

We are hearing from many organisations not traditionally involved in suicide prevention.... Many are seeking advice, training and support. Suicide prevention is becoming everyone's responsibility because it now impacts on everyone.



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

Acknowledgments

The National Office for Suicide Prevention gratefully acknowledges the input of the following in the preparation of the report:

- Department of Health & Children
- HSE Regional Resource Officers for Suicide Prevention
- The NGO and Voluntary Organisations that contributed to this report
- The staff of the National Office for Suicide Prevention
- The Central Statistics Office

Note: This document is available to download on www.nosp.ie. Published September 2011 / ISSN: 1649-881X / Copyright HSE 2011

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Introduction

International research informs us that any economic downturn leads to an increase in suicides. In one recent article in the Lancet it was stated that a 1.0% increase in unemployment led to 0.7% increase in suicides.

Such analysis is startling and in Ireland more than relevant as our suicide numbers rose dramatically in 2009 and 2010. Provisional figures for 2009 indicated a record number of 527 recorded suicides and even though there was a slight fall in 2010 the figure remains unacceptably high. It is likely that when the year of occurrence figures for these years are published the numbers will be even higher. This year we have included a section in Chapter 5 on the year on year difference between 'provisional' (year of registration) data and 'official' (year of occurrence) data which highlights the reason why these two data sets cannot be directly compared. We also acknowledge that some undetermined deaths can also be classified as suicides. Ongoing analysis of this data is therefore important. What is particularly worrying and perhaps not unexpected is the rise in suicides in the middle age groups, both men and women. Such a dramatic increase can largely be attributed to the fracturing and resulting stress and pressure on individuals which has occurred in our society due to the economic downturn.

What is our response? Of course we have and will continue to argue for more resources both human and financial. As resources become constrained we have to ensure that we can get the most from what we have. The state through the HSE, Lottery and Dormant Accounts funding has a major contribution to make but the efforts of semi state, commercial and philanthropic organisations, as well as public fund raising, are more important now than ever. We are hearing more from many organisations not traditionally involved in suicide prevention, primarily because they see the effects of the current situation impacting on their staff and users/customers. Many are seeking advice, training and support. Suicide prevention is becoming everyone's responsibility because it now impacts on everyone.

This annual report once again shows how much work is undertaken at national, local and community levels. In 2010 some important initiatives took place alongside the efforts already being taken by many organisations and individuals to address the tragedy that is suicide. The commitment and energy which often comes from individuals' own experience of the tragedy of suicide, is something which is invaluable in motivating us to keep working on the issue.

The work of many voluntary organisations at local and national level is critical to suicide prevention. The network of HSE Resource Officers for Suicide Prevention (see appendix One) allows us to coordinate these important local initiatives. We should not underestimate the importance of work in our local communities.



However, whilst we should acknowledge that our efforts are making a difference, it is also necessary to recognise this is an issue which requires a common purpose. It is no longer good enough to sit on the sidelines and be critical of others or to take the view that any one approach is the right way to respond to suicide.

We all bring a unique and appropriate perspective. Research evidence helps by indicating what works and what might have an adverse effect. These two aspects must be brought together in everything we do. Above all we need to respect the work of others, state or voluntary, and make the coordination of our efforts the key principle on which we will base all of our initiatives. Apart from ensuring we do not waste valuable human and financial resources this approach will also ensure that we get the best possible response to help all communities.

I particularly want to thank Karen Murphy and Declan Behan who both left the NOSP during 2010. Their contribution to the work of the office has been invaluable and I wish them both well in their future careers.

A handwritten signature in black ink that reads "Geoff Day". The signature is fluid and cursive.

Geoff Day
Director National Office for Suicide Prevention

Policy Context

National

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

Reach Out – National Strategy for Action on Suicide Prevention

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

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

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

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

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

http://www.dohc.ie/publications/vision_for_change.html

The progress report on the implementation is available online at http://www.dohc.ie/publications/vision_for_change.html_5th_report.html

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

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

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

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

International

European Union Green Paper on Mental Health

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

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

National Office for Suicide Prevention and Suicide Prevention Network in Ireland

National Office for Suicide Prevention

The National Office for Suicide Prevention was established in 2005 after publication of 'Reach Out' and the office is based in the HSE. The core aim of the NOSP is to oversee the implementation, monitoring and evaluation of 'Reach Out' the National Strategy for Action on Suicide Prevention 2005-2014.

The office is required to publish an annual report in order to meet the requirements of the Health (Miscellaneous Provisions) Act 2001.

The NOSP has an annual budget of €4.2m.

The key functions of the NOSP are as follows:

- Coordinate the implementation of the action areas in 'Reach Out'
- Work with key stakeholders to ensure a co-ordinated response to the implementation of Reach Out
- Commission research into suicidal behaviour in Ireland to develop evidence based policy and interventions
- Consult widely and regularly with organisations and interested parties on the implementation of action areas in 'Reach Out'
- Administer and monitor funding allocated by the NOSP to voluntary agencies
- Develop and implement information and education campaigns to increase awareness of mental health and suicide prevention
- Build capacity through the implementation of a national training programme on suicide prevention
- Support the development of bereavement services for families and individuals bereaved through suicide
- Advise government bodies and other organisations working in suicide prevention
- Liaise with the media to ensure responsible reporting of suicidal behaviour in Ireland
- Develop standards and guidelines on responding to suicidal behaviour within specific target groups and across different settings

The NOSP Team

Mr. Geoff Day

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

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Ms. Susan Kenny

Susan Kenny has been National training and development officer with the NOSP since 2007. Susan is responsible for the development and strategic management of national training and mental health promotion programmes as set out in 'Reach Out'. She is also charged in the NOSP with coordinating national work on suicide prevention and mental health promotion in the school setting. Prior to joining the NOSP, she worked for eight years in clinical and health promotion services in the HSE and NHS. Susan has completed her M.Sc. in Public Health and has a B.BS in Healthcare management.

Contact details:

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Tel.: 041 6860712 / e-mail: susan.kenny@hse.ie

Paula Forrest

Paula Forrest joined the NOSP team in November 2010 as the Senior Executive Officer. Prior to this Paula worked in Children's Disability Services and High Support Residential Care within the HSE. This followed many years working in Northern Ireland and Scotland, primarily in the areas of mental health, youth work, addictions and homelessness. Her responsibilities include the development, review and monitoring of service arrangements and grant aid agreements with all NOSP funded agencies and administration of the budget.

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Ms. Anne Callanan

Anne Callanan has held the post of Assistant Research and Resource Officer since 2001. Her responsibilities include the national coordination of the ASIST and safeTALK training programmes and the management of the national data on deaths by suicide. Previous research experience include examining the health service needs of homeless men and examining alcohol consumption levels of the general population. Anne completed her MPsychSc in Health Psychology from NUI Galway, and has a Dip. in Psychotherapy.

Contact details:

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Tel.: 091-775388 / e-mail: Ann.Callanan@hse.ie

Karen Murphy

Karen Murphy joined the National Office for Suicide Prevention as Personal Assistant to Geoff Day. Karen has many years experience in public administration having worked with the Cardiovascular Strategy and in Recruitment in the HSE North Eastern Region and previously worked in community development with the Local Authorities in Dublin. Karen holds an Honours Degree in Psychology, has completed the ASIST 2-day training programme and has undertaken training in LGBT issues for counsellors. Karen left the NOSP in December 2010.

Mr. Declan Behan

Declan Behan joined the National Office for Suicide Prevention as Senior Executive Officer in January 2007. Prior to this Declan spent over five years as Contract Manager in the HSE procurement services. His responsibilities include developing service level agreements with agencies funded by the NOSP, coordinating the annual forum on suicide prevention and the publication of the annual report. Declan has completed the ASIST 2-day training programme. Declan left the NOSP in October 2010.

Key Achievements of the NOSP in 2010

National Mental Health Awareness Campaigns

In 2010 the NOSP continued the implementation of the young persons mental health awareness campaign and website www.letsomeoneknow.ie. The campaign was shown on TV and cinemas throughout 2010. The first phase of the campaign was evaluated. The evaluation showed that the campaign was extremely effective among young people for the recall of the advertisement with 87% of the target audience remembering they saw the advert.

The NOSP won a Taoiseach's award for excellence in public service for the work on the campaign

The NOSP worked with a number of organisations to provide funding to co brand their work with the 'Let Someone Know' campaign thereby ensuring national integration of mental health awareness campaigns with young people aged under 18 years.

The NOSP worked with identified target groups in promoting the key messages of the 'Your Mental Health' campaign. This work included the development and dissemination of two mental health information resources: one targeted at the LGBT community and a second aimed at individuals working and living in rural communities.

Ongoing financial Support for voluntary agencies working in suicide prevention

In 2010, the NOSP succeeded in maintaining funding to voluntary agencies that were delivering frontline services and engaged in providing suicide prevention activities despite the constraints of the economic environment in 2010.

Development of standardised approach to self harm across acute hospital settings

The NOSP has commenced work with the National Clinical Lead for mental health on the establishment of national clinical guidelines on deliberate self harm for acute hospital settings. This is in response to the data collected and analysed by the NSRF from the deliberate self harm registry which indicates a diverse range of responses to such presentations across all our hospital emergency departments.

Partnership development and capacity development

The majority of action areas in Reach Out require the team in the NOSP to work alongside key stakeholders in building the capacity of professionals and services to respond to individuals who may be suicidal. In 2010, the NOSP work with An Garda Síochána, the Irish Prison

Service and the Defence Forces to integrate suicide intervention skills training into the existing training and development structures within these organisations.

The NOSP is the national coordinator for the ASIST and SafeTALK programmes, in partnership with the HSE regional suicide prevention officers, Rehabcare, National Youth Council of Ireland and the Defence forces coordinating 160 ASIST workshops and SafeTALK programmes.

A total of 22,500 participants have completed the ASIST programme and 5,500 have completed the safeTALK programme. The table below details the number of ASIST and SafeTALK programmes delivered across different coordinating sites in 2010.

Table 2.1 Number of ASIST workshops and participants by coordinating site, 2010

ASIST Coordinating Site	Number	Total No. of Participants
NYCI	3	47
Rehabcare	4	80
HSE Donegal	15	249
HSE Sligo/Leitrim	16	258
HSE Midwest	19	396
HSE Midlands	21	531
HSE South East	14	289
HSE South	14	414
HSE North East	13	272
HSE West	18	444
HSE Dublin North	9	212
HSE Dublin South/ Kildare/Wicklow	14	314
TOTAL	160	3,506

Table 2.2 Number of safeTALK workshops and participants by coordinating site, 2010

SafeTALK Coordinating Site	Number	Total No. of Participants
Rehabcare	5	105
Defence Forces	6	95
HSE Donegal	17	301
HSE Sligo/Leitrim	4	67
HSE Midwest	24	365
HSE Midlands	40	851
HSE South east	22	384
HSE South	20	402
HSE North East	34	541
HSE West	9	161
HSE Dublin North	8	167
TOTAL	189	3,439

All Island evaluation of the ASIST programme

In 2010 the NOSP completed the All-Island evaluation of the ASIST programme. The evaluation demonstrated the programme is effective in changing participants knowledge, attitudes and skills in intervening with individuals who may be in suicidal crisis. The evaluation highlighted the need to target the training at those who were most likely to come in contact with persons who were suicidal. The national structure developed and managed by the NOSP was highlighted in the report as a model of good practice and demonstrated value for money.

Suicide Prevention Network in Ireland

Many voluntary and statutory agencies are engaged in suicide prevention activities in Ireland. A principle function of the NOSP is to coordinate all of this activity. Figure 2.1 is an overview of the agencies statutory and non statutory who are actively involved in the implementation of Reach Out.

Appendix 1 lists the organisations and resources that are actively involved in implementing Reach Out at a local, regional or national level. Some of these agencies are linked with the NOSP and/or the HSE Regional Resource Officers and they represent a broad spectrum of government agencies, sectors and population groups as shown in the diagram below.

Department of Health and Children

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

The Department was a partner in the development of Reach Out and continues to support its implementation, primarily through the Mental Health Division of the Department. www.dohc.ie

HSE Regional Resource Officers

The Regional Resource Officers for Suicide Prevention have been central to the development of suicide prevention initiatives since they were appointed to each of the former health boards from 1998 onwards. They are a key resource to ensure implementation of Reach Out at a regional and local level. The NOSP and Resource Officers meet on a regular basis to progress the work of strategy implementation and future service planning. See Appendix 5 for Resource Officers contact details.

Cross Border Network

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

Voluntary/NGO Sector

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

National Forum

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



Fig 2.1 Suicide Prevention Network

Progress Report - Suicide Prevention Activities 2010

This section reports on activities throughout 2010 under the Action Area headings in Reach Out – available on www.nosp.ie

Reach Out comprises 26 action areas with 96 actions over a ten year period 2005 to 2014 and covering three phases. The approach taken in Reach Out is based on that recommended by the WHO - namely a whole population approach, combined with a targeted approach for those known to be at higher risk. Reach Out also proposes actions to improve support to many individuals and communities bereaved through suicide. Lastly, some actions relate to the necessity to undertake appropriate research and to ensure any data collected is robust and meaningful.

Level A - General Population Activities

Area 1 The Family

In 2010, the Suicide Prevention Resource Officer based in Galway, Roscommon and Mayo worked to integrate regional Family Centres in suicide prevention/mental health promotion initiatives in Mayo, Roscommon and Galway. The Family Centres act as frontline support for individuals, families and communities experiencing stress, anxiety, depression and isolation. The above work has led to the initiation of programmes to improve the collective response of the Family Resource Centres and local Primary Health Care Teams by developing a community skill based approach to suicide prevention.

In 2011 a project funded by the NOSP will commence across all the 13 Family Resource Centres in Galway / Mayo that will:

- Formulate a code of practice for the Family Resource Centres
- Complete a mapping of existing campaigns, support and Helplines across all vulnerable groups
- Assist local communities in participating in suicide prevention programmes and skills training
- Establish a suicide prevention awareness week in each Family Resource Centre

Ultimately, the Code of Practice will be shared with 107 Family Resource Centres nationwide.

In 2010, the Health Promotion Department in the HSE West piloted the 'Roots of Empathy' programme which is an internationally acclaimed award winning programme promoting emotional literacy of Primary School aged children. The programme involves a local parent and baby (2 to 4 months at start of the school year) visiting a classroom 9 times during the year. Children learn and observe to understand the perspective and emotional life of the baby. They are then guided by the specially trained instructor to link this learning to their own lives. Research has shown that this learning enables children to become much more socially and emotionally competent. The programme also impacts positively on bullying and aggressive behaviour.

Area 2 Schools

In response to Action 2.1 of Reach Out the interdepartmental committee on health between Department of Health and Children (DOHC) and Department of Education and Science (now the Department of Education and Skills -DES) established a subcommittee on mental health. The role of this subcommittee is to inform the implementation of Reach Out actions and other relevant national health and education policy pertaining to mental health in the school setting. A member of staff from the NOSP has been assigned to work with the subcommittee.

One of the key terms of reference of the subcommittee is to develop a framework that will support evidence based practice for mental health promotion and suicide prevention in the post primary school setting in Ireland. The framework will use evidence from Irish and international research in the field and demonstrate how existing programmes and approaches can be integrated into a comprehensive SPHE model for the post primary school setting.

In February 2010, the interdepartmental subcommittee commenced work on the development of this framework. This work is funded by the HSE/National Office for Suicide Prevention and is supported by the Department of Education and Skills, the Department of Health and Children and the Health Service Executive (HSE).

The first phase of the development of this framework has been the facilitation of a national consultation process with key stakeholders from health, education and other relevant settings. This consultation process took place from May-July 2010. In all, 11 consultation meetings were held across the country as well as a national consultation focus group with young people. A total of 237 participants engaged in the consultation process.

There was considerable overlap from the various consultations between the issues emerging which included:

- The ways in which the issues of mental health and suicide are presenting in post primary schools
- Current responses to address mental health promotion /suicide prevention in post primary schools
- Issues and concerns for post primary schools in terms of responding to mental health and suicide
- Stakeholder views on the 'whole school approach' to mental health promotion/suicide prevention in the post primary school setting
- Recommendations for a national framework for mental health promotion/suicide prevention in post primary schools

The consultation identified many external programmes currently being delivered in the post primary school setting. The second phase of the development of the framework was the completion of an extensive literature review on mental health promotion and suicide prevention in the post primary school setting. The literature review drew from national and international evidence, guidelines and good practice in this regard.

Following completion of the literature review and consultation a Framework for Post Primary Schools is to be completed in 2011. This will be informed by the research, will draw on the consultation process and will be ultimately focused on best practice in relation to this work. This will also draw on expert opinion where required and appropriate.

The final report from the consultation process, the literature review and framework document will be published in 2011.

Area 3 Youth Organisations and Services

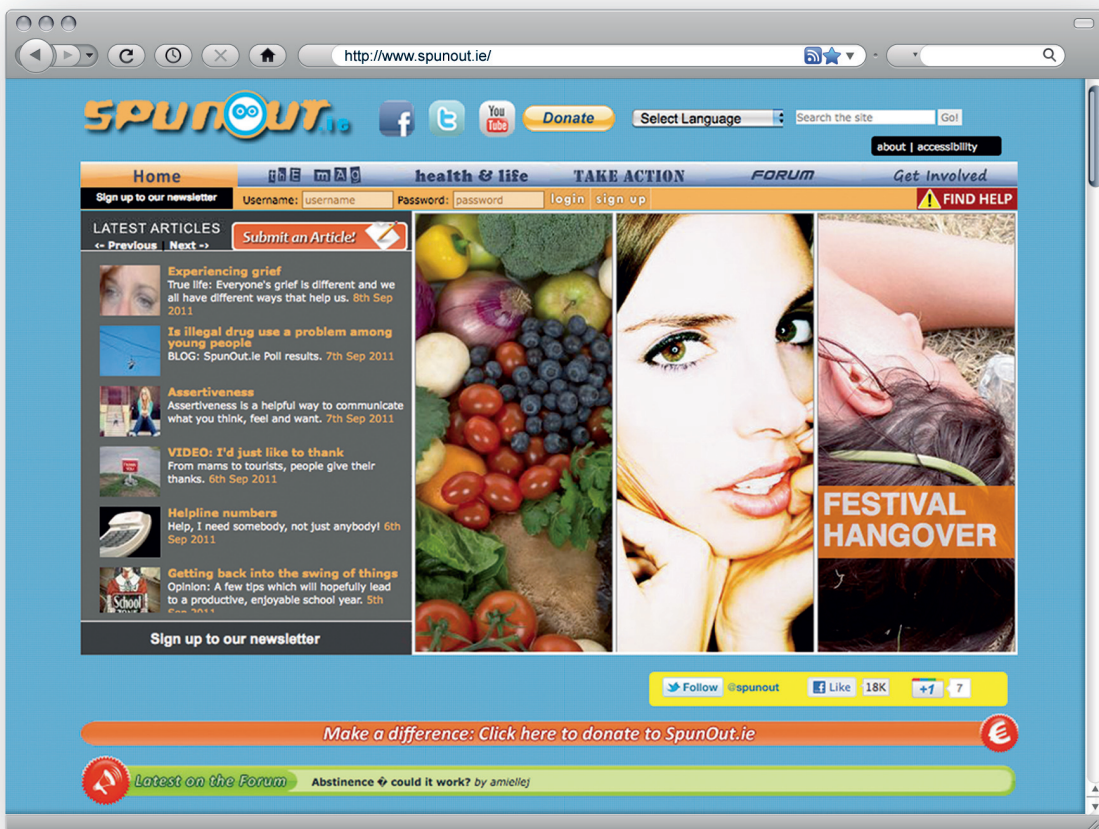
The National Youth Council of Ireland (NYCI) held its annual conference on Mental Health entitled 'Dealers in Happiness'. The conference was open to all youth work practitioners both paid and voluntary, in order to share good practice, experience and learning. The event aimed to provide the opportunity for youth workers to reflect on their role in promoting positive mental health and explore practical strategies for workers to assess and respond to the mental health needs of young people. The NOSP facilitated a workshop at the conference. In addition, the NYCI is a coordinating site for the ASIST programme, and in 2010 the NYCI completed three ASIST workshops targeted at those working with young people.

200 delegates, aged 12-17, took part in Dáil na nÓg, the Irish Youth Parliament, to discuss and vote on recommendations for action on access to education and mental health. Delegates are elected to Dáil na nÓg by their local Comhairle na nÓg throughout the country. The top three recommendations on mental health voted by delegates were:

- The Irish Government should enforce a law that all altered advertisements/images must indicate that they have been altered by means of a symbol and text.
- Department of Education should provide adequate funding for a designated person, not directly involved in teaching, to offer confidential advice and supports for young people's positive mental health.
- Government departments should establish and fund an education group to educate 2nd and 5th year students through schools and youth clubs about depression and suicide.

In addition, a recommendation on access to education voted by delegates was to implement classes on motivation, confidence-building and exam pressures integrated into the school curriculum to be taught by an outsider. The NOSP participated in Dáil na nÓg in 2010 along with many other organisations by taking an information stand.

In 2010, ReachOut.com became operational and successfully integrated into the overall network of mental health supports for young people in Ireland. By the end of 2010 the service was attracting an average 2,500 unique Irish visits every week while membership of ReachOut's Youth Advisory Network grew to over 70 young people from across Ireland. With an emphasis on building a comprehensive but safe mental health service, ReachOut.com was advised by a range of programme partners and a Clinical Advisory Group who ensured that the mental health information provided through the site is both relevant to young people and of the highest possible quality. ReachOut have worked to develop safety standards in the delivery of online support services.



Area 4 Third Level Education Settings

In 2010, the Union of Students in Ireland published 'The USI Mental Health Strategy, 2010- 2013, Students Lives, Minds and Wellbeing'. The NOSP contributed to the development of the content of the strategy. The strategy sets out how local student unions within third level institutions can reduce stigma, respond to students in crisis and respond in the aftermath of a death of a college community member to suicide.

In 2010, the NOSP in partnership with the USI coordinated safeTALK training for incoming student welfare officers from all affiliated USI colleges across Ireland. In addition, on completion of the safeTALK programme all welfare officers were targeted for the ASIST programme.

In 2010, the NOSP continued as a core funder of the 'Please Talk' campaign. The NOSP, Inspire Ireland and Pleasetalk.ie have entered into a partnership for the continued development and sustainability of the Pleasetalk.ie campaign. Pleasetalk.ie was initiated in 2007 following the deaths of a number of students in UCD by suicide. The campaign's message is 'Talking is a sign of strength', which urges students to talk to someone if they're having problems at home, at college or anywhere else. The second component of the campaign is the PleaseTalk.ie website, which provides a directory of support services available to students on campuses throughout Ireland, as well as other information that may be helpful to them. The Pleasetalk programme is active in 27 third level institutions across Ireland.

Area 5 Workplaces

The NOSP works with the representative bodies of occupations that may be at high risk of mental health problems or suicidal behaviour.

Emerging research in 2010 highlighted those working within the farming sector and living in rural areas had higher rates of stigma related to mental health and possibly higher rates of suicide. The NOSP has targeted the agriculture sector through distribution of information leaflets and the development of a short TV advert to be shown through regional marts along with national agriculture events. To coincide with the National Ploughing Championships the NOSP launched a leaflet aimed at promoting key mental health messages to those living and working in rural communities. In addition, the regional HSE ASIST coordinators have worked with the Irish Farmers Association in identifying key staff and members to undergo the training programme. 4 safeTALK programmes were targeted at staff working within the Department of Agriculture who are likely to come in contact with people living in rural communities who may be in distress.

The Veterinary Profession have been shown to have a high prevalence of mental health problems along with suicide rates. In 2010 the profession launched The Veterinary Assistance Programme (VAP) through the Irish Veterinary Benevolent Fund. The service aims to promote positive mental health and to provide crisis response at times of extreme stress to members of the profession and their families. The Veterinary Assistance Programme became operational in March

2010 and consists of a 24 hour Freephone Professional Counselling Helpline; access to Face to Face Professional Counselling: anonymous or "low-stigma" online Professional Counselling accessed through e-mail and real-time "Live Connect"; and a dedicated "Wellnet" internet website, containing over 5,000 articles and resources on health, wellbeing, parenting, finances, legal information, consumer rights and workplace issues. The programme provides a template from which other professional representative bodies can develop workplace suicide prevention programmes for those working in isolated professions.

In 2010, the Irish Defence Forces continued to implement its suicide prevention strategy with support from the HSE. The organisation has 8 SafeTALK trainers and delivered 7 programmes internally to members from the armed forces, the navy and the air corps.

Console in partnership with the Irish Hospice Foundation developed training and policy guidelines on how to respond to Suicide Bereavement in the Workplace. Available from www.console.ie

Area 6 Sports Clubs and Organisations

As part of the development outlined in the section below, in 2010 the NOSP has worked with the resource officer for suicide prevention in Galway/Mayo/Roscommon and the GAA to develop a section in the resource on guidelines for sporting organisations on how they can respond to the death of a member by suicide. Further work on the development and dissemination of these guidelines to national sporting organisations will be completed in 2011.

Area 7 Voluntary and Community Organisations

The voluntary and community sector have a critical role to play across all aspects of suicide prevention.

Funding was provided by the National Office for Suicide Prevention to the Resource Officers for Suicide Prevention in Sligo/Leitrim and Galway/Mayo/Roscommon and local community groups to research and publish a booklet setting out some of the key learning experiences and range of initiatives communities have put in place in the immediate aftermath of suicide(s), as well as medium to long-term suicide prevention action plans. It is proposed that the booklet will contain the following information:

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

GROW in partnership with the HSE Midlands commenced a series of 8 free community education courses open to the public throughout the Midland. Each education course has 6 weekly sessions. Topics covered included understanding your mental health, challenges facing vulnerable people, life coping skills, stress management, suicide prevention, bereavement and loss.

In 2010, Samaritans continued to provide emotional support 24/7 through helpline services, SMS messaging, face to face support and outreach services. There are approximately 1,453 active volunteers who have completed Samaritans training in the Republic of Ireland. Samaritans provides support to callers annually in a range of settings through 12 Branches: Dublin, Cork, Galway, Limerick, Kerry, Kilkenny, Sligo, Athlone, Drogheda, Newbridge, Waterford and Ennis. Contacts were broken down in 2010 as follows:

- Dialogue contacts to the telephone helpline: 243,000
- Face to Face contacts with Festival Branch: 1,227
- Over 10,000 unique contacts via SMS service

Area 8 Church and Religious Groups

The ASIST programme is offered to personnel working in church and religious groups on a regional basis. As part of the 'Creating Safer Communities' Booklet described above, a section was compiled in 2010 to include information on how religious and communities groups can respond in the aftermath of a suicide within their communities.

Area 9 Media

Headline monitors Irish print media for coverage of mental health and suicide using a list of key search terms which have been agreed in consultation with its steering group. Two media monitoring companies supply Headline with articles which contain these search terms related to mental health and suicide: a total of 18,488 articles were published in Ireland. Headline recorded information on articles which were determined to be negative or positive in accordance with the Media Guidelines for the Portrayal of Suicide (Irish Association for Suicidology (IAS) and Samaritans) and the Guide for Journalists and Broadcasters Reporting on Schizophrenia (Shine and NUJ). In 2010, a supplement of the National Media Guidelines for Reporting Suicide which outlines information on deliberate self harm for journalists was published. This work was conducted in collaboration with the

Samaritans, the IAS and the Public Health Agency Northern Ireland. Information for the guidelines was provided by the NSRF. The guidelines can be downloaded on www.ias.ie

Headline, in association with the HSE's National Office for Suicide Prevention sponsor a category called the Headline Award for Journalism Relating to Mental Health or Suicide Prevention in the 2010 college year Smedias (Student Media Awards).

The award seeks to raise awareness among media students of the issues involved when reporting on mental health and suicide and to recognise the good work being produced. Carl O'Brien, Chief Reporter with The Irish Times was the judge for the Headline award. The winner of the 2010 Headline award was Kate McCarroll, a student from DIT. Kate, from Dublin, won the award for 'Out of Mind', a powerful documentary about electro-convulsive therapy.

To view the winning entry, please go to the podcasts section on www.Headline.ie homepage.

The Director of the NOSP participated as a guest speaker in the highly successful 2010 Pfizer/Irish Times Health Forum to discuss the issue 'Is Ireland on the Edge – Mental Health in Ireland' which took place in the Science Gallery, Trinity College in March

Area 10 Reducing Stigma and Promoting Mental Health

The HSE through the NOSP continued its national Mental Health Awareness Campaign and the 'Your Mental Health' advertisement was shown on TV. The website www.yourmentalhealth.ie underwent significant redesign. A focus of the new website was to incorporate additional information on the impact of the changing economic downturn on the population's mental health and wellbeing and what each individual can do to maintain good mental health. The web site received over 27,000 visits in 2010 with an average time on site of nearly 4 minutes.

The young peoples mental health campaign was launched in 2009, targeted at young people aged



between 13 – 17 years. In 2010, the advertisement was shown on TV and in Cinemas. Encouraging young people to access the information on the web site www.letsomeoneknow.ie. The site received over 17,700 visits with an average time on site of just over 3 minutes.

A national survey 'Young People and Mental Health' was undertaken in November 2010. This survey identified an 87% recall for the advertisement 'Let Someone Know' and stated that 'This is a phenomenal level of recall for a TV ad, and one that is rarely seen. This shows that this TV ad is cutting through extremely effectively with the target audience'. Over 84,700 wallet cards were distributed across youth settings, schools and youth events promoting the website to the target audience. In recognition of the campaign work, the NOSP received a Taoiseach's Public Service Excellence Award for the 'Let Someone Know' campaign in 2010. This was presented at an award ceremony in Dublin Castle.

See Change is Ireland's national programme working to change minds about mental health problems in Ireland. Forty organisations have formed a partnership to create community driven social movement to reduce the stigma and discrimination associated with mental health problems. The NOSP is a partner and funder of SeeChange. The target groups for phase one of the campaign are young males 18-24, the national workforce, farmers and people living in rural communities. See Change works within a number of inter-related settings. The approach taken includes activity like town hall meetings, community events, supporting local groups, partner activity to share capacity and initiate change, online presence through social networking and addressing workplace settings.

SOS - Suicide or Survive is an organisation dedicated to removing the stigma associated with mental health and suicide prevention. The organisation provides educational services that help people understand their own mental health and find support if they need it. SOS have developed "Wellness Workshops" which aim to raise awareness of mental health issues and support those who feel they may be affected in this way. In 2010, SOS delivered 15 of these workshops across the country.

The theme of the NOSP forum in 2010 was 'Promoting Positive Mental Health and Reducing Stigma' which directly relates to Action 10 of Reach Out. The forum specifically aimed to make the connection between promoting positive mental health and reducing stigma because the two programmes together can influence and change attitudes to how we all see mental health. Also there is an increasing awareness of the need to look at how we can all look after our own mental health and help others, and to challenge the stigma which is still associated with mental ill health. One of the leading academics in this area of research, Margaret Barry, Professor of Health Promotion and Public Health at NUI Galway gave a comprehensive overview of the research and evidence about what works in mental health promotion and stigma reduction.

In December, Samaritans ran their 'Life's Worth Talking About' national radio campaign. The target audience for the campaign was men aged 24- 55 years of age. The key message of the campaign was that 'if you are



Michelle Kerrigan, CEO of Grow at launch of Grow Booklet 'You can do it but you can't do it alone'

feeling stressed, anxious or unhappy about something, talk to us at Samaritans - we think life's worth talking about'. A significant increase in call volumes was experienced by Samaritans in response to the above campaign. An additional increase in calls also followed the release of reports/media coverage of institutional abuse.

A number of organisations were provided with funding in 2010 to co brand their work with the 'Let Someone Know' campaign. These included;

Grow published and distributed "You can do it, but you can't do it alone" booklet & resource pack to raise awareness of the Your Mental Health – Young Person's campaign. The booklet contains stories of young adults previously at risk of suicide who overcame mental health problems. The booklet and resource pack was distributed & presented by GROW staff regionally and through the HSE.

Bodywhys launched three programmes 'Youth Connect', and SMS text services and produced the 'Be Positive' leaflets for circulation as part of the 'Be Body Positive' schools programme. Since the launch of 'Youth Connect', which is an online support service for those aged under 18 years affected by an eating disorder, 55 have attended online groups. The organisation has received 169 text requests for information and support and disseminated 15,000 posters and leaflets from the Be Positive campaign to youth services and schools.

The FREE Mental health pack was developed and circulated to Third level students to coincide with Fresher's Week.

The National Traveller Suicide Awareness Project held a number of events with young travelers to establish their views about suicide prevention. This led to the development of a number of posters and a board game for young people.

The Saving and Empowering Young Lives in Europe (SEYLE) project produced leaflets for their project in Limerick. SEYLE is run by the National Suicide Research Foundation.

Pieta House created a Facebook page which was used to reach young people in emotional distress and reinforce the 'Let Someone Know' message.

Area 11 Primary Care and General Practice

The SCAN (Suicide Crisis Assessment Nurse) project is based in Wexford Mental Health Services/ HSE South is innovative 'fast track' nurse-led approach to the assessment and care of persons experiencing suicidal distress/crisis. The specialist SCAN nursing service has been piloted across County Wexford since April 2008 and seeks to provide a swift response to GP (Primary Care) referrals of those clients who present with suicide ideation and/or intent. The service is provided by 2 clinical nurse specialists and operates Monday – Friday. In 2010:

- SCAN nurses have undertaken crisis assessments in 94% of GP surgeries across Co. Wexford.
- Circa 300 clients have been seen and assessed with their own GP surgery – with a less than 5% 'failure to attend' rate.
- Client care programme indicates the majority (60%) of client needs are met by counselling/ community care services, with less than 10% of clients requiring in-patient psychiatric care.

A similar SCAN project run by the St John of God, Cluain Mhuire Mental Health Service in South Dublin, which was funded by the NOSP, ceased functioning in 2010 as a result of a decision by the Orders service managers.

An independent evaluation of both SCAN services in Wexford and South Dublin has been commissioned and a published analysis of the value and limitations of the service from a service user and stakeholder (GP's and Mental Health Service providers) perspective will be available in 2012.

It is estimated that 60% of those who are experiencing mental health difficulties attend primary care services (Wright & Russell, 2007). Prior to 2010, no national standardised third level education programme existed targeted at providing CPD in mental health to primary care staff. In 2010 the HSE, ICGP and the DCU School of Nursing launched a third level training programme entitled 'Team based approaches to mental health in primary care' which aimed:

- To enable students to develop a critical awareness of the nature of mental health issues and needs in primary care contexts.
- To provide opportunities for students to develop their knowledge and skills for working with people who have mental health issues, their families and communities in primary care settings.

Since commencement of the programme, 75 primary care staff have completed the 7 day course in DCU. The pilot phase of the course was funded by the NOSP. An element of the course focused on developing participant's suicide prevention knowledge and skills. An initial evaluation of the programme has demonstrated that it improved the knowledge, confidence and skills of primary care staff in responding to clients with mental health needs. In addition the programme has impacted positively on the clinical practice of participants. A full review of the programme is to be undertaken in 2011.

Skills based training of General Practitioners in suicide prevention has been shown internationally to be an effective strategy in reducing suicidal behaviour. The ICGP have the responsibility for the continuing

professional development for GPs in Ireland. In 2010, the NOSP commenced work with the ICGP on the development of this programme which will be funded by the NOSP in 2011.

Level B - Targeted Activities

Area 12 Deliberate Self Harm

Repeated self harm has been evidenced as a significant risk factor for suicide. An evaluation of the "Understanding Self-Harm" awareness training programme was completed in 2010 by the NSRF. The aim of the training programme is to develop participants' knowledge and understanding of self harm and the reasons underlying such behaviour. The independent evaluation demonstrated positive effects of the programme in terms of increased knowledge of self harm, more appropriate attitudes and increased levels of confidence in responding to people who require support. The evaluation demonstrated that the efficacy of the self harm awareness training programme could be enhanced by extending the 3-hour programme to 8 hours and including more elements of skills-based learning.

In 2010, a total of 12 programmes were delivered in the HSE West and South. Following completion of the evaluation, the NOSP is working with the regional suicide resource officers to make the course available nationally from 2011 onwards.

The NOSP provided funding to the IAS to host a national conference on in October 2011 with the theme focusing on Deliberate Self Harm. The aim of the conference was to provide the delegates with a better understanding of

- The complexity of deliberate self-harm
- The relationship of deliberate self-harm to completed suicide
- The role of the media in copycat deliberate self-harm
- The management and prevention of deliberate self-harm

Over 270 delegates attended to hear both national and international researchers give the latest findings in relation to research on DSH.

The SHIP service continues to operate in Wexford providing counseling and support to people at risk. The development in 2010 of a support group for people presenting to the SHIP service is now available as appropriate.

Pieta House is a voluntary organisation that provides suicide crisis and self harm intervention services. Pieta House works in conjunction with a range of local and national statutory and voluntary agencies. The organisation provides assistance and support for people who feel isolated, who are experiencing challenging life events and who may be at an increased risk of suicide and self harm throughout Dublin and Limerick. Pieta House has a specific treatment model for people who engage in self harming behaviours. Their service is provided free of charge and alleviates some of the pressures on statutory mental health service providers. In 2010 referrals from mental health centres, hospital Emergency Departments, General Practitioners and schools accounted for 40% of overall referrals.



President Mary McAleese and Dr. Martin McAleese meet some of the participants at the IAS conference

Area 13 Mental Health Services

The NOSP has commenced work with the National Clinical Lead for mental health on the establishment of national clinical guidelines on deliberate self harm for staff in acute hospital settings. This is in response to the data collected and analysed by the NSRF in the deliberate self harm registry which indicates a diverse range of responses to such presentations across all our hospital emergency departments.

The Fourth Annual Report of the Independent Monitoring Group for a Vision for Change – the Report of the Expert Group on Mental Health policy was published in June 2010. www.dohc.ie This report sets out progress on all aspects of mental health care in Ireland.

Area 14 Alcohol and Drug Services

In 2010, the HSE Drugs services commenced the development of a suicide prevention policy for addiction services. The purpose of this policy is to outline how staff working in addiction services should respond to someone who they suspect may be contemplating suicide, someone who has expressed an intention to complete suicide, an individual who has attempted suicide and a person who is considering or engaging in self harming behaviours. While self harm and suicide are not mutually inclusive behaviours, responses to both these behaviours are contained within this policy. It is one of a suite of 80 policies that drugs services are implementing under the QuADS - Quality Standards in Drug Services Programme, which currently involves 30 drugs services. The NOSP and the Suicide Prevention Officer in DNE provided feedback into the formulation of the policy document.

Area 15 Marginalised Groups

The All Ireland Traveller Health Study (AITHS) was published (www.dohc.ie), which highlighted evidence of risk factors for mental ill-health, depression and suicide within the Irish Traveller community. The research continued to underline the importance of funding allocated by the NOSP to the Crosscare National Traveller Suicide Awareness Project. The NOSP has funded the project since 2008 and its vision is to develop and implement a community development approach to addressing the issue of suicide in the Traveller community by:

- Acting as a resource both to Traveller organisations and suicide related services in terms of raising their awareness on the issue of suicide in the Traveller community and
- Promoting the development of initiatives to support suicide prevention, in a coordinated manner and, in so doing, to reduce the number of attempted and completed suicides in the Traveller community.

In 2010 the project continued to develop its work in prevention and intervention. The project developed resources and materials which are Traveller specific and these were distributed nationally. Training and awareness raising were a key focus for the project also, with over 400 Travellers throughout the year participating in mental health or suicide prevention training awareness or through conferences which the project organised or participated in. The project has an ASIST and safeTALK trainer thereby allowing both programmes to be targeted among those working with or supporting Travellers.

A key event was the launch of the training resource developed to support youth workers and those who were concerned about introducing emotional health to young Travellers. This resource was supported by the HSE 'let someone know' campaign. The project completed its three year evaluation of the work of the project in 2010. The project held a number of consultations with Travellers so that they could input on the strategic direction the project should take. Overwhelmingly the consultations strengthened the findings of the evaluation which recommended targeting services specifically to the particular needs of Travellers.

GLEN collaborated with BeLonG To Youth Service to develop a *Look After Yourself, Look After Your Mental Health* LGBT booklet and this was launched by President Mary McAleese in Áras an Uachtaráin in May. Copies of the booklet were distributed nationally in Gay Community News and sent to LGBT organisations and distributed at a number of community events.

GLEN collaborated with the Irish Institute of Mental Health Nursing to develop *Gay, Lesbian and Bisexual People: A Good Practice Guide for Mental Health Nurses* and these guidelines were launched at the annual conference of the IIMHN and subsequently distributed to practitioners.

GLEN worked with the Samaritans to produce *Supporting LGBT Callers: An Introduction for Samaritans Volunteers*. This guide was launched at the Samaritans annual conference and subsequently distributed to the 22 branches of Samaritans nationally.



President launches GLEN LGBT Mental Health Booklet

GLEN played a strategic role in the establishment of the first National LGBT Helpline 1890 929 539 which was launched in November as well as www.lgbt.ie which provides information on help and support available nationally for LGBT people.

GLEN collaborated with LINC – Lesbians in Cork www.linc.ie to secure funding for Target 1000, a two-year mental health pilot project targeting vulnerable lesbian women in the greater Cork region.

GLEN worked with the Irish Hospice Foundation to produce the information leaflet, *Coping with the Death of Your Same-Sex Partner*.

Area 16 Prisons

Prisoners are identified as a key target group for suicide prevention as research has shown them to be at high risk of mental health problems, self harm and completed suicide. Action Area 16 of 'Reach Out' recommends the development and delivery of training for staff from the Irish Prison Service (IPS) on suicide prevention.

Since 2008 the NOSP has been working with the Irish Prison Service Training and Development Centre at Beladd House in Portlaoise and the PNA (Psychiatric Nurses Association) to develop a skills based suicide prevention training programme to meet the training needs of prison service staff in this area. This work is based on a training programme previously researched and developed in the Mountjoy prison complex. This partnership has resulted in the development of the STO4P (Suicide Training Overview for Prisons) programme.

The aim of the STO4P programme is to up skill key staff within the IPS to respond to prisoners who are at risk of suicidal behaviour. The programme comprises four modules delivered over two days.

Five established trainers from the IPS along with three HSE suicide prevention resource officers and one from the Psychiatric Nurses Association have been trained to deliver the programme. The programme is co-facilitated by pairs of trainers one from the IPS and a second facilitator from the HSE/PNA. The training and liaison officers from the IPS are key to the delivery of the STO4P programme in the prisons where they work. The key target groups for the training include reception officers, class officers, staff working in special observation cells and reception clerks.

The programme was delivered on an ongoing basis in 2010. The evaluation of the programme shows that it does increase participant's knowledge and skills in suicide prevention within the prison setting.

GROW provided weekly support meetings in the Mountjoy prison complex during 2010 which offered a safe environment for inmates dealing with mental health issues to discuss their problems openly and confidentially using the same group method as weekly community GROW meetings run across the country.

Area 17 An Garda Síochána

The NOSP in partnership with the HSE Suicide Resource Office in the HSE Mid West and the Garda College, Templemore have worked to integrate the ASIST programme into the undergraduate curriculum for probationary Gardai. Five members of staff from the Garda College trained as ASIST trainers in 2010. These trainers have been delivering the programme in partnership with the HSE since 2010. The NOSP estimates that 10% of the total number of participants who have completed the ASIST programme have been members of An Garda Síochána.

Area 18 Unemployed People

Building on work commenced by the NOSP in 2009 responding to the impact of the economic downturn on the mental health and well being of our population, the HSE and the voluntary and community sector continued to implement a number of community based mental health promotion initiatives. The NOSP has part funded a pilot project of the Winning New Opportunities (WNO) programme that has been undertaken within the HSE West. Winning New Opportunities is a job search programme targeting people who are unemployed. It was developed to help people who are unemployed to find work and cope with the challenges of unemployment and looking for a job.

Three 'train the trainer' programmes for WNO were delivered across the HSE West in 2009. A fourth 'train the trainer' programme was delivered in Donegal in September 2010. At present, 48 trainers have been trained in the programme. Most trainers have delivered one programme and a network of trainers exists and is coordinated by the trainers themselves within the HSE West. The International Fund for Ireland has funded the implementation of the programme in Donegal/Sligo/Leitrim. Initial evaluation of the programme completed by NUIG was funded by Mental Health Ireland. The preliminary results show that the participants responded very positively towards the programme.

- Results from the Job Search Intensity measures indicated that there was a notable increase in the participants' confidence levels at post-intervention when compared with the pre-intervention results. Participants were more confident in relation to being able to perform job seeking tasks and overcoming setbacks.
- Participants reported very positive perceptions towards the WNO intervention and the learning process with over 87% of the participants feeling enthusiastic about job seeking, seeking out other opportunities and feeling hopeful about the future.
- Of the 130 participants that have completed the WNO post-training evaluation to date, 92.3% of them said they benefited "a great deal" as a result of completing the WNO programme.

As a result of the economic downturn and media reports of pressures which St Vincent de Paul (SVP) volunteers are experiencing the IAS in partnership with the SVP developed a two hour mental health awareness talk. The sessions were piloted in Dublin and Carlow with SVP volunteers and will be rolled out across the country in 2011.

The NSRF completed a study investigating the relationship between suicide and employment status. The aim of the study was to examine employment status and risk of suicide in Ireland during the 11-year period 1996-2006. Data relating to the 5,270 suicides and 789 deaths of undetermined intent registered as occurring in Ireland in 1996-2006 and relevant population data were obtained from the Irish Central Statistics Office. The study is available on www.nsrif.ie

IPH the Institute for Public Health commissioned a research project to explore the impact of recession and unemployment on men's health with a particular focus on mental health. The aim of the research was to give an insight into how unemployment impacts on men's physical and mental health. It sought to identify possibilities for appropriate responses to the challenges identified. The research consisted of a literature review, a review of front-line organisations' experiences, direct interviews and focus groups with men, action focused seminars and interviews with service providers and policymakers.

MABS, the Money Advice and Budgeting Service are currently reviewing their guidelines and training for staff in the area of suicide prevention as a result of a rise in the numbers of clients presenting in distress to their services. Significant numbers of MABS staff have completed the ASIST programme through their national management structure which coordinates training, distributes resources and standardises guidelines for the organisation. MABS trained over 80 staff in safeTalk in 2010.

Area 19 People who have experienced Abuse

Further research into risk and protective factors associated with suicidal behaviour among people who resided in industrial schools as children was undertaken. The NSRF was involved in a collaborative study with the Department of Psychology, NUI Galway. The aim of the study was to explore the development of suicidal behaviour among people who live in Irish state institutions during childhood. Risk factors for suicidal behaviour included the overwhelming effect of Redress procedures, flashbacks and substance abuse. The protective impact of being able to constructively redirect anger towards more positive goals was another important finding.

Area 20 Young Men

The NOSP commenced work with the Men's Health Forum, an all island group which is addressing issues relating to men's health. The group began an action research project which will examine the international evidence regarding what works for improving men's health. The group will then support two pilot projects one in the North and one in the South which will test the research evidence in an all island context. This project will continue in 2011.

In October 2010, Samaritans launched their 'We're in your Corner' outdoor campaign, which was targeted at males aged 35- 55 years who were unemployed or affected by the economic downturn.

Area 21 Older People

In partnership with NOSP the Suicide Resource Office, HSE West have commenced the initial stages in the Development of a "Mental Health Promotion Suicide Awareness Training Programme for Service Providers Caring for Older People". A consultation forum with relevant partnership agencies facilitated the compilation of knowledge, experience and skills which is central to this development. A pilot programme is completed and will be delivered in 2011.

In 2010, the NSRF conducted a study on suicide and deliberate self harm in older Irish adults. The aim of the study was to examine hospital-treated deliberate self harm and suicide among older adults at a national level in Ireland. The Irish Central Statistics Office provided suicide and undetermined death data for 1980-2006. The National Registry of Deliberate Self Harm collected data relating to deliberate self harm presentations made in 2006-2008 to all 40 Irish hospital emergency departments.

Area 22 Restricting and Reducing Access to Means

An audit of the effectiveness and cost-efficiencies of the current DUMP (Disposal of Unused Medications Properly) project was completed in 2010 and measures in relation to achieving a more efficient and consumer available service have been introduced.

The DUMP initiative urges consumers to "Dispose of Unused Medications Properly" by encouraging patients to return unused medications to their local pharmacy. While the main focus of the DUMP project is the prevention of suicide and deliberate self-harm other possible benefits manifest in decreased accidental poisoning of children and a reduction in environmental pollution.

The NSRF completed a research study examining the impact of different pack sizes of paracetamol in the United Kingdom and Ireland on intentional overdoses. The difference in paracetamol pack legislation between England and Ireland does not appear to have resulted in a major difference in sizes of overdoses. This is because more pack equivalents are taken in overdoses in Ireland, possibly reflecting differing enforcement of sales advice.

The study is available on
www.biomedcentral.com/147-2458/11/460

Level C - Responding to Suicide

Area 23 Support following Suicide

Console is a national charity whose aim is to provide support and information to people bereaved through suicide in Ireland. Console Centres are located in Dublin, Cork, Galway, Limerick, Athlone and Wexford. The NOSP is the core statutory funder of Console. The funding is allocated to the charity to enable it to provide a range of Professional Counselling, Psychotherapeutic and Helpline Services to those Bereaved through suicide. In 2010, Console had a total number of: 12,668 Service Users, these service users primarily availed of counselling services. Over three quarters of those accessing services through Console were female, the ages of service users were between 6 and 85 years of age. In 2010, Console received 4,676 calls to its Helpline.

In 2010, the NOSP commenced work with Console and Turas le Cheile (Bereavement Support Service based in Kildare) to develop and pilot test national standards for bereavement support services. The work will result in national standards on suicide bereavement support being published.

Murder suicides occur when one person, or persons, kill others and then take their own lives. Suicide clusters emerge when a number of apparent suicides, which may appear to be unrelated, occur in a particular area over a particular time period and have common or similar method. These are sometimes referred to as 'copycat' suicides. Whilst the HSE has a significant and often lead role to play there are many other organisations, both statutory and voluntary, which can make an important contribution. The coordination of all these efforts is therefore critical. In 2010 the HSE developed a guidance document on Cluster Suicides and Murder Suicides.

This document is designed to be an accessible resource for local service managers when responding to such tragic events as murder-suicide and suicide clusters. The document sets out the current understanding of murder suicide and suicide clusters, the evidence about their occurrence, prevention approaches and the practical steps which can be taken to respond when such a tragedy occurs. The document based on international evidence offers practical steps to proactively prepare for such eventualities and sets out the responses necessary in the immediate aftermath of a murder suicide and suicide clusters. This document is available on www.nosp.ie

One of the key roles of the HSE Suicide Prevention Resource Officers is to support and develop community responses to suicide. They continued to offer bereavement support to individuals, families and support groups during 2010. A number of support initiatives were put in place following death(s) by suicide in communities in Galway, Clare, Limerick, Donegal, Leitrim, South County Dublin, Wexford, Cork, Mayo and Roscommon. Many community groups set up in response to suicide continue to be active in sustaining their network, supporting the community and fundraising. The reasons for responding included support for families or communities bereaved and individuals in crisis.

Area 24 Coroner Service

Throughout 2010, the three coroners in Cork continued to notify the NSRF of inquested deaths relevant to the Suicide Support and Information System. By the end of December 2010, 170 deaths were recorded by the SSIS system which involves obtaining detailed data from the coroners' records. A bereavement support pack was sent to the bereaved families of all cases to facilitate their access to support. The response rates for all information sources were high compared to international research: 1) Completion of Coroner's checklists: 100%, 2) Response rate of interviews with family informants: 67%, 3) Response rate of completed questionnaires from health care professionals: 86%. In terms of referral of bereaved family members, 33.3% were referred to appropriate bereavement support services.

In order to enhance the prediction of suicide risk, the use of the data obtained through the National Registry of Deliberate Self Harm (NRDSH) could be optimised by linking the deliberate self harm data with suicide mortality data. This is already a common procedure of other disease registries, such as the National Cancer Registry, Ireland. In 2010, a proposal to link the NRDSH data with the CSO suicide mortality was prepared and presented to the CSO. The proposed procedures to establish this link are currently being implemented.

Level D - Information and Research

Area 25 Information

A core function of the NOSP is the provision of evidence based information to the general population on suicide prevention and mental health promotion. The NOSP coordinates the development of and dissemination of information resources through www.healthpromotion.ie. In 2010, the NOSP coordinated the dissemination of 18 distinct health information resources. Table 3.1 contains a description and overview of the quantities sourced from the NOSP by professionals, researchers and members of the public. These figures do not include numbers of resources downloaded from www.nosp.ie or other HSE websites.

Area 26 Research

The NOSP carries out a programme of research work specified and related to 'Reach Out'. The office is the core funder of the NSRF who publishes a significant amount of research on an annual basis. The annual report of the National Registry of Deliberate Self Harm was published providing an analysis of data collected in 2009. www.nsrif.ie

In addition the following research was undertaken by agencies working with and or funded by the NOSP;

- Risk and protective factors associated with suicide among people who resided in industrial schools as children completed by the NSRF
- Self cutting and intentional overdose: Exploring psychological and clinical differences using a mixed methods approach completed by the NSRF
- The impact of the withdrawal of distalgesic in terms of intentional drug overdose (IDO) presentations to hospital emergency departments (EDs) in Ireland completed by the NSRF
- Bullying, deliberate self harm and associated actors in adolescent boys completed by the NSRF
- Factors associated with deliberate self-harm among Irish adolescents completed by the NSRF
- With the Support of Age and Opportunity GLEN commissioned Visible Lives, the first study of older LGBT people in Ireland to ascertain their circumstances and needs, the results of the research will be published in 2011.
- Alcohol use among male sportspeople completed by the NOSP in partnership with Trinity College Dublin, HSE Health Promotion and funded by the HRB
- A study on the development of an Integrated Resource for Post Primary Schools in Responding to Critical Incidents within an Irish school setting. This study explores teachers' perceptions of Crisis Response/Student Support Team (SST) structures within a post-primary school context.
- The Fingal Leader Partnership published a research report on the mental health of young people in the Balbriggan area.
- Reachout.com commenced a study entitled 'Learning to Reach Out: Young people, mental health literacy and the Internet.
- Saving and Empowering Young Lives in Europe (SEYLE) a baseline epidemiological study on the health and wellbeing in 1,100 adolescents was completed by the NSRF.

Description of information resource	Quantity
Your Mental Health Booklet	22,500
Your Mental Health Booklet - Polish	2,015
Your Mental Health Booklet - Russian	1,246
Your Mental Health Booklet - LGBT	9,391
You are not alone - Help and advice on bereavement	18,663
You are not alone - Directory of services	13,600
Looking after your mental health in tough economic times - Leaflet	29,200
Looking after your mental health in tough economic times - Information Card	17,200
Looking after your mental health in tough economic times - Rural Communities Leaflet	5,600
Mental Health and Older People	16,800
Letsomeoneknow Wallet Card	84,710
Deliberate Self Harm - Parents	15,908
Deliberate Self Harm - Russian	17,961
Concerned About Suicide	22,172
Concerned About Suicide - Polish	1,053
Concerned About Suicide - Russian	673
Young Adult Stories of Recovery	4,678
Suicide Prevention Workplace Guidelines	320

Table 3.1 Health information available on www.healthpromotion.ie coordinating site, 2010

Current Mortality and Self Harm Data

The responsibility for publishing national mortality data lies with the Central Statistics Office (CSO).

This data is made available on an annual basis (see www.cso.ie). Cause of death is classified according to the International Classification of Diseases, Injuries and Causes of Death (ICD 10). Deaths by suicide fall within the category of deaths by external causes, along with deaths by accident, homicide and undetermined cause. A number of sources of information are used by the CSO to inform the classification of death. These include the Medical Cause of Death Certificate, the Coroner's certificate and Form 104, a statistical form which is completed by An Garda Síochána following an inquest. This process is detailed in a paper entitled 'Inquested deaths in Ireland: A study of routine data and recording procedures' (www.nsrif.ie).

The CSO makes two mortality data sets available;

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

Data by year of occurrence is the official data, and refers to deaths that occurred in that calendar year. At the time of publication, 2008 is the most recent year for which data by year of occurrence is available. 506 deaths by suicide occurred in 2008, representing a rate of 11.4 deaths per 100,000 population. Data by year of registration refers to deaths which were registered with the CSO in a particular year. Deaths which occur from an external cause are often not registered in the year in which they occur, as registration happens after an inquest closes. As inquests may not take place until the following calendar year, there is an inevitable delay in registering these deaths. It is important to note that the data by year of registration is provisional, and not comparable to data by year of occurrence.

How Year of Registration Data is Different

Year of registration data is made up of the following:

- A subset of the deaths that occurred that year (but not all, as many will not be registered until the following year), and
- A subset of deaths that occurred in previous year(s)

This has two implications for the data:

- It means that the official data (deaths by year of occurrence) can be significantly different to the provisional data (deaths by year of registration). For example in 2006, there were 409 deaths registered. When the official data was released, it recorded 460 deaths. In 2008, the provisional data (424 deaths by suicide registered in 2008) was significantly smaller than the official data (506 deaths by suicide occurred in 2008). At least 82 (506-424) deaths by suicide that occurred in 2008 were not registered until 2009 or 2010. (The official data for 2008 was published in 2010). It is also likely that the figure 424 includes a large number of deaths that occurred in 2007 or earlier, but were not registered until 2008. Therefore, the provisional figure, 424, is not an accurate representation of the official data. Because there is no way of knowing, from looking at the provisional data, how many of the deaths refer to the index year, it is not possible to compare provisional data with official data.
- It is not possible to compare provisional data on a year by year basis. The difference between the official data and provisional data varies each year in an unpredictable way. The table 4.1 below shows the variation each year. Over an eight year period, the difference ranges from 2 to 82. Therefore, readers are urged to interpret the provisional data as isolated pieces of information.

Year	Provisional Data	Official Data	Difference
2002	451	478	27
2003	44	497	53
2004	457	493	36
2005	432	481	49
2006	409	460	51
2007	460	458	-2
2008	424	596	82

Table 4.1 Comparison between provisional and official data on deaths by suicide, 2002-2008

The data presented here in Tables 4.2, 4.3 and 4.4 include data by year of occurrence (2002 to 2008) and also data by year of registration (2009 and 2010). The data plotted in Figures 4.1, and 4.2 and the data presented in Tables 4.5, 4.6 and 4.7 are based on the five-year averages from 2004 to 2008, the most recent years for which completed data are available. Rates and percentages are presented in these figures and tables, rather than numbers, allowing for more meaningful comparisons across age groups.

Suicide rate trends by gender

Figure 4.1 shows the rate of death by suicide has increased from 6.4 per 100,000 in 1980 to 11.4 per 100,000 in 2008. It peaked at 13.9 per 100,000 in 1998. Suicide is significantly more likely among males than females. It steadily increased for males from 8.4 in 1980, to 23.5 in 1998 and 17.5 in 2008. By contrast, the rate has remained relatively constant for females, ranging from 4.3 in 1980 to 5.4 per 100,000 in 2008.

Figure 4.1 Suicide rate per 100,000 population by gender, 1980-2008

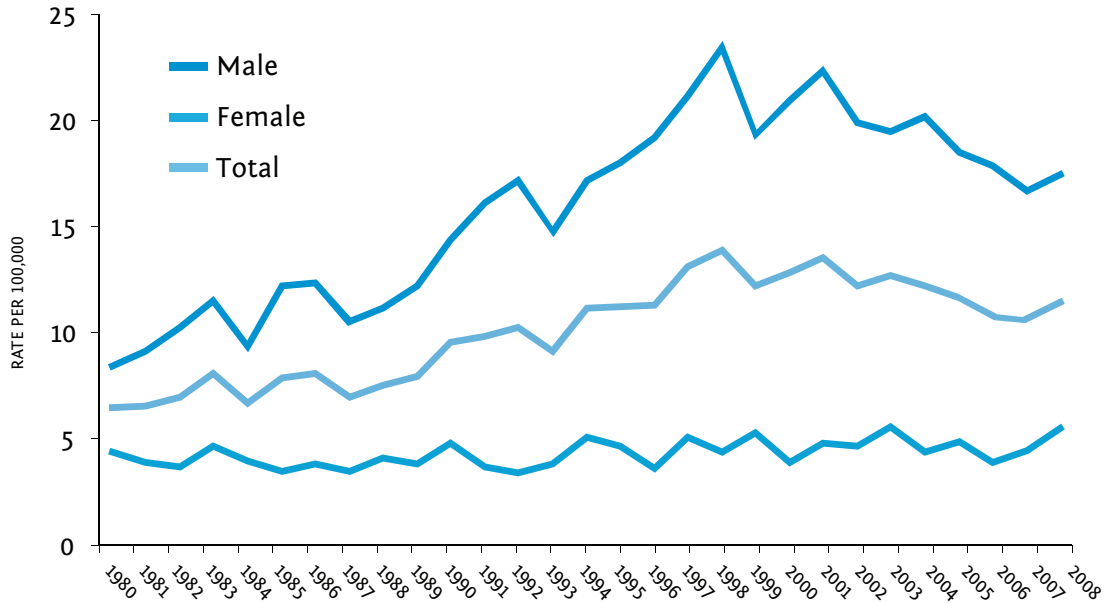


Table 4.2 Total population rate of suicide and other causes of death.

Suicide, undetermined death, death by external cause, death by all causes, 2004-2008, per 100,000 total population.

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999 ICD10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2004	493	12.2	81	2.0	1,594	39.4	28,665	708.9
2005	481	11.6	134	3.2	1,745	42.2	28,260	683.6
2006	460	10.8	82	1.9	1,664	39.2	28,488	671.9
2007	458	10.6	119	2.7	1,759	40.5	28,117	648.0
2008	506	11.4	83	1.9	1,721	38.9	28,274	639.8
Provisional data by year of registration								
2009	527	11.7	195	4.3	1,894	42.2	28,898	643.7
2010	486	10.9	123	2.8	1,601	35.8	27,122	606.7

All rates based on estimated population for that year

Points of note:

- The steady decline in suicide rate from 2003 stopped in 2007, and the suicide rate increased to 11.4 in 2008. The change in the economy is a factor which is likely to explain some of this change.
- Deaths by suicide (n = 506) account for 29% of all deaths by external causes (n = 1721). Other causes in this category include accidents (63%), homicide (3%) and undetermined cause (5%).
- There were nearly twice as many deaths by suicide as deaths by transport accident (n = 256; 15% of deaths by external cause). Deaths by suicide have exceeded deaths by transport accident since 1997.

Table 4.3 Male rate of suicide and other causes of death.
Suicide, undetermined death, death by external cause, death by all causes, 2004-2008, per 100,000 for males.

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999 ICD10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2004	406	20.2	60	3.0	1,127	56.0	14,801	735.9
2005	382	18.5	93	4.5	1,239	60.1	14,412	699.0
2006	379	17.9	68	3.2	1,180	55.6	14,605	688.5
2007	362	16.7	87	4.0	1,252	57.7	14,391	662.8
2008	386	17.5	64	2.9	1,215	55.1	14,457	655.3

Provisional data by year of registration

2009	422	19.0	151	6.8	1,370	61.8	15,044	678.4
2010	386	17.4	78	3.5	1,114	50.3	13,833	624.2

All rates based on estimated population for that year

Points of note:

The breakdown of deaths by external cause for males in 2008 was:

- Accidents 60%
- Suicide 32%
- Undetermined 5%
- Homicide 3%

There were 386 deaths by suicide compared with 190 deaths by transport accident for males in 2008. More than twice as many males died from external causes (n = 1215) in 2008 compared with females (n = 506), while the total number of deaths (14,457 for males and 13,817 for females) was very similar.

Table 4.4 Female rate of suicide and other causes of death.
Suicide, undetermined death, death by external cause, death by all causes, 2004-2008, per 100,000 population for females.

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999 ICD10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2004	87	4.3	21	1.0	467	23.0	13,864	682.1
2005	99	4.8	41	2.0	506	24.4	13,848	668.3
2006	81	3.8	16	0.8	484	22.8	13,883	655.3
2007	96	4.4	32	1.5	507	23.4	13,726	633.1
2008	120	5.4	19	0.9	506	22.8	13,817	623.6

Provisional data by year of registration

2009	105	4.7	44	2.0	524	23.4	13,854	618.0
2010	100	4.4	45	2.0	487	21.6	13,289	589.4

All rates based on estimated population for that year

Points of note:

The breakdown of deaths by external cause for females in 2008 was:

- Accidents 70%
- Suicide 24%
- Undetermined 4%
- Homicide 2%

Deaths by suicide constituted a larger proportion of deaths from an external cause for males (32%) than females (24%). There were 3 times more deaths by suicide among males (n = 386) than females (n = 120).

Suicide in Ireland is often portrayed as a problem predominantly affecting young men in their early 20s. While the highest rate is for men aged 20-24 years at 30.7 per 100,000 (compared with the national average of 11.3 per 100,000), the rate is consistently high for men of all ages up to the age of 65. The data in Figure 4.2 and Table 4.5 show that the rate ranges from 18.8 for 15-19 yr olds to 20.3 for 60-64 yr olds. Although the overall female rate of death by suicide hasn't varied significantly since 1980 (see Figure 4.1), there is some variation across the age groups. The highest rate is seen for women aged 50-54 yrs, at 8.7 per 100,000 population.

Figure 4.2 Average annual suicide rate per 100,000 by age and by 5-year age groups (2004-2008)

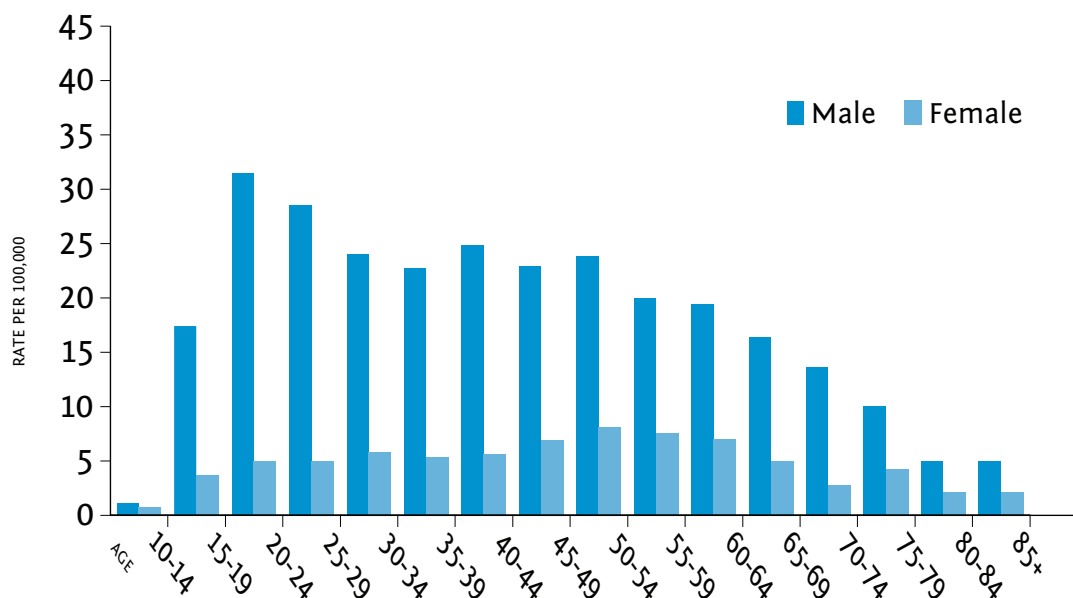


Table 4.4 Average annual suicide rate by age and gender 2004-2008

Age Group	Persons	Males	Females
0 to 4	0.0	0.0	0.0
5 to 9	0.1	0.1	0.0
10 to 14	1.3	2.0	0.6
15 to 19	12.6	18.8	6.2
20 to 24	17.9	30.7	4.8
25 to 29	16.1	26.3	5.7
30 to 34	14.3	23.8	4.4
35 to 39	13.3	21.0	5.4
40 to 44	15.7	25.4	5.9
45 to 49	16.5	25.4	7.5
50 to 54	16.4	24.1	8.7
55 to 59	13.6	20.7	6.3
60 to 64	13.9	20.3	7.3
65 to 69	11.3	16.9	5.8
70 to 74	8.6	14.9	2.9
75 to 79	7.1	11.5	3.8
80 to 84	3.1	5.7	1.5
85 +	2.5	5.4	1.2
TOTAL	11.3	18.1	4.6

Table 4.6 Method of suicide by age and gender, 2004-2008

Persons						
Age Group	Poisoning	Hanging	Drowning	Firearms	Other	Total
	%	%	%	%	%	%
Under 15yrs	0	100	0	0	0	100
15-24	6	82	5	4	3	100
25-44	13	64	12	4	6	100
45-64	13	50	23	7	7	100
Over 64yrs	9	51	25	10	4	100
TOTAL	11	63	15	6	6	100

Males						
Age Group	Poisoning	Hanging	Drowning	Firearms	Other	Total
	%	%	%	%	%	%
Under 15yrs	0	100	0	0	0	100
15-24	5	83	5	4	2	100
25-44	10	68	10	5	7	100
45-64	11	53	19	9	8	100
Over 64yrs	3	57	21	14	4	100
TOTAL	9	66	12	7	6	100

Females						
Age Group	Poisoning	Hanging	Drowning	Firearms	Other	Total
	%	%	%	%	%	%
Under 15yrs	0	100	0	0	0	100
15-24	13	75	4	4	5	100
25-44	22	52	19	1	6	100
45-64	20	39	35	1	5	100
Over 64yrs	27	31	38	0	4	100
TOTAL	20	50	24	1	5	100

Data is collected annually on the method causing death. Table 5.6 details the proportion of deaths by each method, broken down by age and gender, over a 5 year period.

Points of note:

- Death by hanging remains the most commonly used method in Ireland, both for males (66%) and females (50%). The proportion of deaths by hanging decreases with age, decreasing from 82% in 15-24 yr olds to 51% for 65 years and older. Deaths by drowning increase with age for males and females.
- Poisoning is more common among females than males for every age group, while firearms are more common among males. Firearms are most commonly used by older males.

Table 4.7 provides the number of deaths by suicide and rates per 100,000 for the 26 counties, aggregated over a 5-year period from 2004-2008. Because the numbers are relatively small in any county in any one year, a change from one year to the next may appear more significant than it actually is. For this reason the data is aggregated over 5 years to give a more representative picture.

Table 4.7 Number of suicides and rate per 100,000 population by county, 2004-2008

County	Number of deaths by suicide	Rate of death by suicide per 100,000 population
Carlow	42	16.7
Cavan	58	18.1
Clare	73	13.2
Cork	345	14.3
Donegal	77	10.5
Dublin	527	8.9
Galway	117	10.1
Kerry	74	10.6
Kildare	103	11.1
Kilkenny	46	10.5
Laois	32	9.5
Leitrim	25	17.3
Limerick	107	11.6
Longford	21	12.2
Louth	55	9.9
Mayo	74	12.0
Meath	83	10.2
Monaghan	31	11.1
Offaly	47	13.3
Roscommon	39	13.3
Sligo	32	10.5
Tipperary North	53	16.1
Tipperary South	49	11.8
Waterford	73	13.5
Wexford	90	13.7
Westmeath	54	13.6
Wicklow	71	11.3
IRELAND	2,398	11.3

Points of note:

- The highest rates are found in Cavan (18.1 per 100,000) and Leitrim (17.3 per 100,000) while the lowest rates are in Dublin (8.9 per 100,000) and Laois (9.5 per 100,000). The counties with the largest urban centres have rates above (Cork, 14.3 per 100,000; Waterford, 13.5 per 100,000; Limerick, 11.6 per 100,000) and below (Dublin, 8.9 per 100,000; Galway 10.1 per 100,000) the national average.

International mortality data

Data presented below in Figures 4.3 and 4.4 have been extracted from the World Health Organisation's Statistical Information System (see www.who.int/whosis/en). Data presented are based on the most recent returns to the World Health Organisation. For this reason there may be a discrepancy between rates reported here and more up to date rates reported separately in each country (including Ireland). Caution is urged generally when comparing mortality rates for each country given the differences in recording and coding cause of death between countries.

Ireland has the 7th lowest rate of death by suicide, with a rate of 10.6 per 100,000 population. This contrasts with a low of 3.5 in Greece and a high of 30.4 in Lithuania. This position remains constant for males and females. Ireland compares much less favourably when the data is examined by age. As Figure 5.4 shows, Ireland ranks 23rd out of 26 countries for suicide rate within the 15-24 year age group, with a rate of 13.4 per 100,000. This ranking remains almost unchanged for males (23rd, rate 22.8) and females (21st, rate 3.8).

Figure 4.3 Total suicide rate per 100,000 population in the EU

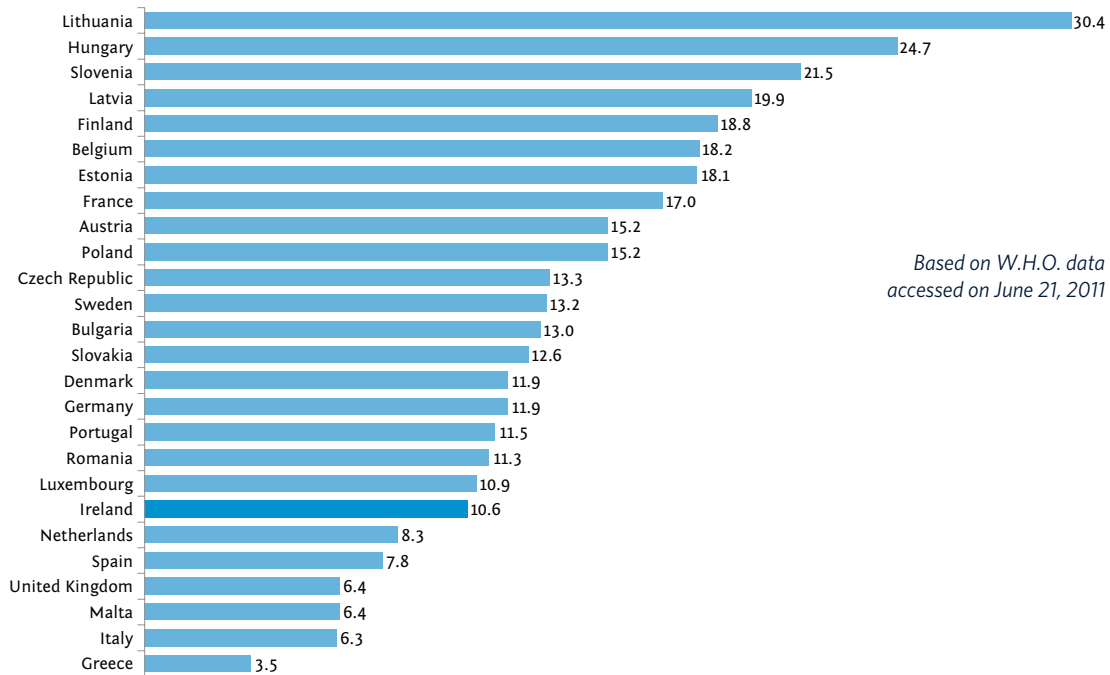
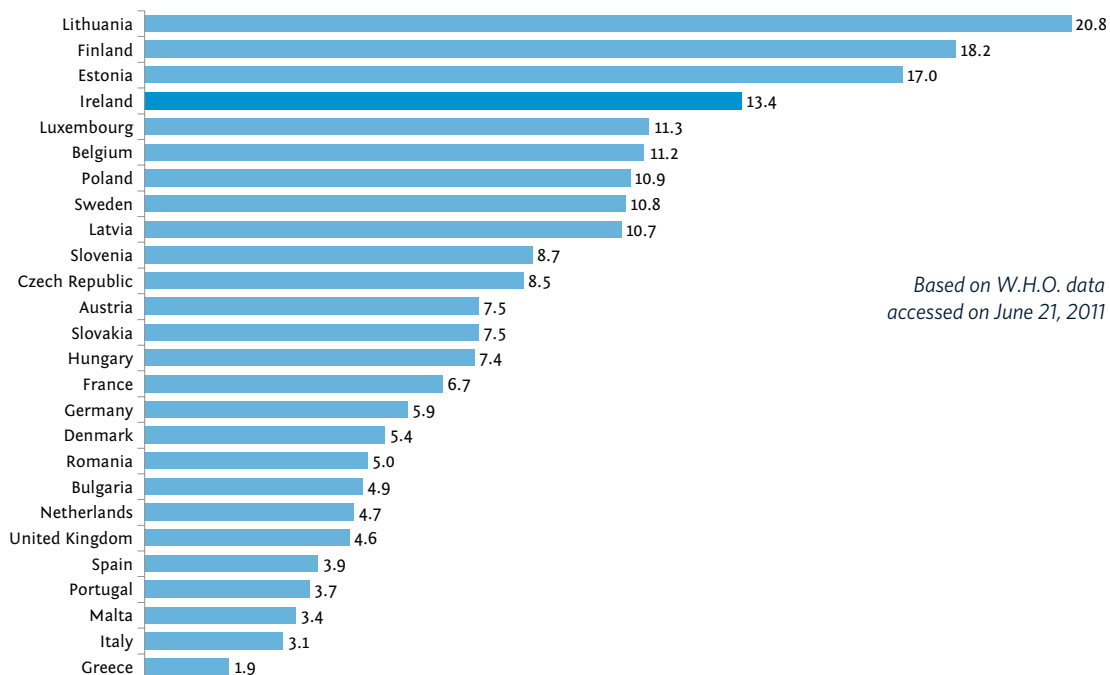


Figure 4.4 Youth suicide rate (15-24yr olds) per 100,000 population in the EU



National deliberate self harm data

The National Registry of Deliberate Self Harm is a national system of population monitoring for the occurrence of deliberate self harm. It was established, at the request of the Department of Health and Children, by the National Suicide Research Foundation and is funded by the Health Service Executive's National Office for Suicide Prevention. The Registry records all deliberate self harm presentations to all hospital emergency departments in Ireland. The Registry Annual Report 2010 can be found at www.nsrhf.ie

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

Inclusion Criteria

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

Exclusion Criteria

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

- Accidental overdoses e.g., an individual who takes additional medication in the case of illness, without any intention to self harm.
- Alcohol overdoses alone where the intention was not to self harm.
- Accidental overdoses of street drugs i.e., drugs used for recreational purposes, without the intention to self harm.
- Individuals who are dead on arrival at hospital as a result of suicide.

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

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

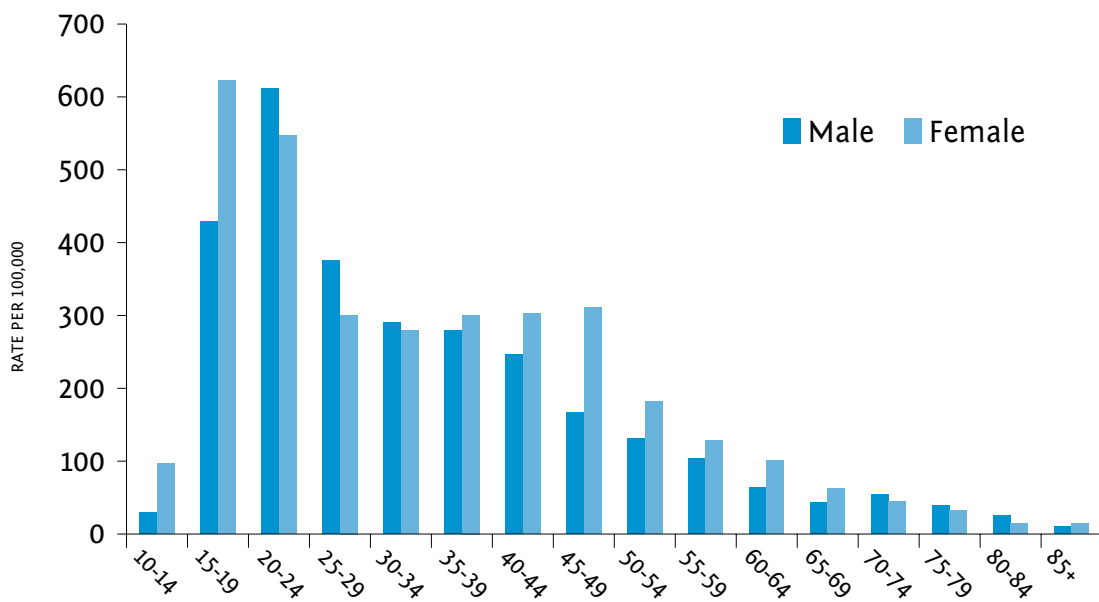
For the period from 1 January to 31 December 2010, the Registry recorded 11,966 deliberate self harm presentations to hospital that were made by 9,630 individuals. Based on these data, the Irish person-based crude and age-standardised rate of deliberate self harm in 2010 was 215 (95% CI: 211 to 220) and 217 (95% CI: 213 to 222) per 100,000, respectively. Thus, the age-standardised rate in 2010, which accounts for the changing age distribution of the population, was 4% higher than the equivalent rate in 2009 (209 per 100,000). This represents the fourth successive increase in the Irish rate of persons presenting to hospital as a result of deliberate self harm and is the highest rate ever recorded by the Registry.

The person-based age-standardised rate of deliberate self harm for men and women in 2010 was 205 (95% CI: 199–211) and 231 (95% CI: 224–237) per 100,000, respectively. Thus, there was a 4% increase in the male and female rates of deliberate self harm from 2009 to 2010. The lowest rate of deliberate self harm for men and women was recorded in 2006. The increases that have taken place since then have been more apparent for men. Consequently, the male self harm rate in 2010 was 28% higher than in 2006 whereas the female rate was 10% higher than in 2006.

The female rate of deliberate self harm in 2010 was 13% higher than the male rate as it was in 2009. The gender difference had been decreasing in recent years. The female rate was 37% higher in 2004–2005, 32–33% higher in 2006–2007 and 24% higher in 2008.

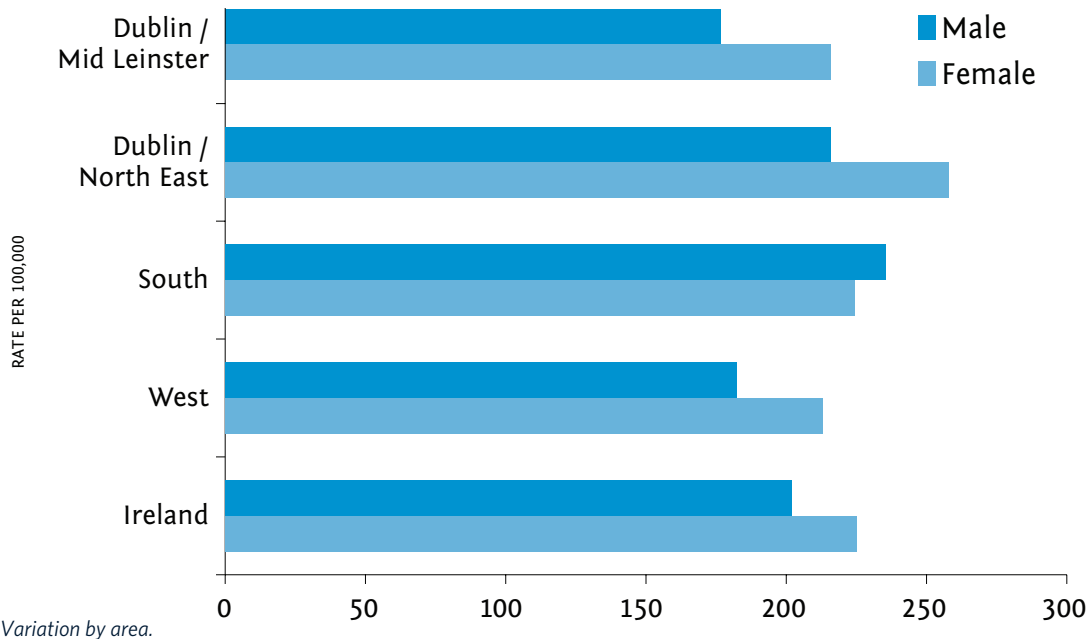
There was a striking pattern in the incidence of deliberate self harm when examined by age (see Figure 4.5). The rate was highest among the young. At 639 per 100,000, the peak rate for women was among 15–19 year-olds. This rate implies that one in every 157 girls in this age group presented to hospital in 2010 as a consequence of deliberate self harm. The peak rate for men was 626 per 100,000 among 20–24 year-olds or one in every 160 men. The incidence of deliberate self harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained relatively stable, at about 300 per 100,000, across the 25 to 49 year age range.

Figure 4.5 Person-based rate of deliberate self harm by age and gender



Gender differences in the incidence of deliberate self harm varied with age. The female rate was three times greater than the male rate in 10-14 year-olds and 44% higher than the male rate in 15-19 year-olds. The female rate of deliberate self harm was again higher than the male rate across the 40-64 year age range. However, in 20-29 year-olds, the male rate was 20% higher than the female rate. Only in 2009 and 2010 has the Registry recorded a significantly higher rate of deliberate self harm in men in this age group compared to women.

Figure 4.6 Rate of deliberate self harm per 100,000 in 2010 by HSE region of residence and gender



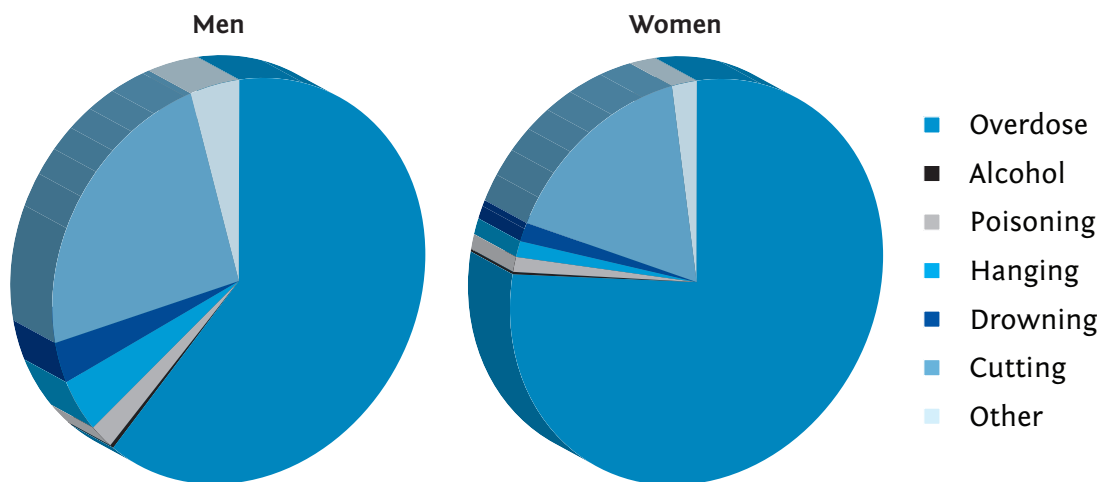
In 2010, the incidence of female deliberate self harm in the HSE Dublin/ North East Region was significantly higher (+15%) than the national rate. For men, the rate in the HSE South region was significantly higher (+19%) than nationally whereas the rate in the HSE Dublin/ Mid-Leinster (-14%) and West (-9%) regions was significantly lower.

The 13% higher incidence of deliberate self harm for women compared to men varied by HSE region. The female rate of deliberate self harm was significantly higher than the male rate in the HSE regions of Dublin/ Mid-Leinster (+24%), Dublin/ North East (+21%) and West (+17%). In the HSE South, the male rate was 6% higher.

The 4% increase in the national male rate of deliberate self harm was primarily due to the 15% increase in the male rate in the HSE South region. The 4% increase in the national female rate of deliberate self harm was due to the increases in the HSE South (+10%) and West (+9%) regions.

Almost three quarters (71%) of all deliberate self harm presentations involved an overdose of medication (64% as the most lethal method of self harm employed). Drug overdose was more commonly used as a method of self harm by women than by men. It was involved in 65% of male presentations (57% as the most lethal method) and 77% of female episodes (71% as the most lethal method). While rare as a main method of self harm, alcohol was involved in 41% of all cases. Alcohol was significantly more common in male deliberate self harm episodes (44%) than in female episodes (37%).

Figure 4.7 Method of self harm by gender



Cutting was the only other common method of self harm, involved in 23% of all episodes. Cutting was significantly more common in men (26%) than in women (20%). In 88% of all cases that involved self-cutting, the treatment received was recorded. Approaching half (43%) received steristrips or steribonds, 25% did not require any, 27% required sutures while 5% were referred for plastic surgery. Men who cut themselves more often required intensive treatment. Respectively, 29% received sutures and 6% were referred for plastic surgery compared to 24% and 4% of women who cut themselves.

Attempted hanging was involved in 5% of all deliberate self harm presentations (7% for men and 3% for women). At 601, the number of presentations involving attempted hanging was almost identical to the number in 2009 (n=608) which was the greatest number of deliberate self harm presentations involving attempted hanging recorded by the Registry.

There were 9,630 individuals treated for 11,966 deliberate self harm episodes in 2010. This implies that approaching one in five (2,336, 19.5%) of the presentations in 2010 were due to repeat acts, lower than the proportion of acts accounted for by repetition in the years 2003-2009 (20.5-23.1%). Of the 9,630 deliberate self harm patients treated in 2010, 1,316 (13.7%) made at least one repeat presentation to hospital during the calendar year. This proportion is just below the range reported for the years 2003-2009 (13.8-16.4%). At least five deliberate self harm presentations were made by 101 individuals in 2010. They accounted for just 1.0% of all deliberate self harm patients in the year but their presentations represented 6.8% of all deliberate self harm presentations recorded.

The rate of repetition varied highly significantly according to the main method of self harm involved in the deliberate self harm act (Table 4.8). Of the commonly used methods of self harm, self-cutting was associated with an increased level of repetition. One in six of those who used cutting as their main method of self harm in their index act made at least one subsequent deliberate self harm presentation in the calendar year.

Table 4.8 Repeat presentation after index deliberate self harm presentation in 2010 by main method of self harm

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	TOTAL
Number of individuals treated	6,404	55	137	488	237	1,901	408	9,630
Number who repeated	808	3	11	66	25	340	63	1,316
Percentage who repeated	12.6%	5.5%	8.0%	13.5%	10.5%	17.9%	15.4%	13.7%

2010 & 2011 Development Plans

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

2010 Plan

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

1. Evaluation of Reach Out

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

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

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

3. Mental Health Promotion in School Settings

The NOSP will maintain its involvement in the inter-departmental group which is examining best practice in mental health promotion in schools. This will include analysis of programmes and the issuing of guidance to schools on principles to be followed and programmes to use. The recommendations from the pilot of Zippys Friends will be considered and implemented as resources permit.

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

Building on the initial campaign, launched in 2007, further social marketing of the programme will take place in 2010 with at least one showing of the advertisement on TV or cinema. A targeted initiative which focussed on young people and their mental health was launched in 2009. The NOSP will continue to work with voluntary agencies and within the HSE to ensure a coordinated and cost effective approach. Co branding initiatives begun in 2009 will be completed in 2010. At least 2 further showings of the Young Peoples TV/Cinema advertisement will be undertaken in 2010. www.letsomeoneknow.ie hits will be recorded and activity on Bebo will be monitored by NOSP staff. A number of co branding projects provided with once off funding in 2009 will finalise their programmes in 2010, including, Bodywhys, Crosscare Travellers Project, DETECT, GROW, NSRF, Rehabcare, Teenline, and BelongTo.

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

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

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

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

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

ASIST is an internationally recognised skills development and suicide awareness programme for professional staff and community leaders. Since 2005 over 15,000 people have attended the 2 day training programme. There are over 100 trainers in Ireland delivering the programme. The programme is also delivered in NI. The results of an all island evaluation of ASIST have just been completed and will be available to allow us further develop the programme on this island.

In addition to ASIST, a sister programme Safetalk, a half day suicide awareness programme, is now available here for delivery to community groups and organisations. Both programmes are managed in Ireland by the NOSP following agreement between the NOSP and Living Works the Canadian owners of ASIST/Safetalk.

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

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

8. Tough Economic Times programme

This programme which began in 2009 was initiated following requests from organisations such as Money Advice and Citizens Information for information and training for the increasing numbers of people presenting in distress due to the economic downturn. 150,000 leaflets have been produced for the public as well as a guidance book for organisations which advises how to prepare staff to respond to suicidal behaviours. Staff in organisations have also been offered priority placement on ASIST and Safetalk programmes.

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

Introduction

The National Office for Suicide Prevention was established in September 2005 following the launch of Reach Out – The National Strategy for Action on Suicide Prevention.

In addition to monies already in the wider health system, specifically earmarked for suicide prevention, through the former health boards (approximately €4.5m p.a.), further annual funding has been made available to NOSP from 2005 to 2007 to begin to implement Reach Out, The National Strategy for Action on Suicide Prevention.

2005	€0.5m
2006	€1.2m
2007	€1.85m
2008	€0.0
2009	€1.0m (<i>once off</i>)
2010	€0.0
2011	€1.0m

Additional funding of just under €1m held in the HSE West (to fund NSRF, IAS and former NSRG) was transferred to the NOSP after its establishment in 2005. Once all top slice/internal transfers for service developments have been deducted a total recurring budget of €4.2m is available to NOSP in 2011.

Substantial additional resources from the Dormant Accounts Fund have also been made available through Pobal for suicide prevention initiatives in 2006 (€1m) and 2010 (€1m). The NOSP will continue to work with Pobal to ensure these funded initiatives meet the requirements of Reach Out. The NOSP will continue to advise the Department of Health and Children on Lottery applications concerning suicide prevention.

2011 Plan

This plan sets out the main elements of a programme of work for 2011 within the core and new resources of €1m available to the NOSP. Allocation of this additional funding is set out on www.nosp.ie. In addition the NOSP will produce an annual report for 2010 in accordance with the statutory requirements of the Health (Miscellaneous Provisions) Act 2001. The NOSP will also host its successful Annual Forum.

1. 2011 Service Plan outputs

The NOSP will progress all actions in Reach Out within available resources. This is a HSE Corporate Plan action.

2. Deliberate Self Harm

Two self harm, early identification and referral, services from primary care are being piloted in South Dublin and Wexford. Both projects are using the same approach and will be jointly assessed using the same research methodology. The full evaluation of both projects will be completed in 2011.

The NOSP will work with the clinical lead for mental health in the Clinical Care Directorate and with the Executive Clinical Directors Group to progress a more unified and consistent response to self harm presentations to our services. This will include the development of clinical guidelines and the allocation of specialist staff to work with hospital emergency departments.

The NOSP will allocate some of the new funding in 2011 to improve our overall response to self harm both in the statutory and voluntary sectors.

3. Training programmes

The NOSP will continue to deliver the ASIST and Safetalk programmes through its network of local coordinators. An additional 3,500 people will be trained in ASIST and 2,000 in Safetalk during this year. By the end of 2011, 25,000 people will have been trained in ASIST and 5,000 in Safetalk. We will run a train the trainers course this year to ensure that we maintain a pool of at least 100 trainers to deliver the ASIST programme.

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

The NOSP will allocate some of the new funding in 2011 to develop skills based training programmes in suicide prevention which reach those most vulnerable in our communities.

4. Primary Care

The NOSP will allocate some funding from the new allocation in 2011 to develop the suicide prevention response in primary care. We will continue to support the Primary Care training course in mental health being organised by DCU.

5. Coordination of services provided by organisations offering phone/fax/text support to those in emotional distress

The NOSP will encourage providers of emotional support help lines to coordinate their activities to ensure the most effective response and value for money. The current providers of services including, Samaritans, Console, Aware, 1Life, Teenline, Childline will be asked to formally work together and to provide effective signposting to specialist services. Funding will be made available from the new allocation in 2011 to assist this process. The NOSP will work with Samaritans to ensure the new EU emotional distress short code (116123) is implemented in Ireland and widely publicised to the public.

6. Mental Health Awareness Campaign

Building on the initial 'Your Mental Health' campaign www.yourmentalhealth.ie, launched in 2007, further social marketing of the programme will take place in 2011 with at least two 'bursts' of the advertisement on TV. Later in 2011 this TV advertisement will be used to promote the new EU emotional distress number.

A targeted initiative which focussed on young people and their mental health was launched in 2009.

At least 2 further 'bursts' of the young peoples TV advertisement will be undertaken in 2011. www.letsomeoneknow.ie hits will be recorded and activity on Bebo will be monitored by NOSP staff. A Facebook page will be developed. Poster activity around this campaign will also take place.

The NOSP will continue to work with, and where appropriate fund, co branding initiatives which support the mental health awareness campaign and meet the similar objectives of specific voluntary organisations.

The NOSP will continue to support See Change, the national stigma reduction campaign. This is a HSE Corporate Plan action.

7. Mental Health Promotion in School Settings

The NOSP will maintain its involvement in the interdepartmental group between the departments of health, education and the HSE which is examining best practice in mental health promotion in schools. The results of the consultation on mental health promotion programmes in schools will be implemented in 2011. The recommendations from the pilot of Zippy's Friends will be rolled out by the HSE Health Promotion service in 2011.

8. Support for national initiatives through voluntary/community organisations

Substantial work has already been undertaken by voluntary/community groups in suicide prevention. It is critical that this work is continued, evaluated and developed. Projects will provide at least the 2010 level of service on the basis of a 1.8% reduction in the 2011 grant aid allocation.

15 projects will be funded through the NOSP to deliver programmes in 2011. These are:

- Spun Out
- Irish Association of Suicidology
- Wexford SCAN
- Crosscare
- BelongTo
- Console
- HSE South - Bereavement service
- Wexford SHIP
- Technology for Wellbeing Group
- Young Social Innovators
- National Suicide Research Foundation
- Headline
- GLEN
- Teenline
- Samaritans

9. Tough Economic Times programme

This programme which began in 2009 was initiated following requests from organisations such as the Money Advice Service and Citizens Information for information and training due to the increasing numbers of people presenting in distress as a result of the economic downturn. 150,000 leaflets have been produced for the public as well as a guidance book for organisations which advises how to prepare staff to respond to suicidal behaviours. Staff in organisations have also been offered priority placement on ASIST and Safetalk programmes. This programme will continue in 2011. Additional materials and training will be funded as required. Farmers Marts will be targeted with information as well as events such as the Ploughing Championships. This is a HSE Corporate Plan action.

10. Cross Border initiatives

Cross border initiatives have continually taken place since the office was established. A plan has been agreed and joint initiatives have been taken. This work will continue in 2011 with the joint funding of a programme through the all island men's health forum. This project will examine best practice on how to promote positive mental wellbeing amongst young men and pilot two community based outreach initiatives one in the North and one in the South.

The NOSP will also hold further discussions with colleagues in the North about how we can work together on initiatives which address the impact of the economic downturn on the population's mental health.

Appendix 1

Suicide Prevention Resource Information

ON-LINE PUBLICATIONS

Below are some useful publications relating to suicide prevention, postvention and research. A complete list of National Office for Suicide Prevention publications can be obtained on the following websites:

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

<http://www.healthpromotion.ie/publications/index.php>

GENERAL

Suicide in Ireland: a national study (2001)

Departments of Public Health on behalf of the Chief Executive Officers of the health boards.

A large-scale study of the factors associated with suicide in Ireland. Factors reported on include age, gender, marital status, employment status, contact with the health services and history of self harm.

www.nosp.ie/suicide_in_ireland.pdf

Suicide in Ireland – Everybody’s problem (2005)

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

www.president.ie/download.php?do=9

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

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

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

www.nosp.ie/reach_out.pdf

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

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

http://www.dohc.ie/publications/vision_for_change.html

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

In October 2005 a sub-Committee on the High Level of Suicide in Irish Society was established. Many agencies, including the NOSP, gave evidence to the sub-committee in 2005. The report of the Oireachtas sub committee was published in June 2006 and made 33 recommendations. Some of the recommendations reinforced actions identified in Reach Out while other new recommendations relating to suicide prevention

were made. The National Office for Suicide Prevention considers all recommendations as part of its ongoing development plans.

<http://www.oireachtas.ie/viewdoc.asp?DocID=6016&CatID=78&StartDate=01%20January%202006&OrderAscending=0>

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

Department of Health, Social Services and Public Safety

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

www.dhsspsni.gov.uk/phnисуicidepreventionstrategy_action_plan-3.pdf

Your Mental Health – Information Booklet (2009)

National Office for Suicide Prevention

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

<http://www.healthpromotion.ie/publications/index.php>

Concerned About Suicide (2009)

HSE, DHSSPS, NOSP

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

<http://www.healthpromotion.ie/publications/index.php>

Look after your mental health in tough economic times (2009)

National Office for Suicide Prevention

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

<http://www.healthpromotion.ie/publications/index.php>

BEREAVEMENT SUPPORT

Review of General Bereavement Support and Specific Services Available Following Suicide Bereavement (2007)

Petrus Consulting in association with St Vincent’s University Hospital / UCD Advisory Team

The National Office for Suicide Prevention (NOSP) selected Petrus Consulting to examine and report on general bereavement support services and specific services available following suicide bereavement.

The emphasis of the review is on the services available to those bereaved following a suicide.

http://www.nosp.ie/review_of_bereavement_support_services-1.pdf

You Are Not Alone: Help and Advice on Coping with the Death of Someone Close (2009)

National Office for Suicide Prevention, HSE

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

Questions frequently asked by bereaved people are also addressed.

<http://www.healthpromotion.ie/publications/index.php>

You Are Not Alone- Directory of Bereavement Support Services (2009)

National Office for Suicide Prevention, HSE

Provides a county by county listing of general bereavement support services dedicated to those bereaved by suicide. The Services include local groups, self help groups and national voluntary agencies with branches across the country.

<http://www.healthpromotion.ie/publications/index.php>

MEDIA

Meanings, Messages + Myths (2006)

Mr. John Cullen.

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

www.nosp.ie/html/reports.html

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

Samaritans and Irish Association of Suicidology.

Guidelines for journalists on how to report sensitively on suicide in the media so that the risk of suicide for others is not increased. The issue of copycat suicide is covered along with recommendations regarding the language to be used by journalists and guidelines on factual reporting. The guidelines are available to download at <http://www.ias.ie/>

EDUCATION SECTOR

Responding to Critical Incidents: Guidelines for Schools (2008)

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

National Education Psychological Service, Department of Education and Science

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

<http://www.education.ie/home/home.jsp?pcategory=33437&category=33450&language=EN>

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

http://www.education.ie/servlet/blobServlet/c10023_2010.pdf

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

http://www.education.ie/servlet/blobServlet/c10022_2010.pdf

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

Trinity College Dublin and HSE

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

http://www.tcd.ie/Student_Counselling/mental_health_manual/mental%20health%20manual-FINAL.pdf

<http://www.usi.ie/images/usidocuments/mentalhealthstrategy.pdf>

YOUNG PEOPLE

Deliberate Self Harm – Information for Young People

Health Service Executive South, NOSP

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

<http://www.healthpromotion.ie/publications/index.php>

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

Health Service Executive South, NOSP

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

<http://www.healthpromotion.ie/publications/index.php>

Learning about Mental Illness for Children (2004)

SHINE and Barnados' National Children's Resource Centre. A booklet designed specially for children whose parent, brother or sister are experiencing mental ill health.

<http://www.shineonline.ie/index.php/publications>

RESEARCH

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

National Suicide Research Foundation.

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

<http://www.nsrif.ie/reports/CurrentStudies/YoungPeoplesMentalHealthReport.pdf>

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

MWHB/NSRG/NSRF.

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

www.nosp.ie/male_perspective.pdf

Youth Suicide Prevention: Evidence briefing (2004)

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

A review of reviews about the effectiveness of public health interventions to prevent suicide among young people.
http://www.nosp.ie/youth_suicide.pdf

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

Dept. of Health and Children, 2005.

A qualitative evaluation of the college alcohol policy initiative undertaken by the Health Promotion Unit of the Dept. of Health and Children.
http://www.healthpromotion.ie/uploaded_docs/Clan_survey1.pdf

Mental Health in Ireland: Awareness and Attitudes (2007)

National Office for Suicide Prevention

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

http://www.yourmentalhealth.ie/index.php?option=com_content&task=view&id=2&Itemid=2

Inquested Deaths in Ireland (2007)

National Suicide Research Foundation

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

www.nsrif.ie/publications.htm

Institutional Child Sexual Abuse (2007)

National Suicide Research Foundation

This research will help to set out a way forward by identifying risk and protective factors for survivors of abuse.
www.nsrif.ie/publications.htm

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

Health Research Board

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

www.hrb.ie/publications/hrb-publication/publications//305/

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

National Office for Suicide Prevention

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

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

Teenage Mental Health - What Helps - What Hurts (2009)

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

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

<http://www.omc.gov.ie/viewdoc.asp?CatID=13&mn=&StartDate=1+January+2009>

Supporting LGBT Lives (2009)

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

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

An evaluation of Zippy's Friends (2010)

Health Promotion Research Centre, National University of Ireland, Galway

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

http://www.nuigalway.ie/health_promotion/research/publications.htm

JOURNALS

Crisis: The Journal of Crisis Intervention and Suicide Prevention

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

<http://www.hogrefe.com/index.php?mod=journals>

Irish Medical Journal

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

<http://www.imj.ie//DTIndex.aspx?tabindex=0&tabid=1>

British Medical Journal

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

<http://group.bmj.com/products/journals/>

Irish Journal of Psychological Medicine

Ireland's only peer-reviewed clinical psychiatry journal supporting original Irish psychiatric and psychological research. <http://www.ijpm.org/>

British Journal of Psychiatry

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

<http://bjp.rcpsych.org/>

American Journal of Psychiatry

Peer-reviewed articles focus on developments in biological psychiatry as well as on treatment innovations and forensic, ethical, economic, and social topics.
<http://ajp.psychiatryonline.org/>

Suicide and Life Threatening Behaviour

Official journal of American Association of Suicidology.
Devoted to emergent theoretical, clinical and public health approaches related to violent, self-destructive and life-threatening behaviours.
http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/jnsl.htm&dir=periodicals/per_psych&cart_id=

Archives of Suicide Research

The official journal of the *International Academy of Suicide Research* (IASR), is the international journal in the field of suicidology. The journal features original, refereed contributions on the study of suicide, suicidal behavior, its causes and effects, and techniques for prevention. The journal incorporates research-based and theoretical articles contributed by a diverse range of authors interested in investigating the biological, pharmacological, psychiatric, psychological, and sociological aspects of suicide.
www.tandf.co.uk/journals/titles/13811118.asp

International Journal of Culture and Mental Health

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

Appendix 5

Relevant Legislation

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

1. The Criminal Law (Suicide) Act 1993, states in section 2:
 - (i) Suicide shall cease to be a crime.
 - (ii) A person who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide, shall be guilty of an offense and shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years.

2. Statutory Instrument No. 150 of 2001 – Medicinal Products (Control of Paracetamol) Regulations, 2001
Explanatory Note: (This is not part of the instrument and does not purport to be a legal interpretation).
These Regulations impose further restrictions on the sale of medicinal products containing paracetamol. In general, these Regulations
 - (i) Prescribe maximum pack sizes for products when sold in pharmacies and in non-pharmacies.
 - (ii) Prescribe cautionary and warning statements which must appear on all packs.
 - (iii) Prohibit the sale of paracetamol products in automatic vending machines.
 - (iv) Prohibit the sale of paracetamol products in nonpharmacy outlets when a second analgesic component is concerned.
 - (v) Prohibit the sale of multiple packs of paracetamol in the course of a single transaction.
 - (vi) Prohibit the sale of paracetamol products unless they are in blister packs or equivalent form of packaging.

3. Health (Miscellaneous Provisions) Act 2001 states in section 4:
The Minister for Health and Children shall, not later than 9 months after the end of each year beginning with the year 2002, make a report to each House of the Oireachtas on the measures taken by health boards during the preceding year to prevent suicides.

Appendix 2

Websites

WEBSITE	ORGANISATION	DESCRIPTION
www.3Ts.ie	3ts	Turning the Tide of Suicide
www.aware.ie	Aware	Helping to Defeat Depression
www.barnardos.ie	Barnardos	Bereavement Counselling for Children is a service for children and young people who have lost someone close to them
www.belongto.org	BeLonG To	An organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between 14 & 23
www.bodywhys.ie	Bodywhys	Provides support to people affected by eating disorders
www.cso.ie	Central Statistics Office	
www.console.ie	Console	Supporting those bereaved by suicide
www.crosscare.ie	Crosscare	The Social Care Agency of the Dublin Diocese
www.dhsspsni.gov.uk	Department of Health, Social Service & Public Safety, Northern Ireland	
www.education.ie	Department of Education & Skills	
www.dohc.ie	Department of Health & Children	
www.glen.ie	GLEN	Gay and Lesbian Equality Network
www.grow.ie	Grow	Mental Health Movement in Ireland
www.hse.ie	Health Service Executive	
www.healthpromotion.ie	Health Service Executive	Online ordering service for HSE publications
www.inspireireland.ie	Inspire Ireland Foundation	An online information service to help young people aged 16-25
www.iasp.info	International Association for Suicide Prevention	
www.irishadvocacynetwork.com	Irish Advocacy Network	
www.ias.ie	Irish Association of Suicidology	
www.lenus.ie	Lenus	Irish Health Repository
www.livinglinks.ie	Living Links	Supporting those bereaved by suicide
www.livingworks.net	Living Works	Information on ASIST training (suicide intervention) and other programmes
www.mentalhealthireland.ie	Mental Health Ireland	
www.nosp.ie	National Office for Suicide Prevention	
www.yourmentalhealth.ie	National Office for Suicide Prevention	Website promoting positive mental health
www.letsomeoneknow.ie	National Office for Suicide Prevention	Website promoting positive mental health for young people

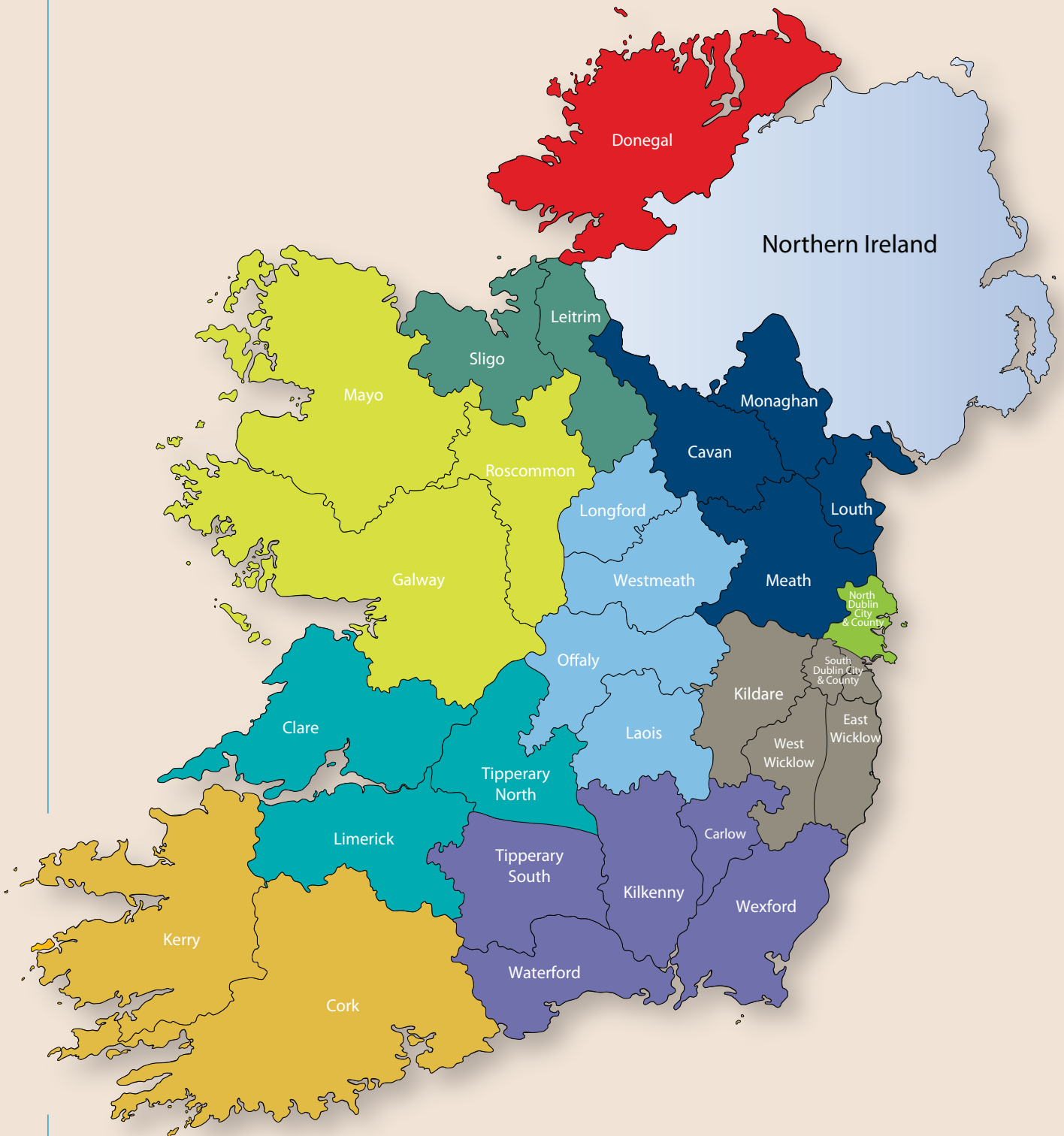
WEBSITE	ORGANISATION	DESCRIPTION
www.nsrif.ie	National Suicide Research Foundation	
www.pieta.ie	Pieta House	Centre for the Prevention of Self-Harm or Suicide
www.publichealth.hscni.net	Public Health Agency Northern Ireland	
www.reachout.com		
www.samaritans.org	Samaritans	
www.seechange.ie	See Change	To reduce stigma and challenge discrimination associated with mental health
www.seniorhelpline.ie	Senior Helpline	A confidential listening service for older people by older people
www.shineonline.ie	Shine	Supporting People Affected by Mental Ill Health
www.sphe.ie	SPHE	Social, Personal and Health Education, as part of the curriculum, supports the personal development, health and well-being of young people
www.spunout.ie	SpunOut	An interactive website providing health, lifestyle information and signposting to support services
www.suicideorsurvive.ie		
www.turn2me.ie	Turn2me	
www.teenline.ie	Teenline	
www.who.int	World Health Organisation	
www.1life.ie		

Appendix 3

Key Contacts

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

Appendix 4
Suicide Prevention Resource Officers



South Dublin City & County, Kildare, Wicklow

Ms Imelda Halton

Resource Officer for Suicide Prevention
52 Broomhill Road,
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Appendix 6

Definition of Key Terms

Mental Health Promotion

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

Deliberate Self Harm (DSH)

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

Suicidal Behaviour

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

Suicide

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

Suicide Prevention

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

Appendix 7

List of Abbreviations

A and E

Accident and Emergency

AITHS

All Ireland Traveller Health Study

ASIST

Applied Suicide Intervention Skills Training

CD-ROM

Compact disc, read only memory

CEO

Chief Executive Officer

CPD

Continuing Professional Development

CSO

Central Statistics Office

EAAD

European Alliance Against Depression

EAG

Expert Advisory Group on Mental Health

EASR

European Average Standardised Rate

EU

European Union

DAP

Crosscare's Drugs and Alcohol Programme

DCU

Dublin City University

DoHC

Department of Health and Children

DSH

Deliberate self harm

DUMP

Dispose of Unwanted Medicines Properly

GLEN

Gay and Lesbian Equality Network

GP

General practitioner

HRB

Health Research Board

HSE

Health Service Executive

IAS

Irish Association of Suicidology

IASP

International Association for Suicide Prevention

ICGP

Irish College of General Practitioners

IPH

Institute for Public Health

IPS

Irish Prison Service

LGBT

Lesbian Gay Bisexual Transgender

MABS

Money Advice and Budgeting Service

NEPS

National Educational Psychological Service

NGO

Non Governmental Organisations

NHO

National Hospitals' Office

N.I.

Northern Ireland

NOSP

National Office for Suicide Prevention

NRDSH

National Registry of Deliberate Self harm

NSRF

National Suicide Research Foundation

NSRG

National Suicide Review Group

NUI

National University of Ireland

NUIG

National University of Ireland Galway

NUJ

National Union of Journalists

PCCC

Primary, Continuing and Community Care

ROI

Republic of Ireland

RTAs

Road Traffic Accidents

SI

Schizophrenia Ireland

SPHE

Social, Personal and Health Education

STORM

Skills Training on Risk Management

SVP

St Vincent De Paul

T4T

Training for Trainers

VEC

Vocational Educational Committee

WHO

World Health Organisation

WNO

Winning New Opportunities

YSI

Young Social Innovators

Concerned About Suicide

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

The Warning Signs

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

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

Associated Risk Factors

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

How to Respond

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

Show You Care

Offer support and let them know you care.

Say something like:

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

Ask the Question

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

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

Call For Help

Encourage them to look for help:

'Let's talk to someone who can help'

'I will stay with you until you get help'

'You're not alone and there are people who can help you out of this situation'

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

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



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National Office for Suicide Prevention

Population Health

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