritans.

We would like in particular to acknowledge the National Office for Suicide Prevention who provided some of the funding for the research and publication of this guide and the HSE West who provided the rest of the funding.

We would also like to thank the many people who took the time to review our drafts and submitted important feedback and suggestions, in particular the Plain English team in the National Adult Literacy Agency (NALA). To learn more about plain English go to www.simplyput.ie.

Our responsibility for this guide

We have done everything we can to make the information in this guide accurate and of a high quality. If there are any mistakes we will correct them in the next publication or on our website. We mention many organisations and services. This does not necessarily mean that we endorse them. This is a reference document.



**Uachtarán na hÉireann
President of Ireland**

Message from President Mary McAleese

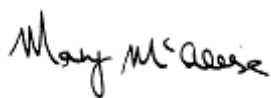


There can be very few people in Ireland whose lives have not been touched, in some way, by suicide. It might have been the suicide of a beloved family member or friend, or of someone in their community. Or maybe it was a colleague or the classmate of a son or daughter. There can be very few people who have not experienced that sense of shock and bewilderment, and a terrible feeling of sadness that someone we knew felt so alone and so unhappy that death, to them, seemed to be the only way out. The tragic fact, however, is that most people thinking about suicide do not want to die; they just want an end to the pain and emotional distress that they are experiencing.

One of the major challenges for effective suicide prevention is to address the stigma associated with suicide and mental health. Taboos and myths associated with the word 'suicide' and the word 'mental' prevent people from talking openly and honestly about their difficulties and feelings. Consequently, some people are unable to get the help that they need because they find themselves unable to talk to anyone about their problems. The stigma associated with the word 'mental' even prevents people talking openly about emotional difficulties with their GP for fear of being labelled as mentally ill.

At the same time, concerned people are unable to engage with those at risk of suicide for fear of making the situation worse, particularly if they mention the word 'suicide' to someone who seems deeply troubled and unhappy. However, contrary to popular belief, talking about 'suicide' does not increase the risk or 'plant the idea in someone's head'. In fact it reduces the risk of suicide by allowing the person to find relief in being able to talk about their problems. Having the chance to express acute worries and concerns with someone who cares often greatly reduces the pain that the person is experiencing. In most situations it leads to a greater sense of hope, encouraging the person to explore ways to move forward and access support.

Sadly in the current economic recession there has been an increase in the number of people who see suicide as the only way out of their painful and dark world. A reassuring light in these difficult times, however, has been the way communities across Ireland have responded to the tragedy of suicide. Groups of people have got together to find ways of ensuring that the risk of future suicides in their community is significantly reduced and this handbook draws on their knowledge and experience as well as on sources of information and best practice in this area. It is my hope that this guide will encourage more people to tackle the difficult and traumatic issue of suicide in our society and to work towards creating communities that have greater health and well-being, communities which continue to thrive even when times are tough.



Mary McAleese
President of Ireland

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Section 1

Introduction and background information

Introduction: Suicide prevention in communities

1

Everyone at some point will be affected by suicide. It might be the suicide of a neighbour, friend, colleague or family member; or the suicide of a well-known or public figure. Some of us might have suicidal thoughts. There are many causes of suicide and this means that one simple solution or single response will not be enough if we are to reduce the numbers of people acting on thoughts of suicide.

Suicides can happen in communities, groups and organisations such as schools, workplaces, towns and neighbourhoods across the country. Suicide is a community health problem. Local communities are very important places where suicide can be directly addressed.

Many communities affected by suicide have responded by trying to find ways of coping with it and preventing it. Ordinary people concerned about suicide and people directly affected by suicide have come together with the common goal of:

- dealing with the challenge of suicide; and
- strengthening the community after a suicide has happened.

Suicide prevention is about promoting positive mental health and supporting people to learn a range of positive coping strategies so that they can better deal with difficulties in their lives. This guide has been developed based on work done with local suicide prevention groups.

We hope that the information in this guide will be of practical use to groups of concerned people who come together in response to a suicide in their community. It aims to provide information to help make communities safer from suicide.

We hope this guide will lead to more communities forming support networks or joining existing support networks. Support networks that are well established can be a great help. Where possible, we have directed you to sources of further information in the Resources Section of this guide (Section 7).

We have also set out real case studies of activities and programmes carried out in local areas.

It has been our privilege to work with many people when putting together this guide. Our sincere thanks goes out to all those who have given their time and knowledge to make this happen.

Mary O'Sullivan

Resource Officer for Suicide Prevention,
HSE West, Galway, Mayo and Roscommon

Mike Rainsford

Mental Health Promotion/Suicide Resource Officer,
HSE West, Sligo and Leitrim

Suicide: Background information

1 'Reducing suicide rates requires a collective, concerted effort from all groups in society: health, social services, other professionals, communities and community leaders, voluntary and statutory agencies and organisations, parents, friends, neighbours and individuals. It also requires the careful nurturing of a culture in which people in psychological distress don't hesitate to seek help'.

President Mary McAleese at the World Congress of Suicide Prevention, Killarney, August 2007.

Activities to prevent suicide increased after suicide was decriminalised (no longer against the law) in 1993. A Government Task Force was set up to examine the extent of suicide and self-harm in Ireland. Since then, a wide range of initiatives have been put in place to promote positive mental health and support those at risk of suicide and also those bereaved by suicide.

Current situation

A national suicide prevention strategy 'Reach Out: Irish National Strategy for Action on Suicide Prevention, 2005-2014' was launched in 2005 to guide the work on suicide prevention in Ireland until 2014.

This strategy looks at suicide prevention on four levels:

Level A: General population approach

Level B: Targeted approach

Level C: Responding to suicide

Level D: Information and research

Level A: General population approach

The 'general population' approach means that we hope to reach as many people as possible. It aims to promote positive mental health and well-being and to improve the attitude towards mental health issues in all communities across Ireland. This can be done by working with:

- families;
- schools;
- colleges;
- workplaces;
- voluntary and community groups; and
- the media.

Level B: Targeted approach

Some people are more likely to consider suicide than others. The 'targeted' approach recognises this and works to reduce the risk of suicide among high-risk and vulnerable people. These include:

- people who self-harm;
- mental health service users;
- marginalised groups, for example:
 - lesbian, gay, bisexual and transgender people;
 - asylum seekers;
 - homeless people; and
 - the Travelling community;
- young men;
- those who are unemployed; or
- those who are in prison.

Level C: Responding to suicide

Our goal is to try to reduce the distress felt by families, friends and communities following death by suicide. This guide is part of our efforts at this level.

Level D: Information and research

We need to find out what works best in suicide prevention and mental health promotion.

Within the HSE, the National Office for Suicide Prevention is responsible for co-ordinating and delivering the actions in the 'Reach Out' Strategy. This office works with Resource Officers for Suicide Prevention. Resource Officers are employed in HSE areas to carry out this work at local level.

Many other State, voluntary and community groups are involved in suicide prevention or mental health promotion programmes. We must all work together so that we can make a difference.

Facts about suicide

- Each year in Ireland more than 400 people end their lives by suicide.
- In Ireland, the rates of suicide for all ages groups is lower than the EU average but we have the fourth highest rate of youth suicide (15 - 24 year-olds) in the European Union.
- One in every 38 male deaths and one in every 143 female deaths in Ireland is by suicide.
- Young men aged 20 - 24 are the age group most likely to die by suicide.
- Many suicides can be prevented.

1

Common misunderstandings about suicide

Over the years, many myths and wrong information have influenced our beliefs and way of thinking about suicide.

Myth	Fact
People who talk about it don't die by suicide.	Most people who kill themselves have given definite warnings of their intention.
Suicidal people are absolutely intent on dying.	Most suicidal people have mixed feelings about living and dying; they gamble with death, but may keep the desire to live.
Suicide happens without warning.	Suicidal people often use words or actions to indicate that they are thinking of suicide.
Once a person becomes suicidal they are suicidal forever.	Suicidal thoughts may return, but they are not permanent, and in some people, they may never return.
After a crisis, improvement means that the suicide risk is over.	Many suicides occur in a 'period of improvement' when the person has the energy and the will to turn despairing thoughts into self-destructive action.
Suicide occurs mainly among the poor.	Suicide occurs in all groups in society.
Suicidal behaviour is a sign of mental illness.	Suicidal behaviour means a person is very unhappy, but they are not necessarily mentally ill.
You are either the suicidal type or you're not.	It could happen to anybody.



Causes of suicide

‘Suicide is not a disease. It is an expression of a host of emotions; hopelessness, guilt, sorrow, loneliness, rage, fear, shame that have their roots in psychological, social, medical and biochemical factors.’

Psychological Society of Ireland, 1992, cited in
Suicide Prevention: A Resource Handbook for Youth Organisations.

A mix of things going on in a person’s life can lead them to consider suicide. These can be sociological, psychological and biological influences. The next section explains these factors.

1



Things that may lead to suicide

Below are some of the things that can put people at risk of dying by suicide. Not everyone in these situations will go on to end their lives by suicide. However, the more of these things that someone experiences, the higher their risk of suicide (*see also Figure 1*).

Sociological reasons that can put people at risk

Family structures

Changing family structures can make people more at risk of suicide. These include:

- marriage breakdown;
- divorce;
- more people living in cities or big urban areas; and
- less people living in rural areas with fewer supports.

Other factors

Other sociological factors that can put people at risk include:

- changing cultural values and religious practices;
- issues around unemployment or employment;
- debt;
- alcohol and substance abuse; and
- the availability of ways to die by suicide.

Psychological reasons that can put people at risk

Mental health

Depression is very often associated with suicide.

Many of those who die by suicide are mentally unwell.

How people think can affect their risk for suicide. They may be more at risk if they:

- have poor coping skills;
- think too much in black and white or an 'all or nothing' way;
- have low self-esteem;
- feel everything is hopeless;
- are impulsive;
- suffer from stress; and
- have poor social supports.

Biological reasons that can put people at risk

Genetics

Some research suggests that suicidal behaviour is partly influenced by our genetic make up – that is, things about us that have been passed down from our parents and earlier generations.

Physical illness

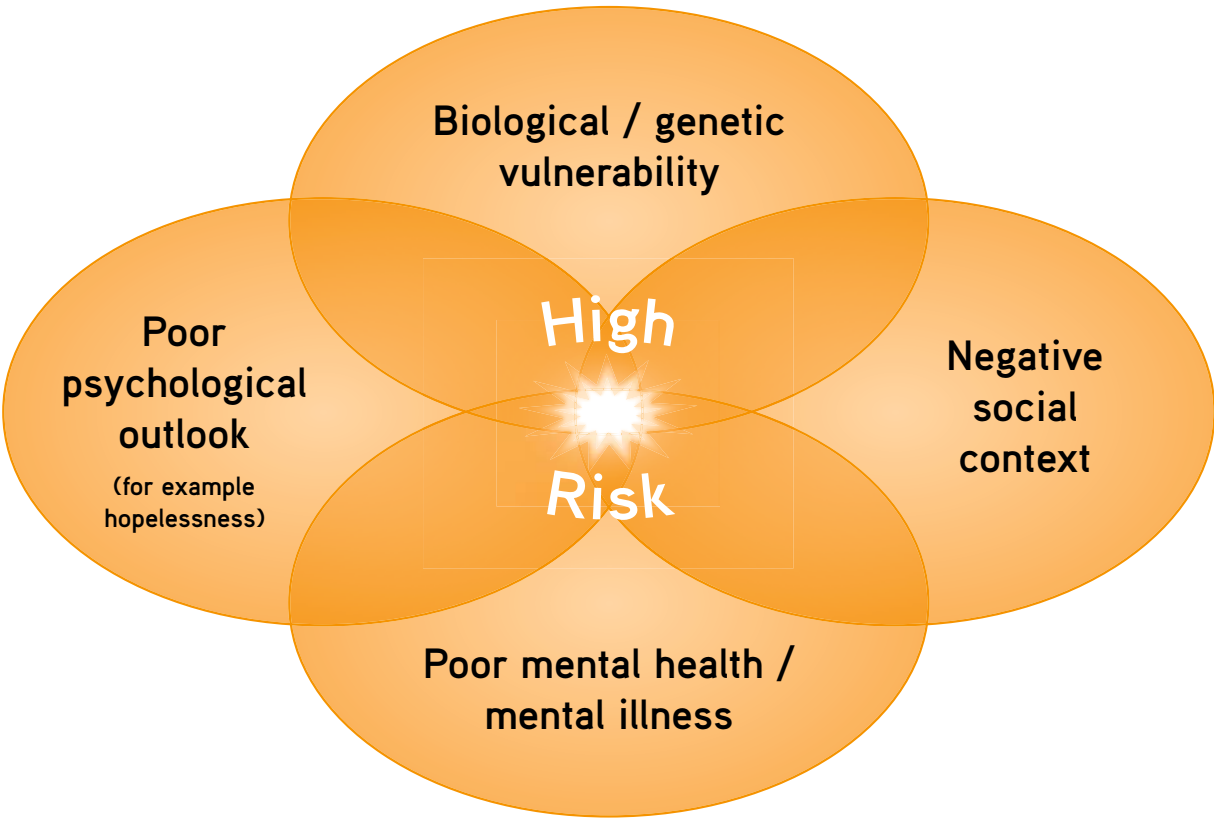
Some physical illnesses put people at a higher risk of suicide. For example, someone is more at risk:

- if they have been diagnosed with a terminal illness; or
- if they suffer long-term pain.

Source: Suicide Prevention: A Resource Handbook for Youth Organisations, 2003.



Figure 1: The more risk factors someone has, the more they are at risk of dying from suicide.



Source: Reaching Out: Awareness Training on Suicide Prevention in Ireland, 2010

What warning signs should I look for?

The following table lists some of the warning signs that indicate someone may be thinking about suicide. The more warning signs there are, the higher the risk. Some of these signs can be associated with everyday behaviour. Some people might show none of these signs or only show them in very subtle ways, but still feel suicidal. On the other hand, others might show some of these signs but are coping alright. It can be different for everybody so it is important to treat each person and their circumstances as individual and unique.

Suicide warning signs

Behaviour that shows someone may be at risk of suicide.

- Becoming isolated.
- Sudden changes in mood or behaviour.
- Abusing drugs or alcohol.
- A suicide attempt or act of self-harm.
- Difficulties in school or at work.
- Dropping out of activities.
- Disinterest in usual activities.
- Sleeping or eating difficulties.
- High-risk behaviours such as driving a car at high speed.

Physical signs that someone may be at risk of suicide.

- Neglecting their appearance.
- Neglecting personal hygiene, or clothing, or both.
- Persistent physical complaints like chronic pain.
- Weight loss or weight gain due to appetite loss or gain.
- Tired or finding it difficult to concentrate due to change in sleeping pattern.

Feelings that someone may have if they are at risk of suicide.

- Depression.
- Hopelessness.
- Helplessness.
- Failure.
- Feeling life is meaningless.

Thoughts someone may have if they are at risk of suicide.

- Gloomy, negative thoughts.
- Unable to find solutions to problems.
- Very self-critical.

Very specific warning signs that someone is at risk of suicide

Constantly thinking about death

- Talking about:
- dying;
 - disappearing or going away;
 - funerals;
 - suicide methods; or
 - other types of self harm.
- The more detailed a person's plan for suicide is, the more at risk they may be.
- Listening to songs with a suicidal theme.
 - Drawing or writing about suicide.

Recent loss or some other trigger

- A person may be particularly vulnerable at a specific time or event such as:
- anniversaries;
 - a life change;
 - change in financial circumstances; or
 - a trauma or a loss.

Putting things in order

- Tidying up affairs (like arranging wills, childcare, care of pets and so on); or
- giving away prized possessions.

What to say and do?

If you are worried about someone, it is important to:

- show that you care;
- ask the person if they are thinking about suicide – this is the only way you can know for sure if they are doing so and asking will not put the idea into their head; and
- call for help if you need it.

You can get professional help through:

- your family doctor (GP);
- the out-of-hours doctor service; or
- hospital emergency department (also known as A&E – accident and emergency department).

See Section 7 for a full list of other support services.

1

Eight key steps to help prevent suicide

1. Take all threats seriously.

2. Ask the person to tell you what is wrong.

3. Listen and offer support.

4. Remove anything that could be dangerous.

5. Don't leave the suicidal person alone.

6. Be positive and point out choices.

7. Don't promise confidentiality.

8. Get professional help.

Source: Reaching Out: Awareness Training on Suicide Prevention in Ireland 2010

Useful community resources

Leaflet about suicide

Concerned about suicide leaflet

● www.nosp.ie

Health Service Executive (HSE)

HSE Resource Officers for Suicide Prevention (*see Section 7*).

Annual reports

National Office for Suicide Prevention

● www.nosp.ie

National Suicide Research Foundation

● www.nsrfl.ie

Suicide prevention strategies:

Reach Out: Irish National Strategy for Action on Suicide Prevention, 2005-2014

● www.nosp.ie

Protect Life: A Shared Vision, The Northern Ireland Suicide Prevention Strategy and Action Plan 2006 – 2011, September, 2006.

● www.dhsspsni.gov.uk/phnисуicidepreventionstrategyactionplan-3.pdf

International handbook

International Handbook of Suicide Prevention: Research, Policy and Practice, O'Connor, R.C., Platt, S. & Gordon, J., Wiley-Blackwell, May 2011, 978-0-470-68384-2.



Section 2

The impact of suicide

‘Grief knits two hearts in closer bonds than happiness ever can; and common sufferings are far stronger links than common joys.’

– Alphonse de Lamartine

After a suicide

Death by suicide can be particularly upsetting when the person who has died seems to have chosen death. This makes it very difficult for those who are left behind to grieve. Right after a suicide those affected experience a range of feelings and emotions. Every death by suicide is different and suicide happens in many different places and in many different situations. However, the main goals after a suicide are to:

- support those most immediately affected by the suicide;
- allow them to express their grief and to mourn; and
- prevent more suicides from happening in the same area around the same time, sometimes called ‘copycat suicides’.

Where possible, it is important to keep to normal routines and activities but not to hide or deny the fact that a death by suicide has happened. Sticking to a normal routine often provides a sense of structure and purpose to those affected by the death.

Common reactions to a death by suicide

Everyone will grieve in their own way but the following are some of the more common reactions that people experience following a death by suicide.

Shock

Most people affected by suicide feel shock as a first reaction, along with physical and emotional numbness. This is a temporary way to block out the pain of what has just happened and allows the person time to take in the facts.

2

Anger

There is a strong sense of feeling that it is unfair when a life is cut short and anger is a natural reaction. Loved ones often show or hide their anger. They might be angry with:

- the person who has died;
- themselves;
- another family member;
- a friend;
- a healthcare professional; or
- God.

Guilt

When someone dies by suicide, those left behind may feel guilty and blame themselves. Families and friends rack their brains trying to think of what clues they may have missed or how they might have been able to prevent the suicide. This self-blame includes thinking about:

- things they said or didn't say;
- their failure to express love or concern; or
- things they planned to do but never got around to.

Depression

Loss can lead to depression. If these feelings are very strong or go on for a long time, it is important to look for help from your family doctor, counsellor or someone you can talk to.

Fear

Many people find grief frightening. It is an emotion we feel when someone who is part of our lives is taken from us. Families or the wider community may also fear that if one person dies by suicide, perhaps others will also think about doing so.

Other responses

Other responses following a death by suicide include feelings of:

- rejection;
- betrayal;
- being left behind or abandoned;
- shame; and
- embarrassment.

These feelings may be combined with a search for unanswered questions, such as:

- 'Why did they do it?'
- 'Why didn't I see it coming?'

Grief may also show in a physical way and the bereaved person may:

- be unable to sleep or eat properly;
- get headaches;
- find it difficult to concentrate; and
- feel low.

Grief comes in waves. The feelings and emotions of loss can occur for the bereaved person at any time or any place.

When is it time to get help?

The sadness of losing someone you love never fully leaves you. It is normal following a loss to feel a wide range of feelings. But, as time passes, these emotions should become less strong. If a person is not feeling better over time, or the grief is getting worse, it is important to look for professional help.

What to watch for with adults

Here are some reasons why an adult might decide to look for extra help during bereavement.

The bereaved adult:

- is tense and confused most of the time;
- feels a sense of emptiness or exhaustion;
- has nightmares or cannot sleep;
- feels overcome by thoughts and feelings such as guilt, anger or rejection;
- wants to share their grief but has no one to talk to;
- keeps themselves busy all the time to avoid feeling, for example, working all the time;
- cannot control their anger or bitterness about the loss;
- shows a change for the worse in their smoking, eating or drinking habits;
- relies more on medication; or
- is thinking a lot about dying or is thinking about suicide.

What to watch for with teens

As a parent, you need to seek some professional advice about how best to help your teenager if you feel that they:

- have become very withdrawn;
- are talking a lot less;
- are not mixing with friends;
- appear to be constantly angry; or
- talk all the time about death.

What to watch for with young children

Young children are generally protected by their parents from negative life events outside of the family. They will be sensitive to the depth of family feelings if their family has been directly affected by suicide. They are likely to show that they are worried through behaviour such as:

- wetting the bed;
- waking up at night;
- having difficulty getting to sleep; or
- going back to earlier behaviours, such as wanting a soother.

If this is the case for your child and you can comfort them, don't worry too much. However, if the symptoms persist, get advice from a health professional.

What can help?

2

Practical support

Grief is physically tiring. Offering practical support to people who are grieving can be a great help. For example, you could bring them a cooked meal or offer to pick up or drop off children. At a time of high stress it is easy to lose or forget things. You can help by gathering and storing useful information, for example, leaflets, booklets and so on, and producing them again at a later time.

You can also help a grieving family by supporting them through events like, for example, the Coroner's inquest. As a concerned neighbour or friend, you might feel close enough to the family to suggest they get professional help if you think they need it or would benefit from it.

Emotional support

The shock of a sudden unexpected death through suicide is emotionally very hard for loved ones, neighbours, work colleagues and the community. At this time it is important for individuals, families and communities to be gentle and kind to each other. Give each other time to heal, be there to listen and call someone if you need to talk.

It helps for grieving families to feel they are not being judged. It is also important to remember many people's natural ability to cope with difficult life situations.

Things to say and do to help a grieving friend or relative

- Don't worry about what to say. Just being there shows you care. Don't feel you have to have answers. Just be a good listener.
- Talk about the person who has died. Talk about anything you know about them, such as things they said or did. It helps the grieving person to keep them close.
- Call often, especially after the first couple of weeks. They may need to talk.
- Don't avoid the person when you see them for the first time after the funeral. Go up to them first.



- Try not to look startled when they mention the person who has died. Let them talk about their loved one as much as they like.
- Don't try to 'take their mind off' the loved one. That is impossible for a long time.
- Don't be uncomfortable if you cry and the bereaved person doesn't. A person can only cry so many tears.
- Don't talk about what the person who has died might have been spared by death. Those thoughts bring no comfort.
- Don't remind the person of what they still have. At this time, all they think of is what they have lost.

Helping your teenager with their grief

Be calm

Your teenager may be really upset because someone they knew ended their life. Try to be calm and available. This will be of great support to them.

Show your feelings

It will also help them if you show your own feelings like sadness and anger (if they are not out of control). This will give them comfort.

Professional help

It is traumatic if your child saw the death or if they are close to someone who saw the death. They should be getting professional help.

Talk to your child

Your child might need to talk to you a lot about the death and their feelings about it. This is an important part of the process for dealing with the loss and being able to begin to move on. Parents need to recognise that every child will be different in terms of how long this will take.

As well as talking about the good points of the dead person, talk as well about the fact that they made a very bad decision to take their own life.

Protect younger children

You need to protect younger children from this event taking over family life.

For older children, try to arrange regular one-to-one time where you will get the chance to talk, or just be together. For example, offer to drive them places or maybe go with them to sporting events and so on.

Let your teenager know you are concerned

The question: "How are you feeling about (name's) death?" may bring only a grunt at first. But your teenager knows that you know how important it is and how big it is in their lives. Sometimes teenagers talk more to their friends than their parents.

Your question as to how they are feeling might bring anger as a response and that anger could be directed at you. They might tell you to 'stop asking me stupid questions' or something to that effect. It is unacceptable for teenagers to be abusive, but try to understand that they may be feeling great anger about what has happened. You might be the only person who they can vent that anger at.

Not many teenagers who are under stress can understand their anger and talk about it. When we are young we often just lash out. Keep trying and don't lose your cool if you can help it.

Make sure teenagers know they are not responsible

Make sure that your teenagers know that they are not responsible for what the person did.

Acknowledge the finality of suicide and let them know there is no problem so big that help can't be provided.

Encourage your teenager to go to the funeral

Encourage your teenager to go to the funeral or to take part in any service or ritual to mark the life and death of the young person who has died. It is important that young people get together to share their feelings about their dead companion and take comfort from each other.

However, it is also important that they are not overwhelmed by the strength of their feelings. You need to listen carefully so you can find out how they are managing the issue as a group.

Keep to routine

Keep to normal routine as much as possible. Try to get them to go to school, family and community events as normal. Young people will tend to spend more time with their friends, on social network sites, or on mobile phones. You can make some changes in the normal routine but don't let them spend too much time socialising, on the computer or sleepovers. The key is to increase how much you supervise them, but to do it as gently as you can.

Caring touches

If a teenager is going through a hard time emotionally, it can sometimes help them if you go back to doing some of the caring things of childhood, for example, making hot drinks, making favourite foods and giving them a cuddle (if they will accept it).

Grieving process

Be aware that when a young person goes back to doing things that they had done before, it can be a way of letting you know what stage of grieving they're at. For example, if they had dropped out of their sporting activities, it can comfort parents that things are returning to normal when they go back to these activities.

Source: Adapted from Children, Youth and Women's Health Service,
Parenting and Child Health, Health Topics, Helping your children after a suicide:
<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=2384>

Mayo PCCC Response Protocol to Youth Suicide.

Suggestions for the bereaved

You *can* survive

Know you can survive. You may not think so, but you can.

Deal with 'why'

Struggle with 'why' it happened until you no longer need to know 'why' or until you are satisfied with partial answers.

Overwhelming feelings are normal

Know that you may feel overwhelmed by the intensity of your feelings but remember that all your feelings are normal.

Feelings of anger, guilt, confusion and forgetfulness are common. Remember – you are not crazy: you are in mourning.

You may feel anger

Be aware you might feel angry with the person who has taken their life, with the world, with God, with yourself. It's OK to express your anger in a safe way.

You might feel guilty for what you think you did or did not do. Your guilt can turn into regret through forgiveness.

Find help if you have suicidal thoughts

Having suicidal thoughts is common. It does not mean that you will act on these thoughts. However, get help if these thoughts are frequent or if you are thinking of acting on them.

Remember to take one moment or one day at a time.

Tears are healing

Let yourself cry if you want to. Find a good listener and call someone if you need to talk. Give yourself time to heal.

It was not your choice

Remember the choice was not yours. No one person is the only influence in another person's life. People are influenced and guided by many different things and people in their lives.

Expect setbacks

Strong emotions can return from time to time. This is normal but it's a good idea not to make any major decisions when you're struggling with strong emotions.

Don't be afraid to get professional help.

Other people

Remember that others might be in pain too. Be patient with yourself and with others who may not understand. You also need to set your own limits and avoid people who want to tell you what or how to feel.

Support groups

Remember that there are support groups that can be helpful such as Samaritans, Console or Living Links. Check also for groups in your area in the Directory of Bereavement Services, published separately by the HSE.

If you are a person who holds a personal faith, this might help you to cope with the difficult times.

Physical symptoms

It is common to experience physical reactions to your grief, for example, headaches, loss of appetite and inability to sleep.

Laughter is healing

Being willing to laugh with others and at yourself can help you to heal.

Work through questions and emotions

Wear out your questions, your anger, guilt or other feelings until you can let them go.

Letting go doesn't mean forgetting. You know that you will never be the same again, but you can survive and even go beyond just surviving.

Be kind and gentle with yourself.

Source: Adapted from: Bolton, I. (1993). *My Son...My Son...A Guide to Healing After Death, Loss or Suicide*. Atlanta: Bolton Press, cited in *You are Not Alone*, HSE.

Other considerations

Hidden losses and hidden grief

Sometimes people might be denied the usual practical and emotional support that is offered after a bereavement. This can happen when a loss cannot be openly acknowledged. For example it might happen in relationships that are not recognised such as extra-marital affairs, gay relationships and ex-spouses and partners. Or, sometimes a griever is left out when society does not think that the person is able to grieve. For example:

- people with disabilities;
- people with mental illness;
- the very young; or
- the very old.

Sometimes, those bereaved by suicide feel denied the usual supports because the death was by suicide. Families may feel that others may judge them harshly or blame them because their family member died by suicide.

Other families might cut themselves off from society because they feel embarrassed or inadequate.

People going through these experiences need to be supported in a sensitive way.

Cultural differences

In the last number of years, Ireland has become home to people of many different nationalities and cultures. People from different cultures might have different customs and ways of dealing with death. Showing respect for these differences can help family members to cope with the death of a loved one.

Sources of support

People need to work through their feelings in their own way and in their own time. Some people will deal with their grief privately, with the help of their close family and friends.

Others might want to look for support outside of the family. This may include getting information from the internet and helplines. They may also want to get support from some of the following:

- doctors;
- Public Health Nurse;
- priest; or
- counsellor.

Some people might find it helpful to join a suicide bereavement support group to meet others who have been through a similar experience.

In a small number of cases, people might get stuck in a deep state of mourning known as 'complicated grief'. They may need support from the mental health services or might benefit from psychotherapy. Some people may use all services available to them; others will use only some (see Figure 2). Each person might want to or need to seek support at different times and stages during their own journey of grief.

Figure 2: Sources of support

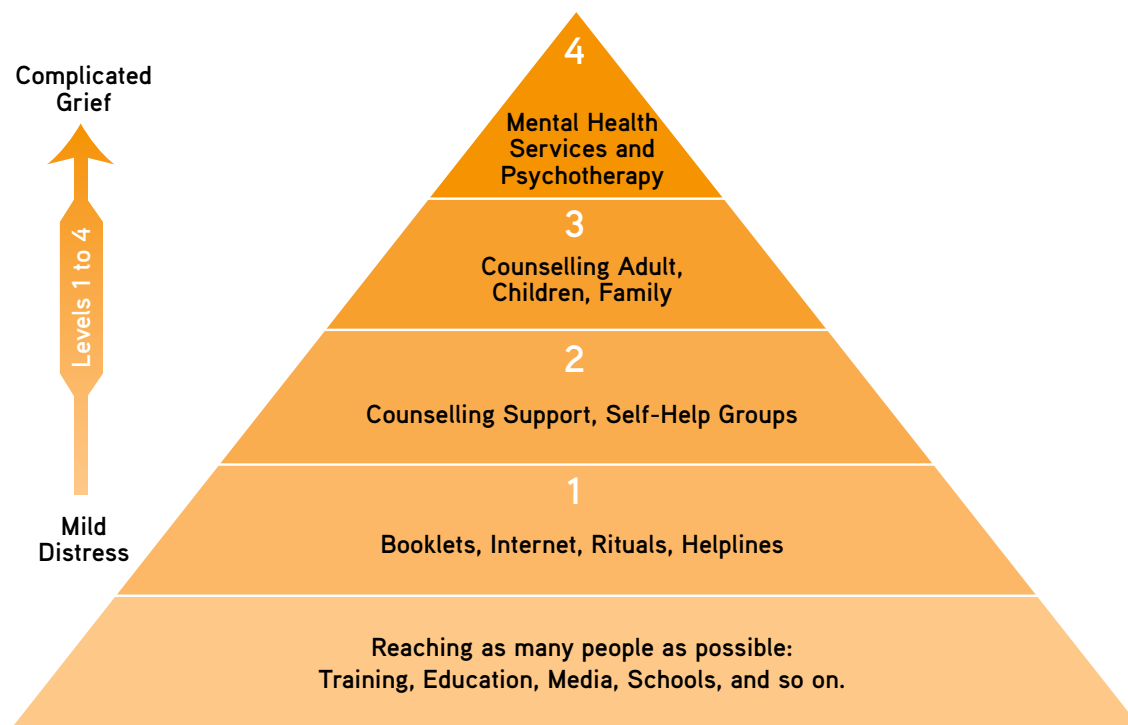


Diagram adapted from report: 'Review of General Bereavement Support and Specific Services Available Following Suicide Bereavement': Petrus Consulting (2009)

The National Office for Suicide Prevention, Console and Turas Le Cheile (bereavement support service, Kilcock, Co Kildare) have put together a guide. It sets out national standards for all levels of suicide bereavement support in Ireland.

For further information see: National Quality Standards for the Provision of Suicide Bereavement Services: A Practical Resource for Organisations, www.nosp.ie.

Support services

If you have experienced death by suicide in your community, the first step is to find the range of bereavement support services available in your locality and the surrounding areas.

The most important information to find out is what services already exist in your area or in nearby areas, for example:

- one-to-one support;
- family support;
- group support;
- a listening ear; and
- professional counselling.

You also need to find out:

- who can access these services;
- how you can access them;
- who is responsible for providing these services;
- if they are free or if there is a cost; and
- if there is a waiting time before you can access the service.

Suicide bereavement support groups

Suicide bereavement support groups have formed throughout the country as one way of providing support to those who have been bereaved. At these gatherings, bereaved people come together and try to make sense of their experience of grief. The groups give people a chance to share their grieving experiences.

These groups provide a safe space to talk about fears and concerns outside of the family network and to explore grief in whatever way makes sense to the individual.

The groups help people to learn how to live with their grief by giving them a chance to share:

- information;
- skills;
- knowledge; and
- coping strategies.

Setting up a bereavement support group

Good practice guidelines

The World Health Organisation (WHO) document 'Preventing Suicide: How to Start a Survivors' Group' (2008) provides information on:

- preparing and holding meetings;
- judging the success of your group;
- group ethics (the moral values of the group); and
- potential risk factors and how to manage them.

You can download this document from the website:

www.who.int/mentalhealth/prevention/suicide/resourcesurvivors.pdf.

Case study:

HSE West: Alliance of bereavement support groups

A linked group of services offering support to those bereaved by suicide was set up by the Resource Officer for Suicide Prevention in the HSE West in 2000. This group is made up of organisations offering one-to-one and group support in Galway, Mayo and Roscommon.

They include:

- Console;
- Living Links;
- HSE Mental Health Services; and
- Family Centres.

The group is drawn together by the Resource Officer for Suicide Prevention. They meet about three times a year to share information, offer support to each other and identify common training needs. For further information on these linked groups, contact: Mary O'Sullivan, HSE West, (091) 548 360 or email mary.osullivan@hse.ie.

Console

Console provides professional counselling, support and helpline services to those bereaved through suicide. It is a national organisation with Centres in Dublin, Galway, Limerick, Cork, Wexford and Kildare.

Console's services include a 24 hour helpline for anyone bereaved by suicide, which aims to provide:

- support;
- advice; and
- referral services.

Console also provides:

- individual and family counselling;
- therapy and support groups; and
- other suicide prevention and community awareness projects.

For further information see www.console.ie.

Living Links

Living Links offers confidential, practical support and information to families who have experienced a death by suicide. If the family asks for it, a Suicide Outreach Support Person can call to the home or meet at a location appointed by the family.

The outreach volunteer worker can provide information and practical support about:

- the funeral;
- the inquest;
- entitlements;
- what to say to children;
- how to deal with neighbours;
- helping the person to clarify their personal grief;
- connecting the person to other support services in their area;
- providing information on suicide and attempted suicide; and
- being there, as a friend, for the person.

See www.livinglinks.ie for further information.

HSE Mental Health Services

HSE Mental Health Services may, if appropriate, provide support to families bereaved by suicide in their local area.

Family Centres

Family Centres are voluntary organisations that work with other State and voluntary groups to provide support to families and individuals in the community through:

- counselling;
- education; and
- training.

Resources to help deal with impact of suicide

Reading

Available from www.nosp.ie; and paper copies available from your local Resource Officer for Suicide Prevention

- *You are not Alone: Help and Advice on Coping with the Death of Someone Close.*

Available from www.winstonswish.org.uk

- *Beyond the Rough Rock: Supporting a child who has been bereaved through suicide.*
This book offers practical advice for families and it gives parents and professionals the confidence to involve children in discussions.
- *Muddles, Puddles & Sunshine.*
Activity book to remember someone who has died (for younger children).
- *Out of the Blue*
For teenagers.

Available from the Irish Association of Suicidology

- *Managing Grief and Loss after Suicide.*

Available from Barnardos

- *Information pack: Bereavement.*
- *Death: Helping Teenager's Understanding.*
- *Death: Helping Children's Understanding.*
- *Helping teenagers to cope with death.*
- *Coping with death for children aged 6 to 12.*
- *Coping with death for parents of children between 6 and 12.*

Support

Available from www.nosp.ie; and paper copies available from your local Resource Officer for Suicide Prevention

- *You are not Alone: Directory of Bereavement Support Services 2008.*

Available as a PDF from www.nosp.ie

- *National Quality Standards for the Provision of Suicide Bereavement Services: A Practical Resource for Organisations.*

Research

Available as a PDF from www.nosp.ie

- *Review of General Bereavement Support Services and Specific Services Available following Suicide Bereavement for the National Office for Suicide Prevention.*
Petrus Consulting, March, 2007.

Memorials

Remembering those who have died by suicide should be carried out in a fitting and safe way. Here are some suggestions which aim to limit 'copycat' acts and increase suicide prevention. They deal with:

- funeral services;
- public memorials;
- school memorials; and
- on-line memorials.

Funeral services

Communities that have experienced suicide often say that the day of the funeral is very important in terms of managing grief. We recommend that members of the clergy prepare the funeral service in the same way as they would prepare for any other death but with the following extra considerations:

Speak to the living

Aim your message at the living not the dead. If the family accept that it is a suicide death, don't be afraid to speak to the congregation to dispel any myths, stigma or gossip surrounding mental ill-health or the circumstances the person was in before their death. Do not speak about how the deceased person took their life.

Language

People preparing a funeral service should use appropriate language – avoid phrases such as 'committed suicide' or 'successful suicide'. Phrases such as 'died by suicide', 'took his life', or 'ended her life', are more accurate and less hurtful to friends and family of the deceased.

Avoid making suicide sound glamorous or normal

It is important that people speaking at the funeral do not glamorise the 'state of peace' the deceased may have found through death.

Equally, those speaking should not give the impression that suicide is a reasonable response to distressful life circumstances.

Encourage unity

Encourage the congregation to get together to improve its community resources. This includes understanding, supporting and caring for each other more effectively.

Encourage the community to watch over one another for signs of distress and encourage friends and family to seek help.

Address young people directly

In preparing for a young person's funeral service, clergy should not be afraid to speak directly to young people. It is particularly useful to let them know who they can call on for help.

Help young people to understand that it is normal to look for professional support for mental health issues. Encourage adults to listen and talk to young people in need if they come to them for help. Young people should be encouraged to act immediately if they notice signs of distress in their friends. They should tell a caring adult, particularly if their friend who is in distress has discussed suicide.

Large crowd

The suicide of a young person or an adult often draws large crowds of mourners. Be prepared for this and plan how best to deal with this situation.

Clergy may also need help

You should remember that members of the clergy might also experience grief following a suicide, particularly if they have provided support to the person who died. Encourage your local clergy to get support from their colleagues, friends, family, and professionals.

Public memorials

Some communities may feel a need to express their grief by suggesting a memorial and memorial activities. It is often difficult for loved ones to understand why such memorials are not a good idea when people who die in other ways are often memorialised.

Unfortunately, we have to remember that constant reminders, glorification, or glamorisation of a suicide death might have the effect of making it seem attractive to others.

Memorials: Do's and Don'ts

Don'ts

Permanent memorials

We do not recommend permanent memorials like shrines, park benches, statues and planting trees. We recommend that trees used in a suicide such as a hanging are cut down to avoid them becoming a memorial.

Dedications in honour

We don't recommend dedications at sporting events (*see also Section 4*). Avoid dedicating memorial activities in honour of the person such as dances and community events. Consider instead the list of Do's below.

Do's

Activity-focused memorials

We recommend activity-focused memorials such as:

- fundraising for local or national suicide prevention, mental health and voluntary support groups (*see Section 3* for further information); and
- volunteering in a local support group or helpline.

These activities help to raise public awareness of:

- suicide;
- mental health issues; and
- support services.

They also:

- help to channel people's energy into a constructive action that is good for their mental health; and
- help to unite the community rather than focusing on the suicide itself.

Remembrance services

We also recommend remembrance services, for example, yearly ceremonies of light offering support to those who have lost loved ones to suicide. Organisers need to make sure they are available to offer support before and after the event.

Things to keep private

It is best to keep personal expressions of grief private, including:

- letters;
- poetry;
- recollections captured on DVD; or
- works of art.

While artistic expression is often therapeutic for those experiencing grief, public performances of poems, plays or songs may contain messages or create a climate that glorifies the method of death and increases thoughts of suicide in others.

Think about the timing of art works

Delay the showing of art exhibitions or plays with a suicide theme soon after there has been a suicide in the local community.

Consult families before any activity or event

Make sure that the family or families of the person or people who have died are told about any suicide prevention awareness activities or events planned for the locality.

School memorials

Copycat suicides are a concern for schools. This is particularly true when you're trying to strike a balance between giving students opportunities to grieve without increasing the suicide risk for other vulnerable students. There is a danger that well-meaning memorials may be seen as glorifying, romanticising or sensationalising the death. This could give the impression to students that suicide is a solution to a problem or a desired response to difficult situations.

If schools decide to provide some type of memorial following a suicide, they should follow the same guidelines as those given in the previous table for public memorials. Schools should make it clear to students that there are positive ways of coping with difficult challenges. Asking for help is one of these ways.

Projects that can help

Schools should put effort into projects that help the living cope with the loss, such as:

- organising peer mentoring in the school or supporting a peer counselling programme;
- raising funds to donate to suicide prevention activities or assist with family funeral expenses;
- organising a day of community service;
- sponsoring mental health awareness programmes; or
- buying library books on how young people can cope with loss or deal with mental health issues.

Plan ahead

We advise schools to include a policy statement on memorials in their critical incident response plan. It will help staff and Boards of Management to stick to school procedure, rather than being driven by intense emotion in a time of crisis.

Online memorials

Public discussion following a sudden death, including death by suicide, can have both a positive and negative impact on those bereaved, including family members, friends and wider communities. Nowadays, these wider communities extend beyond more traditional settings – like schools, colleges and workplaces – to include online communities that the deceased person may have belonged to. The response in online settings has become an important area to consider when someone dies.

Those affected by a sudden death can be increasingly vulnerable to negative thoughts, depression and even thoughts of suicide.

We recommend that any public communication about a suicide:

- avoids glamorising the death in any way; and
- avoids providing details of particular suicide methods.

This will help you to manage a safe and sensitive response to a death by suicide.

We recommend taking this approach to online communication as well as in more traditional settings.

Online communications include:

- social networking websites that large groups of people can access; and
- more private interactions, such as one-to-one instant messaging.

Online communication has become an everyday way of relating to other people. Online communication platforms (for example Facebook, Twitter and so on) are extensions of more traditional social spaces such as schools, colleges, workplaces and the family home.

When someone dies suddenly, social networking sites become an area of great concern. They can host both personal and memorial profiles of the person who has died and these profiles and memorials are accessible to the public.

A personal profile is the identity that was used by the deceased person to communicate with their online network; a memorial profile is a profile that is set up to honour and remember someone after they have died.

How to manage online activity

There is little clear guidance available in the area of online 'postvention'. ('Postvention' is the provision of crisis support and assistance for those affected by a completed suicide). However, there are two things you can do:

- limit and manage access to personal and memorial profiles on social networking sites; and
- use personal and memorial profiles to highlight available support services for anyone affected by the death or the public discussion of the death.

Facebook example

Facebook profiles are particularly relevant.

At the moment, *Facebook* is the single largest social networking website in Ireland with an estimated 1.73 million users. Over 70% are under 35 years old. (Source: checkfacebook.com). *Facebook* is also global in its reach and people of all ages use it.

As more and more people use *Facebook* and other social networking technology, issues related to the personal profiles of deceased people become more relevant. For example, in the United States an estimated 375,000 *Facebook* users die every year, leaving behind an online legacy and, potentially, an online outlet for the bereaved to remember and mourn their friend. However, as in more traditional settings, it is important to encourage safe, helpful and responsible conversation online following a death.

Just as public discussion following a death is controlled in the context of funeral speeches, the conversation online can be managed too. To help with this, *Facebook* have put in place procedures that can be followed when a loved one dies.

How to manage a *Facebook* profile when someone dies

When a *Facebook* user dies, *Facebook* ‘memorializes’ their account to protect their privacy. Memorializing an account removes certain sensitive information – for example, status updates and contact information. *Facebook* sets privacy so that only confirmed friends can see the profile or locate it in a search. The deceased’s *Facebook* ‘Wall’ remains so that friends and family can leave posts in remembrance. Memorializing an account also prevents all login access to it.

How to ‘memorialize’ a *Facebook* account

When someone dies, please report the information to: www.facebook.com/help/contact.php?showform=deceased.

This web address will bring you to a special *Facebook* form which you fill in and submit to the network’s administrators.

Facebook can then memorialize this person’s account.

Facebook says that to protect the privacy of the deceased user, it cannot provide login information for the account to anyone. They do, however, honour requests from close family members to close the account completely.

How to remove a *Facebook* account

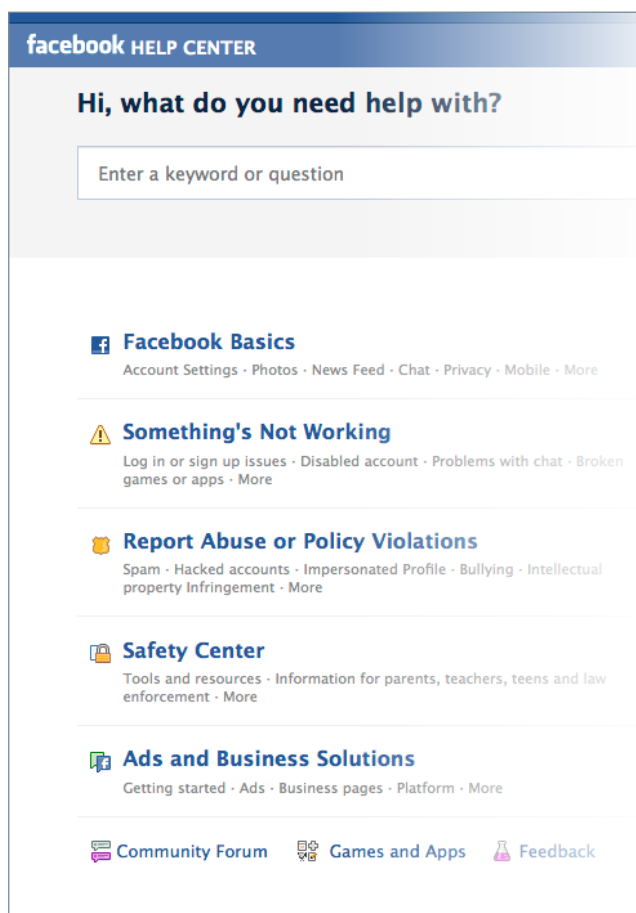
Immediate family members may ask *Facebook* to remove a loved one’s account. This will completely remove the account from *Facebook* so that no one can view it. *Facebook* will not restore the account or provide information on its content unless required by law. If you ask for an account to be removed and are not an immediate family member of the deceased person, *Facebook* will not process your request, but they will memorialize the account.

To make a request to memorialize or remove a profile, go to www.facebook.com/help/contact.php?showform=deceased.

If you have a special request regarding a deceased person’s user account, go to <https://www.facebook.com/help/contact.php?showform=memorializespecialrequests>

This form is only for accounts that have already been memorialized.

Facebook will also remove a memorial group if a family member asks them to do so.



The media

In your community, the media, particularly newspapers and the local radio can be excellent places to publicise:

- positive mental health messages (see case study); and
- suicide prevention activities in your area.

Following a suicide, these media can also be very useful for:

- promoting messages of hope and empowerment; and
- for making people aware of support services available within the community.

On the other hand, negative or insensitive reporting of suicide can cause great hurt and offence to an already grieving family, friends and members of the wider community. If the media sensationalises a suicide or gives it too much or inappropriate coverage it can increase the risk of further suicides, especially among teenagers and young adults.

Guidelines for reporting suicide

In October 2009, The Irish Association of Suicidology (IAS) and Samaritans, published guidelines for the media on how to report on suicide in a responsible way.

You should become familiar with the guidelines on reporting suicide in the media particularly if your community group:

- needs to follow these guidelines when producing publications;
- comes into contact with the media following a suicide in the community; or
- intends to highlight insensitive reporting in the press.

You can download the media guidelines from the National Office for Suicide Prevention website (www.nosp.ie). Here are some key points to remember.

How to write and talk about suicide in the media

Use phrases like

- A suicide.
- Die by suicide.
- Take one's own life.
- A suicide attempt.
- A completed suicide.
- Person at risk of suicide.
- Help prevent suicide.

Avoid phrases like

- A successful suicide attempt.
- An unsuccessful suicide attempt.
- Commit suicide (suicide is now decriminalised so it is better not to talk about 'committing suicide' but use 'take one's life', or 'die by suicide' instead).
- Suicide victim.
- Just a cry for help.
- Suicide-prone person.
- Stop the spread/epidemic of suicide.
- Suicide 'tourist' (a person who travels to a particular place to complete suicide).

Do

- Discourage the use of permanent memorials.
- Encourage public understanding of the complexity of suicide.
- Expose the common myths of suicide.
- Consider the timing of your report.
- Include details of further sources of information and advice.
- Remember the effects of suicide – on those who have attempted it and on those who have been bereaved
- Look after yourself.

Do not

- Give explicit or technical details of suicide in reports.
- Give simplistic explanations for suicide.
- Brush over the realities of suicide.
- Disclose the contents of any suicide note.
- Label places as suicide 'hotspots'.
- Overemphasise the positive results of a person's suicide.
- Romanticise suicide or make events surrounding it dramatic.

Talking to the media

These report tips are also relevant if you are talking to the media about a suicide. It is very important to make sure that you are the most appropriate person to be talking to the press – once something has been said, it is very likely that it will be recorded forever in print.

Media monitoring programme

'Headline' – Ireland's national media monitoring programme promotes responsible and accurate coverage of mental health and suicide-related issues in the Irish media.

Headline works with journalists and media students to promote responsible reporting. It also encourages the general public to get involved in the reporting of stories.

Headline provides contact details for all major media organisations and regulatory bodies. In the 'Have your say' section of the website you can get practical advice on how to:

- sign up to receive media alerts;
- tell the media of particular articles you are concerned about; and
- use Headline template letters to contact the media sources directly.

The website also has tips for broadcasting and reporting mental health issues and suicide including examples and explanations of negative reporting.

More information can be found on Headline's website: www.headline.ie/mediaInfo/

How to make a complaint about the media

A 'Code of practice for newspapers and periodicals' is available to download from the Office of the Press Ombudsman website and the Press Council of Ireland's Website www.presscouncil.ie

You can complain about:

- any article you see in a newspaper or periodical published in Ireland; or
- the behaviour of a journalist that you think breaches the code of practice.

Your complaint must reach the Office of the Press Ombudsman within three months of the date of publication of the article or of the behaviour taking place. You must prove that you have been directly affected or involved in the article or by the behaviour you are highlighting.

Tips to help you complain

Write to the editor

Make your complaint in writing to the editor of the publication. Tell them how they have breached the code of practice.

If still unhappy, write to the Ombudsman

If you are not happy with the Editor's response to your complaint, you can write to the Office of the Press Ombudsman. Again, tell them how you feel the journalist or article has breached the code of practice.

Include a copy of the article concerned or an account of the journalist's behaviour. It is also important to include any previous correspondence with the Editor of the relevant publication.

You can submit your complaint by letter, by email, or by completing the online complaints form on the Press Council of Ireland/Office of the Press Ombudsman's website

www.pressombudsman.ie.

2

Useful media information

Media guidelines

Media Guidelines for Reporting Suicide & Self Harm:

Irish Association of Suicidology & Samaritans, 2009.

These guidelines are available to download from the National Office for Suicide Prevention website

● www.nosp.ie

Media monitoring

'Headline' - Ireland's national media monitoring programme

● www.headline.ie/mediaInfo/

Office of the Press Ombudsman

● www.pressombudsman.ie

Press Council of Ireland

● www.presscouncil.ie



Case study: Writing articles for local newspapers

The article below by Mary O'Connor in the Galway Advertiser is a good example of how the media can promote positive mental health and reduce stigma. This article is set amongst other general articles in the newspaper. It has a positive title, is personal and gives the reader practical steps to 'boost' their mental health.

November 19 2009

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MARY O'CONNOR

Twenty-one ways to boost your mental health

1. Respond to difficulties with a positive attitude. Try not to see them as problems more opportunities for growth and development.

2. Give yourself time. Time for a walk, for that book you always wanted to read, or the hobby you longed to pursue.

3. Nurture your friendships. Friends are worth their weight in gold. If you have neglected relationships, vow to remedy this. Make new friends by becoming the type of person you want to attract.

4. Be aware of your self-talk. Are your thoughts about yourself usually negative? Do you put yourself down and diminish your achievements? Most of us have harsh inner critics. Vow to change this by being kinder to yourself by replacing negative messages with positive, ego-boosting ones.

5. Use positive affirmations. If you would like to see yourself as happy and successful or healthy and loving begin to focus on these qualities. Repeat them daily for at least a month. Write them on cards and put them where you will see them regularly; on the bathroom mirror,

fridge door or in your bedroom.

6. Be good to yourself. Care for your mind and body. Eat healthy foods and exercise regularly. Pamper yourself with a long soak in a scented bath, eat dinner at home by candlelight or watch the sunset. Treat yourself to a massage, a facial, a pedicure if your finances can stretch to it.

7. Be kind to yourself. If you suffer a setback, try again.

8. Plan ahead. This will give order to your life, prevent you becoming overwhelmed and reduce stress significantly. Make a list of everything you need to do from completing a project for work to decorating your home to paying bills on time. Rank duties in order of importance and tick them off as you get them done. However, avoid setting yourself unrealistic targets and deadlines. This will only add to the pressure and make you feel stressed. Examine your priorities. Are they contributing to your wellbeing and happiness or are they putting undue stress on you? Look at what is important to you personally? Reassess your values and needs, if

necessary.

9. Be flexible. Do not have hard and fast rules set out and expect everyone, including yourself, to follow them all the time. Learn to compromise.

10. Try to have realistic expectations. You may be an exemplary employee but if there is not a tradition of the boss recognising time/effort/ideas do not hold out much hope of being handsomely rewarded. Equally, do not expect to pass your driving test if you have not got sufficient driving practice or to fly through exams if you haven't opened a book all year. People will often let you down too so don't expect to feel loved, wanted and pampered all the time. Accept you may feel angry, cheated and bored sometimes.

11. Be assertive. Learn to say "no" and mean it. This will help you get your needs met. Remember, you are not responsible for other people's happiness and welfare. When you are in charge of your own needs, you will be more in control

of your life.

Turn down unwanted invitations, additional work if you are already overburdened and requests which only eat into your valuable free time. If you feel bad about it, make up an excuse but let it be a good one!

12. Vow to eliminate the word guilt from your vocabulary. That extra chocolate, the expensive highlights, the lengthy phone call or failure to adhere to your cholesterol lowering diet. If you are having a good day do not let concerns about a quarrelsome relation, an expanding waistline or untidy house take the edge off your fun or enjoyment. Remember, fretting wastes valuable energy and can lead to stress.

13. Do not expect failure and if it occurs, avoid dwelling on it. If you channel your energy into thinking you will fail it will probably become a self-fulfilling prophecy. Remember, the only way not to fail is never to strive for success. Learn from where you went wrong in

the past and vow to avoid this in the future.

14. Rise above the pressure. Work out how to deal with potential stressors - such as money being in even shorter supply or preparing for Christmas otherwise they will unfold spontaneously and you will be less in control.

15. Chill out. If you feel as if the world is out to get you and your tolerance levels are plummeting bite your lip and go for a short walk or head to another room for a minute or two until you have cooled down.

16. If you have shopping to do go when the streets are least crowded, such as early morning or late at night. Avoid peak times when you will have to fight your way through the crowds.

17. Aim for a balanced lifestyle. Take time to rest and enjoy life. Do not drink or eat too much. Set aside time for family and loved ones even if you feel rushed, tired or irritable.

18. Practise deep breathing. This will slow you down and help you relax.

19. Examine your life and make changes, if necessary. If you feel stressed find its origins and look at ways of reducing or coping better with it.

20. Learn to delegate. It's a valuable skill and will take a lot of pressure off you. Begin by learning to negotiate. If you do not know how to negotiate, then you cannot delegate. At work or home this will not come easy but it is worth putting it into practice.

21. Try to stop worrying. Some of it can be good, warning us when we are in danger but persistent worry can be harmful for our body and can hold us back from making important changes. It can also prevent us from solving problems, can sabotage relationships and can result in self-destructive patterns. Many of us tend to worry a lot about things that are never going to happen. Experts say worry can be divided into the useful and useless sort. Useful worry could be about managing our work and finances while useless worry is usually in areas where we've no control.

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ADVERTISING DEADLINE



Section 3

Setting up a community group for suicide prevention

“The wish to do something should not override our responsibility to do the right thing.”

– Stanley P. Kutcher

When groups of people work together, a community is better able to prevent suicide and support friends and neighbours. Community groups are even stronger when they:

- use well-researched, safe, effective practices; and
- work with State and other voluntary groups.

3

Why are community suicide prevention groups set up?

Many community groups come together after a death by suicide occurs in their area. These groups aim to:

- support vulnerable individuals, families and groups;
- prevent further deaths by suicide;
- create a sense of hope and strength among people in the community in a time of great distress; and
- put together an effective local community suicide prevention action plan.

Who is usually involved?

Setting up a dedicated working group is a good idea. A group can get more done than someone working on their own. Community groups often start with one person or a group of people calling a community meeting for those who have similar concerns.

Working with like-minded people from various backgrounds is a great way to bring to the group a wide range of:

- resources;
- skills;
- contacts;
- knowledge; and
- energy.



The group can offer encouragement and support both in good times and when there are setbacks (for example, if another suicide happens in the community).

Every community response group is different and members often include representatives from State and voluntary groups, as well as community leaders. In most cases, group members offer their time and expertise on a voluntary basis.

Working groups often include:

- community representatives or local leaders;
- clergy;
- Gardaí;
- sporting organisations, for example, members of the local GAA club;
- health professionals (for example, doctors, public health nurses and mental health workers);
- teachers;
- young people and youth workers;
- local support agencies (voluntary or community groups in the area, for example, community development projects and family resource centres); and
- local businesses (for example, large employers or businesses that often have a social role such as postmen and women, publicans, taxi drivers, hairdressers and vets).

How to go about setting up a community group

Before you begin setting up a community group in response to suicide in your area, you need to focus on two key areas:

- the careful planning and structuring of your response; and
- being fully aware of the principles that must guide your plan.

Timing

You need to take the feelings of bereaved families into consideration in terms of when you actually set up the group. It might be helpful to let them know in advance of any public meetings so that they don't feel the spotlight is on them.

It is always important to highlight that the group is responding generally to the problem of suicide, but at the same time you need to understand and acknowledge the intense significance this will have for particular families.

Setting up a group – from idea to action

These are the key steps you need to take to set up a community response group to suicide.

First meeting

Hold a first meeting and publicise it well. When you're organising this meeting, think about the accessibility of the venue and what facilities are available.

Contact relevant groups

Involve all relevant local groups, voluntary organisations and Government agencies working towards suicide prevention in your locality. Think about how to involve various target groups, for example, young people.

Form a core team

Form a core team who agree with the aims of your group. At first, these aims might be short-term. When the group gets established, they may want to involve the wider community in deciding what needs to be done in the medium to long-term.

Structure the group

Write a constitution (rules and guidelines on how to plan and support the work). Decide who will carry out the different roles in the group, for example, chairperson, secretary, treasurer, publicity and communications officer and fundraising. Appendix 3 will help guide you and shows a copy of the policy developed by the Finglas Suicide Network.

Structure and plan the tasks you wish to do (see below for further guiding principles).

Evaluation

Review the activities of your group to see if they are working. If not, change them.

Guiding principles

The following principles should shape and guide the work you plan to carry out in your community.

Do no harm

Before setting up any suicide prevention project, the most important thing is to look at what works. Make sure the project does no harm before, during, or after it is complete.

Don't just plan for the short-term

A suicide in the community is a particularly traumatic event. Emotions may spur communities into action but it is better to think and plan for the long term. Develop a long-term plan. This plan must guard against short-term burnout especially in relation to operational funds and personal commitments. The plan must focus on providing a long-term service that has enough funding, staff and volunteers to make it work on an ongoing basis.

Volunteering following bereavement – are you ready?

Being bereaved by suicide is emotionally devastating. The grieving process is usually more complex than grieving for someone who died from natural causes.

We recommend that someone who has experienced a suicide waits at least six months to one year before making a commitment to any new initiatives or training courses.

Waiting a while doesn't downplay how passionate you might feel about highlighting awareness of suicide in the community – but it allows you time to grieve and work through your loss.

Remember that the grieving process is different for each person. It is possible that getting very involved in a project or getting intensive training on suicide prevention before you are ready might delay your healing process.

Research your idea

Find out what suicide prevention services are being used in other areas. Look at their suicide prevention activities in relation to:

- how they run their service;
- what training is available; and
- what suicide prevention initiatives they have carried out.

Be thorough in your research – meet people who are involved in the existing projects. Ask questions. Has their initiative made an impact on the community? How? Why? What are the key components? But remember – even though the project may work well in one community, the local issues and needs of your own community may be different.

Understand the needs of your community

Before starting any project there are certain questions you need to answer:

What are your community's needs?

Know and understand the needs of your local community. You can formally assess what the needs are by using, for example, surveys and statistics; and informally through public discussions, focus groups and local media.

What are the local issues?

Learn to understand the issues that might affect suicide rates in your local area, for example, poverty, high levels of unemployment, a recent suicide, or bullying. This will help you to identify specific groups of people within your community that you might wish to target.

What projects are already available?

Find out what projects are already available in your area. This will help to identify any available support or training and identify any gaps in the local services. It will also help you to avoid wasting resources on any services that are already in place. Decide who exactly in the community has been most affected by suicide. Does the community want to target all ages or particular age groups?

What resources are available?

Research what resources are available both locally and nationally and find out the answers to the following questions:

- Which projects worked well for the community?
- Which projects didn't work well?
- Who are the people with skills and knowledge?
- What existing public awareness campaigns and training courses are available?
- What funds are available and what funds would you need to maintain the running of your project?
- Where and how would you run the project (for example, do you need a premises, equipment and so on)?

Existing support

As well as State agencies, there is support available from agencies that have themselves been set up through direct action of the community (see national and local organisations for further details). It is important to be realistic about what resources your own community can provide and how long they can provide them for. This is particularly relevant in relation to voluntary hours and communities seeking to set up support groups.

Spreading your message

Use the community group network to get your message out into the public domain in as many different ways as possible. When raising awareness in your community, everyone needs to know how to get the information when they need it.

Keep asking:

- what do people already know?
- how do we tell everyone about new information?
- what members of the community are we forgetting about?
- how can we reach everyone?

Branding your message

Ask local role models such as well-known and respected people in the community for support (for example, a local sporting hero might help to attract interest from young people). Also, it's useful to develop partnerships with local businesses. Building relationships can help you to get your message to more people in the community.

When choosing your role model, make sure they can relate to your target audience and that they have a real understanding of the issues you want to address.

Make your message positive. This will help to lessen the stigma and poor attitudes linked to talking about mental health. It will also help people to associate the subject with positive thoughts.

Decide what positive information you want your target population to know. For example:

- the benefits of exercise on mental health;
- the benefits of using a helpline or support group;
- the benefits of getting involved in the community; and
- the fact that most people experiencing a mental health difficulty will recover.

Don't lose heart

Forming a group is a difficult process – so don't lose heart if the development of your community group isn't going as planned. The process of building a group can be as useful as what it actually does.

The benefits of a group are:

- meeting people you wouldn't normally meet;
- talking to others and sharing ideas.

This all helps to form a sense of community that can help protect against suicide.

It is also important not to lose heart if, despite all your hard work, other suicides happen in your community. It takes energy, enthusiasm and a lot of hard work to achieve your goals. Caring for yourself and others in your group is really important to prevent stress and burnout.

Sources: Dr John Connolly and Mr Dan Neville, TD, founders of the Irish Association of Suicidology and Anne Sheridan, HSE Suicide Resource Officer for Donegal

What can your group do?

Suicide prevention is a difficult area. However, it is important to recognise and appreciate the energy, enthusiasm and good work that community groups have done in Ireland over the last number of years.

Here are some examples of the kind of work some groups have done. They are divided into immediate or short-term goals, as well as medium to long-term goals. See also the case study examples provided.

Immediate and short-term goals

Information

Immediately following death by suicide, many community groups want to send out clear messages:

- of support – ‘there is help out there’;
- showing that ‘we can respond in a positive way’; and
- of hope – ‘this community cares’.

As a first step, many have made a full list of agencies and groups, both locally and nationally, who are involved in suicide prevention and who can offer support and provide safe services for those bereaved by suicide.

Groups have sourced relevant information leaflets and booklets and developed their own local credit-card sized support cards. These have been widely distributed to:

- health settings – health centres, GP surgeries, pharmacies;
- businesses – shops, hairdressers, workplace settings;
- social settings – churches, pubs, nightclubs, sport clubs, youth centres;
- local media;
- the online community; and
- every home in the community.

Education and training

Right after one or more suicides, many communities often wish to come together to discuss the impact of the death or deaths. Small, well-organised public gatherings provide an opportunity to:

- offer support to people who are grieving;
- provide information on looking after yourself during this traumatic time;
- get advice on what to look out for and what to say and do if you are worried about someone else;
- offer practical advice and help, through a question and answer session; and
- put ‘faces to names’ – to meet those who provide services in the area.

To run this type of event in a safe and structured way, you need to think about the following:

Recently bereaved families

We recommend that the family affected by suicide should avoid attending meetings on suicide shortly after they have been bereaved. Instead, individual or family support should be offered to them, if appropriate. However, it is important to let them know that the event is taking place in the community.

Over 18s only at public meeting

The target audience of public meetings should be over 18s.

Find suitable speakers

You can find suitable speakers and experienced people through the HSE Resource Officer for Suicide Prevention or other contacts in the community. Look for people who have knowledge and expertise, or who work in this area.

Sort out practical issues

Choose a venue that is:

- comfortable;
- accessible; and
- big enough.

Build in tea-breaks and allow time after the event to let personal issues be addressed outside of the group gathering.

Provide leaflets and handouts as appropriate.

If possible, provide a contact number offering support if new issues come to light in the days following attendance at the meeting.

Support

Immediately after a suicide occurs, service providers need to make available a range of suitable formal support services as and when they are needed. For example, they may need to consider offering a fast track, more flexible or extended-hours service to respond to increased demand from those who are in distress or at risk.

Medium to long-term goals

Information

No matter how long groups or support services are in operation or how well established they are, there will always be a need to do things like:

- continuously publicise their existence;
- update and replenish information and resources; and
- regularly distribute materials like support cards.

Education and training

Ongoing education, training and development are important because they help to build knowledge and skills within a community. Offer education and training programmes to as wide an audience as possible. You should also target specific individuals or professional groups who work directly with more vulnerable people in your community.

Organisation

Consider the following when organising these events:

Timing

Don't offer training to grieving community members immediately after a death or deaths. Perhaps after a year or more, they will be ready and willing to take part. See the case study below which is an example of an education programme. See also Section 6, which outlines a range of training programmes available.

Provide healthy food and drinks

Community groups might run a wide range of events including launches, meetings and educational events. The HSE has developed general guidelines for providing healthy food and drinks at these types of events.

Here are some of the recommendations put forward:

- provide healthy food choices;
- have alternatives to foods that are high in fat, salt or sugar; and
- there should be no alcohol at HSE events, except in exceptional circumstances.
- there should be no alcohol provided at an event where young people under the age of 18 are present or if the event is during normal working hours.

Where a decision is taken to serve alcohol, the HSE will make sure that:

- non-alcoholic alternatives and food are always available;
- alternative transport options are promoted; and
- an appropriate member of staff is designated to oversee the event.

Support

In the weeks and months following death by suicide in your area, it is a good idea to link in with all service providers in the area. It is appropriate to meet service providers to:

- work out agreements for how you will manage referrals;
- plan how people will access services; and
- examine how existing services can be networked.

Your community group might also wish to promote the development of more services or resources for suicide prevention.

Other medium and long-term initiatives

Your community group might want to look at a wide range of other initiatives including:

- promoting positive mental health (see Section 4);
- promoting the safe use of alcohol in your community (see Section 5); and
- continuing to grow and learn as a community group.

To keep going over time, community groups need to develop and continue to evaluate and review their activities and initiatives. They also need to be involved with learning opportunities and to take part in conferences. For example, the annual conferences hosted by:

- the Irish Association of Suicidology; and
- the National Office for Suicide Prevention Annual Forum.

It is good to share the experience of setting up and operating a community-based group with other community groups and also with communities who are starting out (see case study below of Alliance Group).

Accreditation model for voluntary and community groups

In 2011, the Irish Association of Suicidology (IAS) began asking organisations working in suicide prevention about how to develop accreditation – that is, providing suicide support services that reach a certain standard and are recognised as being effective. The IAS plans to do research on what international and national quality standards are in place. It will also examine the internal standards that organisations currently use.

The National Office for Suicide Prevention is funding the development of this Accreditation Model for voluntary and community organisations working in suicide prevention. For further information contact: www.ias.ie.

Case study: Buncrana, Co Donegal – Combating suicide: a community response

Never worry about numbers.

Help one person at a time, and always start with the person nearest you.

– Mother Theresa

The increase in suicide rates from 2006, particularly among young people in Inishowen, Co Donegal, caused much sadness and concern for many in the community. In partnership with the HSE, a public meeting was organised in May 2009. This meeting brought people together so they could express their thoughts and feelings. In particular, it allowed them to talk about why people from Inishowen seemed to be at high risk of emotional distress, poor mental health and suicide.

Those attending the meeting learned that everyone has mental health needs and the focus should be on improving the mental well-being of individuals, groups and communities. The HSE representative explained that mental health promotion works at three levels:

1. Make people stronger

It is important to take action to promote self-esteem, life and coping skills.

2. Make communities stronger

It is important to:

- get everyone in the community involved;
- improve neighbourhood environments; and
- develop health and support services.

3. Remove barriers to community health

It is also important to remove the barriers that have a poor affect on the health of the community, such as social and economic structures.

First meeting led to voluntary organisation

After the first meeting in May 2009, more meetings were organised. In September 2009, the voluntary organisation Buncrana Community Combating Suicide (BCCS) was set up. It is a community organisation made up of individuals and groups who work together.

It includes the families and friends of those who have died through suicide. Representatives are drawn from the community, voluntary and State sectors.

BCCS members include:

- community workers;
- alternative therapists and volunteers;
- counsellors;
- Youthreach and Foroige;
- Inishowen Development Partnership;
- Buncrana Youth Drop In;
- Donegal Youth Service;
- Inishowen Family Action Network;
- HSE;
- Samaritans;
- Youth Justice; and
- the University of Ulster.

The co-operative and local nature of BCCS means knowledge and skills are shared among its own members, shared across professional disciplines and shared across and within different agencies.

The aim of BCCS, which was established through regular, local public consultation meetings, is to:

“...combat suicide and to improve emotional and mental well-being of all members of the Inishowen community”.

Four key objectives of BCCS

Information, publicity and awareness

BCCS aims to provide information and awareness through:

- leaflets and information resources (see examples Section 7);
- its Facebook campaign talkbuncrana;
- a ‘buddy’ poster and awareness campaign;
- a regular media campaign; and
- public meetings and consultation.

Education and training

BCCS aims to provide education and training through:

- ASIST training (HSE and BCCS); (see Section 6)
- training volunteers;
- its schools' programme – 'Emotional well-being';
- Headstrong Ireland training (see www.headstrong.ie); and
- developing courses.

Support services

BCCS support services include:

- bereavement support;
- 'Understanding grief and loss' meetings;
- 'Listening ear' – informal, befriending support service;
- 'signposting' service, which puts you in contact with other useful services; and
- professional counselling support.

Youth services

BCCS youth services include:

- schools' campaign training – 'Mental Health Week';
- cross-border activities including youth drama; and
- peer mental-health education.

BCCS has programmes in each of these four key areas. They have also evaluated, reviewed and held consultations about them. This allows the group to develop new objectives and put them in place.

Funding applications and fundraising efforts are ongoing to secure the future of what has been described by local media as a "vital local group" (*Inishowen Independent* – 16 December 2010).

For further information contact:

Breda Friel, Chairperson, BCCS, bn.friel@ulster.ac.uk.

Resources: Examples from other groups

Waterford suicide plan example

An Integrated Action Plan for Suicide Prevention for Waterford City

www.wap.ie/Publications/Preventing%20Suicide%20and%20Self-harm%20in%20Waterford%20City.pdf

Volunteers' policy example

See Appendix 3 for an example of a policy put together by volunteers in the Finglas Suicide Network. It may be used as a template when you are writing a policy for your group.

New Zealand example

Guidance for community organisations involved in suicide prevention, Ministry of Youth Development, New Zealand, 2005

www.moh.govt.nz/moh.nsf/pagesmh/4465

Funding

Fundraising is an excellent way to raise awareness about local services and mental health issues.

Fundraising:

- educates the wider community;
- introduces people to others who want to work for a common goal;
- improves a community's mental health by making people feel involved and giving them a sense of belonging; and
- increases social and problem-solving skills.

Funding is limited

Competition for grants is increasing and funding is becoming less available. The following lists the key points to consider when seeking, sourcing and providing funding:

The Charities Act

The Charities Act came into law on February 2009. It aims to:

- make sure people are made responsible for what they do;
- protect against abuse of charitable status; and
- increase public trust and confidence in charities.

Some of the main aspects of the Act include:

- setting up a new Charities Regulatory Authority;
- setting up a Register or list of Charities – all charities in the State must register; and
- submitting an Annual Activity Report to the Charities Regulator.

The Act also updates the fundraising law, particularly in relation to:

- collections by way of direct debits; and
- similar non-cash methods (for further information see useful resources).

Any community group seeking charity status or who already has charity status will have to stick to these regulations.

Guidelines for seeking funding

The following are general points to consider when applying for funding:

Be prepared

Don't apply for money before you are ready. Be clear about:

- what you want to do;
- why you want to do it;
- what you want to achieve; and
- how you want to go about it.

Work out:

- what resources you need;
- what exactly you need to apply for; and
- how you will spend the money you get.

Be realistic

Be clear and realistic about any conditions or requirements you might have to meet if you're granted funding. Be clear about how meeting those requirements will affect:

- your group;
- your project; and
- your target group.

Choose funding body carefully

Before you apply, it is worth carefully examining which funding bodies you should apply to. Some funds are very small but the amount of work involved in the application may be substantial. Ask yourself if it's worth it, especially if your team is not large.

Take note of whether the funding is available just for one year or more. If the funding is small or only a one-off payment, think about how this will work for your project in the long-term.

Stick to your plan

Be careful not to change your group's plans to fit in with the conditions of funding that might be imposed by the funders.

Supporting information

Funders often look for information such as annual reports, accounts or examples of the group's work and activities. Ask yourself if you have the documents you need for your application.

Most funders will ask for a short report a year after giving out the funds. This report should show how the funds were spent and if they were spent on the purpose for which they were intended.

Source: The Wheel, How to apply for Funding: A Practical Guide to Completing Funding Application Forms and Writing Fundraising Letters

Applying to Government bodies

If you are making an application for funding to Government bodies in relation to suicide prevention, you should remember the following:

'Reach Out'

Your application should reflect the aims and objectives set out in the national suicide prevention strategy, Reach Out.

Good practice

Your application should show that, in terms of suicide prevention and mental health promotion, you know about:

- good practice guidelines; and
- the current evidence base – in other words, that you're up-to-date and well informed about the issues.

Understand key learning experiences

Your application must show a knowledge and understanding of key learning experiences from other similar programmes or initiatives in other parts of Ireland or internationally.

Your application should build on and add value to initiatives and services already going on at local level rather than overlap with them or duplicate them. You should communicate, co-ordinate and collaborate with existing groups. Service providers, for example, the HSE will help you to do this.

Guidelines for sourcing funding

Choose carefully where to seek funding

Avoid working in any way with companies whose activities or interests are a threat to public health, such as the tobacco or alcohol industries. The HSE does not support projects that receive sponsorship or funding from companies whose products and interests may conflict with the health and well-being of the population.

Avoid linking with inappropriate groups or companies

Avoid working with companies that support a particular product or service that could be seen as having a commercial interest in your group, for example drug companies. You might also want to consider whether or not it is appropriate to hold fundraising events where alcohol is on sale (see earlier information on *'Provide healthy food and drinks'*).

Consider instead partnerships with individuals, companies or groups, local or national, which do not conflict with your values, vision, aims and objectives.

Avoid conflict of interest

You should not have a conflict of interest between how you raise money and the health messages you wish to promote. It is best to avoid fundraising events which contribute in any way to risk factors for suicide, for example, events which promote or support alcohol or gambling.

Instead, choose activities that promote health, are creative and maybe even a little bit different, for example, the Galway Jigsaw Cycle (see the case study below).

Guidelines for providing funds to voluntary and community groups

Some individuals, community groups and organisations (for example, workplace, sport and social clubs) fundraise to support specific charities on a one-off or annual basis.

If you choose to offer financial support to suicide prevention projects run by voluntary or community groups, it is important that you agree with and are happy with the groups':

- aims;
- public image; and
- potential public health impact.

You need to be clear about how your association with the group fits with your own:

- overall principles;
- mission;
- vision; and
- priorities.

Credibility

You need to be sure about the project's status and reliability and that the group has a good track record. You could do this by finding out about other projects they have been involved with in the past.

Funding destination

If the group or agency works at both national and local levels, you need to know whether the funding you provide will be absorbed into national funds or ring-fenced for local projects.

Skills

You need to be sure that the group has the knowledge and skills-base to deliver suicide prevention projects that are safe, ethical and evidence-based – in other words, that evidence exists to show that the approach the group is taking is the right one. You can do this by talking to people working in the organisation to find out their level of experience, training and understanding of the area.

Information and feedback

The group needs to give you good information and feedback about how your finances were used. They can do this by providing a detailed report on how the funding was spent.



Case study: Jigsaw Galway Community Cycle

Jigsaw Galway provides a free and confidential mental health and well-being support service to young people aged 15 to 25 years. It is part of a network of Jigsaw projects across Ireland, which aims to make sure that young people's voices are heard and that they get the right support, where and when they need it.

Each year, for the last two years, Jigsaw Galway have organised a bicycle race, as a fun event for the whole community.

What is the cycle trying to achieve?

We are doing the cycle to:

- make young people, families and communities aware that Jigsaw exists;
- let people know what services and supports Jigsaw provides;
- make people aware of the services, supports, community activities and resources that exist in all our communities; and
- raise funds for the charity Jigsaw Galway.

Why do the cycle?

Some young people and adults in the community you live in may be going through a tough time. For example, some might be going through the break-up of a relationship; some might be suffering from depression or have alcohol problems. It might be the person you played beside on the football or hurling team on Sunday or the friend you met up with on Friday night. By taking part in the cycle you will be helping to put physical and mental health on the agenda.

Why is community so important?

We are all part of a community – it is the people you work with, the people you speak to and the people you meet on a daily basis. These are the people that we rely on to support us through difficult times.

We underestimate the power and strengths of the community to help people overcome tough times (as evidenced at the time of the flooding in Galway).

Why wait for crises to arise? Be proactive! Get on your bike and show that your community can make a difference.

We will be putting together a symbolic Jigsaw in Eyre Square highlighting the range of community activities, services and supports available throughout Galway. Each participating group will have the opportunity to contribute to this in their own unique way on the day.

How many people do I need to take part?

We are looking for teams of four. There are two aspects to the cycle – fun and competitive.

The **fun cycle** is as it says on the tin – a fun, leisurely cycle.

The **competitive cycle** will be run on a time trial basis over the 28km course – you are only as quick as the last cyclist in the team. Everyone must start and finish together.

There are some novel pairings:

- Galway Footballers against Galway Hurlers;
- Galway Ladies Football vs. Galway Camogie; and
- NUIG vs. GMIT.

How would your club fare against other clubs in your area? Do you think you could beat the time set by the Galway footballers or hurlers?

Why not take on another group of friends or another team from your club?

When is the cycle on?

Saturday 10 April at 9.30am

Where?

There are four starting points to highlight the breadth and diversity of our county:

Tuam; Abbeyknockmoy; Gort; and Baile na hAbhann (before Carraroe);

The finishing point for each of the routes is Eyre Square. The time trial will finish on the outskirts of the city for safety reasons. We will tell you the precise points closer to the time.

How long is the cycle?

28km – a nice leisurely cycle!

Do I have to raise money?

We are looking for each person to raise a minimum of €50 or €200 per team of four. Proceeds will go towards Jigsaw Galway and direct services to young people in your community.

What if I don't have a bike?

We are linking in with some of the local bicycle hire companies so that you can hire one cheaply. There will be more details on the website in the days to come.

How do I find out more?

Log onto www.jigsaw.ie/cycle or call (091) 549 252

Useful fundraising resources

Charities Act

To download further information on the Charities Act, go to:

- www.oireachtas.ie/viewdoc.asp?DocID=11424

Funding guide

How to Apply for Funding

A practical guide to completing funding application forms and writing fundraising letters, The Wheel, 2010

- www.wheel.ie (click Funding and Fundraising Guidance)

Statement of principles

Guiding Statement of Principles of Fundraising

(Irish Charities Tax Research Ltd. in partnership with the Department of Community, Rural and Gaeltacht Affairs)

- www.ictr.ie

Section 4

Preventing suicide by promoting positive mental health and tackling stigma

Suicide prevention through promoting positive mental health

One of the ways we can prevent suicide is by working to create communities in which people enjoy good mental health. This reduces the chances of people getting into difficulties that they are unable to cope with on their own. We can do this by promoting positive mental health.

What is positive mental health?

When we talk about a person's mental health we are talking about how a person thinks, feels and acts in relation to life itself and, in particular, how they cope with life's challenges. Positive mental health describes a sense of well-being and the ability to live a full, 'resourceful' life.

Living resourcefully

When we live resourcefully we have:

- the inner strength to cope with the challenges that life presents to us; and
- the outer resources to support us in doing this.

Emotional health

So, when we talk about mental health, we are also talking about emotional health. We talk about how we feel. People who are emotionally healthy:

- have control over their emotions and their behaviour;
- are aware of their thoughts and feelings; and
- are able to manage them rather than be overwhelmed by them.

Having good mental and emotional health includes:

- being happy with who you are;
- having fulfilling relationships;
- being flexible enough to learn new things;
- being able to adapt to change;
- being able to manage stress and 'bounce back' from difficulties;

- having the ability to think realistically;
- having a positive outlook on life; and
- having access to help and being able to ask for help when you need it.

Being strong

If you are emotionally and mentally healthy, you still have to deal with tough times or emotional problems. We all go through disappointments, loss and change and, while these are all part of life, they can still cause sadness, anxiety and stress. However, being emotionally and mentally strong means we are more able to cope with difficulties in a positive way.

Key skills are being able to:

- balance our emotions;
- recognise our feelings; and
- express them appropriately.

These skills help us to avoid getting stuck in depression, anxiety or other negative mood states. It is also important not to be alone and to have a good support network of trusted people we can turn to.

Physical health

Taking care of our bodies is an important part of protecting and improving our mental health. When we improve our physical health, we experience better mental and emotional well-being. Regular exercise not only strengthens our hearts and lungs but it also releases powerful chemicals that energise us and lift our moods.

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Strengthening mental health in communities

To strengthen the mental health of a community means we have to consider how to improve the health of individuals, the community and to lift the barriers to good mental health. We need to ask the questions below and work out the best way to answer them.

1. How can we strengthen individuals?

- What can we do to increase the resilience of individuals and to strengthen their life skills and their coping skills?
- What information, support services, activities and training opportunities are there that we can promote and raise awareness of in our community?

2. How can we strengthen the community?

- How can we increase social support and social inclusion?
- How can we make our community a safer place to live in?
- How can we promote positive mental health in our schools and workplaces?

3. How can we help people to enjoy good mental health?

- What can we do to reduce discrimination, inequalities and stigma?
- What can we do to improve access to services and supports including education and leisure facilities?
- What can we do to improve housing and employment opportunities in our community?

Mental health: What puts people at risk? What protects people?

‘Risk factors’

Risk factors are those things that impact negatively on people’s mental health. These include:

- social isolation and loneliness;
- poverty;
- being subject to bullying or abuse;
- unemployment;
- alcohol and drug misuse;
- bereavement and loss;
- illness; and
- stigma.

‘Protective factors’

These are those things that promote people’s mental health. They include taking part in the community and having:

- good life and coping skills;
- a sense of belonging;
- employment;
- social support – being connected to friends and family;
- access to supports and services;
- good housing and living conditions; and
- good physical health.

This means that promoting positive mental health in our communities is about:

- strengthening the ‘protective factors’, which increase resilience; and
- working to reduce the ‘risk factors’.

Proven initiatives that promote mental health

Research results recommend a range of fresh approaches that have proven to be effective in promoting mental health.

Parents and children

The mental health of parents and children can be promoted in the following ways:

- parents of young children supported through training programmes in parenting skills;
- young children supported directly through pre-school education;
- children and young people supported through schools that promote health; and
- young people supported through continuing education.

Workplaces

The mental health of people in the workplace can be improved by encouraging:

- good practice; and
- ways of working that respect and take into account the mental well-being of employees.

Housing and environment

The mental health of local communities can be supported by improving:

- housing; and
- environmental conditions.

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If we promote mental health in our community we can:

- improve physical health and well-being;
- provide the skills to help people cope with mental distress in life; and
- help prevent or reduce the risk of some mental health problems.

Improving people's mental health means that people's overall health improves. People are happier and fitter through approaches that are aimed at:

- reducing stress in the workplace;
- tackling bullying in schools;
- increasing access to green spaces for walking and leisure;
- reducing crime;
- improving healthy eating habits; and
- raising awareness of the importance of looking after mental health.

By doing these things, we can begin to move towards a healthy community, which helps protect against suicide.

Positive steps for good mental health

To protect and improve our mental health we should:

- keep physically active;
- eat well;
- drink alcohol in moderation only;
- value ourselves and others;
- talk about our feelings with friends, family members or our doctor;
- care for others;
- keep in touch with friends and loved ones;
- get involved;
- learn a new skill;
- do something creative;
- take a break; and
- ask for help.

Source: Lynn Friedli and Michael Parsonage, Mental Health Promotion: Building an Economic Case, Northern Ireland Association of Mental Health, 2007.

Psychological Society of Ireland – 40 tips

Practical tips

As part of celebrations to mark its 40th anniversary, the Psychological Society of Ireland (PSI) has compiled this list of practical tips (see this web link: www.psychologicalsociety.ie/PSI40TipsFlyer01-11Webrev.pdf).

Psychology uses research to help people solve or cope with problems.

Each of the tips is supported by at least one study that shows how the tip can be helpful.

Whether you want to learn to be more content in general, or are struggling to cope with a challenging situation, check out the 40 tips for good, practical and evidence-based suggestions.



Dealing with stigma

Stigma is one of the most serious and significant barriers to mental health. By stigma we mean the use of negative labels and expressions to describe people with mental health problems. Stigma is a result of ignorance, fear and misunderstanding and can be defined as:

'A cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental ill health.'

Quote from See Change Campaign cited in
Substance Abuse and Mental Health Services Administration (SAMHSA) 2004

A significant number of people who are very troubled and struggling with severe emotional distress do not seek help from a doctor or other health professional such as a public health nurse. It is likely that the fear of being labelled as 'mentally ill' prevents these people from getting the help they need. If they had this assistance, it would help them to deal with the difficulties that they are unable to cope with on their own.

What can we do?

We can become more aware of stigma and challenge the negative and hurtful ways that people with mental health difficulties are described. We can encourage local schools and community groups to address stigma by developing campaigns that look at the harmful effects of:

- labelling;
- stereotyping; and
- disconnecting – by having a 'them' and 'us' attitude to people with mental health difficulties.

When it comes to mental health we are all 'in the same boat'. We all need to look after our own and each other's mental health if we are to move towards a healthier society.

Useful websites dedicated to reducing stigma

- www.seechange.ie
- www.seemescotland.org

‘See Change’

‘See Change’ is a national programme working to change attitudes to mental health problems in Ireland. More than 40 voluntary organisations, state agencies, universities and youth groups make up the See Change partnership.

Organisations from all sectors of Irish society are working together to create a community-driven social movement to reduce the stigma and discrimination associated with mental health problems.

Members of See Change are passionate about equality. Part of See Change’s mission is to make sure that everyone enjoys the same rights on an equal basis. See Change aims to create an environment where people are more open and positive in their attitudes and behaviour towards mental health.

See Change is Ireland’s first national stigma-reduction partnership. It exists to inspire a social movement in Ireland and to reduce the stigma and discrimination of mental health problems so that mental health problems are viewed as part and parcel of being human:

- in the workplace;
- at home;
- out and about;
- in the media; and
- everywhere else.

See Change works in a number of settings. See Change is about finding the conversation, joining in and working with people and communities to change minds about mental health problems in Ireland. It takes an approach that includes the following:

- **grassroots activity**, such as town hall meetings, community events, supporting local groups;
- **partner activity** where it works with more than 40 organisations to share resources and get change underway;
- **online activity** through campaigns like Make a Ripple, See Change’s social networks and e-news service; and
- **workplace** settings where it trains employers and employees to promote positive attitudes to mental health.

‘See Change’

You can find more information about the programme on:

www.seechange.ie; or

by calling the See Change team at (01) 860 1620.

‘Suicide or Survive’

Suicide or Survive is a voluntary organisation working towards removing the stigma linked to mental health and to supporting suicide prevention activities. A major part of their work is helping people to help themselves to improve their own mental wellness. They have developed a ‘Wellness Workshop’ which aims to encourage people taking part to examine where they are on a scale of mental well-being and to examine their:

- lifestyles;
- work practices;
- life habits;
- work environment; and
- relationships.

The workshops also help those taking part to understand and work towards positive mental health. They share trusted methods to work towards solving the problems identified. They encourage people to take personal responsibility for their own mental health. The workshops focus on the need to understand how we think, both positively and negatively, and the effects both ways of thinking have on our life and our well-being.

The Wellness Workshop is run with the See Change promotional campaign held in every county in Ireland.

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‘Suicide or Survive’

For further information contact:

www.suicideorsurvive.ie



Strategies for good mental health

‘When I think of suicide prevention I’m not thinking so much of big money grants and urban redevelopment and massive re-education of professional and non-professional staff in hospitals and churches and schools. I’m thinking of a nod of acknowledgement when someone passes through a doorway, a smile of polite greeting, a courteous word such as ‘please’ or ‘thank you’, an inquiry about how a vague acquaintance is doing, a word of welcome to the newcomer on the block or to the building. I’m thinking of waiting for another person to pass through a bottlenecked doorway first, giving directions in a civil manner, offering information to a stranger. I’m thinking of the extra step for the patient or customer, the extra effort for the ailing friend or relative, the extra minute for the bereaved and the lonely, the extra quarter for the working kid, the extra sympathetic smile for the troubled human being nearby. These gestures cost us very little, yet they signal to those around us that we count them worthy of our attention and concern as humans. How many lives have been saved by listening ears and a caring presence!

When we act to show even simple courtesy to another person, however he or she may be dressed, we are helping them feel worth in themselves. We may be helping them to find themselves worth keeping alive.

From ‘Worth Another Look’ by David K. Reynolds. Creative Commons, Constructive Living unpublished texts.

Promoting positive mental health is about attitudes, the attitudes we have both to ourselves and to each other. Recognising the vulnerability of our own and other people’s mental health should help us to be more understanding both of ourselves and of other people who find themselves in a place where life seems too difficult and hard.

A recent Report published in the UK and based on research by a panel of leading scientists says there are five key ways to achieve happiness.

1. Connect

Developing relationships with family, friends, colleagues and neighbours will enrich your life and bring you support.

2. Be active

Sports, hobbies such as gardening or dancing, or just a daily stroll will make you feel good and maintain mobility and fitness.

3. Be curious

Notice the beauty of everyday moments as well as the unusual. This helps you understand and appreciate what matters to you.

4. Learn

Fixing a bike, learning an instrument, cooking – the challenge and satisfaction brings fun and confidence.

5. Give

Helping friends and strangers links your happiness to a wider community and is very rewarding.

The Report also recommends:

‘Do something nice to a friend or stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.’

Source: The Foresight Report: Mental Capital and Well-being. www.foresight.gov.uk

‘Live in the present’

Living in the present means paying attention to whatever is going on around you here and now. Living in the present means that we are aware of what is real. It means you are focusing on the here and now. You are not focusing on your worries and troubles, many of which might never come to pass.

‘Mindfulness’ as a way to strengthen our mental health has attracted increasing attention. This is due to the considerable research which shows it to be effective. Mindfulness is about learning to be more ‘present’, to be able to deliberately pay attention to whatever is going on in the present moment.

For much of the time we are not fully ‘present’ because thoughts, concerns and worries or just general daydreaming distracts us. If we are not fully present for a lot of the time it can have consequences in terms of:

- our awareness; and
- our clarity of thinking.

If we learn to be more mindful or aware, we can begin to discover how to live well in the present moment rather than being caught up by thoughts about the past or anxiety about the future. Learning to become more aware of the present moment – the only moment that is real – connects our minds to our bodies and connects us more wholeheartedly to experiencing life in all its richness as it is right now.

Living in the present

For more information on mindfulness see:

- www.bemindful.co.uk
- www.mindful.org



Case study: 'Emotional Health Awareness'

The Resource Office for Suicide Prevention in Limerick has developed and delivered an 'Emotional Health Awareness' programme for young men and women. It was made up of four 90-minute sessions delivered over four consecutive weeks. This programme was developed following requests from a community-based training centre.

The programme targeted two separate groups of vulnerable young men and women aged between 18 and 25. The development of this programme was aided by the completion of a two day 'Mental Health Promotion Training' which was organised by the National Office for Suicide Prevention (NOSP). This training educated appropriate staff about how to develop and deliver mental health promotion-related initiatives.

The aim of this programme is to explore with and educate young people about:

- the importance of emotional and mental health; and
- how poor emotional well-being affects our lives.

Although this programme was very structured, it also allowed for a good deal of input from the group members. It allowed for discussion of sensitive issues and emotions such as:

- anger;
- loss and bereavement;
- depression;
- self-harm; and
- suicide.

Before the programme was developed, the young people decided on what they would like to be covered and passed this on to the staff. A significant part of these sessions involved the participants identifying a personal network of support, with a focus on the need to access help and services in times of need.

Feedback was very positive. Most participants reported that they found the programme very useful. All participants reported that they would recommend this programme to others.

Well-being and the internet

The internet is an important tool for helping, informing and supporting people of all ages. Many websites (see list below) help young people to cope with difficult times in their lives. We know that young people use the internet as a way of finding out health information and as a way of seeking help. Young people also use social networking sites such as www.facebook.com to connect with friends.

However, the internet is also a source of harmful information that can put people at risk, for example, sites which promote suicide. There are also 'chatrooms' where some young people have been pressured into participating in 'suicide pacts'.

The challenge of the internet is that it is very difficult to regulate.

Youth organisations

Youth organisations no longer have to be in your town to make a positive impact on young people. The internet can reach most young people in their own home. This is particularly useful for individuals who might feel embarrassed asking an adult for information face-to-face.

Young people's websites include:

- www.spunout.ie;
- www.reachout.com;
- www.letsomeoneknow.ie; and
- www.pleasetalk.ie.

Advice for parents

Parents should:

- try to stay in touch with what their children are doing online;
- make sure children use the computer in a room that the parents can always enter; and
- learn about the internet and how to use it themselves.
- be aware of and highlight positive health websites (see above).
- talk about the risks

If parents are worried, they should talk to their doctor.

Cyber-bullying

Cyber-bullying is bullying by text messaging, email or online messaging through social networking sites. The advice to young people is:

- don't reply to the bullying messages;
- save the bullying messages as proof;
- block the sender's number, email address or social network setting;
- tell a trusted adult; and
- report the bullying to the Gardaí.

You can also contact a free confidential support service such as:

- the Samaritans; or
- Childline's text service where you can talk to someone by texting 'Talk' to 50101.

Internet resources

Websites

- www.internetsafety.ie
- www.webwise.ie

Report on social media and children

Schurgin O'Keeffe, Gwenn, Clarke-Pearson, Kathleen and Council on Communications & Media, Clinical Report—The Impact of Social Media on Children, Adolescents, and Families, American Academy of Pediatrics, Published online March 28, 2011:

- <http://pediatrics.aappublications.org/content/early/2011/03/28/peds.2011-0054.full.pdf+html>

4

Good practice: Working with schools

Schools are one of the most important settings in which to promote the mental health of young people. Schools are not just places to learn – they are also places for young people to grow and develop emotionally and socially.

Mental health promotion and suicide prevention can be addressed at three different levels in a school:

- primary prevention;
- intervention; and
- postvention (provision of crisis support and assistance for those affected by a completed suicide).

We give more information on these three areas.

Primary prevention

This is a whole-school approach promoting and supporting the mental health of all students and staff.

Research findings show that when put in place effectively, mental health promotion programmes in schools can produce long-term benefits for young people. A health promoting school actively promotes the health and well-being of students, teachers and the wider school community, including parents.

It does this by putting systems and policies in place to make the school a safe and supportive environment. A key element of schools that promote health is that they offer a curriculum that supports the physical, mental, emotional and intellectual development of students.

The Social, Personal and Health Education (SPHE) curriculum taught in post-primary schools has become a vital way to achieve this. SPHE is a compulsory subject in Secondary School from first year to third year. It is timetabled for one period per week. 'Emotional health' is one of the 10 subjects covered by SPHE.

Effective mental health promotion programmes for schools

Programmes that have been found to be effective include elements which:

- promote *mental health* rather than the prevention of mental health *problems*;
- are put in place continuously and are long term – lasting more than one year;
- include changes to the whole school environment rather than short class-based prevention programmes; and
- extend beyond the classroom and provide opportunities for putting the skills learned into practice.

Effective schools' programmes focus on aspects of the social and physical environment of the:

- school itself;
- family and community links with the school;
- school curriculum; and
- school policy.

Effective schools' programmes focus on improving:

- coping skills;
- good peer relationships; and
- self-esteem.

These are all key elements of the SPHE curriculum.

Effective schools' programmes also use interactive teaching methods like active learning and student participation.

Source: Green et al, 2005, cited in Barry & Jenkins, 2007.

Guidelines for external providers

If you are an external provider – that is, someone who is not employed by or involved with a school – and you are interested in providing or supporting mental health promotion within schools, here are the guidelines you must follow.

Before you approach the Principal and other school personnel, it is really important that you take stock of your own skills.

When working with a school where you don't normally teach, you must satisfy yourself that you can:

- prove to the school that you have suitable training and qualifications;
- show your understanding of SPHE, and
- show that you understand the organisation and structure of the educational system.

You then must discuss the programme with the Principal and the school SPHE co-ordinator. You must understand how they manage the school curriculum and school policies.

You must show the school that you have linked with the appropriate support services within the HSE such as the Health Promotion Officer or Resource Officer for Suicide Prevention. Or, you must be linked with the Department of Education and Skills Regional Development Managers.

You must provide the school with comprehensive information about your:

- organisation;
- programme content; and
- how you put your programme together.

Pitching your idea to schools – What is helpful

If you are an external provider, when you tell the school about your service, it can be helpful to provide presentations that show what you do. The service or series of events you offer must link with work already undertaken in the school. You can make sure that you are doing this by discussing your proposal with the school staff.

Your service or events must fit in with the content of a comprehensive SPHE programme, which is age and stage appropriate and not just a one-off.

Your service or events must also:

- encourage the development of health-promoting practices;
- encourage skills development;
- use participatory learning techniques – that is, use teaching methods that get students actively involved; and
- be more than just a source of information.

When is it unhelpful for external providers to work with a school?

It is unhelpful for external providers to work with a school when:

- the service is a one-off talk;
- the school does not have a whole-school health promotion approach; and
- your programme doesn't fit in with the school's ongoing SPHE programme.

It is also unhelpful for you to work with a school when follow-up resources that might be needed are not available. For example, a programme that raises awareness about suicide could be most unhelpful if it left students in need of follow-up support and the resources are not there to provide it. It is also unhelpful when you fail to give clear information to students about help that is available to them.

It is inappropriate to work with a school if:

- there is no system in place in the school to keep a watchful eye on students; or
- where schools do not have the resources to respond to emerging needs.

What are the programme considerations for external providers?

The principles and content of your programme must fit with the approach by the SPHE support services to SPHE in the school curriculum.

Your programme and programme outcomes must also:

- be based on sound understanding and knowledge about the issues;
- have been thoroughly and independently evaluated and be subject to ongoing evaluation to ensure quality; and
- help schools to put in place a whole-school approach to mental health and well-being.

What should external providers know about 'scare tactics'?

Negative health messages are often used to scare people into changing their behaviours. Current research shows that this strategy is not effective. Here are some examples of negative messages:

'Forbidden-fruit' effect

Warnings to avoid forbidden substances or activities, using scare tactics or bans, can lead to deliberate defiance. Similarly, stories about dangerous lifestyles can encourage the behaviour they were designed to prevent, by creating heroes or heroines of the people whose stories were told.

The 'Jaws syndrome'

Some people, for example teenagers, become excited instead of frightened by negative messages. They actually seek to do more of the risk-taking behaviour.

The 'speed-trap' effect

The message works but only for a short while and the person returns to the same risky behaviour as before.

What safety criteria should external providers consider?

Here are the safety criteria to consider when delivering a programme in a school:

Referral pathways

The programme must not raise awareness around suicide without specific and clear referral pathways in place for vulnerable students.

Student responsibility is limited

The programme must not encourage young people to take a high degree of responsibility for the well-being of their peers without appropriate support systems being in place.

School relationships

Programme providers must have well-established and ongoing relationships with key people in the school and in the community, including:

- National Educational Psychological Support Service;
- the SPHE support teams;
- Child and Adolescent Mental Health Services (CAMHS); and
- Community Psychology Service (HSE).

Parents and guardians

Parents and guardians must be informed that the programme is being provided.

Stigma

The programme must address the issues of stigma associated with the identification of potentially high-risk students.

Support services

Programme providers must show a clear understanding of the work of the support services available in the event of a suicide attempt or death occurring within schools.

Sources:

National Office for Suicide Prevention: Guidelines for Agencies
Visiting Schools to Deliver Mental Health Promotion Programmes

O'Donnell and McGeehan, Health Promotion Guidelines for Health Professionals visiting schools and,
SPHE and RSE Best Practice Guidelines for Post-Primary Schools.

Effectiveness of suicide prevention programmes

Students' safety is the most important thing. You should take great care when deciding on programmes to be offered in a school. Programmes that aim to reduce suicidal behaviour among young people might work for some students but might have the wrong effect on others. Follow these guidelines below.

Avoid student-focused programmes

Avoid student-focused suicide awareness or education programmes – it is not advisable to use programmes that focus on raising awareness about suicide with students. This is true whether

you are speaking to large or small class groups. Short suicide prevention programmes with no connection to support services should also be avoided.

Be careful about suicide discussions

Don't prevent students from talking about suicide but don't deliberately bring it up for discussion in the classroom. It is much more helpful to listen to young people and encourage them to feel good about themselves so that suicide does not become an issue.

Promote training for adults

Promote training and education programmes for:

- teachers;
- school-based staff;
- professionals; and
- parents.

The purpose of these programmes is to develop knowledge, attitudes and skills so that people may be able to identify and support vulnerable students.

Intervention

Intervention means putting a plan in place on how to support and manage students who:

- express suicidal thoughts;
- self-harm; or
- attempt suicide.

Intervention is the action taken by school staff when a pupil is in emotional crisis or is suspected to be at risk of suicide. Here are some of the ways you can intervene:

Identify those at risk

Identifying at risk students (see Warning signs, Section 1).

Take action

If you think someone is at risk:

- take it seriously;
- check it out;
- seek help; and
- contact parents, guardians and families.

Refer the student

In situations where students are suicidal or have attempted suicide, refer them for support to the family doctor or the A&E Department of your nearest hospital.

It is recommended that schools develop a critical incident policy for managing these issues.

Postvention

Postvention means preparing a plan of action in the event of a traumatic death in the school community, including suicide.

Postvention activities take place in a school following an adolescent death, including a death by suicide or that of a member of staff.

The National Psychological Educational Service has developed clear guidelines on how to respond, support and plan for a distressing event of this nature. It also provides detailed advice on responding in the first 24 hours, the next few days after the event and in the longer term. They strongly recommend that schools take great care in the use of the term 'suicide'. It should not be used until it has been made fairly certain that the death was as a result of suicide.

Psychological support following a death in a school

Schools can be overwhelmed by the many offers of help from individuals and agencies when a major incident occurs.

Given our current knowledge, crisis supports that promote the following are recommended.

Things that help to give a sense of:

- safety;
- calmness;
- personal strength;
- strong community bonds;
- people being connected to each other; and
- hope.

Research shows that psychological help, known as psychological first aid, is effective in schools that have experienced a traumatic event.

This approach offers a set of skills that help communities care for their families, friends, neighbours and themselves by providing basic psychological support after traumatic events.

It also:

- provides an understanding of common symptoms and responses associated with traumatic events;
- promotes active listening; and
- informs the school of available supports and resources.

Useful resources on mental health promotion and suicide prevention in schools

Critical incident guidelines

The National Educational Psychological Service (NEPS), Responding to Critical Incidents: Guidelines for Schools (2007).

- www.educatetogether.ie/wordpress/wp-content/uploads/2010/02/respondingtocriticalincidents-guidelinesforschools.pdf

Secondary school social and emotional wellbeing

National Institute for Health & Clinical Excellence, Guidance Documents, Promoting Children's Social and Emotional Wellbeing in secondary schools, September 2009.

- <http://www.nice.org.uk/nicemedia/live/11991/45484/45484.pdf>

Primary school social and emotional wellbeing

National Institute for Health & Clinical Excellence, Guidance Documents, Promoting Children's Social and Emotional Wellbeing in Primary Education, March 2008.

- <http://www.nice.org.uk/nicemedia/live/11948/40117/40117.pdf>

Case study: 'Zippy's Friends'

An example of a mental health-promoting programme designed for primary school children

The 'Zippy's Friends' programme is designed to promote the emotional health of children from five to eight years of age. It does this by helping them develop different ways of coping with the problems of day-to-day life.

In February 2008, the Zippy's Friends programme was introduced on a pilot basis into designated disadvantaged primary schools in Ireland. The programme aimed to support the Social Personal and Health Education (SPHE) curriculum for junior classes.

With the support of the Department of Education and Skills and the Health Service Executive, the programme was tested in 30 designated disadvantaged schools in the West of Ireland.

The 24-week programme was put in place over two academic years. Twelve lessons were delivered between February and June 2008 and the remaining 12 between October and March 2009. The Health Promotion Research Centre at NUI Galway did an evaluation of the pilot.

The programme is built around a set of six stories. Zippy is a stick insect and his friends are a group of young children. The stories show the characters confronting issues that young children are familiar with, such as:

- friendship;
- communication;
- feeling lonely;
- bullying;
- dealing with change and loss; and
- making a new start.

Brightly coloured pictures illustrate each story. Each session begins with the teacher reading part of the story and then the children take part in activities such as drawing, discussing and playing games. The aim of these activities is to help the children to explore and understand their feelings and behaviour.

For young children, repeating things is an important part of learning. Each session begins with a review of what the children learned the previous week and key messages are reinforced throughout the programme.

At the end of each session, each child fills in a single feedback sheet to reflect their feelings about that session.

The findings from the Zippy's Friends pilot programme were positive.

In line with the findings from other, earlier studies, the programme:

- significantly improved the emotional health of the children;
- reduced their hyperactivity levels; and
- led to improved relationships in the classroom.

The programme also led to increased awareness among teachers of the importance of including social and emotional learning in the curriculum.

Zippy's Friends was developed by Partnership for Children:

www.partnershipforchildren.org.uk

For more information about 'Zippy's Friends': HSE West

Sligo and Leitrim: Ann Lawlor, email: ann.lawlor@hse.ie

Donegal: Anne McAteer, email: Anne.McAteer@hse.ie

Galway, Mayo and Roscommon: Mary Kilraine Hannon, email: Mary.Kilrainehannon@hse.ie

Case study: 'SEYLE' – Saving and Empowering Young Lives in Europe

Promoting health through the prevention of risk-taking and self-destructive behaviours

www.seyle.ie



SEYLE is a health promotion programme for adolescents in European schools. Its main objectives are to:

- lead adolescents to better health through decreased risk-taking and suicidal behaviours;
- evaluate outcomes of different prevention programmes; and
- recommend effective models for promoting the health of adolescents in different European countries.

SEYLE in brief

Why?

In today's Europe, the subject of risk-taking behaviour is widely discussed but knowledge on how to prevent it and resources to study it are still lacking. The SEYLE project is a European effort to promote health and prevent risk-taking, violent and suicidal behaviour in young people.

What?

The aims of the project are to:

- gather information on health and well-being in European adolescents; and
- provide a breakdown of the figures on suicide among adolescents in Europe.

The project also aims to provide supports for adolescents that lead them to reduce their risk-taking and suicidal behaviours. This includes a general health promotion programme that targets students':

- awareness of healthy and unhealthy behaviours; and
- their own ability to reduce unhealthy behaviours.

The general health promotion programme employs professionals who:

- screen at-risk students;
- refer students to mental health treatment when appropriate; and
- ensure compliance.

The general health promotion programme includes a 'gatekeeper' programme that trains school staff and parents on how to recognise and refer students with risk-taking behaviours.

How?

A pilot intervention study is being put in place to assess the effects of health promotion and suicide prevention programmes. At least 1,000 students from each country will take part in the evaluation giving a total of at least 11,000 students. Adolescents aged 14-16 years will be invited into the study.

When?

The project started in January 2009 and will go on for three years.

Where and who?

The project is taking place across 11 European countries, where the partners are experienced research centres. The Centre in Ireland is the National Suicide Research Foundation.

For further information on SEYLE

Paul Corcoran, email: paul.nsrff@iol.ie

Helen Keeley, email: seyle.nsrff@iol.ie

Good practice: Working in third-level education

Third-level colleges can promote health in a creative, student-focused way that appeals to young adults. The following activity examples have been found to be effective (see table below).

Effective activities for third-level colleges

Orientation and induction programmes

Comprehensive programme to include workshops exploring relevant mental and physical health matters like:

- alcohol consumption;
- self-esteem;
- homesickness.

Brochures, posters and fact sheets about a range of issues

- For example:
- family difficulties;
 - coming out;
 - depression;
 - substance abuse;
 - presentation skills.
 - anxiety;

Awareness campaigns

Campaigns such as:

- www.pleasetalk.ie;
- 'Positive mental health week'; and
- 'Depression awareness day'.

Designated days such as:

- World Mental Health Day (October 10);
- International Day of Tolerance (November 16); and
- International Day of People with a Disability (December 3).

Talk and workshop examples

- managing stress;
- mastering study skills;
- promoting diversity;
- dealing with depression;
- enjoying healthy nutrition;
- handling finances.

Speakers

Remove the stigma by engaging high-profile speakers to discuss mental health topics – this could be co-sponsored with student clubs.

Training examples

- Communication skills;
- basic counselling skills;
- assertiveness.

'Wellness' and sport class examples

- Aerobics;
- yoga;
- meditation;
- Pilates;
- Tai chi.

Examples of support groups in the college and community

- Groups for students dealing with issues such as:
- depression;
 - drugs;
 - eating disorders;
 - alcohol;
 - bereavement;
 - sexuality.

Peer support programmes

- Use of:
- computer discussion boards;
 - interactive websites (see case study, www.mymindmatters.ie).
 - chat rooms;

Campus radio talks and newspaper articles

Faith and spirituality seminars

Source: The Mental Health Initiative: A resource manual for mental health promotion and suicide prevention in third level institutions, Trinity College Dublin

The Mental Health Initiative

A resource manual for mental health promotion and suicide prevention in third level institutions, 2003, Trinity College Dublin, Northern Area Health Board, National Suicide Review Group, Department of Health and Children and the Department of Education and Science (now the Department of Education and Skills). www.tcd.ie/StudentCounselling/mentalhealthmanual/mental_health_manual-FINAL.pdf

Case study: 'My Mind Matters'

My Mind Matters (MMM) www.mymindmatters.ie is an online mental health and well-being resource for third-level students in Ireland. It is a pilot project with a number of colleges working together. They are:

- the National University of Ireland Galway (NUIG);
- Trinity College Dublin (TCD);
- Dundalk Institute of Technology (DKIT); and
- University College Cork (UCC).

MMM aims to develop secure access for Irish third-level students to online trustworthy mental health and well-being information and various online support services. My Mind Matters (MMM) provides access through:

- its public website; and
- its online support for specific colleges.

My Mind Matters (MMM) public website

www.mymindmatters.ie

This public website provides a wide range of credible mental health and well-being information. It provides advice on topics such as:

- stress;
- anxiety;
- bullying;
- exams;
- suicide;
- moving away from home;
- sexuality;
- drugs;
- abuse; and
- depression.

It delivers this information and advice in many formats such as:

- short text-based factsheets;
- videos;
- podcasts; and
- quizzes.

ReachOut.com (www.reachout.com) is a reliable mental health organisation. They have provided most of the content for the factsheets. The rest has been provided by counselling services in third-level colleges. MMM also provides links to support services and other online resources.

College online supports

So far, four colleges are taking part in the pilot My Mind Matters (MMM) college support scheme. At the moment, only registered students attending these colleges can access these online support services.

Each college in the pilot offers various types of online supports depending on their resources and expertise. These include:

- 'Ask a counsellor';
- online counselling;
- discussion boards; and
- online self-help programmes.

MMM plans to provide this online resource service to all third-level colleges in Ireland.

More information on 'My Mind Matters'

If you would like more information about any aspect of My Mind Matters (MMM) or if you are a third-level institution in Ireland and would be interested in joining the My Mind Matters (MMM) project, you can contact:

Ms Bea Gavin (Head of NUIG Counselling and Project Manager of MMM).

Email: bea.gavin@nuigalway.ie

Phone: (091) 492 427.

Youth work

Youth organisations, such as youth clubs, youth cafés or centres can play a significant role in supporting young people outside the formal education system by:

- promoting positive mental health;
- responding to young people at risk of suicide; and
- supporting young people following suicide.

Promoting positive mental health

Youth cafés along with other youth groups and centres for young people offer a safe place for young people to meet, relax and access relevant information and support.

Youth café toolkit

The Office of the Minister for Children and Youth Affairs (OMCYA) supported the development of a toolkit to help people set up or develop an existing youth café. OMYCA commissioned the Child and Family Research Centre of the National University of Ireland, Galway, to set out key learning and advice on 11 main areas that cover:

- involving young people in a youth café;
- partnership between adults and young people in a youth café;
- mission and activities or programmes for a youth café;
- the role of staff and volunteers in a youth café;
- training for staff, volunteers and young people;
- design and location of the youth café building;
- managing a youth café;
- funding and keeping a youth café open;
- promoting a youth café;
- evaluating and monitoring a youth café; and
- policies for a youth café.

You can find a copy of the toolkit at:

<http://www.childandfamilyresearch.ie/publications/policy-practice>

‘Good Habits of Mind’ booklet

The National Youth Council of Ireland and the HSE have developed a booklet called Good Habits of Mind. It is a mental health promotion resource for those working with young people in out-of-school settings. The booklet sets out guidelines for the youth organisation and their workers on how to promote positive mental health and policy development.

You can download a PDF of the Good Habits of Mind booklet at:

<http://www.youth.ie/nyci/good-habits-mind>

Responding to young people at risk of suicide

It is important for youth organisations to have policies in place so that they can respond to a young person who:

- is at risk of engaging in suicidal behaviour;
- has said or written that they plan to engage in a suicidal act; or
- has attempted a suicidal act.

It is also important to consider how best to support those caring for a young person at risk of suicide, for example, parents, carers and friends.

Supporting young people following suicide

The following are guidelines for youth workers when supporting small groups of young people after a suicide in their club or youth café.

Support grieving

The process of grieving is helped by:

- acknowledging the shock of the loss;
- providing an opportunity for people to express their feelings; and
- explaining what young people can expect to feel as they grieve.

Reducing risk

The risk to young people can be reduced by:

- providing support - listening and acknowledging their feelings and concerns;
- providing control - being in charge of the discussion that takes place in the group and dealing with expressions of intense emotions;
- providing structure - explaining the stages of grief;
- helping them understand their own reactions;
- identifying young people who seem especially distressed or vulnerable;
- referring them for further assessment; and
- providing information about available resources and services.

Listening

Listening is the main method to use in guiding a group discussion.

“What are your feelings and how can I help?” are the questions around which the group should be structured. Use the following points for discussion.

Ask direct questions

Ask young people in a direct way about how they feel. Don't make assumptions about their reactions. Even though they have all experienced the same event, they might react in different ways.

Respect and name feelings

Listen and respect whatever feelings are expressed. Allow young people to express what they are feeling without having to explain why they are feeling these feelings. They may not be important to know at this time. Making them explain can make them defensive. Feelings that are often the hardest for youth workers and peers to accept are those that seem silly or irrelevant. For example, “dying by suicide is a good way to get out of exams”. These comments are usually a cover for worry. Some people make jokes about things they cannot understand or find threatening.

Other feelings that are important to deal with include:

- anger;
- guilt; and
- blame.

See also ‘*Common reactions to suicide*’, Section 2.

Reflect and name the feelings expressed, for example:

- “You sound sad”; and
- “It sounds like you’re scared because you’ve thought about suicide yourself.”

Identifying the feelings may help the young person to feel less confused and make their feelings easier to understand.

Sometimes it is helpful to point out that there is no one right and ‘normal’ way to feel. It may also be useful to explain that the strength of reactions to grief usually gets less in time. The first few days are the hardest. If a young person continues to experience an uncomfortable level of grief after a week or two, suggest they seek extra support (*see also Section 2*).

Tell young people that thinking about suicide is not the same as dying by suicide. Refer a young person who is concerned about their own suicidal feelings for professional support.

Use words like ‘we’ and ‘us’ when working with a group. For example:

- “All of us are sad at what has happened”; and
- “We are all being faced with the painful lesson that some questions in life never have answers.”

Knowing that you share their grief can be comforting to young people. It shows them that we all share common emotions.

Discuss the reasons why

Give the group time to discuss and search for the reasons why a young person dies by suicide. Talk about the young person’s death, but do not let this take over the discussion. Your task is to help the young people to understand that the reasons why a young person has died are known only to that person. Point out that we are trying to understand and gain some emotional control over an event that is out of their control.

While we need to ask 'why', you need to move away from the circumstances of the death to an appreciation of the person's life. One way of doing this is to ask the young people to share their memories of the person who has died.

Pay attention to what is and what is not said

Remember to pay attention to what they say and also what they don't say. Sometimes the young people who are the most upset say the least. You might want to take a particularly quiet young person aside to ask more privately about their feelings. Numbness is a normal grief reaction, but silence might also hide feelings that could be less overwhelming if they were put into words.

Recognise that, just as each young person may show their grief differently, small groups might also differ in how they show grief. Some may be able to discuss plans for attending the funeral; others might not. You should take your lead from the group you are working with.

Get professional support

For most young people, coming together with a small group of other young people with the support of a youth leader will be enough support to assist them in their grieving. If you are worried about a young person, refer them for professional support.

Source: Adapted from Underwood, Maureen M & Dunne-Maxim, Karen, Managing Sudden Traumatic Loss in the Schools, New Jersey Adolescent Suicide Prevention Project, 1997.

Case study: Integrated youth mental health and well-being: Tallaght, Dun Laoghaire and Kildare

Overview

The Integrated Approach to Youth Mental Health Services in Tallaght, North East Kildare and Dun Laoghaire started in 2010. An integrated approach means that the services work closely together to provide better services. One of the programmes the three communities are planning to put in place is the Jigsaw programme (*see case study on page 60*). Jigsaw was developed by Headstrong – The National Centre for Youth Mental Health. This programme uses evidence from other projects around the world to design a youth mental health service for those aged 12 - 25 years.

In 2011, there are 11 communities in the Headstrong Learning Network (HLN).

A review of Jigsaw Galway showed a 40 per cent increase in young people using services at an early stage and fewer cases when they were at crisis point. The review also showed that most service users are aged 16 - 18 years old, and that the number of young Travellers using the service is increasing.

Jigsaw works with existing services to provide accessible and effective youth mental-health services.

The communities in Tallaght, Dun Laoghaire and Kildare have been working with Headstrong on a community youth mental health needs' analysis. After this they plan to provide better youth services based on the Jigsaw model.

The work programme for each area includes:

- a first meeting to showcase the area of youth mental health;
- setting up a planning group;
- setting up support and development services for the planning group;
- mapping existing youth and mental-health services;
- developing youth advisory panels;
- carrying out a needs' analysis with people and groups about the gaps in youth mental-health provision;
- supporting existing community work with young people; and
- developing and putting in place a work plan for each area.

Resources on youth mental health promotion

For more information about the Tallaght, Dun Laoghaire, Kildare programme

Direct all enquiries to the Mental Health Promotion Officer, Health Promotion, Tallaght, by phone at (01) 463 2800

Good Habits of Mind

Good Habits of Mind: A mental health promotion initiative for those working with young people in out-of-school settings, NYCI and Northern Area Health Board, 2004:

● www.youth.ie/nyci/good-habits-mind

Youth cafés in Ireland:

A best practice guide to set up and run a youth café in Ireland, Family Support Services, NUIG

● www.childandfamilyresearch.ie/publications/policy-practice

Headstrong

Headstrong was set up in response to a need to change the way Ireland thinks about youth mental health, so that young people are connected to their community and have the resilience to face challenges to their mental health.

● www.headstrong.ie

4

In the workplace

The workplace is a good place to promote positive mental health. All companies will benefit from activities that promote a mentally healthy workforce.

Suicide prevention in the workplace is best dealt with at different levels:

- creating a healthy place to work;
- responding to employees who are feeling suicidal;
- supporting employees with mental health problems; and
- offering support following a death by suicide.

Creating a healthy place to work

Promoting health and well-being among all staff in a workplace is an important way to prevent suicide. Here are examples of a number of ways this can be achieved.

Reducing job stress

Job stress is one of the top 10 work-related health problems. It often results in mental health difficulties. Individuals can experience stress at work for a number of reasons. Some common reasons are:

- bullying, harassment or discrimination;
- unfair differences in salaries or money worries;
- strained employer-employee relations;
- long and inflexible working hours;
- unrealistic deadlines;
- lack of say about your work and how you do it;
- fear of losing a job;
- being demoted or changing roles; and
- poor health and safety standards.

Employers can reduce stress and promote better mental health by:

- being aware that mental health is a workplace issue;
- making sure staff take their lunch breaks;
- making sure staff are not working unreasonable hours;
- arranging occasional team-building events;
- allowing staff to give feedback or take part in important decisions;
- talking openly with employees, encouraging honest communication;
- creating a pleasant environment to work in;
- providing positive support in times of change; and
- providing courses in stress management, or communications skills or both.

Information, education and training

It is important that staff in work settings have the knowledge and skills to recognise and support employees:

- with mental health problems; or
- who are feeling suicidal.

You can do this by providing clear information and education on mental health and suicide prevention to all staff. Suicide prevention training can educate staff about:

- identifying people at risk of suicide;
- intervening with people who may be in crisis;
- local support services that are available to people experiencing mental health difficulties; and
- self-care – encouraging someone to look after their own mental health and well-being.

It is also useful to:

- train a number of named staff within an organisation in Applied Suicide Intervention Skills Training (ASIST– see Section 6); and
- invite specific staff to train on grief in the workplace – the Irish Hospice Foundation, for example, runs courses in this area. www.hospice-foundation.ie.

Policy development

Workplace policies should cover the issues of mental health promotion and suicide prevention. They should include details of:

- how to promote the mental well-being of all staff;
- how to support staff returning to work following a mental health difficulty;
- how the workplace responds to suicide risk; and
- a bereavement policy that offers support for work colleagues who have been bereaved by suicide.

Access to health services and supports

Workers might be afraid to admit they are experiencing mental health difficulties. They might worry that doing so would affect their job or their chances of getting promoted. Staff who need mental health supports will find it easier to ask for help if the workplace is open and supportive of people with mental health difficulties. Workers can get support from different sources.

Employee assistance programmes, for example, are company-sponsored programmes that provide a range of supportive, referral, counselling and treatment services. Smaller companies and organisations might not have access to these programmes, but can link with local community mental-health supports.

It is also important to keep in mind that certain occupations have higher suicide rates and might need additional supports (*see case study next about vets*).

Responding to employees who are feeling suicidal

The role of staff in suicide prevention is to:

- be alert to when a person may be in distress and at risk of suicide (*see Warning signs Section 1, page 14*);
- take action – respond to someone in distress (*see Eight steps to responding, Section 1, page 15*); and
- take care of yourself – eat properly and allow yourself time to rest.

Staff in organisations who are likely to come into contact with people in distress have a role in preventing suicide at a community level.

Supporting employees with mental health difficulties

Most of us experience stress at work from time to time, but when people are regularly stressed, their mental health may be affected. Here are some early warning signs to look out for:

- an increase in unexplained absences or sick leave;
- poor performance or time-keeping;
- increased use of alcohol, drugs, tobacco or caffeine;
- frequent headaches and back aches;
- loss of interest in usual social events;
- poor judgment or indecision;
- constant tiredness or low energy; and
- unusual displays of emotion, for example, frequent irritability or tearfulness.

Here are some simple tips for a manager to remember when starting a conversation with a work colleague you are concerned about.

Tips for managers	
Do's	Don'ts
Do have a conversation in a neutral and private space, not in your office.	Don't attempt to start a conversation in front of everyone.
Do make sure there are no interruptions. Switch your mobile phone off.	Don't start a conversation if you've another appointment.
Be focused. You only need information that will help you achieve the goal of supporting your employee.	Don't attempt to tell the person what you think is wrong. Remember you're not a doctor or qualified counsellor.
Do ask open non-controlling questions. For example: ● "I was wondering how you were doing?"	Don't ask questions that could create pressure like: ● "What is wrong with you then?" or ● "Are you stressed or something?"
Do use neutral language for example: ● "You seem very low today".	Don't use medical language linked to illnesses like: ● "You seem depressed" – unless the employee uses it.
Always allow the person time to answer.	Don't push for an answer. Be patient. And don't rush in with another question, without listening to the answer you've been given.
Do try and put yourself in the other person's shoes and see things from their position.	Don't tell the person what to do.
Do make arrangements for a follow-up meeting to review the situation.	Don't leave things up in the air.

Source: www.tacklementalhealth.org.uk

Offering support following a death by suicide

Workplace suicides affect everyone – management, employees, co-workers and friends.

Here are some things to bear in mind when a work colleague:

- dies by suicide; or
- returns to work following a death by suicide.

When a work colleague dies by suicide

Work colleagues might feel that they have contributed to the suicide in some way or blame themselves for not having prevented it. They may feel let down or angry by the secrecy of their colleague's suicide. Managers might:

- feel they should have been in better touch with their employees;
- doubt their management style (particularly if there had been a difficult relationship or if the person was involved in a recent disciplinary issue);
- feel responsible for creating job stress;
- feel blamed by others for having contributed to the suicide; and
- feel they are the subject of malicious gossip.

If the death takes place in the workplace

If the death takes place in the workplace managers should:

- make sure nothing is touched at the scene of the death; and
- call the emergency services and Gardaí immediately.

Be honest with co-workers

Managers should tell co-workers in an open and honest way about the death. It's not necessary and sometimes not appropriate to give details about the method.

Following a suicide, managers should provide accurate information to all workers about suicide and its various risk factors. The Concerned about Suicide leaflet outlines such details, (*see Useful resources for the workplace*).

Watch out for people at risk

Managers should identify and refer vulnerable or high-risk people who may need professional support from:

- employee assistance programmes; or
- community mental health services (which can be accessed through their family doctor).

Organise a tribute

Managers should organise an appropriate tribute for the co-worker who has died (see Section 2, Memorials).

Learn from the crisis

Managers should carry out a critical incident review. This should look at potential risk factors that could be avoided or reduced through changing practices in the organisation. They should then use this information to improve health and develop suicide prevention strategies.

Source: WHO, Preventing Suicide: A Resource for Work, 2006

Tips for supporting a grieving work colleague who is returning to work	
Grief is not something we can leave at the door when we return to work. A bereaved person may be glad to return to the security and routine of work, however, they will continue to grieve their loss.	
Do's	Don'ts
Do be yourself. If you feel out of your depth, acknowledge it.	Do not avoid the person.
Do help them in practical ways, for example: ● welcome them back on the first day; and ● accompany them to the canteen for breaks – if they would like some company.	Do not compare your experiences of bereavement unless you have personal experience of death by suicide.
Do discuss with the bereaved person in advance if they wish to have their bereavement formally acknowledged at meetings.	If a work colleague shares details of a death by suicide with you, don't assume that you can share this information, unless you have been specifically asked to do so.
Do include work colleagues who have been bereaved in normal work and social activities and be respectful and understanding of their readiness to participate or not. Remember that grief is an individual process and cannot be tied to a standard timeframe.	Don't expect a grieving work colleague to return to work mode too soon. They may be feeling fragile and emotional.
Sometimes the workplace is the only place for a bereaved person to talk about their own grief outside of the family network. If possible, allow the time and space for this to happen.	
Do encourage your work colleague to avoid making too many major life changes at this time, for example, changing or leaving their job.	

Useful resources for the workplace

Concerned About Suicide

This leaflet is available through your local Resource Officer for Suicide Prevention or download from

● www.nosp.ie

Suicide Prevention in the Workplace

A booklet for organisations and workplaces responding to and supporting people who are at risk of suicidal behaviour, National Office for Suicide Prevention, HSE, 2009.

Available from the National Office for Suicide Prevention.

Preventing Suicide: A Resource at Work, World Health Organisation, 2006

● <http://whqlibdoc.who.int/publications/2006/9241594381eng.pdf>

Bereavement Support in the Workplace

Education and training workshops on grief at work and developing a bereavement policy.

Breaking the Silence in the Workplace: A Guide for Employers on Responding to Suicide in the Workplace (Irish Hospice Foundation and Console)

● www.hospice-foundation.ie

What should I say? What should I do?

This booklet has suggestions on what to say and do when supporting a work colleague who has been bereaved, HSE West, Galway, Mayo and Roscommon, 2007.

Available from Resource Officer for HSE West, Galway, Mayo and Roscommon (*see Section 6*).

A Healthy Workplace

Visit the Shaw Trust Charity website for information and tips on helping to create a healthy workplace environment.

● www.tacklementalhealth.org.uk

Case study: Veterinary assistance programme

Research shows that veterinary professionals are known to be at increased risk of death by suicide when compared with the general population.

The Irish veterinary groups recognised that in order to address these issues, solutions had to come from within the profession. A 32-county working group was set up. The Veterinary Assistance Programme was set up in March 2010 with some financial support from the National Office for Suicide Prevention.

The programme includes:

- a 24-hour freephone professional counselling helpline;
- access to face-to-face professional counselling;
- online professional counselling accessed through email and real-time 'Live Connect'; and
- a dedicated 'Wellnet' internet website (details below).

The Wellnet website contains 5,000 articles and resources on:

- health;
- well-being;
- parenting;
- finances;
- legal information;
- consumer rights; and
- workplace issues.

For further details see: www.ivbf.ie/vap.html

Case study: 'Winning New Opportunities'

Supporting the mental health of the unemployed

Winning New Opportunities (WNO) is a new programme on offer to unemployed people in the West of Ireland (HSE West area). The programme is co-ordinated by the Health Promotion Services. It is delivered through a variety of organisations. It uses trained facilitators. It is a 20-hour programme run over five mornings and it aims to provide those taking part with the skills and confidence to:

- promote re-employment;
- return to education;
- volunteer; or
- take part in enterprise.

It also aims to deal with common feelings such as:

- anxiety;
- helplessness; and
- depression.

Being unemployed can lead to depression and a significant deterioration in mental health and physical well-being. The current recession has resulted in an alarming increase in unemployment across the country. WNO is based on a programme called the JOBS Programme. This programme increases participants' chances of re-employment, but also protects them against the psychological consequences of being unemployed.

The programme has been put in place in many countries including the USA, China, the Netherlands, Poland and Finland. An Irish version of the JOBS Programme was piloted in Donegal and Derry in 2004. It showed impressive results and significant benefits in terms of re-employment and reducing depression.

Winning New Opportunities is running in Donegal, Sligo, Leitrim, Roscommon, Galway, Clare and Limerick. Researchers from the Centre for Health Promotion Research, NUIG have evaluated the programme. For more information contact: HSE West (091) 548 422; (074) 916 8002; or (061) 461454.

Sport and leisure groups

The physical benefits of regular exercise on the body are well known. We now focus on promoting the mental health benefits of exercise and eating a balanced diet.

This section:

- outlines the benefits of physical activity on our mental health; and
- sets out good practice guidelines for sports organisations following the death by suicide of a member of the club.

Physical activity improves our mental health

Taking part in just 20 minutes of any form of physical activity, including housework, each day, can improve a person's mental health. It can help by:

- releasing natural chemicals that improve mood;
- relieving stress, tension, and mental tiredness;
- improving sleep;
- having something to do that you enjoy and can look forward to;
- giving you more energy;
- increasing self-esteem and confidence;
- providing opportunities to meet new people and make friends;
- helping you to learn new skills;
- giving you a sense of belonging and commitment;
- giving focus and motivation towards a goal; and
- helping to make communities stronger and happier.

Overall, these benefits can help to make people better able to deal with stress in their lives.

These activities can be held in formal settings, for example, sports clubs and leisure centres or more informal community events. For example, members of the community can volunteer to organise activities such as running clubs, hill-walking afternoons or dog walking.

They can even organise regular events such as outdoor carnivals and festivals to celebrate any special occasions. Just getting individuals involved and engaged in any activity will help to promote mental health.

Case study: 'Walking Back To Happiness'

Promoting positive mental health is about raising awareness of the activities we can do to improve our life.

In 2008, the Sligo-Leitrim Better Mental Health for All Partnership decided to promote the mental health benefits of walking. For most people walking is the simplest and easiest form of exercise that is good for your body and your mind.

Walking is the easiest form of exercise for most people because it does not involve any specialist equipment and it can be done just about anywhere. Walking is good for your heart and your lungs. It reduces the risk of health problems such as:

- strokes;
- diabetes;
- high blood pressure;
- bowel cancer;
- Alzheimer's disease; and
- osteoporosis.

Walking has also been shown to:

- improve self-esteem;
- relieve symptoms of depression;
- reduce anxiety; and
- promote a more positive approach to life.

This information was published in a leaflet and sent to all the local Health Centres and other public settings.

Sligo Sports Partnership responded by promoting local walking groups. A project was started which aimed to measure the positive mental health impact of regular walking in a group. The findings from this project clearly support the idea that regular walking has a positive impact on people's mental health and well-being.

For more information contact: Shane Hayes Sports Inclusion Disability Officer, Sligo (071) 916 1511.

Following the death by suicide of a member of the club

The death by suicide of a member of a sports club can have a deep impact on club members, in particular on teammates and coaches.

How a sports club or organisation responds to a death by suicide depends on a number of factors including:

- how well known the person who died was to club members;
- how the club has dealt with past tragedies;
- the leadership shown by key club members; and
- media coverage of the event.

Sporting organisations: what to do after a suicide

Do's

Acknowledge the death

Acknowledge that a club member has died. Respect that some families may choose not to describe the death as a suicide.

Acknowledge a wide range of feelings

Acknowledge that individuals will experience a wide range of feelings and emotions as a result of the death (see Section 2).

- Be gentle with each other – we all grieve in different ways.
- The grieving process takes months and years not days and weeks.
- Don't blame yourself or anyone else for the death.

Try to get balance right

Try to get the balance right between continuing to do normal activities (for example, following the funeral, go ahead with scheduled matches), but also make allowances that motivation and morale may be low among the team.

Try not to underestimate young people's natural ability to cope with difficult situations.

*continued on
next page*

Keep an eye out for vulnerable people

Watch out for those who are not doing well or may be at greatest risk, for example:

- brothers and sisters of the deceased person who are also club members;
- close friends;
- teammates; and
- others who may be experiencing difficult life situations at the time.

These vulnerable people may need extra support, so make sure they get it. While most clubs won't have a suicidologist, they will have someone such as a psychiatric nurse, youth worker, counsellor or social worker connected to the club. You can usually call on this person for advice.

Take any threat of suicide seriously and get the person help.

A death by suicide in a club may cause other club members to start thinking about taking their own lives. If you have concerns about a club member, find a private place to talk and sensitively ask them: "Have you been having thoughts about suicide?" If they have, listen to them and get them help.

Anticipate sensitive dates on the calendar

Anticipate birthdays, holidays, anniversary dates and other celebratory events where the person's absence from the team will be most felt. Accept there will be times, such as these, when members of the club may benefit from extra supports.

Don'ts

Don't focus only on the positive

Do not remember the person who died by only talking about all the positive things about them. While it is important to celebrate their sporting achievements and other personal qualities, it is also crucial to talk about the loss and unknown potential of what the individual might have accomplished in the future. Openly acknowledge and discuss the pain, anger and heartache the death has caused, as well as any difficulties the person might have been experiencing, for example mental health issues.

Be careful how you pay respects

Do not do things in memory of the person like:

- commemorative matches;
- numbers on shirts; or
- naming a trophy.

A Guard of Honour may be organised for other deaths. However, remember that a death by suicide differs from other deaths. Any activities that glamorise or glorify suicide may increase the likelihood of others also considering suicide. The challenge is to grieve, remember and honour the deceased without unintentionally glorifying their death.

Do not over-indulge

Around the time of the funeral and immediately afterwards, do not overindulge in alcohol, caffeine or other substances. They may make people more vulnerable at this time.

Helpful short and medium to long-term responses

After a death by suicide, sports clubs have found the following short-term and medium to long-term responses helpful.

Short-term

Right after a suicide those affected often look for the following:

Information

Clubs have found it helpful to identify what supports are available from State, voluntary and community services to provide advice, support and clinical care at this time. As a result, many communities have developed local support cards outlining services available in the area.

Support

The first gathering together of the team after the funeral, for example, the first night back at training, may be a difficult time for everyone. Coaches have found it helpful to break the team up into small groups and allow some time to talk about their deceased team member.

Coaches or team leaders may wish to prepare for this by thinking through the types of issues that they think will be raised and how best to create a safe place to discuss these matters.

The following topics are usually addressed:

- how to support people who are grieving at this time;
- looking after yourself during this traumatic time; and
- what to look out for, say and do if you are worried about someone else.

Medium to long-term

The medium to long-term goals of sports groups is to increase their capacity to develop suicide prevention initiatives for the future. Examples of two areas are policies and training.

Policies

Sports groups should develop policies and procedures on suicide prevention as well as other broader areas such as drug and alcohol use. For example, the GAA has developed an Alcohol and Substance Abuse (ASAP) programme which aims to prevent alcohol and drug problems taking hold in clubs.

Training

Sports groups find it helpful to offer training and skills development to coaches and team leaders. The training helps them identify and support club members who might be at risk of suicide. The training often includes suicide awareness training and suicide intervention first-aid programmes.

Other situations to note

Discovery of a suicide on sports grounds

The following steps should be taken with the discovery of a suicide on sports grounds:

- Give or ask for first aid if there is any possibility the individual may be saved or resuscitated.
- Contact the emergency services immediately.
- Leave the scene untouched.
- Avoid disturbing any evidence.
- Keep onlookers away.
- Write down the names of all the staff and team members who witnessed the event or discovered the suicide.
- Tell the closest relative – the Gardaí usually do this.

Suicide notes on clubhouses or other sports buildings

Once you become aware of the existence of a suicide note, for example, a paper note or a suicide message written on a clubhouse wall, leave it untouched and immediately tell the Gardaí.

After the personal and legal needs of family and Gardaí are met, the club has to decide when and how best to remove the note. For example, one club hired a graffiti artist to work with supporters and young people to replace the note with a positive image, along with contact numbers for support services for young people.

Deaths by suicide of famous sports people

Deaths by suicide of high-profile or famous people are copied more often than death by suicide of non-famous people. It is important not to let the glamour of the individual detract from any difficulties they may have, for example mental health or drug problems. Responsible media coverage will help to reduce this risk. Be aware at local club and individual level of the impact an international or national sports star's death by suicide can have, especially on young people who viewed them as a role model. Extra care and supports may be needed at this time.

Section 5

Supporting at risk and diverse groups

At risk groups

Certain individuals and groups are more at risk of suicide than others. We will focus on these in this section. However, we must remember that by only focusing on high-risk groups, we may miss an opportunity to support others who may be struggling with suicidal thoughts, for example, older people, young mothers or people approaching middle age.

Living with a suicidal person

Living with a family member who is feeling suicidal places a huge strain on families. They may feel overwhelmed and worry that they are doing or saying the wrong thing. Here are some do's and don'ts to keep your loved one safe.

Do's and don'ts to keep your loved one safe

Do's

- Do ask about suicide.
- Know the warning signs.
- Keep calm – soothing tones of voice can make a difference.
- Try to be accepting and honest.
- Give them as much a sense of control as is possible.
Suicidal people should be offered choices.
- Make it as difficult as possible for them to access medications, guns and so on.

Get help

In a crisis you should:

- ring your family doctor; or
- contact the hospital Accident and Emergency services.

In cases where the person is unable or unwilling to co-operate call:

- an ambulance; or
- the Gardaí.

Don'ts

- Don't panic.
- Don't ignore the signals.
- Don't promise secrecy.
- Don't leave the person alone.
- Don't discuss if suicide is right or wrong.
- Don't tell the person to be happy with what they have.
- Don't say that everything will be alright.
- Don't challenge the person to go ahead.
- Don't do nothing.

Source: Living with a suicidal person: What families can do, IAS

Useful resources for families

Information for families

Living with a suicidal person: What families can do, Irish Association of Suicidology.

- www.ias.ie

A Families and Carers Guide to Understanding and Responding to Feelings of Suicide

- www.pisa.dcu.ie/index.php?page=interactive-resources

Two other information leaflets are available on this site:

- A Personal Guide to Overcoming Feelings of Suicide
 - A Health Professionals Guide to Understanding and Responding to Suicidality
- (Authors: Gordon, Evelyn, Stevenson, Chris and Cutcliffe, John, Dublin City University).

Deliberate self-harm and suicide

During difficult times in life, people sometimes turn to alcohol or other drugs as a way of coping. Sometimes distressing problems can seem as if they are here to stay and that things will never change or get any better. This can be a very lonely place to be.

Self-harm, alcohol and other drugs are used by some people as a way to try to deal with the pain or stress that they cannot stand. People who are struggling with painful issues may begin to have thoughts of suicide. They may see suicide as a solution to their problems.

Self-harm is when somebody deliberately hurts or injures themselves. It includes:

- cutting;
- taking overdoses of medicines or tablets;
- pulling out hair or eyelashes;
- scratching;
- biting or tearing at one's skin causing sores and scarring;
- burning;
- inhaling or sniffing toxic substances;
- driving recklessly; and
- abuse of alcohol or drugs.

People who self-harm may or may not have a suicidal intent. But, those who self-harm are at a greater risk of further suicidal behaviour.

There is some confusion as to whether self-harm and a suicide attempt are the same thing or not. Suicide is a deliberate act with clear intent to end one's life. Self-harm is often something people do to try to feel better. If the intent behind the self-harming activity is to cope and to find relief from pain then it is not about suicide.

However, if the intent behind the self-harm is to end one's life then it is a suicidal act. Acts of self-harm need to be taken seriously. We need to talk to people to find out if they are having suicidal feelings and to get help for them.

Some young people self-harm on a regular basis. Others do it once or just a few times. For some people it is a way to cope with a particular problem and they stop once the problem is resolved. Other people self-harm for years whenever certain situations or feelings occur.

Useful resources on self-harm

Self-harm and young people

'Deliberate self-harm – information for young people' and 'Deliberate self-harm in Young People – Information for Parents/Guardians and Teachers' are two leaflets available from

- www.nosp.ie

These leaflets provide information on:

- what deliberate self-harm is;
- why young people self-harm; and
- ways of providing help.

Pieta House

Pieta House is a Centre for the Prevention of Self-Harm or Suicide. They are based in Lucan, Co Dublin. They have two outreach centres and they have opened another service in Limerick.

Pieta House offers a counselling service for people who have tried to take their lives and also for people who have engaged in self-harming behaviours.

For further information phone (01) 601 0000 or go to:

- www.pieta.ie

Alcohol and suicide

Alcohol can make problems worse. It can affect our ability to deal with everyday stresses and with bigger life events such as loss or unemployment. Alcohol might lead to a person acting on suicidal thoughts. Alcohol abuse is one of the factors contributing to the high rate of suicide among young Irish adults. One study of people from three counties who died by suicide found that over half of the deceased people had alcohol in their blood. Those under 30 years of age were more likely to have alcohol in their blood at the time of death.

Alcohol abuse increases the risk of suicide

The World Health Organisation estimates that the risk of suicide is eight times higher when a person is abusing alcohol than if they are not. At first, alcohol produces happy feelings but then leads on to a lowering of mood and, finally, it makes people feel depressed. This drop in mood can lead to suicidal thoughts.

People often use alcohol as a way to deal with stress and emotional difficulties. They drink to change their mood and to relieve the symptoms of anxiety or depression. People believe that drinking helps them to relax. But, as their tolerance of alcohol increases, they need to drink more. While alcohol can give us a feeling of well-being at first, it is a depressant and this takes effect after a while. Alcohol can also lead a person to have feelings of stress, anger or anxiety.

How to reduce our drinking

Drinking alcohol is an important risk factor for suicide. We need to raise awareness of the link between alcohol, substance abuse and suicidal behaviour. The recommendations from two reports by the Strategic Task Force on Alcohol are to:

- control how and where alcohol is available;
- control the advertising of alcohol;
- improve society's ability to respond to alcohol-related harm;
- prevent and reduce alcohol-related harm in public, private and working environments;
- involve the drinks industry in reducing harm caused by alcohol;
- provide information and education;
- put effective treatment services in place;
- support non-government organisations; and
- reduce drink-driving.

We need to challenge the harmful attitudes to alcohol abuse. We need to delay teenagers from using alcohol. Teenagers' brains are still developing and alcohol has a negative effect on normal brain development. When we look at adults who are heavy drinkers, we find that the pattern of alcohol abuse often started during their teenage years.

Example: North West Alcohol Action Plan

The North West Alcohol Action Plan has identified some key actions that other community groups might find useful.

Community leader awareness

The plan aims to increase community leaders' knowledge of the recommendations of the Strategic Task Force on Alcohol by raising awareness and providing information.

Alcohol education

The North West plans to work with the Gardaí and the community to develop and expand community alcohol-education programmes and education strategies to reduce the numbers of people who drink and drive.

The plan helps to put the Responsible Serving of Alcohol Programme in all places where alcohol is sold.

The plan will also:

- support organisations to avoid advertising or promoting alcohol at underage events; and
- share successful models of alcohol-free venues and events.

Safety at night

The plan will develop safety guidelines for businesses working at night such as bars, night clubs, taxi drivers and so on. It will put this in place by working with:

- Gardaí;
- event organisers; and
- local county councils.

Source: North West Alcohol Action Plan, 2005-2010

Useful resources on alcohol

Parents' guide to teenage drinking

Useful information is provided in a booklet called 'Straight Talk – a guide for parents on teenage drinking' available through the HSE Health Promotion Unit.

Alcohol action

Alcohol Action Ireland:

- www.alcoholireland.ie

North West Alcohol Action Plan, 2005-2010, North West Alcohol Forum.

- www.drugsandalcohol.ie/6324/1/3647-3886.pdf

‘Men don’t talk face to face, they talk shoulder to shoulder’.

– Irish Men’s Shed forum

Men are often shown as strong and silent. This is one of the reasons why men are slower to reach out for help offered through traditional ways. To access, target and engage men, the approach to men’s health needs to be different to be successful.

Two strategies to consider when promoting men’s health include:

- working directly with men in the community; and
- supporting and developing services that are more approachable and accessible to men.

Working directly with men

Here are some examples of what has been found to work when targeting and engaging men, in particular young men.

Go where men are

Traditional ways of reaching men are, for example, through sport, music and the workplace. Others include barbershops, betting shops, and marts (for men living in rural Ireland).

These settings are useful for agencies that want to give small amounts of information for short periods of time.

Get men involved

Projects that are direct, practical and get men involved are the most successful. Men, in particular boys and young men, usually say that they do not like sitting down and talking. Instead they like activities which involve doing things where they are challenged and learn something. They also like to be clear about what they are being asked to do. They tend to like practical activities.

Emotion takes time

When men feel safe, they are more likely to talk. Most groups working with men have found that if they want to work on feelings, this takes time. Trust has to be built up.

Use careful marketing

Think carefully about how to market a project particularly aimed at including men. For example, use images and materials which appeal directly to them as part of an awareness campaign to raise and generate interest. Also keep in mind the perceptions some men may have about what they consider to be ‘manly’ or not.

Source: Adapted from “Health Development Agency, Boys’ and Young Men’s Health, What Works?”

Services that meet men's needs

It is important to support and develop services so that they are friendly and easily accessible. You can do this by providing:

- information in a friendly way; and
- access to services at times that are more likely to encourage men to attend.

It is also important to train those working with men to develop their knowledge and understanding of, and attitudes towards, boys, young men and men in general.

Source: Adapted from Health Promotion Strategies, Bendigo develops a model for men's health and wellbeing and Participation and Working with Boys and Young Men.

References for working with boys and men

Health promotion

Health Promotion Strategies, Vol. 7, No. 3, July 2007, p. 5, 'Men's Sheds reflect new thinking and opportunities in supporting men's health and wellbeing'.

Health Promotion Strategies, Vol. 7, No. 3, July, 2007, p. 5, 'Bendigo develops a model for men's health and wellbeing'.

Department of Health and Children, (2008), National Men's Health Policy 2008-2013: Working with men in Ireland to achieve Optimum Health & Wellbeing, Dublin.

www.dohc.ie/publications/nationalmenshealthpolicy.html

Forrest, Simon, Participation and Working with Boys and Young Men: Guidance for practitioners and policy development, Working with Men, September 2006.

● www.workingwithmen.org/downloads/Participation-Briefing.pdf

(This is not a direct link, but if you put it into Google it will be at the top of the search list.)

Trefor Lloyd, NHS, Health Development Agency, Boys' and Young Men's Health, What works?

● www.workingwithmen.org/projects/documents/whatworkswithyoungmensummarypdf.pdf

(This is not a direct link, but if you put it into Google it will be at the top of the search list.)

Case study: Samaritans advertising campaign

Campaigns for Men

Samaritans have developed publicity material that is male focused. You can find out more about the campaign, background to the research and case studies connected to this campaign at this website address:

- www.samaritans.org/supportsamaritans/campaigns/boxercampaign2010.aspx

Case study: Irish 'Men's Sheds'

What is a 'Men's Shed'?

A Men's Shed is any community-based, non-commercial organisation which is open to all men where the main activity is providing a safe and friendly environment. A Men's Shed makes it easy for men to gather together or work on meaningful projects at their own pace. They can do this on their own or with other men.

The primary aim is to improve the health and well-being of the men taking part. Men's Sheds may sound like a shed in your back yard, but they are a creative mix between community education and health promotion projects.

The Irish Men's Shed Forum aims to promote the idea of Men's Sheds in Ireland and to act as a source of information to support the Men's Shed movement.

For more information see: www.menssheds.ie (Irish Men's Shed Forum supported by the Australian Men's Sheds Association (AMSA)).

Reducing access to ways to die by suicide

People experiencing stressful life events may be particularly at risk of attempting suicide on impulse. This is why it is necessary to reduce access to ways to die by suicide such as guns, poison and medications.

If a gun or medication is not readily available, it reduces the likelihood of an impulsive act. People thinking about suicide often do not want to die. They simply want the pain to stop. If someone who is suicidal does not have immediate access to a dangerous substance, they will need extra time to find an alternative method. This may give family, friends or others a chance to help the person.

Laws are in place regarding gun licences and restricting the sale of over-the-counter medications. See also case study below on DUMP (Disposal of Unwanted Medication Properly).

In your community, you might also consider safety issues around things like waterways, high buildings and remote areas. Some communities have put up signs with clear messages of support. For example, Samaritans use signs with their contact details, followed by the message “Life’s worth talking about”.

Case study: The DUMP campaign

Research from the National Suicide Research Foundation in Cork shows that drug overdose is the main way people deliberately self-harm in this country. A special committee identified the Disposal of Unused Medication Properly (DUMP) project as way of restricting access to means of suicide.

Restricting access to drugs also reduces the risk of accidental poisoning of children and reduces environmental pollution.

Householders in the targeted areas were told about the project and encouraged to return medicines they no longer needed to their local pharmacy. The public returned a large number of medicines.

For further information and recommendations from the project go to the website: www.icgp.ie, click *Education, Mental Health, Articles and Publications* and scroll down to *Irish Pharmacist Special Report on the DUMP campaign*.

Supporting diverse groups

Lesbian, gay, bisexual or transgender (LGBT) people

“Although Ireland is making considerable progress in developing a culture of genuine equality, recognition and acceptance of gay men and women, there is still an undercurrent of both bias and hostility which young gay people must find deeply hurtful and inhibiting. For them, homosexuality is a discovery, not a decision and for many it is a discovery which is made against a backdrop where, within their immediate circle of family and friends as well as the wider society, they have long encountered anti-gay attitudes which will do little to help them deal openly and healthily with their own sexuality... we could and should decommission attitudes that encourage bullying of all sorts and in particular attitudes that are deeply hurtful to those who are homosexual”

– President Mary McAleese, August, 2007

Life in Ireland has improved for people who are LGBT in recent years. However, there is still some discrimination and harassment. This causes particular stresses.

5

Most young people know they are LGBT at age 12 and start coming out at age 17. The time between knowing you are LGBT and telling others can be particularly stressful for young people. They often fear rejection. People who are LGBT have a greater risk of developing mental health problems.

However, the ability to cope with LGBT-specific stress is related to:

- acceptance and support from family and friends;
- positive life events and turning points;
- support from LGBT community organisations and services;
- developing positive coping strategies and good self-esteem; and
- positive school or work experiences.

Source: Supporting Lesbian, Gay, Bisexual & Transgender (LGBT) Callers:
An Introduction for Samaritans Volunteers, Glen & Samaritans Ireland.



What can I do to support LGBT people?

- Do not assume everyone is heterosexual or that everyone's parents are heterosexual.
- Acknowledge different sexual orientations – straight, gay, lesbian and bisexual.
- Don't define someone by their sexual orientation.
- Try not to call or refer to someone as homosexual – lesbian, gay, bisexual and transgender is preferred.
- Remember gay relationships are just like straight relationships – they are about love, caring, companionship and support – not just sex.
- Do challenge negative comments and behaviour towards LGBT people or behaviours.
- Include everyone and respect diversity.

Source: Lesbian, Gay & Bisexual Mental Health, Odhrán Allen, Glen.

What can my organisation or group do to support LGBT people?

The '4Ps Model' outlines a way in which organisations and groups can create services that are accessible and appropriate for LGBT people. It has four parts:

- policy;
- public profile;
- programmes; and
- professional development.

Policy

This looks at an organisation's policies in relation to equality and diversity and asks the following questions:

- Does your organisation have an equality and diversity policy and, if so, does it make explicit reference to LGBT people?
- Is there a clear procedure for dealing with homophobic and transphobic behaviour, comments or attitudes at all levels of the service? (Homophobic behaviour is a fear of LGBT people or prejudice and discrimination towards them. Transphobic behaviour is a fear of or hostility towards transgender people); and
- How is the procedure made known to staff, volunteers and service users?

Public profile

This looks at the messages a service or group communicates to the public about LGBT people, for example:

- what message is communicated to likely LGBT users of the service? and
- how would an LGBT person know the service or group is LGBT-friendly?

Programmes

Does your organisation or service include LGBT people by:

- making sure that it is accessible and useful?
- specifically targeting LGBT people? and
- checking with LGBT people about the design, delivery and evaluation of your services or products?

Professional development

In your organisation, what work is being done to support staff or volunteers to be LGBT-inclusive in their work in terms of:

- good practice guidelines?
- training? and
- including LGBT issues as part of in-service development?

Source: Odhrán Allen, Using the 4Ps to Achieve an LGBT-Inclusive Service, 2009.

It is really important for LGBT people's well-being and good mental health that they have the support of family – parents in particular – and friends. It is also important for LGBT people to have positive experiences in communities, schools or workplaces.

Useful resources on LGBT

National helpline

The National LGBT helpline number is 1890 929 539. It is open from 7 - 9 pm, Monday to Friday. Their website gives an outline of supports available nationally and specific LGBT information for both LGBT people and professionals. For more information:

- www.lgbt.ie

Support Groups

BeLong To is a national youth service for Lesbian Gay Bisexual and Transgender (LGBT) young people in Ireland, aged between 14 and 23 years. BeLong To has booklets and reports on LGBT young people. It also has a training programme called 'Stand-Up'. For more information see:

- www.belongto.org

GLEN – Gay and Lesbian Equality Network, focuses on influencing policy and on working strategically and in partnership with mainstream organisations such as Government, regulatory authorities, trade unions and other social partners in order to achieve change. GLEN is not involved in direct service delivery:

- www.glen.ie

Look (Loving Our Out Kids) have been providing support to parents of LGBT people since 1980 and there is very useful information on their website:

- www.lovingouroutkids.org

Mental Health Promotion

Look After Yourself, Look After Your Mental Health: Information for Lesbian, Gay, Bisexual and Transgender People:

- www.nosp.ie

Travelling community

Traveller society has experienced many changes in recent years. However, there remain many core values and traditions, such as strong family and community ties, and religious beliefs, and their high tolerance of troubled members, which can be developed to protect high-risk individuals against suicide. Given the appropriate information and training, and above all the necessary supports, there exist within the Traveller community the necessary strengths to develop their resilience to suicide.

– Walker, Suicide Among the Irish Traveller Community 2002 - 2006

Life expectancy in the Travelling community

In 2010, an All-Ireland Traveller Health Study, the first study of Traveller health status and health needs that involves all Travellers living on the island of Ireland, North and South, was published. The study showed:

- at all ages and for all causes of death, Travellers died earlier than the general population;
- Traveller men live about 15 years less than men in the general population;
- Traveller women live about 11.5 years less than women in the general population;
- the suicide rate in male Travellers is 6.6 times higher than in the general population; and
- the female suicide rate is also higher, but not as high as the male rate.

Response to suicide

In 2004, Travellers and Traveller organisations came together in response to their growing concern about the increase in the number of people to die by suicide in the Travelling community.

A working group was set up to develop a community development response to the issue of suicide. In 2006, the group sent an application to the National Office for Suicide Prevention to fund a worker for a National Traveller Suicide Awareness Project. This application was successful and a funding commitment was given. The worker is based in Crosscare, a social care agency of the Archdiocese of Dublin.

The National Traveller Suicide Awareness Project Strategic Plan, 2007-2010 aimed to:

- raise awareness about suicide in the Traveller community; and
- promote the development of initiatives to support suicide prevention, intervention and postvention (provision of crisis support and assistance for those affected by a completed suicide).

For further details see:

<http://www.crosscare.ie/images/uploads/NTSAPStrategicplan3nddraftfinal.pdf>

For more information about Travellers

Contact Petra Daly, Project Worker, National Traveller Suicide Awareness Project

Phone: (01) 838 8874

Email: pdaly@crosscare.ie

Case study:

‘Primary Health Care for Travellers’ projects

The HSE and Traveller support groups set up Primary Health Care for Travellers’ projects throughout Ireland.

These projects aim to set up a model where Travellers take part in promoting health. They also aim to develop the skills of Traveller women so they can provide:

- community health-based services, including mental health promotion; and
- suicide intervention skills.

The projects also aim to:

- create dialogue between Travellers and health service providers;
- highlight gaps in how health services are provided to Travellers; and
- reduce inequalities in established services.

Primary health care projects have been involved in:

- outreach support;
- advocacy and lobbying; and
- providing health promotion materials.

Outreach support

Outreach support involves Community Health Workers visiting houses and sites of Traveller families. The workers:

- promote healthy lifestyles;
- provide information about health and other services; and
- refer Travellers to health service providers.

Outreach support also means organising health information campaigns based in the community. These cover topics like:

- heart health information;
- breast cancer awareness;

- mental health promotion; and
- vaccination.

Community Health Workers also raise awareness about Traveller culture and ethnicity through lectures and presentations to health service providers including:

- student nurses;
- midwives;
- public health nurses; and
- GP trainers.

Advocacy and lobbying

Community Health Workers represent Traveller issues on a range of local and community-led committees.

Health promotion materials

Some examples of health promotion materials developed by Community Health Workers deal with:

- breast cancer checks;
- cervical smears;
- postnatal depression;
- osteoporosis; and
- vaccination.

For Travellers who have reading difficulties there are special leaflets using more pictures to highlight important information. The Galway Traveller Movement has also produced DVDs on mental health, called:

- 'Am I Stressed?' and
- 'Am I Depressed?'

For further information, phone (091) 765390

References on Travellers

Walker, Mary Rose, Suicide Among the Irish Traveller Community 2000-2006.

- www.nosp.ie/book.pdf

All Ireland Traveller Health Study, Our Geels, School of Public Health, Physiotherapy and Population Science, University College Dublin, 2010.

- www.dohc.ie/publications/travellerhealthstudy.html

Section 6

Training and skills development programmes

There are a number of training courses and workshops available that raise awareness and teach suicide prevention and mental health promotion skills. This section includes a summary of these, divided into programmes for children, young people and adults. If you are interested in any of these programmes please contact your local Health Service Executive Suicide Resource Officer (*see page 130*). Some of these programmes may not yet be available in your area.

Early years

Young children (4 - 12 years)

The emotional health of young children and young adolescents up to third year in post-primary school is covered under Social, Personal and Health Education (SPHE) programmes.

For very young children, information and learning about emotional health is provided in Primary schools. This includes 'Circle time', an activity that helps teachers to work with children in the classroom so that children can:

- listen;
- express their feelings; and
- sort out their differences.

'Zippy's Friends'

See the case study about this programme for young children in Section 4.

Young people

'Mind Out' programme

The HSE North West and the Health Promotion Department, NUI Galway, researched, developed and evaluated the Mind Out programme for senior cycle students. It is available for schools through the SPHE programme. It is a 13-week module and runs over two years.

Mind Out was developed because there was a need to address the mental health of Irish adolescents. Another version of Mind Out was developed by the Health Promotion Department, HSE West for and in partnership with Youthreach. This programme was also evaluated by NUIG.

Social and emotional well-being has been linked to young people's:

- school experiences;
- social development;
- ability to contribute to the workforce;
- ability to contribute to the community; and
- rate of suicide.

Even though people experience depression and other mental health problems, they may still fail to look for help from family, friends or professionals because they worry about what other people might think.

Mind Out aims to protect young people by improving their coping skills.

Mind Out is made up of 10 sessions for the first year and three follow-on sessions in the second year. The sessions can be run each week, or more often. Sessions cover:

- how young people cope;
- group support;
- dealing with anger and conflict;
- positive self-talk;
- dealing with rejection and depression;
- getting help;
- stress spotting;
- 'mope, hope or cope'; and
- relaxation skills.

For further information contact: National Youth Council of Ireland (East): (01) 478 4122

HSE West (Galway, Mayo and Roscommon), Edel O'Donnell, (091) 548419

HSE West (Limerick), Ann Costello, (069) 61430

'Mental Health Matters'

Mental Health Matters is a mental health resource pack for 14-18 year olds. It deals with the issue of mental health in an age appropriate manner. It presents mental health as a distinct part of our daily lives and shows how mental health is vital for physical health. Mental Health Matters provides materials to schools that intend to introduce a programme on mental health for Transition Year students.

The programme:

- challenges young people's attitudes and false beliefs about mental illness;
- looks at society's attitude to mental illness and what influences such attitudes; and
- makes young people aware of the mental health services and facilities available should they, a member of their family, or a friend need them.

The Mental Health Matters pack explores different themes through exercises and worksheets. There is also a learning resource section with information and support materials for teachers. For more information please email: info@mentalhealthireland.ie

Suicide prevention awareness and intervention training

‘Reaching Out’: suicide prevention awareness training programme

This training programme was developed by the HSE Resource Officers for Suicide Prevention together with the National Office for Suicide Prevention and aims to:

- provide information on suicide in Ireland;
- identify what to look out for and how to help someone thinking about suicide; and
- hear and share examples of work in suicide prevention.

SafeTALK

SafeTALK is a three-hour training course suitable for people over 18 years. The course helps people to identify someone with thoughts of suicide and put them in touch with people or resources that will help them.

Applied Suicide Intervention Skills Training (ASIST)

Applied Suicide Intervention Skills Training (ASIST) gives those taking part the skills they need to keep someone safe who is having suicidal thoughts. It is a two-day workshop developed in Canada. It is available to anyone over 18 years who would like to help people at risk of suicide.

We recommend that participants attend suicide awareness training before doing this workshop.

ASIST is an intensive course designed to teach suicide first aid, and covers:

- attitude awareness;
- learning the suicide-intervention model;
- practising the model;
- exploring resources; and
- discussing the development of suicide-safer communities.

Note: We do not recommend people take part in this training if they have been affected by a loss, including suicide, in the last year.

Other Training Programmes

Parenting programmes

Many parenting programmes are now available. They aim to promote positive relationships between parents and children and address their needs through the different stages of family life.

Workshop: promoting positive mental health

This training is for organisations and groups who wish to understand the importance of mental health promotion. It covers:

- the benefits of promoting mental health; and
- examples of initiatives that work.

‘Winning New Opportunities’

Winning New Opportunities is a job search programme targeting people who are unemployed. (For further details see Case study, Section 4).

Older Adults: depression and suicide

An Older Adults: Depression and Suicide programme is available in some areas. It aims to give those taking part information about how to support older adults who may be depressed, or at risk of suicide, or both. This programme includes an overview of:

- ageing;
- mental health and suicide;
- risk and protective factors;
- depression;
- responding guidelines; and
- services.

The Resource Office for Suicide Prevention HSE West (Limerick) has also developed a programme for carers. It is called *A Mental Health Promotion Suicide Awareness Training Programme for Service Providers Caring for Older People*.

Section 7

Useful resources

The internet and the websites of many voluntary, State and national organisations have useful information on suicide prevention and positive mental health.

Other useful information sources are outlined in the following pages.

Reports

As detailed in *Section 3*, it is important that members of the community understand the ‘big picture’ in relation to suicide prevention at a local and national level before embarking on an initiative. Read the following documents to find out about the current context and get an understanding of where your project fits within current policies and strategies.

National Office for Suicide Prevention

The National Office for Suicide Prevention website www.nosp.ie/html/reports.html provides access to important research documents including:

- Media Guidelines: Suicide and Self Harm (2009);
- National Office for Suicide Prevention Annual Reports;
- Reach Out: National Strategy for Action on Suicide Prevention 2005 - 2014 (2005);
- Review of General Bereavement Support and Specific Services (2007);
- Suicide among the Irish Traveller Community 2000-2006 (2008);
- Supporting LGBT Lives: A Study of Mental Health and Well Being (2008);
- The Efficacy of a Self Harm Awareness Training Programme (2010);
- Youth Suicide Prevention: Evidence Briefing (2004).

Department of Health

Examples of documents you can view and download from the Department of Health’s website www.dohc.ie/publications include:

- National Men’s Health Policy: 2008-2013 (2009).
- Teenage Mental Health: What Helps and What Hurts? (2009);
- Vision for Change, Report of the Expert Group on Mental Health Policy (2006);



The National Suicide Research Foundation

The National Suicide Research Foundation www.nsrp.ie has also produced a number of reports, publications and research bulletins, including:

- The National Registry of Deliberate Self-Harm.

Information leaflets

The following information leaflets have been published to help raise public awareness about self-harm, suicide prevention, bereavement and mental health.

National Office for Suicide Prevention (NOSP)

These documents are available to download from the NOSP website www.nosp.ie or available in hard copy from your local Health Promotion Office or Suicide Resource Officer.

- Concerned about Suicide: Warning Signs, Risk Factors;
- Look after your mental health in tough economic times;
- Your Mental Health Information Booklet;
- Deliberate Self Harm: Information for Young People;
- Deliberate Self Harm in Young People: Information for Parents/Guardians/Teachers
- You are not alone: Help and advice on coping with the death of someone close; and
- You are not alone [directory of bereavement support services].

Irish Association of Suicidology

The Irish Association of Suicidology (www.ias.ie) has an information pack available (publications section) to download from the website. It contains the following documents:

- Depression – signs, symptoms and risk factors;
- Depression – self help;
- Living with a depressed person;
- Teen depression;
- Risk factors and myths about suicide;
- If you are feeling suicidal;
- Living with a suicidal person: what families can do; and
- Helping or supporting someone who is grieving.

Mental Health Ireland

Mental Health Ireland has also published a number of leaflets on mental health: A leaflet on ‘Managing Your Mental Health’ is available to download from their website www.mentalheathireland.ie.

HSE professionals who can help

Your first point of contact is likely to be your regional:
Suicide Resource Officers or Mental Health Promotion Officers

HSE Dublin Mid-Leinster

Laois, Offaly, Longford, Westmeath

Ms Josephine Rigney
Resource Officer for Suicide Prevention,
HSE Dublin Mid-Leinster,
C/O Old Birr Hospital, Birr, Co Offaly
Phone: (057) 932 7909
Email: josephine.rigney@hse.ie

HSE South Western Area and East Coast Area

Dun Laoghaire, Dublin South/West, Wicklow

Ms Pauline O'Reilly,
Resource Officer for Suicide Prevention,
Health Promotion Department,
3rd Floor, 52 Broomhill Road, Tallaght, Dublin 24.
Phone: (01) 463 2800
Email: pauline.oreilly@hse.ie

HSE Dublin North East

North Dublin City and

Ms Roisin Lowry
Mental Health Promotion /
Suicide Resource Officer,
HSE Dublin North East, Park House
North Circular Road, Dublin 7
Phone: (01) 882 3403

HSE Dublin North East

Louth, Meath, Monaghan and Cavan

Mr Gareth Phelan
Mental Health Promotion/Suicide Resource Officer,
HSE Dublin North East, St Brigid's Complex,
Ardee, Co Louth
Phone: (041) 685 0671
Email: garreth.phelan@hse.ie

HSE South

Cork and Kerry

Ms Helena Cogan
Co-Ordinator of Training and Research,
HSE South, 'Nemetona', St Stephen's Hospital,
Glanmire, Co Cork
Phone: (021) 485 8596
Email: Helena.cogan@hse.ie

HSE South

Waterford, Carlow, Kilkenny, South Tipperary

Mr Sean McCarthy
Resource Officer Suicide Prevention,
HSE South, St Patrick's Hospital, John's Hill, Waterford
Phone: (051) 874 013
Email: sean.mccarthy@hse.ie

HSE West

Limerick, Clare, North Tipperary

Ms Bernie Carroll
Resource Officer for Suicide Prevention,
HSE West, St Joseph's Hospital,
Mulgrave Street, Limerick
Phone: (061) 461 454
Email: berniem.carroll@hse.ie

HSE West

Galway, Mayo and Roscommon

Ms Mary O'Sullivan
Resource Officer for Suicide Prevention
HSE West, First Floor, West City Centre
Seamus Quirke Road, Galway
Phone: (091) 548 360
Email: mary.osullivan@hse.ie

HSE North West

Donegal

Ms Anne Sheridan
Mental Health Promotion /
Suicide Resource Officer, HSE West
St Conal's Hospital, Letterkenny, Co Donegal
Phone: (074) 910 9120
Email: anne.sheridan1@hse.ie

HSE North West

Sligo, Leitrim

Mr Mike Rainsford
Mental Health Promotion / Suicide Resource Officer
HSE West, JFK House, JFK Parade, Sligo, Co Sligo
Phone: (071) 913 5098
Email: michaelp.rainsford@hse.ie



National support services

There are many reasons why people think about suicide. Here is a list of some national organisations that may be able to help in difficult times.

Please contact your local HSE Health Office for a more detailed guide on local support services available in your area.

Call the HSE info line on 1850 241 850; or go to: www.hse.ie

Organisation	Contact details
Alcohol	
Alcoholics Anonymous At Alcoholics Anonymous meetings, men and women can share their experience, strength and hope. This helps them and others to recover from alcoholism.	General Office Unit 2, Block C, Santry Business Park, Swords Road, Dublin 9. Phone: (01) 842 0700. Contact the office or go to the website to find out about meetings in your area. ● www.alcoholicsanonymous.ie
Al-Anon and Alateen Al-Anon offers understanding and support for families and friends of problem drinkers in a group setting. Alateen is part of the Al-Anon fellowship and is for young people, aged 12 - 17 inclusive, who are affected by a problem drinker.	Information Centre Room 5, 5 Capel Street, Dublin 1. Phone: (01) 873 2699. Monday-Friday, 10.30am–2.30pm. Email: info@al-anon-ireland.org ● Website: www.al-anon-ireland.org/
Bereavement support	
Console Providing support and counselling to those bereaved by suicide.	Head Office, Console House, 4 Whitethorn Grove, Celbridge, Co Kildare. Helpline: 1800 201 890. Email: info@console.ie ● Website: www.console.ie
Living Links Trained volunteers offer confidential, practical support and advice to families who have experienced a death by suicide. The service is available in a number of counties.	Contact, Secretary, Living Links, c/o Michael Egan, Urra, Ballycommon, Nenagh, Co Tipperary. Phone: (087) 412 2052. ● www.livinglinks.ie
Debt	
MABS A national, free, confidential and independent service for people in debt or in danger of getting into debt.	Lo-Call Helpline: 1890 283 438 Monday-Friday, 9am-8pm. Visit the 'contact us' section of the website to find the office closest to you. Email: helpline@mabs.ie ● www.mabs.ie

Drugs

Drugs/HIV Helpline

The Drugs/HIV Helpline is a confidential, freephone, active listening service offering non-directive support, information, guidance and referral to anyone with a question or concern related to substance use, HIV and sexual health.

Freephone: 1800 459 459

Drugs Service, HSE

This provides information, advice and support about drug abuse prevention, education and treatment.

● www.hse.ie/eng/services/FindaService/LHO/
(Click LHO area and social inclusion)

Narcotics Anonymous

A non-profit group of men and women for whom drugs have become a major problem. Recovering addicts, who meet regularly to help each other stay clean, provide this service.

Irish Regional Service Committee,
29 Bride St., Dublin 8.
Information Line: (01) 672 8000.
Email: info@na-ireland.org
● www.na-ireland.org

Eating disorders

Bodywhys

Provides help, support and understanding for people affected by eating disorders.

PO Box 105, Blackrock, Co Dublin.
Phone: (01) 283 5126.
Lo-call Helpline: 1890 200 444.
Email: alex@bodywhys.ie
● www.bodywhys.ie

Gambling

Gamblers Anonymous and Gam-Anon

The members of these groups are men and women who have joined together to do something about their own gambling problem and to help other compulsive gamblers do the same. Gam-Anon is for husbands, wives, relatives or close friends who have been affected by a gambling problem. Visit the website to find a meeting in your area.

Carmichael House
North Brunswick St.
Dublin 7.
Phone: (01) 872 1133.
Monday-Friday, 9am to 5pm.
Email: info@gamblersanonymous.ie
● www.gamblersanonymous.ie

Homicide

Support after Homicide offers support to families bereaved by murder. It is a confidential service run by volunteers. They provide support nationally to anyone who has been bereaved in this very tragic way.

For further information please contact:
Mark Kerrigan Co-ordinator.
Phone: (087) 983 7322.

Mental health – general

Aware – Defeat Depression

Support for people whose lives are directly affected by depression.

72 Lower Leeson Street, Dublin 2.

Phone: (01) 661 7211.

Helpline: 1890 303 302.

Email: info@aware.ie

● www.aware.ie

GROW in Ireland

A confidential self-help support group for people experiencing a range of mental health issues.

Ormonde Home, Barrack Street, Kilkenny.

Info line: 1890 474 474.

Email: info@grow.ie

● www.grow.ie

Irish Advocacy Network

Support and information service for people with mental-health issues. Offers peer advocacy, awareness training and family support.

St Davnett's, Rooskey, Monaghan Town, Co Monaghan.

Phone: (047) 389 18.

Email: admin@irishadvocacynetwork.com

● www.irishadvocacynetwork.com

Mental Health Ireland

Provides help to those who are mentally ill and promotes positive mental health.

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

Phone: (01) 284 1166.

Email: information@mentalhealthireland.ie

● www.mentalhealthireland.ie

SHINE

Dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness, including, but not exclusively, schizophrenia, schizoaffective disorder and bipolar disorder.

38 Blessington Street, Dublin 7.

Phone: (01) 860 1620.

Helpline: 1890 621 631

Monday-Friday, 9am-4pm.

Email: via the website.

● www.shineonline.ie

Mental health and young people

Childline

A 24-hour confidential phone line for children and young people.

Helpline: 1800 666 666

One to one chats are also available via the website.

● www.childline.ie

Heads Up

Heads Up is a mental-health promotion project providing timely, appropriate information and support to young people.

Phone: Text 50424 (free service)

● www.headsup.ie

LetSomeoneKnow.ie

An interactive website designed to:

- increase young people's awareness about mental health and well-being; and
- provide contact details for support and advice.

● www.letsomeoneknow.ie

Reach Out

Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to improve their own mental health and well-being.

Email: info@inspireireland.ie

● www.inspireireland.ie/reach-out/

SpunOut.ie

An interactive online community providing:

- health and lifestyle information;
- signposting to support services;
- a youth media space; and
- a platform for youth engagement.

See website for further contact information.

● www.spunout.ie

Teenline Ireland

A free confidential helpline for young people.

Helpline: 1800 833 634

Every day, 7pm-10pm.

Email: info@teenline.ie

● www.teenline.ie

Physical or sexual abuse

Adult Counselling Service, HSE

The Adult Counselling Service provides free, confidential, individual and group therapy to adult survivors of childhood abuse. This includes sexual, emotional, physical abuse and neglect during childhood.

- Dublin North East (North Dublin and Meath): 1800 234 110.
- Dublin North East (Navan, Cavan, Louth and Monaghan): 1800 234 117.
- Dublin Mid-Leinster (South Dublin, East Wicklow): 1800 234 111.
- Dublin Mid-Leinster (West Dublin, West Wicklow and Kildare): 1800 234 112.
- Dublin Mid-Leinster (Laois, Offaly, Longford and Westmeath): 1800 234 113.
- West (Galway, Mayo and Roscommon): 1800 234 114.
- West (Limerick, Clare and North Tipperary): 1800 234 115.
- West (Donegal, Leitrim, Sligo): 1800 234 119.
- South (Waterford, Wexford, Kilkenny, Carlow and South Tipperary): 1800 234 118.
- HSE South (Cork and Kerry): 1800 234 116.

AMEN

Provides a confidential helpline, information and a support service for male victims of domestic abuse and their children.

St. Anne's Resource Centre,
Railway Street, Navan,
Co Meath.

Helpline: (046) 902 3718
Monday-Friday 9am-5pm.

Email: info@amen.ie

● www.amen.ie

Rape Crisis Centre

A national organisation offering a wide range of services to women and men who are affected by rape, sexual assault, sexual harassment or childhood sexual abuse.

70, Lower Leeson Street, Dublin 2.

Helpline: 1800 778 888

Monday-Friday 8.00am to 7.00pm;

Saturday: 9.00am-4.00pm.

Email: rcc@indigo.ie

● www.drcc.ie

Women's Aid A national voluntary organisation which provides support and information to women and their children who are being physically, emotionally, financially and sexually abused in their own homes.	Everton House 47 Old Cabra Road, Dublin 7. Phone: 1800 341 900 Every day, 10am-10pm. Email: info@womensaid.ie ● www.womensaid.ie
Pregnancy	
Positive Options A free text and website service available 24 hours a day from the Crisis Pregnancy Agency promoting crisis pregnancy counselling services.	Phone: Text 'List' to 50444 ● www.positiveoptions.ie
Sexuality	
Lesbian Gay Bisexual Transgender (LGBT) National Helpline The LGBT national helpline provides a non-judgemental, confidential support service.	Helpline: 1890 929539 7pm-9pm Monday-Friday. ● www.lgbt.ie
Suicide prevention	
1Life 1Life is a dedicated 24-hour freephone national suicide prevention helpline	Call 1800 24 7 100 or Text HELP to 51444 for 1 to 1 text support
Pieta House The Centre for the Prevention of Self-harm or Suicide offers help for people thinking about suicide or self-harm.	Pieta House, Old Lucan Road, Lucan, Co Dublin. Office and Helpline: (01) 601 0000. Email: mary@pieta.ie ● www.pieta.ie
Samaritans A 24-hour confidential phone line for people who need someone to talk to.	Helpline: 1850 60 90 90 Every day, 24 hours a day. Email: jo@samaritans.org ● www.samaritans.org
Traveller health	
Pavee Point National Organisation for Irish Travellers in Ireland, promoting areas that include: ● equality; ● health; ● youth work; and ● anti-racism.	Pavee Point Traveller's Centre, 46 North Great Charles Street, Dublin 1. Phone: (01) 878 0255. Email: info@pavee.ie ● www.paveepoint.ie

Section 8

Appendices

Appendix 1

Additional case study examples from Section 3

Case study: Suicide Prevention Community Group

‘Breaking the Silence’ is a Cobh-based group that aims to support its local community on the issue of suicide. It works with the HSE’s Mental Health Resource Office. It has set up a range of services around awareness raising, training and support including:

- SafeTALK – a half day training programme on suicide prevention;
- ASIST – a two-day skills building workshop in suicide first aid;
- peer support education – for young people in schools and youth services;
- a crisis counselling service; and
- a suicide bereavement support service.

For further information contact: breakingthesilencecobh@gmail.com



Case study:

STOP – Responding to suicide: bereavement support

The STOP (Suicide, Teach, Organise, Prevent) group in Dromohair, Co Leitrim, was developed to reflect the growing concerns and anxieties expressed in the local community by people directly or indirectly affected by suicide.

In February 2005, STOP organised a conference entitled 'Suicide Prevention and Awareness' held in Dromohair. The conference attracted an unexpected number of people showing the high level of concern about suicide in the local communities.

As a direct result of this conference STOP developed a suicide bereavement support group. The group receives support from:

- the local health services;
- the Cross Border Social Challenge Project; and
- donations from local companies and members of the public.

The STOP group formed a link with a similar group providing suicide bereavement support in Omagh called PATH. This connection has continued to be a valued source of practical and social support for members of both groups. This has included social outings and the sharing of experiences and stories between members of both groups as well as more general networking and mentoring.

Members of the STOP group undertook ASIST (Applied Suicide Intervention Skills Training) provided by the health service. Some volunteer members also undertook training in group facilitation skills and counselling so that they could provide ongoing support to the bereavement support group.

The group continues to raise awareness about suicide and related issues regularly through the local media and by attending national events. The STOP bereavement group meets on the first Thursday of each month in the Abbey Manor Hotel, Dromohair, from 8-10 pm. Phone: (071) 916 4286.

Case study:

Mental health promotion initiative – Kildare-West Wicklow

During 2008 and 2009 a number of related suspected suicides of young people occurred in the North of Kildare -West Wicklow Local Health Office area. A multi-agency steering group was set up to develop, put in place and review a range of mental health promotion and suicide prevention measures.

The membership of the groups is made up of representatives from:

- health;
- education;
- youth services; and
- other key agencies working in the area.

Two working groups were set up by the steering group.

A mental health promotion subgroup

This group's role was to generate an immediate and medium-term response to the needs of the communities directly affected by the tragic deaths in the north of county Kildare. The group plays a key role in a comprehensive response to suicide prevention.

This complex issue needs a range of interventions including those that promote healthy communities by strengthening the bonds between people living there and providing supportive environments.

Working group

A working group was also set up to develop a planned community response to suspected suicide for the Local Health Office area of Kildare-West Wicklow.

These initiatives were done in the context of:

- the 'Reach Out' Strategy, the Irish National Strategy for Action on Suicide prevention 2005-2014; and
- the Irish National Guidelines on Responding to Murder Suicide and Suicide Clusters (now available on the National Office for Suicide Prevention website, www.nosp.ie)

To date some of the key outcomes of these groups have been as follows:

Community response plan

A 'Community Response Plan Following a Suspected Suicide' is currently being put in place. It aims to provide a timely, appropriate and co-ordinated approach by agencies and local communities when a death by suicide occurs in Kildare-West Wicklow.

Community consultations

Action plan

Community consultations were held in May 2009, which lead to developing an action plan. The consultations also provided information to communities on key issues such as:

- bullying;
- exam stress; and
- internet safety.

Seminar

A mental health promotion and suicide prevention seminar were also provided as part of the community consultations.

Youth drama

A youth drama project (Headspace) was developed and it focused on social issues affecting young people's lives such as alcohol use and mental health. This 'Headspace' project engages young people and ends with a drama performance and a community consultation meeting.

National headstrong learning network

As part of the community consultations, participation in the National Headstrong Learning Network was initiated. This provides a particular focus on youth mental health and focuses on finding out the needs of young people in this area.

Work continues across the three groups in the Kildare -West Wicklow area.

Resources on mental health promotion initiative: Kildare-West Wicklow

All enquiries can be directed to the Mental Health Promotion Officer, Tallaght.
Phone: (01) 463 2800.

Case study: The Finn Valley Alliance

The Finn Valley Alliance action group was set up in 2006 in response to a number of suicides that happened in the area. The group is made up of about 30 people including teachers, HSE staff, youth workers, young people, Gardaí and local clergy.

The group's aim is to prevent suicide in the Finn Valley. The response has involved the setting up of a number of sub-groups to address particular concerns.

Inquests

This sub-group has been lobbying to reduce the time taken to complete inquests. They also lobby for Coroner's Courts to take place in informal settings, not in public courts, in response to the requests from families bereaved by suicide.

Media

The group is concerned by how the national and local press and radio intrude into the lives of families affected by a suicide. Despite the national guidelines, families may have to deal with unacceptable media interest and pressure.

Education

The Alliance successfully sourced funding to employ a youth suicide prevention worker. Training and raising awareness of mental health promotion and suicide prevention was provided in four post-primary schools.

Alcohol

Another sub-group works with the Vintner's Association to try to prevent the selling of alcohol to underage young people.

Other initiatives

The group began a range of initiatives including a poster 'You think You're Alone'. On the poster is a photo of a well-known local person. Underneath this are details of helpline numbers and local resources. The posters are placed in local pubs and public places.

More information

For further information contact: Anne McLoone at the Stranorlar Family Enrichment Centre.
Phone: (074) 913 1245.

Case study:

Alliance of community response groups in the West of Ireland

A number of community groups were set up in response to suicide in the West of Ireland. These include:

- Portumna Health Forum, Na Calaí Community Development Project, Portumna, Co Galway;
- Elphin SOS, Elphin, Co Roscommon;
- Choose Life Reach Out, Ballina, Co Mayo
- Belmullet, Co Mayo;
- Finn Valley, Co Donegal.

These groups formed an alliance to:

- share information;
- share new ideas; and
- learn more about suicide prevention.

They also aimed to network and support one another. This would help to:

- keep the momentum going in the group;
- provide peer support; and
- offer a safe and honest place to discuss the work.

These meetings are co-ordinated by the Resource Officers for Suicide Prevention in Galway and Sligo. For further information please contact them (see '*HSE professionals who can help*' in Section 7).

Case study: An integrated action plan for suicide prevention for Waterford City

A Suicide Prevention Implementation Working Group was set up with the support of the Waterford City Development Board. It is a network of locally based statutory agencies, community and voluntary organisations and individuals. They have come together to make sure an Integrated Action Plan for Suicide Prevention for Waterford City is put in place. This plan is the result of a citywide consultation process. It identifies a number of activities that would respond to the needs of the city, now and in the future.

The plan identifies action areas that are designed to:

- build resilience or protection at a community level;
- develop crisis intervention services; and
- improve supports for families, individuals and communities affected by suicide and deliberate self-harm.

More information on Waterford City project

For further information see:

www.wap.ie/Publications/Preventing%20Suicide%20and%20Self-harm%20in%20Waterford%20City.pdf

Case study: Gatekeeper Community Education Programme 2009 (promotional literature)



Gatekeeper Community Education Programme

Venue: The Heritage Centre, Ferbane, Co Offaly



The 'Gatekeeper Community Education Programme' has been developed by the Suicide Resource Service HSE Midlands as part of an overall suicide prevention plan. It covers a broad range of topics. The aim of this six-week programme is to:

- improve understanding of suicide;
- develop a greater understanding of mental health and its relevance in all of our lives; and
- make us aware of our responsibility around mental health.

Duration: 6 nights (Wednesdays).

Dates, 2009: April 23 and 30 and May 7, 14, 21 and 28.

Time: 7.30pm-9.30pm.

Programme

- | | |
|--|---|
| ● 23 April: 'Depression awareness' | ● 14 May: 'Substance awareness';
'Understanding self-harm' |
| ● 30 April: 'Suicide – the reality!' | ● 21 May: 'Bereavement and loss';
'GROW community support' |
| ● 7 May: 'Mental health and happiness' | ● 28 May: 'Adolescent development and parenting' |

Open to all members of the public

Entry is free: Come along to any or all of the nights!

- For further details contact: Co Offaly VEC (Phone: (057) 935 13 92), or HSE

Case study: Gatekeeper training – Limerick, Clare and North Tipperary

This programme is a suicide awareness and prevention programme run in Limerick, Clare and North Tipperary. 'Gatekeeper' is the title of a person who knows basic suicide prevention and intervention steps.

The aim of this programme is to increase a community's general knowledge and understanding of suicidal behaviour.

Delivery

The programme is generally delivered over six two-hour sessions, which include the following:

Session 1: Suicidal behaviour in Ireland: myths and facts.

Session 2: Risk factors and warning signs.

Session 3: Responding to suicidal feelings and behaviours.

Session 4: Addiction and suicide.

Session 5: Grief and loss.

Session 6: Looking after your mental health.

Target audience

These awareness sessions are suitable for anyone who has a general interest in suicide prevention.

Additional case study examples from Section 4

Case study: Headspace – Youth drama programme

Headspace is a drama programme for young people aged 15-18. They explore the issues of alcohol and mental health in a safe environment. The young people work together to put on a performance and have a community forum about the issues raised by the drama. It is free for young people.

Headspace was targeted in four locations around North East Kildare during 2010:

- Kilcock;
- Maynooth;
- Leixlip; and
- Celbridge.

The 2010-2011 programme calendar is outlined below.

May-June, 2010

'Try-out' drama sessions were conducted for young people in Kilcock and Leixlip. Young people signed up during the sessions for the summer programme.

July, 2010

The summer drama programmes were run over two weeks in Leixlip.

September, 2010

There were further 'try-out' sessions in Celbridge, Maynooth and Kilcock. New drama groups started in Celbridge and Maynooth and met again in Leixlip to prepare for the regional performance and community forum in Celbridge.

January, 2011

The regional performance and community forum were held in Celbridge.

February, 2011

The report on Headspace was prepared. It included plans on how to make the best use of, and extend learning opportunities.

Each area will have a local implementation team made up of:

- a member or members of the community;
- a staff member of Kildare Youth Services; and
- a Crooked House Drama facilitator.

The programme also:

- acts as a catalyst for awareness and action in relation to young people's needs in the community; and
- helps to support any initiatives that may emerge as a result.

Joint venture

Headspace is:

- an initiative of the North East Kildare Mental Health Sub-Group;
- managed by Kildare Youth Services; and
- delivered by Crooked House Theatre Company.



North East Kildare Mental Health sub-group

The North East Kildare Mental Health sub-group is a multi-agency group which was set up by the HSE in summer 2009 to promote positive mental health and suicide prevention in the North East of the county. It is a sub-group of a countywide initiative with the same purpose.

Kildare Youth Services

This service has been county-wide for over 30 years. It now includes youth projects, youth clubs, youth information, youth counselling, volunteer training and family support. Its vision is for a fair world where children and young people are valued, involved and supported by their families, communities and wider society.

Crooked House Theatre

Crooked House Theatre Company Ltd was set up in Newbridge, Co Kildare in 1994. It is a non-profit making, professional community theatre. It aims to develop community pride and encourage self-expression. This is done through theatre work with groups and performing short plays at community celebrations, conferences, and special gatherings.

More information on Kildare Youth Services

Please contact Kildare Youth Services at:
Email: headspace@kys.ie

Additional case study examples from Section 5

Case study: 'Farmers Have Hearts' project

Heart disease is still a leading cause of death in men and women all over the world. This disease causes 37% of deaths in Ireland (Jennings, 2007). The Farmers have Hearts project was developed to address this issue. The project provides free heart health screening to rural men and women attending marts and community groups in Co Roscommon. It offers a service:

- that is easy to access;
- with no form filing; and
- that has one-to-one consultation.

Farmers Have Hearts aims to create an awareness of heart disease by focusing on the importance of prevention and the promotion of heart health. It identifies clients with risk factors and encourages them to live healthy lifestyles.

More information on 'Farmers Have Hearts'

For more information contact: Kate Walshe, Health Promotion Service HSE West, Roscommon.
Phone: (090) 663 75 49.
Email: kate.walshe@hse.ie

Reference

Jennings, S., (2007), Ireland: Take Heart, Audit of Progress on the Implementation of Building Healthier Hearts 1995-2005, HSE.
Available from: www.hse.ie/eng/staff/Resources/Factfile/HealthStatusReports/PopulationHealth/Cardiovascularcare/IrelandTakeHeart

Case study: Training programme: 'Raising Boys for Fathers'

'Raising Boys for Fathers' is a programme that examines the role of a father or guardian in a boy's life. It was originally developed in the HSE North West. It is open to men, for example, fathers, step-fathers, uncles and grandfathers who are caring for boys up to age 12.

The purpose of the programme is to:

- help fathers or guardians in their role as parents or guardians; and,
- help fathers and guardians build a better relationship with their son.

The course is usually run over two evenings.

More information on 'Raising Boys for Fathers'

For more information contact: Paul Gillen, Health Promotion Department, HSE West.
Phone: (091) 548 323

Case study: Programme for fathers and teenage boys

The Health Promotion department of HSE West, together with 'Wolf Tracks' has been delivering adventure programmes and survival skills training for fathers and teenage boys. The programmes aim to help fathers and sons develop good relationships through working together on joint projects.

This weekend course offers fathers and sons the opportunity to camp out together and learn:

- woodland crafts;
- wilderness survival techniques such as knife-handling skills;
- basic camp-fire setup;
- fire-lighting techniques;
- shelter building;
- basket making;
- net making;
- primitive tool making;
- archery; and
- fly fishing.

More information on fathers and teenage boys

For more information contact: Paul Gillen, Health Promotion Department, HSE West.
Phone: (091) 548 323.

Appendix 2: Useful contacts in your area

Use the following template to write down contact details of local people in your area that you think might be useful. We've included a few titles in alphabetical order to get you started.

Contact	Contact person	Phone number
Accident and Emergency		
Aware representative		
Bereavement Support Services		
Child and Adolescent Mental Health Service		
Citizens Information Centre		
Family doctor (GP)		
Domestic violence shelter		
Educational Psychologist (NEPS)		
Gardaí		
GROW representative		
Health Centre		
Hospital		
Journalist and other media contacts		
Mental Health Ireland representative		
Mental health services		
Public Health Nurse		
School Principals		
Social services		
Suicide Resource Officer		
Youth service or centre		

Appendix 3: Sample policy from Finglas Suicide Network

This is an example of a well-developed policy by the Finglas Suicide Network, which you might wish to use as a guide when developing your own policy.

Finglas Suicide Network

Volunteer policy

January 2010



Finglas Suicide Network

Mission statement

The Finglas Suicide Network (FSN) is a network established by the community and local agencies to assist people that have been affected or bereaved by suicide.

Our aim is to support and encourage a community led approach for the prevention of suicide and self harm in Finglas.

Objectives

1. To promote positive mental health in the community.
2. To facilitate access to relevant services in the community.
3. To identify gaps in the service provision.
4. To identify and recruit community members to the FSN.

What we provide

In partnership with Console and Pieta House we offer counselling services to:

- individuals with thoughts of suicide;
- those who have attempted to end their life;
- those who have or continue to engage in self-harm; and
- those who have been bereaved by suicide in the Finglas Community.

Introduction

We will encourage and support the involvement of volunteers within the Finglas Suicide Network. We recognise that volunteers play a very important role and their efforts contribute highly to the overall success of our service. Volunteers will work in a supportive, complementary way alongside committee members. It is important that the role of volunteers is clearly defined and agreed by both committee members and volunteers.

We will:

- define the role of each volunteer through a written role description;
- draw up an agreed list of tasks; and
- prepare volunteers adequately for the work they will be doing.

We believe that clearly defined and agreed roles for volunteers help the volunteer to understand what is expected of them and we will identify specific activities that the volunteer can be responsible for within this role. We will also provide our volunteers with ongoing:

- support;
- supervision;
- review; and
- evaluation.

Training policy

We are dedicated to providing training opportunities for volunteers. We recognise the importance of training for the development of knowledge, skills and attitudes both through formal and informal training. We will identify all training in consultation with the volunteers and committee members and regularly review training. We will also regularly review this training policy and evaluate all training programmes.

Volunteers rights and responsibilities

Rights

Information

A volunteer has the right to receive information about the purpose of the Finglas Suicide Network, our work, values and policies in relation to volunteers.

A volunteer also has the right to a clearly written description of the work they will do within the Finglas Suicide Network. They have the right to privacy and confidentiality.

Finglas Suicide Network data

Volunteers have the right to access:

- work plans;
- strategic plans;
- annual reports; and
- all policies and procedures.

Inclusion and training

Volunteers have the right to appropriate training and to be seen as a valued part of Finglas Suicide Network through inclusion at things like:

- training sessions;
- meetings; and
- social functions.

Volunteers have the right to take part and be involved in planning sessions about the development of the service.

Feedback and support

Volunteers have the right to:

- have a designated person who supports them and gives them regular and constructive feedback on their performance;
- be appreciated; and
- have their work valued by Finglas Suicide Network

Volunteers also have the right to:

- make mistakes and learn from them;
- express their opinion on a subject;
- work in a safe environment;
- be insured;
- have choices and the opportunity to negotiate on those choices;
- say no;
- be consulted on matters that affect their work either directly or indirectly; and
- be free from discrimination.

Responsibilities

A volunteer has the responsibility to be reliable.

Work

A volunteer must carry out work to the best of their ability and do so in a way that corresponds to the aims and values of our organisation. Volunteers must:

- carry out work as agreed; and
- notify their volunteer coordinator if they are unable to attend for some reason or are running late.

Policy and participation

Volunteers must:

- agree to Finglas Suicide Network volunteer policy;
- respect confidentiality;
- respect the rights of the participants and other volunteers within Finglas Suicide Network;
- be honest if there are any issues;

- attend training and support meetings as agreed;
- give feedback about relevant and important information to an appropriate volunteer coordinator or Finglas Suicide Network member;
- be committed to the work of Finglas Suicide Network, but also recognise that there are personal and external limitations on time commitment;
- acknowledge decisions made by others; and
- ask for help and or support when needed.

Volunteer role description

Fundraising volunteer

1. Console and Pieta House

Volunteers must be available to take part in fundraising to make sure that the community of Finglas keeps the much-needed counselling services provided by Console and Pieta House.

2. Liaison

The volunteer co-ordinator will liaise with all volunteers about fundraising initiatives and Finglas Suicide Network updates.

3. Promotion

The volunteer will positively promote the work of the Finglas Suicide Network.

4. Concerns

The volunteer will immediately report immediately on any concerns to the volunteer co-ordinator.

5. Annual meetings

The volunteer will attend annual meetings with members of the steering group for wider Finglas Suicide Network updates and reporting.

Steering group volunteer

1. Sub-committees

The volunteer will be available to take part on sub-committee's for specific projects or tasks, for example, awareness initiatives or fundraising.

2. Help members

The volunteer will help Finglas Suicide Network members to put in place and take part in planned work.

3. Work with members

The volunteer will work with Network members.

4. Promotion

The volunteer will positively promote the work of the Finglas Suicide Network.

5. Report concerns

The volunteer will immediately report any concerns to the chairperson.

6. Attend meetings

The volunteer will attend monthly steering group meetings.

Steering group roles

Below is a description of the roles on the steering group, which is made up of:

1. Chairperson
2. Vice-chairperson
3. Secretary
4. Treasurer/Finance
5. Volunteer co-ordinator
6. Community representatives.

1. Chairperson

The chairperson:

- is responsible for facilitating meetings;
- gives everyone a chance to share their opinion;
- drafts the agenda for the meetings; and
- divides tasks among the group so that one person isn't left with all the work.

2. Vice-chairperson

The vice-chairperson:

- helps the chairperson in their work;
- facilitates meetings when the chairperson can't make meetings; and
- makes decisions when the chairperson is unavailable.

3. Secretary

The secretary:

- records the minutes of the meetings;
- is responsible for any other administration needed; and
- works with the chairperson and the Network receptionist.

4. Treasurer

The treasurer prepares and sends out regular financial reports. The reports state the money that the group has and the money that has been spent. The treasurer also keeps:

- all the receipts and invoices for purchases; and
- keeps a basic bookkeeping system.

5. Volunteer coordinator

The volunteer co-ordinator helps to co-ordinate volunteers and is the contact person for community people who may want to volunteer with the Network. They are also the link with the Network steering group and the volunteers. They make sure that the Network members support all volunteers.

Volunteer co-ordinators tell the steering group and volunteers about issues, requests and concerns that may arise.

They are responsible for keeping the steering group up to date about the volunteers' work and for keeping a record of volunteers:

- actively involved with the Network; and
- new volunteers.

6. Community representative

The community representative:

- represents their community on the Network steering group;
- tells the Network about the views and needs of their community in relation to suicide;
- feeds back information to their community about the work and services provided by the Network; and
- helps with the Network workplan.

Other duties of volunteers

Training

Finglas Suicide Network volunteers:

- identify and co-operate in on-going training;
- follow all policies as outlined by Finglas Suicide Network; and
- meet regularly with their volunteer coordinator for support and supervision.

Health and safety

Finglas Suicide Network volunteers:

- report on any security concerns to the volunteer coordinator and chairperson; and
- never put themselves at risk.

Relationship with staff

Finglas Suicide Network volunteers:

- look for guidance and support from volunteer coordinators and Network members; and
- establish good communication with the Network and volunteer coordinators.

Volunteering with Finglas suicide network

(Please fill in the white boxes)

Contact details

Name

Address

Phone number

Mobile

Email

Steering group

Have you been involved in any community group?

Yes ☐

No ☐

If 'Yes', what was your role in the group?

Group member ☐ Chairperson ☐ Treasurer ☐ Secretary ☐

Other ☐ If 'Other' please give details

Would you be interested in becoming a member of the FSN steering group?

Yes ☐

No ☐

Would you be available to attend monthly meetings with the FSN?

Yes ☐

No ☐

If 'Yes' when would you prefer to attend meetings?

Morning ☐ Afternoon ☐ Evening ☐



Fundraising

Would you be interested in fundraising with the FSN?

Yes ☐

No ☐

If 'Yes', when would you be available?

	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Would you be available for one-off events?

Yes ☐

No ☐

Do you have any experience of fundraising?

Yes ☐

No ☐

If 'Yes', please give details.

Do you have any ideas which can be used for future fundraising?

Yes ☐

No ☐

If 'Yes', please give details.

Other

Do you have any experience of volunteer work?

Yes ☐

No ☐

If 'Yes', please give details.

Do you have any skills that you feel might be relevant to volunteering with the FSN, for example, experience with: finance? fundraising? or do you have the ability to offer training?

Yes ☐

No ☐

If 'Yes', please give details.

Would you be interested in other volunteering opportunities with the FSN?

For example: driving clients to appointments; maintenance work; or reception work.

Yes ☐

No ☐

If 'Yes', state which area you are interested in.

Would you be interested in receiving training which is relevant to being a volunteer with the FSN?

Yes ☐

No ☐

What would you like to gain from volunteering with the FSN?

Referees

Please provide the name and contact details of two referees.

First referee

Name

Phone

Address

Second referee

Name

Phone

Address

Any comments

If you have any comments, please fill them in here.

Thank you



Confidential	
Personal details	
Surname	
Forename	
Address	
Phone	
Date of birth	
Place of birth	
Have you been known previously by any other name?	
Yes ☐	No ☐
If 'Yes' please give details here.	
If you have any previous addresses, please fill them in here.	
Legal history	
Have you ever been convicted of a criminal offence or been the subject of a 'Caution' or of a 'Bound Over Order'?	
Yes ☐	No ☐
If 'Yes', please give the nature and date(s) of the offence(s).	
Nature of offence.	
Date of offence.	

References	
Please provide names and addresses of two people whom we could contact for a reference (not relatives).	
First reference	
Name	
Address	
Job title	
Second reference	
Name	
Address	
Job title	
Declaration	
I declare that I know no reason why I would not be a suitable person to work with children or young people.	
Signed	
Date	



Volunteer interview form	
Interviewer/s	
Date	
Name of volunteer	
Contact	
Clarify information on volunteer application form	
What attracted you to Finglas Suicide Network?	
What aspects of our work motivate you to volunteer here?	
What would you like to get gain from volunteering here?	
What have you enjoyed about any previous volunteer work you have done?	
How would you like to be supervised?	
How do you work as part of a team?	
What skills do you have to contribute?	
Match with volunteer positions	
Look at any potential positions and match interests, qualifications and availability.	
Position assigned	
Volunteer coordinator	
Date	

Referee's report

(Please fill in the white boxes)

Position applied for: Volunteer

Volunteer's name

Date

Address

Are you related to the above?

Yes ☐

No ☐

Dates

Please give the dates of the employment; or volunteering.

Day

Month

Year

Day

Month

Year

From

To

Position

Please fill in the position held; or the nature of the employment or volunteer work.

Duties and responsibilities



Rating		
How would you rate this person in relation to their responsibilities? (Rating: low 1-2; average 3-4; high 5-6)		
	Rating	Comment
Work output (ability to achieve standard required)		
Work quality (ability to achieve standard required)		
Adaptability (ability to learn something new)		
Initiative: (ability to use initiative within limits of role)		
Ability to work to prescribed plan		
Ability to work under direction		
Timekeeping		
Rate of absenteeism		
General character		
Health		
Motivation		
Other relevant comments		
Signed		
Position held		Date

Volunteer agreement

The intention of this agreement is to signify our genuine appreciation of your volunteering and to indicate to you our commitment to do the very best we can to make your experience here a productive and rewarding one.

Finglas Suicide Network

Finglas Suicide Network agrees to accept the voluntary services of

beginning on the until the .

Finglas Suicide Network commitments to volunteers

1. To provide adequate information, training and assistance for you so you can meet your responsibilities as a volunteer.
2. To make sure you have access to support and supervision and give you feedback on your performance.
3. To respect the skills, dignity and individual needs you may have and to do our best to adjust to these individual requirements.
4. To be receptive of any comments from you about ways in which we might both accomplish our respective roles.
5. To treat you as an equal partner with the staff of Finglas Suicide Network.

The volunteer

I agree to work as a volunteer in Finglas Suicide Network and commit to the following:

1. To perform volunteering duties to the best of my abilities.
2. To adhere to Finglas Suicide Network rules, policies and procedures.
3. To meet time and duty commitments within the confines of emergencies that may arise.
4. To provide notice if I am going to be absent so alternative arrangements can be organised.

Volunteer signature:

Date:

FSN Chairperson signature:

Date:

This agreement may be cancelled at any time at the discretion of either the volunteer or Finglas Suicide Network but will expire automatically on the unless renewed by both parties.



Volunteer supervision contract		
Volunteer's name.		
Supervisor's name and position.	Name	Position
Start date for supervision.		
Time or duration:		
Weekly or biweekly or monthly.		
Venue:		
Requirements for supervision.		
Requirements for reviews.		
Additional requirements.		
Notification or arrangements for cancellation.		
Recording requirements for supervision		
Supervisor		
Supervisee		
Signature of person being supervised.		
Signature of supervisor.		
Date.		

Supervision form

Notes should be attached to this form, all should be copied and filed.

Name

Date

Hours of work

Group

Tasks undertaken as volunteer.

Future goals or interests.

Training Plan and Evaluation.

Signed:

Signed

Supervisor

Volunteer

Volunteer evaluation

Name

Role

Start date

Evaluation date

How did you get information about the Finglas Suicide Network?

Did you receive appropriate information from your recruitment and induction about the work of Finglas Suicide Network? **Yes** ☐ **No** ☐

If 'Yes' was your role description accurate to the work you took part in?

Were you encouraged and motivated by FSN members to take part fully in programmed activities including planning and so on? **Yes** ☐ **No** ☐ Please give details.

Have your original objectives for volunteering being achieved? Yes ☐ No ☐ Please list what they were.		
Did you receive support and guidance from staff? Yes ☐ No ☐ If 'Yes' please list what they were.		
Did you receive any training while volunteering with the Network? Yes ☐ No ☐ If 'Yes' please give list.		
Did your voluntary work in Finglas Suicide Network benefit you? Yes ☐ No ☐ Please give details.		
What did you like about your voluntary work in Finglas Suicide Network?		
What did you dislike about your voluntary work in Finglas Suicide Network?		
Would you recommend the Finglas Suicide Network to other people interested in volunteering? Yes ☐ No ☐ Please give details.		
Have you any suggestions or comments that would help you in your volunteer work, or the organisational work of the Network, or both?		
Have you any other comments?		
Signed		Date

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We welcome your feedback on how we can improve
or develop the information in this guide.

If you would like to make any suggestions
or comments please contact:

Mary O’Sullivan: mary.osullivan@hse.ie

Mike Rainsford: michaelp.rainsford@hse.ie

Information in this guide is correct at the time of print.



ISBN-10: 1-898098-47-6

ISBN-13: 978-1-898098-47-8

This guide is available on the
National Office for Suicide Prevention website: www.nosp.ie
For more information on plain English go to www.simplyput.ie.