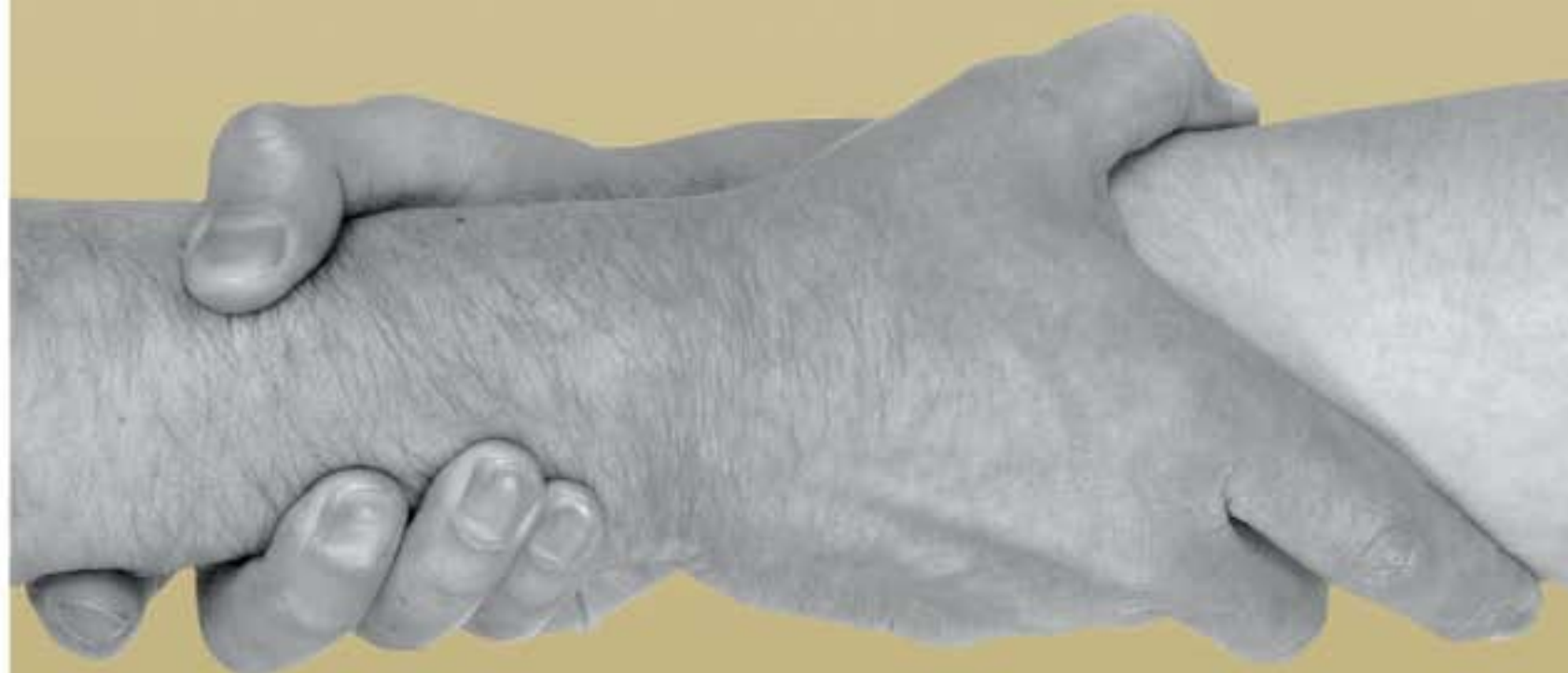




Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Office for Suicide Prevention

Annual Report 2008



**Reducing suicide requires
a collective, concerted effort
from all groups in society**

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- The staff of the National Office for Suicide Prevention
- The Central Statistics Office

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Introduction

Suicidal behaviour continues to be a significant public health issue in Ireland. The latest figures for death by suicide from the Central Statistics Office show a small ongoing reduction in the last 3 years. Given population growth in that period the rate of suicide per 100,000 population is the lowest since 1993, when suicide was decriminalised. These reductions give some cause for optimism that the actions being taken to prevent suicide at local and national level are beginning to impact.

However, recent data for 2008 from the National Suicide Research Foundation shows an increase of 8% in self harm presentations to our hospital emergency departments. International evidence shows a strong link between self harm, particularly repeated self harm, and suicide. Whilst it is too early to say whether the increase in self harm will be reflected in an increase in suicide data for 2007 and 2008 we must continue to implement actions which we expect will hold down or reduce our numbers of suicides.

Reach Out - The National Strategy for Action on Suicide Prevention sets out the strategic context for reducing the high level of suicide in Ireland. The report identifies four strategic areas aimed at:

- The whole population
- Target groups who may be vulnerable
- Responding to those affected by suicide
- Research and information requirements

This report comments on each of the 26 action areas in Reach Out summarising key actions taken in 2008. The report also highlights key achievements which have led to a more coordinated and systematic approach across both the HSE and our partner organisations. These are

- The publication of the 'Review of General Bereavement Support and Specific Services Available Following Suicide Bereavement' and the proposed national standards which should be developed
- The funding of projects through the HSE Innovation Fund which will provide a benchmark for the development of technology based responses in suicide prevention
- The national consultation undertaken by the Office of the Minister for Children regarding young people's views of mental health

- A pilot study in Cork of the Coroners involvement in responding to suicide
- The establishment of the Health and Education interdepartmental group to set a standardised approach to mental health work in schools
- The Department of Education's publication of revised guidance for schools on critical incident response, including suicide

I am grateful to the many organisations whose sustained efforts continue to see the implementation of elements of the Reach Out strategy relevant to them. Suicide prevention requires coordinated action by many at local and national level. No one agency can address all the issues but together we will make a difference

I hope that the actions reflected in this annual report, the 4th since the launch of Reach Out in 2005, will be an encouragement to everyone to continue the important work being undertaken to prevent the tragedy of suicide.



Geoff Day
Director
National Office for Suicide Prevention

Suicide Prevention - Key achievements in 2008

The publication of the Review of General Bereavement Support and Specific Services Available following Suicide Bereavement.

Following publication of the report in 2008, the office completed a further consultation day with key stakeholders from the voluntary and statutory services on how the recommendations from the review could be implemented. In line with the recommendation of the review Draft Guidelines for Developing a Quality Framework for Suicide Bereavement Services were developed in 2008. In 2009 these will be implemented on a pilot basis in Console, a national organisation providing support to those bereaved by suicide. The review is available to download at www.nosp.ie.

HSE Innovation Fund

The funding of five projects through the HSE Innovation Fund will provide a benchmark for the development of technology based responses in suicide prevention. All five projects progressed well throughout 2008 and their outcomes will be evaluated in 2009 - in collaboration with the HSE Innovation Fund Monitoring and Evaluation Committee. The projects are:

- Project 1 Samaritans SMS text support service
- Project 2 Counselling directory website
- Project 3 BeLonG To's online emotional support service
- Project 4 'Please Talk': mental well-being in higher education
- Project 5 Online treatments for depression

The national consultation on young people's views of mental health

In 2008 a series of open space meetings, on the subject of 'teenage mental health' were hosted by the Office of the Minister for Children and Youth Affairs (OMCYA). Young people between the ages of 12 and 18 attended the consultations in five locations around the country. Participants were broadly representative of age and social background. The report on the consultation was published in early 2009. www.omc.gov.ie

A pilot study in Cork of the Coroners involvement in responding to suicide

The National Office for Suicide Prevention (NOSP) commissioned the National Suicide Research Foundation (NSRF) to develop a

model to obtain detailed information on all suicide deaths and possible suicide deaths requiring an inquest. In consultation with the Coroners Society of Ireland a Suicide Support and Information System (SSIS) was developed, and a pilot study commenced with Coroners in Cork. The main objectives are to address information about risk factors associated with suicide and support following death by suicide. The specific objectives of the SSIS are to:

- Identify and better understand the causes of suicide
- Improve provision of support to the bereaved
- Identify and improve the response to clusters of suicide, filicide-suicide and familicide
- Better define the incidence and pattern of suicide in Ireland

The Health and Education inter-departmental group on setting standardised approaches to mental health work in schools

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

The Department of Education revision of the guidance for schools on critical incident response, including suicide

In 2003 the National Educational Psychological Service (NEPS) produced a resource pack to help school staff in responding to unexpected and traumatic events. In 2008 the service published a second edition of this resource pack, *Responding to Critical Incidents: Guidelines for Schools and an accompanying booklet Responding to Critical Incidents Resource Materials for Schools*. This edition contains a section specifically addressing suicide. The guidelines are available at www.neps.ie

1. Policy Context

National

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

Reach Out - National Strategy for Action on Suicide Prevention

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

The strategy calls for a multi-sectoral approach to the prevention of suicidal behaviour 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

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 NOSP gave evidence to the committee in July 2008.

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.

In October 2007 the National Office for Suicide Prevention (NOSP) and the National Suicide Research Foundation (NSRF) were invited to join a group of world experts in Kosovo in order to advise clinicians, researchers and government in Kosovo about suicide and self harm research and practice.

The NOSP extended an invitation to Vera Remskar, Executive Director, Foundation Together - Regional Center for Psychosocial Well-being of Children and member of the recently established Kosovo Suicide Prevention Group, to a study visit in Ireland in April 2008. This study visit would further assist the Kosovars in developing their approach. Suicide and self harm rates in Kosovo are relatively low and the awareness of a potential problem at this early stage allows them to take preventative measures to maintain low rates. It also provides us with the opportunity of testing the portability of our data collection system and analysis to a European country which seeks to develop a comprehensive data collection system on self harm.



Minister Jimmy Devins, DOHC, Geoff Day, Director NOSP and the Delegation from Kosovo

2. Suicide Prevention Network in Ireland

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



Figure 1 Suicide Prevention Network

Department of Health and Children

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

The department was a partner in the development of *Reach Out* and continues to support its implementation, primarily through the Mental Health Division of the department.

www.dohc.ie

HSE Population Health Directorate

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

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

HSE PCCC / NHO

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

Interdepartmental Sub Committee on Mental Health

'Reach Out' clearly identifies in action area two of the strategy, the education setting as a key area for mental health promotion and suicide prevention. In 2008, the interdepartmental subcommittee on health between the Department of Health and Children and the

Department of Education and Science established a subgroup on mental health. The group will oversee the implementation of 'Reach Out' actions and other relevant national health and education policy pertaining to suicide prevention and mental health in the education setting.

Technology for Wellbeing Group

A guiding principle of the *Reach Out* strategy is to harness the positive potential of Information and Communications Technology to provide support. *The Technology for Well-Being* network, first convened by the NOSP in 2007, was established to bring together providers of support services related to mental health and well-being who use technology in delivering those services. The network was established in order to share learning, develop good practice and encourage the integration of a range of accessible services in Ireland. Through their website www.technologyforwellbeing.ie the network aims to provide up to date information regarding technology issues relating to well-being, from a national and international perspective. A further aim of the network is to provide guidance for other organisations that are looking to integrate and establish technology based services into their own existing support services.

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.

National Research Network

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

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 (appendix 5) which was considered and endorsed by NI/ROI Ministers.

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 2 for Resource Officers contact details.

National Advisory Group

Reach Out recommends that "a steering group comprised of key individuals who can offer their expertise to guide the work of the National Office should also be appointed". The National Advisory Group for the National Office for Suicide Prevention is comprised of individuals with expertise and experience in a range of disciplines relevant to suicide prevention work. The function of the group is to provide strategic direction and guidance to the National Office for Suicide Prevention in implementing *Reach Out*. The terms of reference and membership of the Group is listed in Appendix 4.

3. Progress Report - Suicide Prevention Activities 2008

This section reports on activities throughout 2008 under the Action Area headings in Reach Out.

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

Level A - General Population Activities

Area 1 - The Family

In North Dublin through the HSE Bereavement Service a pilot bereavement support group for mothers was established - some of whom were bereaved through suicide.

Area 2 - Schools

In 2008, in response to Action 2.1 the interdepartmental subcommittee on health between the Department of Health and Children and the Department of Education and Science established a subgroup on mental health. The group will oversee the implementation of 'Reach Out' actions and other relevant national health and education policy pertaining to suicide prevention and mental health in the education setting.

The terms of reference of the group are to

- Review the evidence of international best practice in relation to Mental Health Promotion/Suicide Prevention in schools and education settings
- Develop an Inter Departmental framework for Mental Health Promotion/Suicide Prevention in schools and other education settings.
- Develop appropriate guidelines on Mental Health Promotion/Suicide Prevention for use in schools and other education settings

In 2003 the National Educational Psychological Service (NEPS) produced a resource pack to help school staff in responding to unexpected

and traumatic events. In 2008 the service published a second edition of this publication, *Responding to Critical Incidents: Guidelines for Schools and an accompanying booklet Responding to Critical Incidents Resource Materials for Schools*. This edition contains a section specifically addressing suicide. The advice and information contained in these publications is based on research in the area of critical incidents and the experience of psychologists and schools with experience of primary prevention and postvention work in mental health promotion and suicide prevention. NEPS offered training to teachers in the area of social and emotional development and creating positive approaches to behaviour, using the Incredible years Teacher Classroom Management programme.

www.neps.ie

Social, Personal & Health Education (SPHE) is one of the curriculum areas of the Primary School Curriculum (1999) and is implemented in all primary schools. SPHE is also a mandatory part of the curriculum for all students in the junior cycle of post-primary schools. The development of a curriculum framework for senior cycle SPHE was well advanced at the end of 2008. SPHE seeks to promote positive personal development of young people, including general health and mental health.

'Working Things Out' (WTO) through SPHE, a mental health resource pack for use by SPHE teachers was published in January 2008. The resource contains a book with lesson plans and an interactive DVD containing the personal stories of nine adolescents who have successfully managed difficult problems in their lives including depression, bullying, phobias and eating problems. The resource aims to increase emotional literacy, improve support seeking skills and effective decision-making in relation to personal problems. It is intended to be used in the context of the Emotional Health module of the junior-cycle SPHE programme.

In addition to the Emotional Health workshops provided by the SPHE Support Service (Post-Primary), in 2008 the Support Service organised and delivered a series of other workshops for teachers of SPHE that focused on relevant themes such as personal safety (bullying, homophobia and the internet), bereavement and loss, substance use and young people. A workshop for principals was

organised in the mid-west region which explored the concept of 'the Emotionally Healthy School'. These workshops are organised and delivered on an annual basis.

A section in 'The Guidance Counsellor's Handbook' entitled 'Suicide Prevention In Schools', was circulated to guidance counselors by the National Centre for Guidance in Education (NCGE) in April 2008. The document was adapted from a document prepared for SUPRE, the World Health Organisation's worldwide initiative for the prevention of suicide. This document provides very valuable information for guidance counsellors, management and staff of post-primary schools, including facts about suicide and young people in Ireland, protective factors, risk factors, psychiatric disorders, identification of at risk young people and managing suicidal students. It also provides a list of resources for suicide prevention in schools and a list of references.

The NOSP presented its review of school based programmes on mental health promotion and suicide prevention to the Annual National Educational Psychological Service conference in December 2008.

A pilot of the Zippy's Friends Programme has commenced in 40 primary schools in Donegal, Sligo, Leitrim and Galway. Zippy's Friends is a 26 week positive mental health promotion programme for 6 and 7 yr old children. It is based on the principle of teaching young children how to deal with difficulties so that they learn the skills to cope with problems which may occur in adolescence and adulthood. This is the first dedicated mental health promotion programme targeting this age group in Primary Schools in Ireland and is being supported by the Dept of Education and Science and the NOSP. The programme has been integrated as part of the SPHE curriculum in the primary schools in which has been piloted. The pilot is being evaluated by the Centre for Health Promotion Studies, National University of Ireland, Galway and will be completed in 2009.

County Limerick VEC in partnership with the HSE developed a Student Support/Crisis Response Training for Post Primary Schools. The development of Crisis Response structures have been identified as a core resource in promoting the mental health of students in

post-primary school settings. Student Support Teams have a brief to identify and respond to a range of critical life issues such as bereavement, suicide, substance misuse, and bullying and child protection issues.

Participants develop skills and share knowledge in order to respond to attempted suicide and completed suicide in a coordinated way promoting at all times the wellbeing of the student. To date forty schools throughout Limerick City & County, Clare and North Tipperary have participated in Student Support/Crisis Response training.

Under the umbrella of the European Alliance Against Depression (EAAD), 28 trainee guidance counsellors attended a Gatekeeper Awareness Training Programme on Depression and Suicidal Behaviour in the Cork and Kerry region in 2008. Independent evaluation using a pre-post design showed that knowledge about symptoms of depression and level of confidence in dealing with suicidal people had improved significantly. This initiative is part of the Four-level Community Based Intervention Study on Depression and Suicidal Behaviour conducted by the National Suicide Research Foundation (NSRF) www.nrsf.ie

Saving Effectively Young Lives in Europe (SEYLE).

In 2008, the NSRF was a successful co-applicant for a new EC funded, evidence based health promoting programme for adolescents in European schools. The programme is developed by a consortium of 12 countries: Austria; Estonia; Germany; Hungary; Ireland; Israel; Italy; Romania; Slovenia; Spain and Sweden (co-ordinating centre)

- Objective 1. Gather information on health, well-being and values in European adolescents.
- Objective 2. Perform interventions in adolescents leading to better health.
- Objective 3. Evaluate outcomes of interventions in comparison with a control group/ minimal intervention.
- Objective 4. Recommend effective culturally adjusted models for promoting health of adolescents in different European countries.

Area 3 - Youth Organisations and Services

The NOSP participated in the panel discussion at the annual Dáil na nÓg after the Dáil agreed

that a mental health awareness campaign was one of their top priorities for action in 2008. Given the Dáil na nÓg interest in mental health and suicide prevention work, the NOSP and the Office of the Minister for Children and Youth Affairs recognised the importance of working together to address the issue of mental health and young people in 2008. In the autumn a series of Open Space meetings, organised by the OMCYA, on the issue of 'teenage mental health' were held throughout the country. Two hundred and seventy seven young people between the ages of 12 and 18 attended the consultations in centrally located venues in Athlone, Sligo, Cork, Limerick and Dublin. Participants were broadly representative of age and social background. The report on the consultation was published in early 2009.

www.omc.gov.ie

The Young Social Innovators (YSI) is supported by the HSE Health Promotion Department and NOSP through an annual funding agreement. In 2008 341 projects were submitted by 159 schools and Youthreach centres. Of the projects submitted 39% were on health related issues, including mental health and suicide prevention. The YSI Showcase runner up project was from St Josephs School, Rochfortbridge. Their theme 'Feeling low?,let someone know' focussed on the idea of encouraging young people to seek help. The students also presented their project to the NOSP annual forum and RTEs Nationwide programme ran a feature on their work.

www.ysi.ie

Spunout continued to receive supported from the HSE Health Promotion Departments and NOSP through an annual funding agreement. SpunOut provides a safe online space for young people helping them to deal with the issues they face whilst growing up and encouraging them to make a positive contribution to the world around them.

SpunOut.ie had over 270,000 visitors in 2008, one million pageviews and twice featured on national television news. Over 400 articles were published on the site and there were over 7000 discussion forum posts. A reference group was established in 2008 led jointly by the NOSP and Health Promotion to allow for HSE staff to contribute to website content and to improve the reach of SpunOut as a health promoting resource throughout the HSE.

www.spunout.ie

The HSE West completed a pilot mental health programme 'Mindout', targeted at early school leavers through Youthreach centres. The programme is adapted from the evidence based 'Mindmatters' programme. The evaluation funded by NOSP and completed by NUI Galway demonstrated that young people who participated in the programme had improved help seeking skills, coping skills and improved awareness of mental health and stress related situations.

Training in Mental Health Promotion and Suicide Awareness was delivered by the Suicide Resource Officers in Sligo, Leitrim, Donegal, Offaly and Westmeath to Foroige, Youth Reach and other youth leaders.

Learner Support/Crisis Response Training developed by Co. Limerick VEC in partnership with the HSE. The aim was to enable participants to develop skills and share knowledge to respond to attempted suicide and completed suicide in a coordinated way promoting at all times the wellbeing of the learner. This was delivered to staff of Youth Organisations throughout Co. Limerick

In Galway an innovative new community-based network has been developed for young people aged 15-25 to achieve better mental health and wellbeing. The project, known as Jigsaw, aims to integrate and harness the best of mental health expertise and supports for young people that are already available within the community. It also seeks to design and implement innovative, evidence-based programmes, policies and practices so that young people are better able to seek help and support in accessible settings where they feel respected and safe. The project is being supported by Headstrong, The National Centre for Youth Mental Health, the HSE and Mental Health Ireland.

Training in the "Getting It Together" programme was delivered to youth workers and tutors from Youthreach. Getting It Together is an emotional wellbeing resource developed by young people from Donegal and Derry and National Children's Bureau and funded by CAWT.

Volunteers from youth organisations, and youth crisis accommodation workers attended a Gatekeeper Awareness Training Programme on Depression and Suicidal Behaviour in the Cork

and Kerry region in 2008. Independent evaluation of the effectiveness of the training programme using a pre-post design, showed that knowledge about symptoms of depression and level of confidence in dealing with suicidal people had improved significantly.

10 staff members from the Youth Association, Ogra Chorcaí, completed a Train-The-Trainer programme in order to roll out the Gatekeeper Training Programme in their organisation.

www.nrsf.ie

Area 4 - Third Level Education Settings

In association with the Nursing Department, University of Limerick, an eight hour training programme on suicide risk assessment and management was delivered to third year mental health student nurses. Understanding Self-Harm was delivered to fourth year mental health student nurses in the Nursing Department, University of Limerick.

Area 5 - Workplaces

The veterinary profession has a higher rate of suicide than any other professional working group. In addition, veterinary practitioners are gatekeepers who over their working life may come in contact with individuals in distress particularly in a rural setting. In 2008, the NOSP developed a partnership with Veterinary Ireland aimed at improved awareness of mental health and suicide prevention among the profession. As a first step they are developing their website, VetAegis, which provides advice, education, guidance, information and support on stress, addiction, health, family and other life event matters

www.veterinaryireland.ie/Non-Members/Vet_Support.html

Mental Health and Suicide Awareness sessions were delivered to staff of Laois County Council with over 75 staff attending over 2 sessions.

In 2008 Dell, based in Limerick, held a number of suicide awareness sessions. The awareness session incorporates understanding suicidal risk factors, warning signs and responding to suicidal feelings and behaviour. ASIST, a 2-day skills based workshop that helps prepare individuals of all backgrounds to provide emergency first aid, life-assisting interventions to persons at risk of suicide, was also delivered in Dell.

Area 6 - Sports Clubs and Organisations

SpunOut cooperated with GAA county football teams in Sligo, Leitrim and Donegal in order to promote positive mental health amongst young males.

Area 7 - Voluntary and Community Organisations

Voluntary sector and community groups have an important role to play across all aspects of suicide prevention, from mental health promotion to crisis intervention and bereavement support as 'Gatekeepers'. This action areas aim is to increase a community's general knowledge and understanding about the nature of suicidal behaviour. Gatekeeper training was delivered to approximately fifty people in locations throughout Co Limerick.

Partnerships with VEC's and other Community Development Projects facilitated the delivery of a further 8 such programmes in towns and villages throughout the Midlands.

The Sligo / Leitrim Better Mental Health for All Partnership, developed and launched the leaflet: 'Walking Back to Happiness' to promote the mental health benefits of walking and exercise. A research project is being developed in Sligo which aims to measure the benefits of walking on people's mental health.

The Ferbane Suicide Action Group in Offaly has formed a committee which has met on a number of occasions. This group is developing and planning both prevention and postvention activities to support their community. The Mullingar Suicide Outreach Project is also very active and has a number of developments planned to support their local community. Their first initiative, the start up of a suicide bereavement support group, has now commenced with facilitation by Living Links support workers.

In Cork under the umbrella of the European Alliance Against Depression (EAAD), 15 Community Facilitators (including Gardai, HR managers, social workers) completed a Train-The-Trainer programme to increase awareness on Depression and Suicidal Behaviour and to implement a Gatekeeper training programme in their organisations. This initiative is part of the

Four-level Community Based Intervention Study on Depression and Suicidal Behaviour conducted by the National Suicide Research Foundation (NSRF).

www.nrsf.ie

Area 8 - Church and Religious Groups

In 2007, NOSP engaged in a consultation process to establish what training programmes/systems in relation to mental health promotion and suicide prevention programmes are in existence across Ireland. The consultation aimed to identify gaps in current provision and or issues to be addressed in the future. One of the main outcomes of the consultation process was that priests and other members of the religious communities have a key role to play in promoting positive mental health, helping to prevent suicide and providing bereavement support where necessary. In 2008 the NOSP met with Archbishop Diarmuid Martin, to see how the NOSP could further work with religious communities in the area of suicide prevention.

Area 9 - Media

In 2008 collaboration began between Samaritans, the Irish Association of Suicidology, Headline, the Regional Agency for Health Promotion and Social Well-Being Northern Ireland (formerly the Health Promotion Agency) and the NOSP to develop a revised edition of 'Guidelines for the Portrayal of Suicide in the Print Media'. It is expected that the revised guidelines will be finalised in 2009.

In September 2008, a collaborative NOSP-NSRF submission on guiding principles for the reporting of suicide was made to the Press Council of Ireland as part of a Public Consultation on the Reporting of Suicide by the Press.

www.presscouncil.ie

Headline monitors the Irish print media for coverage of articles relating to mental health and suicide, in 2008 there were 19,337 articles in Irish print media. Headline continued to work with editors and journalists, including the National Union of Journalists, and media students to find ways to collaborate to ensure that suicide, mental health and mental illness are responsibly covered in the media.

www.Headline.ie.

Headline sponsored a category called the

Headline Award for Journalism Relating to Mental Health or Suicide Prevention in the 2008 Smedia awards (Student Media Awards). The award was created to encourage the next generation of journalists to accurately and responsibly report on these issues. Carl O'Brien, the Social Affairs Correspondent with The Irish Times was the judge for the award. The winner of the 08 award was Andrea Gilligan from NUI Galway for her winning piece entitled "The long day is over".



Andrea Gilligan Smedia 08 winner

Area 10 - Reducing Stigma and Promoting Mental Health

The NOSP continued to develop the 'Your Mental Health' positive mental health awareness campaign in 2008. This campaign, focused on disseminating a positive mental health message through mainstream media advertising, online activity, distribution of the campaign information booklet and, most importantly through collaboration with NOSP partner agencies.

Specifically, the 'flagship' component of the campaign, the television advertisement, was broadcast across three periods in 2008: in January, March/April and again in September/October. The campaign radio advert also aired during these periods of campaign activity. The television advert was also adapted for cinema broadcast and a four week advertising campaign in Irish cinemas commenced in May.

The campaign website - www.yourmentalhealth.ie - was re-developed in 2008 to incorporate enhanced information on mental health and mental illness. The website averaged 1400 unique visitors per month. The campaign's profile on the social networking website Bebo continued to prove popular

throughout 2008 with the number of profile views heading towards 40,000 by the end of the year. The profile consistently maintains around 1300 registered 'friends' and features a different mental health-related topic every few weeks. The profile is moderated on a daily basis and a detailed moderation guidance document was agreed in 2008.

Other significant developments included co-branding with BeLonG To, Samaritans and The Psychiatric Nurses' Association. Collaboration with colleagues in Northern Ireland was also developed in 2008 through partnership with the Department of Health, Social Services and Personal Safety and the Health Promotion Agency (now called the Regional Agency for Public Health and Social Well-Being). Specifically, the HSE was co-branded on a new positive mental health television advertisement targeting young men.

A national mental health promotion training programme was delivered in 2008 by the NOSP in partnership with Health Promotion personnel within the HSE and the voluntary sector. The programme focused on delivering mental health promotion training, improving the mental health of individuals and a second skills based module is been developed to support the development of mental health promotion programmes at a community level. The training was linked to delivery of key recommendations on mental health promotion in 'Vision for Change'.

Area 11 - Primary Care and General Practice

A pilot project, similar to the Cluin Mhuire early intervention service for self harm/suicide in South Dublin was established in Wexford. Both projects are working together using a common data collection set with the intention of providing comparable research at the end of the funding period. Interim results from the Cluin Mhuire project indicate that early intervention both improves the outcome for users and reduces the need for admissions to hospital.

The ICGP in partnership with the HSE Health Promotion Department developed and delivered a one day skills based training programme on interventions with individuals in crisis. The aim of this training resource is to impart basic information and develop suicide intervention skills for general practitioners.

In December 2008, the NSRF delivered a training programme to 16 trainee GPs in the Cork and Kerry region with the aim of increasing their awareness, knowledge and skills in dealing with suicidal patients and those who engage in deliberate self harm.

Level B - Targeted Activities

Area 12 - Deliberate Self Harm

In 2008, the NSRF was involved in preparing the first report on the Pilot Registry of Deliberate Self Harm in the Western Health and Social Services Board which covered deliberate self harm presentations to emergency departments in Northern Ireland. This cross border initiative is likely to lead to the development of an all island data base on self harm.

In 2008 the NOSP continued to provide funding for specialist nurses working in hospital emergency departments to provide an early follow up to presentations. These services place a particular emphasis on those who repeatedly self harm as this is a strong indicator for suicide. Temple Street Hospital was the latest to receive funding in 2008 for their SPACE Programme.

The NSRF was a partner in a study investigating reasons for adolescent deliberate self-harm. A cross-sectional survey using an anonymous self-report questionnaire was carried out in seven countries (Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway). Data on 30,477 school pupils between the ages of 14-17 were analysed. Past year and lifetime deliberate self-harm were assessed, along with the self-reported reasons for deliberate self-harm. The results showed that 'wanted to get relief from a terrible state of mind' and 'wanted to die' were most commonly reported. Principal component analysis indicated two underlying dimensions in the reasons for deliberate self-harm, i.e. a cry of pain motive and/or a cry for help motive. The majority of self-harmers reported at least one cry of pain motive ('to die', 'to punish myself', and 'to get relief from a terrible state of mind') and an additional cry for help motive ('to show how desperate I was feeling', 'to frighten someone', 'to get my own back on someone', 'to find out whether someone really loved me', and 'to get some attention'). Females reported more reasons than males. Only females

showed an age difference, with girls aged 16-17 more frequently reporting a cry for help motive.

Area-13 Mental Health Services

Developed in Manchester by Professor Louis Appleby and his team, STORM is a high quality, evidence-based practical course, designed to improve confidence, skills and knowledge in both the assessment and management of clients at risk of self-harm and suicide. STORM comprises of 4 modules; Assessment, Crisis management, Problem solving and Crisis prevention. Seventeen workshops were delivered to health service staff across the country in 2008.

In February 2008, the NSRF delivered a training programme to 21 trainee Psychiatrists in the Cork and Kerry region with the aim to increase their awareness, knowledge and skills in dealing with suicidal patients and those who engage in deliberate self harm.

Area-14 Alcohol and Substance Abuse

Substance Awareness Education Officers presented a session in the Gatekeepers Community Education Programme. This is attended by parents, teachers and the general public. 8 such programmes have been delivered throughout Laois, Offaly, Longford and Westmeath in various towns and villages during 2008.

A number of agencies working with young people, from both business and youth work arenas have developed a programme to promote both self care and care for others when 'out and about' in the city. This initiative aims to coordinate and promote existing projects within the city (e.g. Responsible Serving of Alcohol, NUIG Craic, MEAS Designated Driver, Road Safety Authority Drink Driving campaigns etc), as well as building on and learning from other national campaigns or initiatives in other areas around Ireland.

Area 15 - Marginalised Groups

Throughout 2008, BeLonG To continued to support the development of LGBT youth groups around the country. Groups are supported through accessing a Start-up Pack and LGBT Youth Group Accreditation Scheme,

ensuring high levels of professionalism and good youth work practise are developed and sustained. During 2008, BeLonG To supported groups in Galway, Limerick, Dundalk, Waterford and Donegal. All of these groups operate with a similar and shared ethos, and have the main aim of providing a 'safe space' for youth, as well as encouraging and facilitating peer support among young LGBT people.

In 2008 BeLonG To's National Network of LGBT Youth Groups was developed. In October, President of Ireland, Mary McAleese addressed the networks first meeting in Galway.



President McAleese at the BeLonG To National Network Meeting

BeLonG To worked with the NOSP and GLEN to complete Supporting LGBT Lives, the largest ever study of mental health and wellbeing amongst LGBT people in Ireland, with a particular emphasis on young people. This study was completed in 2008 and launched in 2009.



The launch of "Supporting LGBT Lives" February 2008

In 2008 Crosscare's National Traveller Suicide Awareness Project organised six regional seminars in Limerick, Macroom, Enniscorthy, Tullamore, Tuam and Dublin. These seminars included the support of local traveller projects and organisations such as Samaritans, Living Links, Console and the HSE Regional Suicide Resource Officers. Over 300 travellers attended the seminars to promote awareness about the issue of suicide and supports available to the community.

Crosscare visited over twelve local traveller projects which provided an opportunity for projects to identify their hopes fears and training needs around the issue of traveller suicide. Some of the training needs identified were:

- Pavee Point to develop training for Primary health care workers which is traveller specific
- The Irish Traveller Movement to develop a youth worker pilot training programme on mental health awareness.

Area 16 - Prisons

In 2007, the Irish Prison Service (IPS) and the Health Promotion Department HSE Dublin North East developed a pilot training programme for prison service personnel on suicide prevention and mental health promotion. The programme is titled ***Suicide Training Outline for the Prisons (S.T.O.P.)***. In 2008, a pilot (training for trainers) programme was delivered to key training personnel in the HSE and the Irish Prison Service. In 2009 the IPS and the HSE will implement the training programme on a national basis across the prison service.

The Suicide Resource Officer in North Dublin coordinated various agencies to provide health promotion information for prisoners on the medical wing of Mountjoy Prison during the month of August 2008.

Area 17 - An Garda Síochána

The NOSP made a submission to An Garda Síochána regarding training for probationary and full time members of An Garda Síochána. The submission highlighted the need for training on suicide prevention and postvention for members of the force.

Area 18 - Unemployed People

Presentations have been delivered to participants on back to work schemes such as, Working Towards Employment Portlaoise, Westmeath Community Development and Portlaoise Action Group. These presentations included mental health, suicide and deliberate self-harm awareness programmes.

Initial planning for the implementation of the Winning New JOBS Programme (WNJ) in HSE West commenced in 2008. WNJ is a 20 hour training programme which targets unemployed people. It has been extensively evaluated in

Donegal and the USA, Finland and the Netherlands and has shown positive outcomes in terms of job search efficacy and reemployment as well as reducing the negative mental health consequences of unemployment.

Area 19 - People who have experienced Abuse

Following the publication of the first phase of a study on *Institutional Child Sexual Abuse and Suicidal Behaviour* in November 2007, further work was conducted in 2008 in relation to phase two of the study. The National Suicide Research Foundation was commissioned by the National Office for Suicide Prevention to undertake a case-control psychological autopsy pilot study comparing cases of suicide to a control group of people who are currently alive and who resided in institutions as children, on the prevalence of mental and physical health problems, and negative life events.

Preliminary findings indicate that risk factors for suicidal behaviour include alcohol/substance abuse, social isolation, lack of experience of forming attachments or developing coping skills by those who had entered the institutions, a feeling of anti-climax following their settlement from the Redress Board. Protective factors included the ability to form lasting relationships or marriage, having children, education, being in employment and having the support of a survivor group. Evidence was found for trans-generational transmission of the effects of abuse and related traumatic experiences.

The study is expected to provide new insights into the effects of institutional care on people's mental and physical health and suicidal behaviour. More specifically, it is expected that the study will contribute to early identification of people who are at risk of suicide and contribute to the development of suicide prevention programmes for this specific group. It is expected that the study will also provide information on possible trans-generational effects of childhood institutional care, for example, the prevalence of mental health difficulties, ineffective coping skills and relationship difficulties among children of institutional care survivors.

Area 20 - Young Men

In Clare and Limerick, an 'Emotional Health Awareness' Programme (four 90 minute sessions delivered over four consecutive weeks) was developed and delivered. It targeted two separate groups of vulnerable young men and women aged between 18-25 years. The development of this programme was aided by the completion of the two days 'Mental Health Promotion Training' which was organised by NOSP to educate appropriate staff involved in the development and delivery of Mental Health Promotion related initiatives.

Area 21 - Older People

In partnership with the National Council of Ageing and Older People, the NOSP developed an information booklet specifically for older person which was based on the information booklet for the 'Your Mental Health' campaign. The booklet was distributed to GPs and the public. The booklet is available on www.nosp.ie

Area 22 - Restricting and Reducing Access to Means

In 2002 a steering committee of the then South Western Area Health Board (SWAHB), identified the Disposal of Unused Medication Properly (DUMP) project as a potential way of restricting access to means for suicide, deliberate self-harm, accidental poisoning in children and preventing environmental pollution. The main focus of the DUMP campaign has always been the prevention of suicide and deliberate self harm. From an initial group of six pharmacies in 2002, now every pharmacy in the former SWAHB is a part of the DUMP initiative, which urges consumers to 'Dispose of Unused Medication Properly' and attempts to achieve this by encouraging patients to return unused medicines to their local pharmacy.

The quantity of pharmaceuticals collected in the pilot for six weeks was 108kg. This rose significantly to 4.47 tonnes for the first full year of collection (2004) when all pharmacies were involved. Year on year, the quantity being collected has increased significantly with a total of 12 tonnes collected in 2007. The project is also available in other HSE areas, i.e. the Midlands and the Cork/Kerry region.

In 2008, the Medicines and Healthcare products Regulatory Agency (MHRA) in the UK approved a research proposal by the National

Suicide Research Foundation and provided funding to investigate the impact of the withdrawal of distalgesic (co-proxamol) on fatal and non-fatal intentional drug overdoses in Ireland. The research is conducted in 2 phases and will be completed in 2009:

- Phase 1: The impact of the withdrawal of distalgesic on non-fatal intentional drug overdoses,
- Phase 2: The impact of the withdrawal of distalgesic on fatal intentional drug overdoses.

Level C - Responding to Suicide

Area 23 - Support following Suicide

In 2008, the NOSP published its review of general bereavement support and specific services available following suicide bereavement. Following publication of the report, the office completed a further consultation with key stakeholders from the voluntary and statutory services on how the recommendations from the review could be implemented.

www.nosp.ie

A community response to suicide was coordinated in three local communities in the mid western region. The basis for responding included support for the community and individuals in crisis. The aim of the community response is the prevention of further deaths by suicide. The response to the crisis involved identifying all concerned in the community. The crisis response was conducted in a manner that avoided glorifying the suicide. Where possible individuals at risk were identified and appropriate services identified. A timely flow of accurate, appropriate information was made available to the family and community.

Area 24 - Coroner Service

The National Office for Suicide Prevention (NOSP) has commissioned the National Suicide Research Foundation to develop a model to obtain detailed information on all suicide deaths and possible suicide deaths requiring an inquest. The Suicide Support and Information System SSIS will operate in close collaboration with the revised Irish coroner's system which is currently being legislated for. The SSIS will obtain data on suicide deaths shortly after conclusion of the inquest. It will support the

provision of information on suitable support services to the bereaved. It will obtain relevant data on factors associated with the death and the deceased in an appropriately sensitive and confidential manner from sources including coroners, the family, general practitioners and mental health professionals.

The specific objectives of the Suicide Support and Information System are to:

- Identify and better understand the causes of suicide
- Improve provision of support to the bereaved
- Identify and improve the response to clusters of suicide, filicide-suicide and familicide
- Better define the incidence and pattern of suicide in Ireland

In order to facilitate routine access to information from coroner's records at national level, the NSRF in collaboration with the NOSP submitted a proposal to the New Coroner's Bill in February 2008 and presented the proposal to the Minister of Justice.

Through the submission it is proposed that a system such as the Suicide Support and Information System would contribute to the enhancement of public health and safety, including facilitating the collection, compilation and use of data for national health information systems.

Level D - Information and Research

Area 25 - Information

In partnership with NOSP, Google hosted a workshop in March titled 'Using the internet as a channel for promoting positive mental health and suicide prevention'. The workshop was attended by many voluntary organisations working in suicide prevention. The aim of the workshop was to update participants on how technology can be used to reach particular target audiences such as young people.

Technology for Well-Being is a group which was established because of a shared interest in developing the internet and its related technologies for mental health promotion, education and service delivery. The group is interested in working to contribute to the safe and ethical development of initiatives for

promoting wellbeing, including positive mental health, within interactive internet environments, including those environments dominated by user-generated content. More information on the group is available from www.technologyforwellbeing.ie

In April 2008, the National Suicide Research Foundation published the first issue of the NSRF Research Bulletin. The aim of the NSRF Research Bulletins is to provide regular updates of new research findings to agencies and professionals working in suicide prevention, health care and community services, in order to enhance the evidence base for suicide prevention programmes and related work. In 2008, 3 Issues of the NSRF Research Bulletin were published covering the following themes:

- Risk of repeated deliberate self harm following presentation at emergency departments due to self harm,
- Drugs used in deliberate self harm and risk of repetition
- The impact of alcohol on seasonal patterns of deliberate self harm.

Area 26 - Research

In 2008 the NOSP engaged with a newly established network of research managers which was convened by the National Disability Authority. Other agencies represented include the Central Statistics Office, Citizen's Information Board, the Economic and Social Research Institute and the Health Research Board. Among the primary aims of the network is to share information and avoid duplication of research activity

In 2008, the NSRF was a successful co-applicant of EU funding for an evidence based suicide prevention programme comprising a consortium of 12 centres in 10 countries. This programme aims to review and evaluate current strategies for suicide prevention, and to combine the strategies for which evidence is available, including strategies targeting the general population, as well as interventions designed to target high-risk groups

A cross-sectional study using an anonymous self-report questionnaire was administered in 39 schools in Cork and Kerry. This study was part of the Child and Adolescent Self Harm in Europe (CASE) study, which has been conducted in 6 regions across Europe and one

region in Australia. The study revealed that a relatively large proportion (9.1%) of adolescents aged 15-17 years reported a lifetime history of deliberate self harm, the majority engaging in self-cutting (66.0%) followed by overdose of medication (35.2%). Girls were three times more likely to have harmed themselves than boys. A remarkably low percentage (15.3%) of adolescents who engaged in deliberate self harm had been in contact with the health care services. The findings underline that there is an urgent need to address the issue of deliberate self harm among Irish adolescents.

www.nsrif.ie

In 2008, the NSRF published the results of a randomised controlled trial which was conducted to investigate the effectiveness of a brief cognitive-behavioural intervention (12 sessions) among 90 adolescents and adults aged 15-35 years who had engaged in one or more acts of DSH. The brief CBT intervention was found to be effective for both DSH patients with no history of previous DSH episodes and for those with recurrent and chronic self harm with a high risk of repetition and high levels of psychiatric comorbidity. The positive treatment effect is important given the high suicide risk following self harm.

The NSRF published a study investigating the association between optional thinking (the ability to generate alternative solutions to interpersonal problems) in deliberate self-harm (DSH) patients and repeated self-harm. Approximately two-thirds (63.1%) of the sample had engaged in at least one act of DSH prior to their index episode. During follow-up 31 individuals (20.4%) repeated. History of self-harm was significantly associated with prospective repetition when considered alongside all the other predictor variables. Among first ever, low scores on the optional thinking test were significantly associated with the increased risk of repetition within 12 months.

The NSRF was a partner in an international comparative study addressing differences between adolescents who engage in deliberate self-harm (DSH) and who receive help following the DSH episode versus those who do not. A standardised self-report questionnaire was completed by pupils aged 14-17 in Australia, Belgium, England, Hungary, Ireland, The Netherlands, and Norway (n=30 532). An act of DSH in the year prior to the study was reported by 1660 participants. Nearly half (48.4%) had

not received any help following DSH, 32.8% had received help from their social network only and 18.8% from health services. Except for Hungary, cross-national comparisons revealed remarkably similar findings. Adolescents who had been in contact with health services following DSH reported more often a wish to die, lethal methods, alcohol/drug problems and DSH in the family compared to those who had not. However, those who received no help or help from their social network only were also heavily burdened.

An international comparative study was carried out under the umbrella of the European Alliance Against Depression with the aim to identify the most frequent gender-specific suicide methods in Europe. Data on seven different suicide methods were obtained for 119,137 male and 41,342 female suicide cases from 2000 until 2004/5 from 16 countries participating in the EAAD, covering 52% of the European population. The results showed that hanging was the most prevalent suicide method among both males (54.3%) and females (35.6%). For males, hanging was followed by firearms (9.7%) and poisoning by drugs (8.6%). For females, the second most frequently used method of suicide was poisoning by drugs (24.7%) and jumping from a high place (14.5%).

In order to identify risk and protective factors among persons who resided in institutions as a child the NOSP commissioned the NSRF to conduct a pilot case-control psychological autopsy study. The aim was to compare adults who resided in industrial schools as children and subsequently died by suicide with a control group of adults who resided in industrial schools as children who had not taken their lives. The study aims to improve knowledge on risk and protective factors associated with suicide among persons who resided in institutions as a child. This will enhance early identification of people at risk of suicide and contribute to the development of suicide prevention programmes for this specific group. Moreover, this will be one of the first studies to address negative effects of the industrial school system for next generations, i.e. children and grandchildren of former residents of industrial schools. The study objectives are in line with priorities of "Reach Out". In 2008, all interviews with control group participants were completed. The interviews with next of kin of people who died by suicide will be completed in 2009.

www.nsrif.ie

4. Partnership development and capacity building

Training and Education

In 2008, the NOSP in partnership with the health promotion agency of Northern Ireland commissioned an all island evaluation of the ASIST training programme. The evaluation which will report in 2009 will examine the impact of the skills based training programme and will inform further targeting of the programme. In 2008 a further three thousand participants attended ASIST workshops, this brings the total number of ASIST trained persons to twelve thousand in the Republic of Ireland. A number of ASIST coordinating sites are providing refresher training for anyone trained prior to 2006.

The NOSP in partnership with regional HSE resource officers for suicide prevention published a standardised national suicide prevention awareness training resource. The aim of this training resource is to impart basic information and develop awareness of the issues around suicide. The resource comprises ten modules and can be utilised as a community gatekeepers training programme or for undergraduate third level training for health and social care professionals.

2008 NOSP Annual Forum

The NOSP 3rd Annual Forum meeting held in Kilmainham on 9th April 2008 had as its consultative theme 'Listening to young people's perspective on Youth Mental Health and Suicide'. The participants held round table discussions followed by a question and answer session involving a panel of young people from Headstrong, Young Social Innovators, BelongTo, Dail na nOg, Spun Out and Bodywhys. The key themes emerging from the panel discussion were:

- How can we optimise youth participation in the promotion of positive mental health?
- Why young people do not access existing services and how do we make sure young people from different ethnic and marginalised groups can access services.
- Should we use the internet/technology more to help or access young people?



The Youth Panel at the 3rd NOSP Annual Forum, April 2008

HSE Innovation Fund

In June 2008 the NOSP made a successful bid for HSE Innovation Fund support to drive five separate but related Technology for Well-Being projects. All five projects progressed well throughout 2008 and it is planned that the group of projects will be evaluated in 2009 - in collaboration with the HSE Innovation Fund Monitoring and Evaluation Committee.

Project 1 Samaritans SMS text support service

This service aims to facilitate the development of SMS text support in all twelve Samaritans branches in the Republic of Ireland. Training for volunteers to offer emotional support via text message is now incorporated into Samaritans Initial Training (Part 2) and that is now ongoing with every intake of new volunteers as from September 2008. Initially, project evaluation will take the form of measuring the number of SMS contacts per branch, then moving onto measuring text volumes against publicity levels in each branch area.

www.samaritans.org

Project 2 Counselling directory website

Crosscare's Drug & Alcohol Programme (DAP) focused on the development of a website called www.counsellingdirectory.ie. The website will be ready for registration from early 2009 while the full website with counsellors' contact details will be available to the public from June 2009. The overall purpose of this project is to create a national online database of fully qualified and accredited counsellors / psychotherapists and professional counselling centres operating in Ireland. The website would also provide information in flash video format regarding the counselling process, the different counselling approaches and the relationship between the counsellor and the client.

Project 3 BeLonG To's online emotional support service

BeLonG To's Online Emotional Support service, a first of its kind in Ireland, provides easily accessed online emotional support by trained professionals through a secure email connection. The planning and development of the service culminated in a launch just prior to the end of 2008. Promotional plans include print media, through bars and clubs and through the face to face BeLonG To groups www.belongto.org

Project 4 'Please Talk': mental well-being in higher education

'Please Talk' promotes the message that speaking is a sign of strength, not of weakness, and urges students to speak to someone if they're experiencing any difficulties while at college. The campaign's website www.pleasetalk.ie provides a directory of the services available to students in one location that is easy to navigate. It was initiated by the University Chaplaincy and Students' Union in University College Dublin and went on to involve a range of university support services before expanding out to other colleges and universities. In March 2008 the seven Irish universities organised a national launch of the campaign. As well as supporting events on the various college campuses throughout the country, the 'Please Talk' team developed partnerships with agencies such as 3CN the Chaplaincy Network, the Confederation of Student Services in Ireland and the Irish Association of University and College Counsellors.

Project 5 Online treatments for depression

The Student Counselling Service in Trinity College is working on the implementation of a randomised controlled trial examining the efficacy of two different online approaches to treating depression among students. In 2008 the research project was granted ethical approval, clinical staff were trained and recruitment / implementation protocol was agreed. The respective treatments are:

- Condition 1 - Online asynchronous counselling following a cognitive behavioural therapy protocol for the treatment of depression (therapist-led) and,
- Condition 2 - Self-directed computerised cognitive-behavioural therapy software for the treatment of depression (client-led).

Following contact from 80 students and subsequent screening 33 students were allocated to one or other treatment between October and December 2008. The research design and protocol was presented at both the Irish Association of Suicidology and the Psychological Society of Ireland conferences in 2008. Early results are expected to be available to the NOSP in 2009.

Cross-border working

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

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

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

Actions completed or embedded include;

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

Further Action Area's

1. Training and Education

ASIST (Applied Suicide Intervention Skills Training) is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers - health workers, teachers, community workers, Gardaí, youth workers, volunteers, people responding to family, friends and co-workers. Work on an all-island evaluation of ASIST Training has commenced and a full report is due to be completed in Autumn 2009.

2. Performance Indicators

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

3. Media monitoring /Guidelines

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

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

4. Men's Health Forum

The Men's Health Forum in Ireland (MHFI), in co-operation with the Institute of Public Health for Ireland, have been asked to develop a proposal for reaching out to vulnerable young men who are at risk of suicide and self-harm. In addition to an audit of ongoing work in this field, it is anticipated that the proposal will include, initially, the rollout of a pilot scheme in one of the jurisdictions. It is hoped to commence this work during 2009.

5. Registry of Self-Harm

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

Care Trust area in Northern Ireland. Evaluation of Phase 1 of the project is now complete and consideration is currently being given to extending the pilot to also cover the Belfast area.

6. Public awareness campaign

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

Emerging themes for future joint cooperation

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

5. Current mortality and self-harm data

National Suicide Mortality Data

In Ireland, the Central Statistics Office (CSO) classifies the causes of death each year. Up to the end of 2006, deaths were coded according to the 9th revision of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD 9). Since January 1st 2007, all registered deaths have been classified according to the 10th revision of the ICD. This classification system continues to distinguish external causes of death and natural causes of death. External causes include accidents, homicides, suicides and external deaths due to undetermined cause.

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

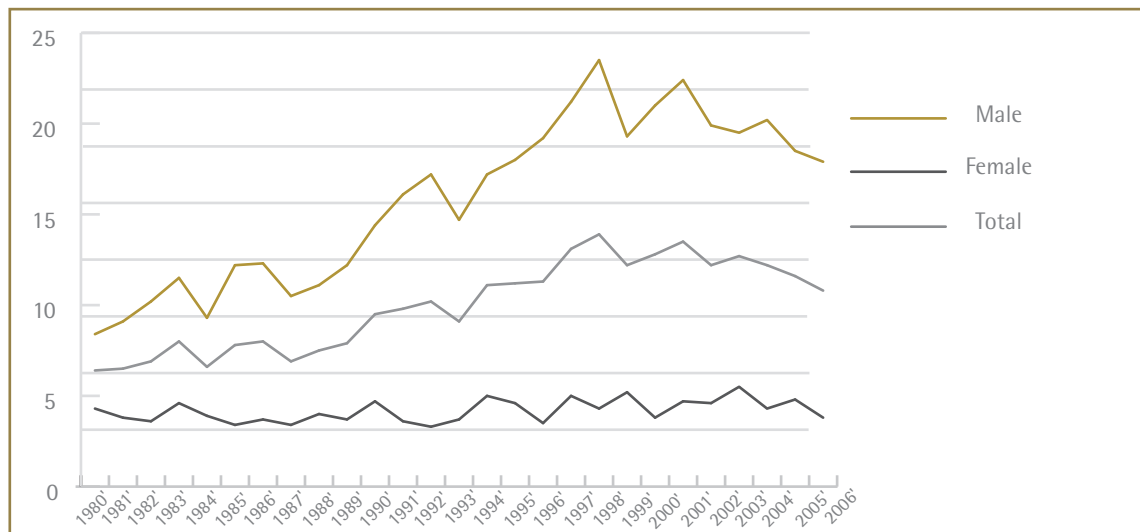
The data presented below in Tables 1, 2 and 3 include completed data by year of occurrence and also data by year of registration, which, it should be underlined, remain provisional. It should also, therefore, be underlined that these data are not comparable, i.e. 2007 and 2008 data are not comparable with the data for preceding years.

The data plotted in Figures 2, 3 and 4 and the data presented in Tables 4 and 5 are based on the five-year averages from 2002 to 2006, the most recent years for which completed data are available. Rates and percentages are presented in these figures and tables, rather than numbers, allowing for more meaningful comparisons across age groups.

Suicide rate trends by gender

Figure 2 below shows that suicide rates increased steadily from a relatively low base rate in the early 1980s to an unacceptable high in the late 1990s, peaking in 1998. There has been a leveling off of the suicide rate since then, although it is too early to assess whether this is significant and on going. The ratio of male to female suicide rates, of around 4 to 1, is apparent in Figure 2.

Figure 2. Suicide rate per 100,000 population by gender, 1980 to 2006

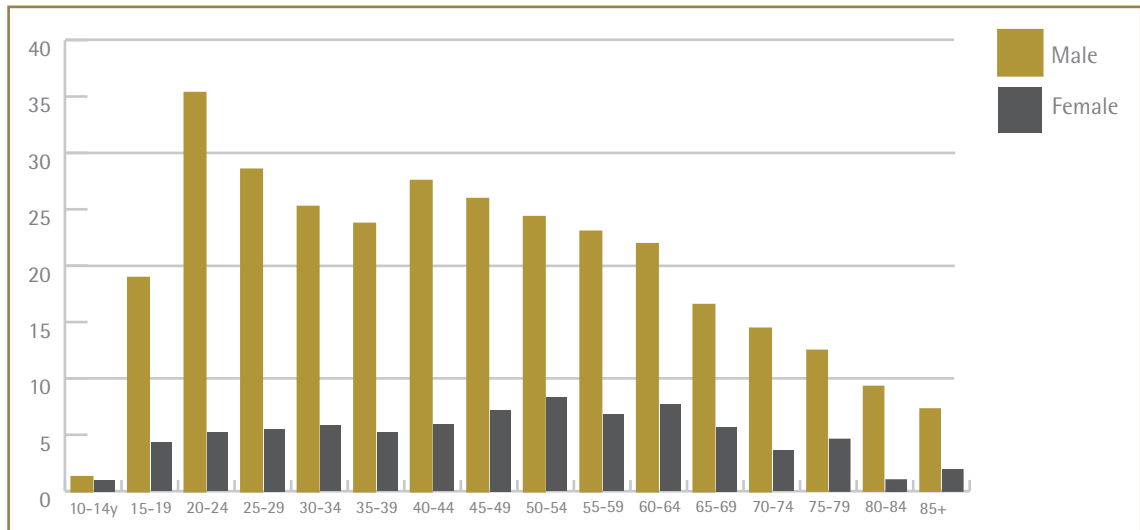


Age pattern of suicide rates

In the past, suicide was more common among older people. Now, however, the frequency of suicide is highest among men in their 20s. An emerging trend in very recent years is the peaking of suicide rates amongst men in their early, rather than late, 20s. This age pattern, as shown in Figure 3, further highlights the seriousness of the suicide problem from a public health point of view, especially when *years of potential life lost** are considered. The data plotted in Figure 3 are detailed in Table 4.

* Years of potential life lost is a health economics term used to describe the extent of premature mortality associated with different causes of death based on the age pattern of death.

Figure 3. Average annual suicide rate per 100,000 by age and by 5-year age groups (2002-2006)



Suicide and road traffic accident deaths are two of the biggest causes of premature death in modern Ireland. Both causes of death are particularly hard to come to terms with because of the awful sense that more can be done nationally to prevent them. Figure 4 shows that the rate of suicide deaths in Ireland has

exceeded that of RTA fatalities every year since 1997. As the causes of suicide and RTAs differ, so too must the nature of prevention efforts. However, the extent of our efforts to prevent both of these critical public health problems must be developed further.

Figure 4. Suicide rates compared with road traffic accident fatality rates, 1980-2006

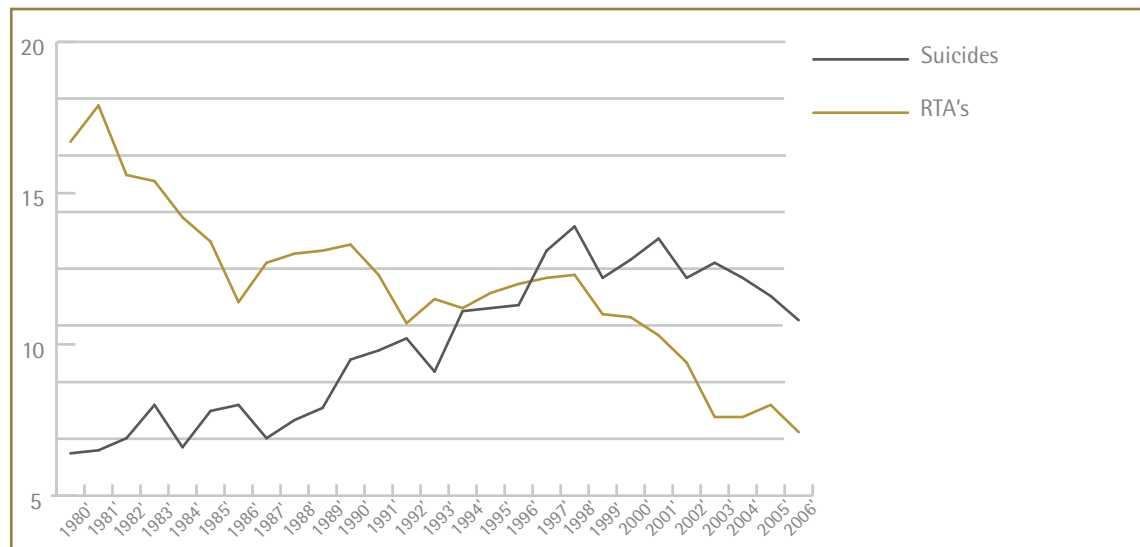


Table 1 Population rate of suicide and other causes of death.

Suicide, undetermined death, death by external cause, death by all causes, 2002-2006, per 100,000 total population

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2002	478	12.2	88	2.2	1768	45.1	29683	757.8
2003	497	12.5	87	2.2	1601	40.2	28823	724.4
2004	493	12.2	81	2.0	1594	39.4	28665	708.9
2005	481	11.6	134	3.2	1745	42.2	28260	683.6
2006	460	10.8	82	1.9	1664	39.2	28488	671.9
Provisional death data by year of registration								
2007	460	10.6	119	2.7	1676	38.6	28050	646.5
2008	424	9.6	181	4.1	1663	37.6	28192	637.5

Points of note:

- The suicide rate of 10.8 per 100,000 population for 2006 is the lowest in recent years.
- Suicide accounts for 1.7% of all deaths in Ireland each year i.e. one in every 59 Irish deaths is by suicide.
- There has also been a drop in the rate of all deaths from external cause in recent years (i.e. the combined rate for the following causes of death: suicide, accident, homicide and undetermined).
- The provisional suicide rate for 2007, 10.6 per 100,000, suggests that there may be an increase in the suicide rate when 2007 data are finalised.

Table 2 Male rate of suicide and other causes of death

Suicide, undetermined death, death by external cause, death by all causes, 2002-2006, per 100,000 population for males

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2002	387	19.9	67	3.4	1248	64.1	15390	790.8
2003	386	19.5	59	3.0	1108	56.0	14735	745.2
2004	406	20.2	60	3.0	1127	56.0	14801	735.9
2005	382	18.5	93	4.5	1239	60.1	14412	699.0
2006	379	17.9	68	3.2	1180	55.6	14605	688.5
Provisional death data by year of registration								
2007	378	17.4	88	4.1	1193	54.9	14299	658.6
2008	332	15.0	135	6.2	1183	53.6	14413	653.3

Points of note:

- The overall male death rate has declined in recent years along with a decline in death by suicide, undetermined deaths and 'deaths by external cause'.
- Suicide accounts for one in three 'deaths by external cause' among men
- Suicide accounts for 2.6% of all male deaths - put differently, one in every 38 male deaths in Ireland is by suicide.

Table 3 Female rate of suicide and other causes of death

Suicide, undetermined death, death by external cause, death by all causes, 2002-2006, per 100,000 population for females

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2002	91	4.6	21	1.1	520	26.4	14293	755.2
2003	111	5.5	28	1.4	493	24.6	14088	703.8
2004	87	4.3	21	1.0	467	23.0	13864	682.1
2005	99	4.8	41	2.0	506	24.4	13848	668.3
2006	81	3.8	16	0.8	484	22.8	13883	655.3
Provisional death data by year of registration								
2007	82	3.8	31	1.4	483	22.3	13751	634.3
2008	92	4.2	46	2.1	480	21.7	13779	621.9

Points of note:

- The overall female death rate has declined in recent years along with a decline in death by suicide, undetermined deaths and 'deaths by external cause'.
- Almost one in five female 'deaths by external cause' is by suicide.
- Suicide accounts for 0.7% of all female deaths in Ireland – or one in every 143 female deaths in Ireland is by suicide.

Table 4 - Average annual suicide rate by age and gender 2002-2006

Age Group	Persons	Males	Females
0-4	0.0	0.0	0.0
5-9	0.1	0.1	0.0
10-14	1.0	1.0	1.0
15-19	11.8	18.9	4.3
20-24	20.3	35.3	5.2
25-29	17.12	8.5	5.5
30-34	1.5	25.2	5.8
35-39	14.5	23.7	5.2
40-44	16.6	27.5	5.9
45-49	16.5	25.9	7.2
50-54	16.3	24.3	8.3
55-59	15.0	23.0	6.8
60-64	14.9	21.9	7.7
65-69	11.0	16.5	5.7
70-74	8.7	14.4	3.6
75-79	7.9	12.5	4.6
80-84	4.2	9.3	1.0
85+	3.6	7.3	1.9
Total	11.9	19.2	4.6

Points of note:

- Looking at 5-year age groups, the highest rate for the overall population is among 20 to 24 year olds.
- This peak is most pronounced among young young men, for whom the rate rises to 35.3 per 100,000 of the male population aged between 20 and 24 years old.
- The peak rate for females is in the early 50s, at 8.3 per 100,000 population.

Table 5 - Method of suicide by age and gender, 2002-2006*Persons*

Age Group	Poisoning	Hanging	Drowning	Firearms	Other	Total
	%	%	%	%	%	%
Under 15yrs	20	80	0	0	0	100
15-24	8	73	8	7	3	100
25-44	14	60	14	5	7	100
45-64	15	46	26	7	6	100
Over 64yrs	14	43	31	7	6	100
Total	13	58	18	6	6	100

Males

Age Group	Poisoning	Hanging	Drowning	Firearms	Other	Total
	%	%	%	%	%	%
Under 15yrs	13	88	0	0	0	100
15-24	7	75	8	7	4	100
25-44	12	64	12	6	6	100
45-64	13	50	23	8	6	100
Over 64yrs	8	49	27	9	7	100
Total	11	62	15	7	6	100

Females

Age Group	Poisoning	Hanging	Drowning	Firearms	Other	Total
	%	%	%	%	%	%
Under 15yrs	29	71	0	0	0	100
15-24	17	64	12	4	3	100
25-44	27	39	23	3	8	100
45-64	21	34	38	1	7	100
Over 64yrs	29	25	42	0	4	100
Total	23	41	28	2	6	100

Points of note:

- Hanging is the most common method of suicide in Ireland accounting for nearly three out of every five suicide deaths.
- The prevalence of suicide by hanging is more pronounced among younger people, suicide by drowning increases in prevalence among older people who die by suicide.
- The prevalence of different suicide methods in the population is reflected in the prevalence of suicide method among males, hanging being the most common method, followed by drowning.
- For females, suicide by hanging is also the most common method although less prevalent (41%), followed by drowning and poisoning (28 and 23% respectively).
- The most common methods of suicide in Ireland, hanging and drowning, are difficult to restrict access to, presenting a challenge in the prevention of impulsive suicidal acts involving those methods.
- Causes in the category 'other' include self-cutting and jumping from a high place.

International mortality data

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

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

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

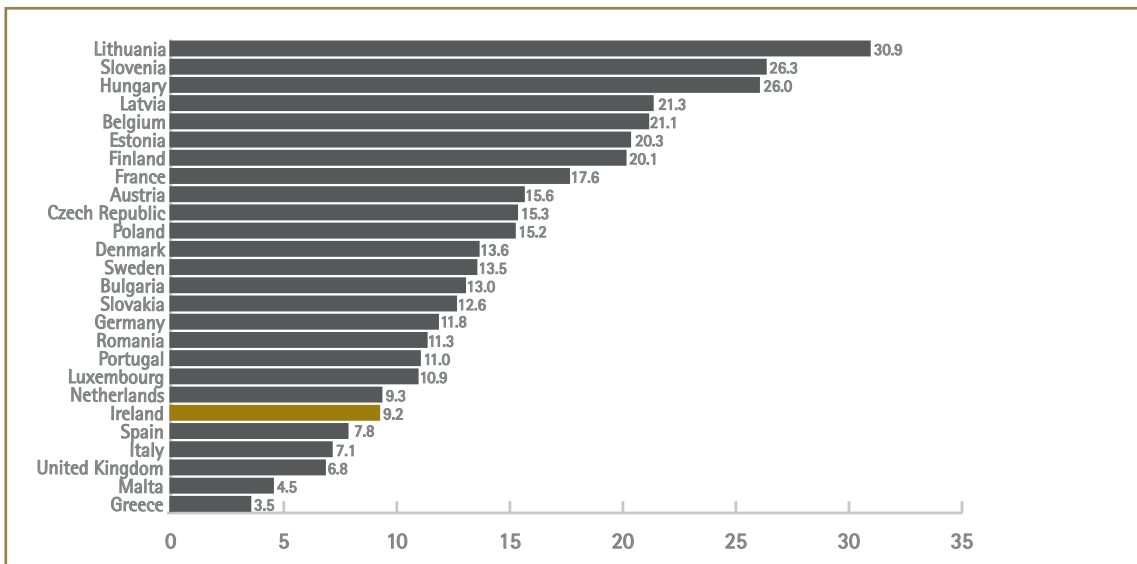
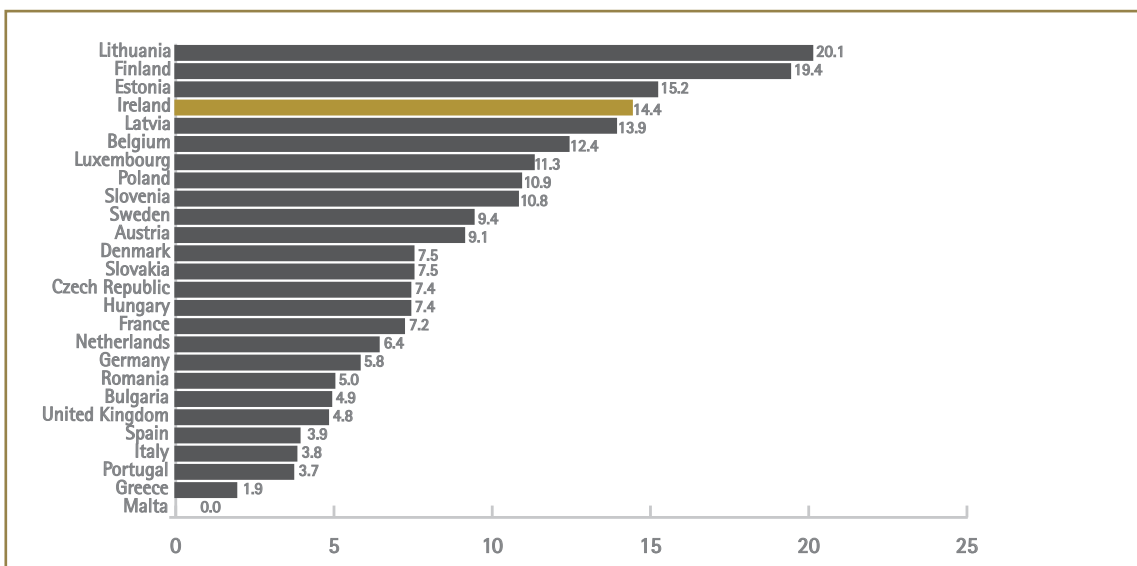


Figure 6. Youth suicide rate per 100,000 population, 15-24 year olds



National deliberate self harm data

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

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

Inclusion criteria

- All methods of self harm are included i.e., drug overdoses, alcohol overdoses, lacerations, attempted 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.

Data items

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

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

Registry coverage

In 2006, deliberate self harm data was collected from each HSE region in the Republic of Ireland (pop: 4,239,848). In 2006, deliberate self harm data was collected for the full calendar year for all 40 hospitals in the country with an emergency department. Thus, 2006 was the first year that the Registry has achieved complete national coverage of hospital emergency departments.

National deliberate self harm data 2006-2007

For the period from 1 January to 31 December 2006, the National Registry of Deliberate Self Harm (NRDSH) recorded 10,688 deliberate self harm presentations to hospital that were made by 8,218 individuals. Based on this data, the Irish person-based crude and age-standardised rates of deliberate self harm in 2006 were 194 (95% CI: 190 to 198) and 184 (95% CI: 180 to 189) per 100,000, respectively. Thus, the age-standardised rate in 2006 was 7% lower than it was in 2005 (198 per 100,000). This represents the third successive decrease in the Irish rate of persons presenting to hospital as a result of deliberate self harm. The rate

difference between 2006 and 2005 was -14 (95% CI: -20 to -7) per 100,000 indicating that the difference was statistically significant.

For the period from 1 January to 31 December 2007, the Registry recorded 11,084 deliberate self harm presentations to hospital that were made by 8,598 individuals. Based on this data, the Irish person-based crude and age-standardised rates of deliberate self harm in 2007 were 198 (95% CI: 194 to 202) and 188 (95% CI: 184 to 193) per 100,000, respectively. Thus, the age-standardised rate in 2007 was 2% higher than it was in 2006 (184 per 100,000). The rate difference between 2007 and 2006 was 4 (95% CI: -2 to 10) per 100,000 indicating that the difference was not statistically significant.

Variation by gender and age

The person-based age-standardised rate of deliberate self harm for men and women in 2006 was 160 (95% CI: 154-165) and 210 (95% CI: 204-216) per 100,000, respectively. Respectively, these male and female rates are 4% and 9% lower than in 2005. The rate differences between 2006 and 2005 were -7 (95% CI: -16 to 1) per 100,000 for men and -20 (95% CI: -29 to -10) per 100,000 for women. Thus, the decrease in the female rate was statistically significant whereas the male rate decrease just failed to reach statistical significance.

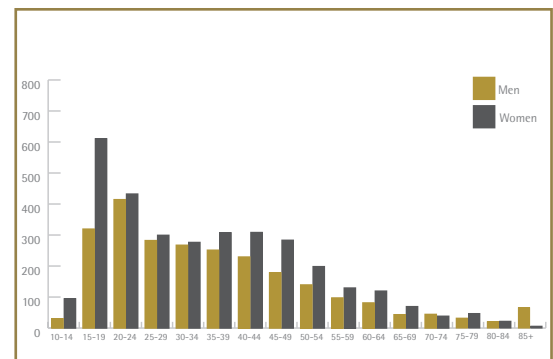
The person-based age-standardised rate of deliberate self harm for men and women in 2007 was 162 (95% CI: 156-168) and 215 (95% CI: 209-222) per 100,000, respectively. Respectively, these male and female rates are 2% and 3% higher than in 2006. The rate differences between 2007 and 2006 were 2 (95% CI: -6 to 10) per 100,000 for men and 5 (95% CI: -4 to 14) per 100,000 for women. Thus, neither change was statistically significant.

The female rate of deliberate self harm in 2006 and 2007 was significantly higher (+32% and +33%, respectively) than the male rate. The magnitude of the gender difference in 2006-2007 is slightly smaller than in previous years. In each of the years 2004 and 2005, the female rate was 37% higher than the male rate.

There was a striking pattern in the incidence of deliberate self harm when examined by age

(Figure 7). The rates were highest among the young. At 602 per 100,000, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 165 girls in this age group presented to hospital each year as a consequence of deliberate self harm. The peak rate for men was 392 per 100,000 among 20-24 year-olds. 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 44 year age range.

Figure 7 Person-based rate of deliberate self harm by age and gender per 100,000.



The extent of gender differences in the incidence of deliberate self harm varied with age. The female rate was more than three times the male rate in 10-14 year-olds and almost double the male rate in 15-19 year-olds. It was still higher than the male rate in 20-24 year-olds but by a small margin. The rates were almost identical in men and women aged 25-34 years whereas the female rate was significantly higher across the 35-64 year age group.

Variation by area

In 2006-2007, the incidence of deliberate self harm in male and female residents of the HSE Dublin/ North East Region was significantly higher than the national male and female rates of 161 and 213 per 100,000, respectively. In contrast, men and women living in the HSE West Region had significantly lower rates of deliberate self harm, as did women living in the HSE South Region (Figure 8).

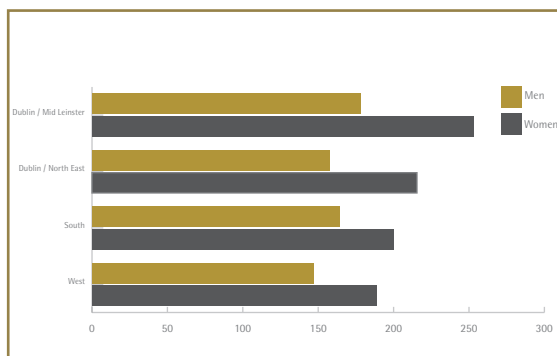
In each of the four HSE regions, the female rate of deliberate self harm was significantly higher than the male rate. The margin differed by region: +21%, +28%, +37% and +42% in the HSE South, West, Dublin/ Mid-Leinster and Dublin/ North East Regions, respectively. Each

of the four HSE regions observed a smaller gender difference in 2006-2007 than was observed in 2005.

Between 2005 and 2006, the 4% decrease in the national male rate of deliberate self harm just failed to reach statistical significance. The decrease in the male rate was most pronounced in the HSE Dublin/ North East (-9%) and South (-7%) Regions. The former was a statistically significant change. Between 2005 and 2006, the 9% decrease in the national female rate of deliberate self harm was statistically significant. As for the male rate, the decrease in the female rate was most pronounced in the HSE Dublin/ North East (-14%) and South (-15%) Regions, both of which were statistically significant changes.

There was a small increase in the national rate of deliberate self harm by men and women between 2006 and 2007. There were 5% and 7% increases in the male rate in the HSE Dublin/ Mid-Leinster and HSE West Regions, respectively, in contrast with a 5% decrease in the HSE Dublin/ North East Region. However, these changes were not statistically significant. The only notable change in the female rate at the regional level was the 9% increase in the female rate, from 181 to 197 per 100,000, in the HSE West Region. This change just failed to be statistically significant and the resulting rate was still significantly lower than the national female rate.

Figure 8 Deliberate self harm European age-standardised rate (EASR) per 100,000 in 2006-2007 by HSE Area and gender.



Method of deliberate self harm

Two thirds (66%) of all deliberate self harm episodes involved an overdose of medication 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 (57% of male episodes and 73% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased to 74% of all cases (65% of male episodes and 80% of female episodes). 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 (38%).

Cutting was the only other common method of self harm, used as the main method in one in five of all cases (21%). Cutting was significantly more common in men (26%) than in women (18%). In 76% of all cases that involved self-cutting, the treatment received was recorded. The majority (53%) received steristrips or steribonds, 10% did not require any, almost one in three (30%) required sutures while 6% were referred for plastic surgery. Men who cut themselves generally required more intensive treatment. They were twice as often referred for plastic surgery (9% vs. 4%) while half (49%) required steristrips or steribonds compared to 58% of female self-cutters.

Figure 9 - Method of self harm for males

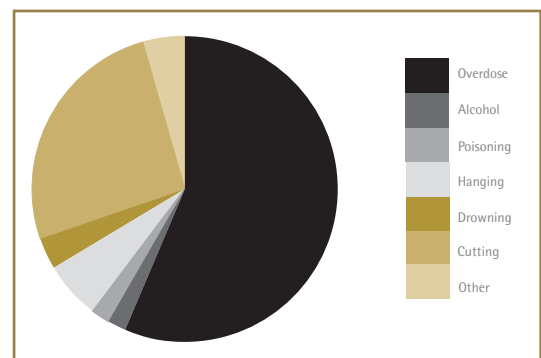
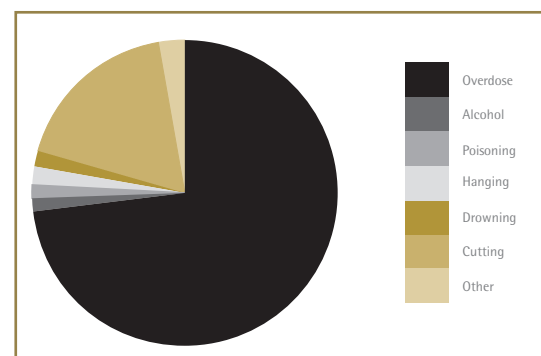


Figure 10 - Method of self harm for females



Repetition of deliberate self harm

There were 8,218 individuals treated for 10,688 deliberate self harm episodes in 2006 and 8,598 individuals treated for 11,084 deliberate self harm episodes in 2007. This implies that approaching one in four (2,470, 23.1% in 2006; 2,486, 22.4% in 2007) of the presentations in each year were due to repeat acts. Repeat acts accounted for 20.5% 22.2%, 21.4% and 19.3% of the deliberate self harm presentations to the hospitals monitored by the Registry in 2005, 2004, 2003 and 2002, respectively. Of the 8,218 deliberate self harm patients treated in 2006, 1,346 (16.4%) made at least one repeat presentation to hospital during the calendar year. Of the 8,598 deliberate self harm patients treated in 2007, 1,303 (15.2%) made at least one repeat presentation to hospital during the calendar year. These proportions are higher than the 14.3% 14.9%, 13.8% and 13.0% repetition rates reported for 2005, 2004, 2003 and 2002, respectively. At least five deliberate self harm

presentations were made by 116 individuals in 2006 and 121 individuals in 2007. These repeaters accounted for just 1.4% of all deliberate self harm patients in each year but their presentations represented 8.7% and 8.9% of all deliberate self harm presentations recorded in 2006 and 2007, respectively. In the years 2002-2005, such multiple repeaters accounted for 1.1-1.6% of all deliberate self harm patients and 7.3-9.5% of all presentations.

The rate of repetition varied highly significantly according to the main method of self harm involved in the deliberate self harm act (Table 6a and 6b). Cutting was associated with increased levels of repetition. In each of the years 2006 and 2007, more than one in five of those who used cutting as their main method of self harm at the time of their index act made at least one subsequent deliberate self harm presentation in the calendar year.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	5724	47	122	283	217	1583	242	8218
Number who repeated	870	5	26	41	15	352	37	1346
Percentage who repeated	15.2%	10.6%	21.3%	14.5%	6.9%	22.2%	15.3%	16.4%

Table 6a: Repeat presentation after index deliberate self harm presentation in 2006 by main method of self harm.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	5716	247	140	365	201	1641	288	8598
Number who repeated	764	42	19	55	31	342	50	1303
Percentage who repeated	13.4%	17.0%	13.6%	15.1%	15.4%	20.8%	17.4%	15.2%

Table 6b: Repeat presentation after index deliberate self harm presentation in 2007 by main method of self harm.

As in previous years, the rate of repetition was higher in men (17.1% in 2006; 16.2% in 2007) than in women (15.8% in 2006; 14.4% in 2007). Repetition varied significantly by age. One in nine (11%) deliberate self harm patients aged less than 15 years re-presented with self harm in the calendar year of their index presentation. The proportion who repeated increased with increasing age and was highest, at 18%, for 35-54 year-olds. The repetition rate fell sharply after that age - 7% of patients aged over 65 years made a repeat presentation in the calendar year of their index act.

6. 2008 and 2009 Development Plans

2008 Development Plan

Reach Out - A National Strategy for Action on Suicide Prevention was launched in September 2005, in June 2006 the Houses of the Oireachtas Joint Committee on Health & Children produced its seventh report on the *High Level of Suicide in Irish Society*. Many of its 33 recommendations reiterated those in *Reach Out* and recommended a small number of new actions. In developing the work plan for 2008 the NOSP has referenced any developments to the two documents described above.

The plan for 2008 was based on maintaining our existing commitments from previous years and implementing new actions within the resources available to the office.

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

Building on the initial campaign, launched in 2007, further broadcasting of the television and radio advertisements will take place. Targeted initiatives will be undertaken where resources permit. The NOSP will continue to work with other agencies including Console, Spunout and the National Disability Authority and within the HSE to ensure a coordinated and cost effective approach to our collective mental health awareness/anti stigma work. A detailed plan for 2008 will be developed.

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

The NOSP has set a target of ensuring that each hospital A and E department has access to a specialist nurse able to respond to self harm presentations and provide early follow up, assessment and referral.

Funding has been provided in previous years to enable all but two A and E departments to have such a service. In 2008 the office will ensure these services are in place and negotiate for the two remaining services to be developed.

Additionally the office will fund a major conference during the year on deliberate self harm. This conference will aim to coordinate the activities of all the key stakeholders from within the HSE and from the voluntary sector and to bring together best practice and the Irish evidence base for our response to self harm.

It is proposed to fund a second primary care

self harm referral project in Wexford. This project will be established in partnership with the Cluain Mhuire service in South Dublin and allow for the pilot assessment of two projects one in a rural and one in an urban setting. A detailed plan for 2008 will be developed.

3. Remaining Actions from Reach Out - Phase 1

Reach Out set 3 Phases of actions - Phase 1 being the early years of the strategy. In 2008 the office will agree the specification for commissioning an evaluation of the first 2 years work of the office. Additionally, Phase 1 actions not yet undertaken will be examined to establish if any can be implemented within the resources available.

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

The office has developed a research strategy for suicide prevention which will guide our future investment in research and advise others such as the Health Research Board and the DOH&C of the priority areas for research.

Funding will be made available in 2008 to support the continued work of the National Suicide Research Foundation in Cork and also to begin to fund the recommendations of research commissioned by the office in previous years e.g. bereavement review, improved data collection (Coroners service).

5. Training and Education (Reach Out - various actions)

A national training and development strategy for suicide prevention will be published in 2008. This strategy will set out a programme for training and education for individuals, communities and professional bodies. In 2008 implementation of the programme will begin with various targeted initiatives. The current ASIST programme will continue to be supported. A detailed plan for 2008 will be developed.

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

Substantial work has already been undertaken by voluntary/community groups in suicide prevention. It is critical that this work is continued, supported and developed. Local groups can access funding from the local HSE, Lottery funds, Dormant Accounts funding via Pobal or ESB Electric Aid. At national level the

NOSP will consider funding the implementation of national projects or the roll out of evidence based local projects which have a national relevance.

There are many groups operating on limited resources through fundraising or grants. Such services need to be considered for long term mainstream funding. Additionally projects funded by Dormant Accounts in 2006 will, after two years, be seeking HSE funding.

Given the limited additional resources available in 2008 the office will consider funding developments with a number of voluntary organisations we are already working with e.g. Teen-Line, Living Links, Pieta House.

2009 Development Plan

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

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

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

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

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

3. Evaluation of Reach Out

Reach Out set 3 Phases of actions over a 10 year time span 2005 to 2014 - Phase 1 being the early years of the strategy. A sub group of the National Advisory Group has begun work

on an evaluation of Reach Out. This will comprise examining all available data and then interviews with key stakeholders. Dialogue will be maintained with the Oireachtas sub committee on suicide who are undertaking a similar piece of evaluation of the Oireachtas report on Suicide.

A report will be prepared by the end of 2009

4. Suicide Prevention Research (Reach Out Action 26)

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

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

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

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

5. Training and Education (Reach Out - various actions)

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

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

Training initiatives will continue with the Gardai and Prison Service

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

Substantial work has already been undertaken

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

7. Innovation Fund Projects

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

8. Extended Suicide Working Group

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

Appendix 1 - Suicide Prevention Resource Information

Suicide Prevention Resource Information

Publications

General

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

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

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

www.nosp.ie/reach_out.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

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

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

National Suicide Prevention Strategy for England (2002).

Department of Health.

A comprehensive, evidence-based suicide prevention strategy for England which aims to reduce the death rate from suicide by 20% by 2010. Six key goals are outlined, each of which are supported by a number of objectives and actions.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009474

Supporting One Another: an action plan for county Wexford aimed at assisting in the prevention of suicide (2004).

Wexford County Development Board.

An action-oriented plan for suicide prevention and mental health promotion in county Wexford which was developed on a partnership basis between various statutory and voluntary organisations.

<http://www.wexfordcdb.ie/downloads/SupportingOneAnother.pdf>

Learning about Mental Illness (2004).

Schizophrenia Ireland and Barbados' 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/>

Supporting Life: Suicide Prevention for Mental Healthcare Service Users (2005).

Schizophrenia Ireland

The second discussion paper from this organisation, which aims to generate discussion around at-risk groups and suggest ways to assist in reducing their risk.

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

Suicide in Ireland - Everybody's problem (2005).

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

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

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.nosp.ie/selfharm_young.pdf

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.nosp.ie/selfharm_parents.pdf

Concerned About Suicide

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.
<http://www.nosp.ie/concerned.pdf>

Education Sector

- ***Responding to Critical Incidents: Guidelines for Schools (2008)***
- ***Responding to Critical Incidents: Resource Materials for Schools (2008)***
- ***Responding to Critical Incidents: Guidelines for Psychologists (2007)***

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&ecategory=33450&language=EN>

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

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

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

Health Promotion Guidelines for Health Professionals Visiting Schools (2003). HSE West

Guidelines which aim to provide supportive information, advice and guidance on effective health promotion to health professionals who work with schools.

Suicide Awareness: an information pack for post primary schools (2003).

HSE South
 A practical resource for teachers which provides guidance regarding how to respond to students experiencing suicidal feelings, thoughts and behaviour. It follows the familiar three-tiered approach of prevention, intervention and postvention.

Mental Health Matters: a mental health resource pack (2001).

Mental Health Ireland.
 A resource pack for students engaging in the Transition Year programme in schools. Aims to promote personal, social, educational and vocational development. Materials include six modular-based units, which are supported by a video. Available from Mental Health Ireland.

A Student Dies, a School Responds (2001).

Mid- Western Health Board.
 A guide for post-primary schools. Aims to enhance the capacity of schools to reduce the threat of suicide and provide an effective response in the wake of a sudden traumatic death. The main sections include Managing the immediate crisis, Promoting emotional wellbeing in students, and Maintaining good practice. The appendices include practical information and resources

When Tragedy Strikes: guidelines for effective critical incident management in schools (2000)

INTO and Ulster Teachers Union.

Contains practical advice for school staff on how to deal with tragic incidents in a way that supports students and staff. Contact the INTO. <http://www.into.ie/ROI/Downloads/Publications/Other/filedownload,968,en.pdf>

RESTORE: a service for schools (2002).

HSE North West

RESTORE is a service provided by the NWHB to support principals and teachers in schools in the board's region in the event of a tragic death affecting the school. This booklet explains how the service is provided and offers practical guide lines on managing the school's response to tragic deaths.

A School Journal (2002).

HSE North West

The second edition of the journal is available to senior cycle students in all post primary schools in the NWHB area. The journal aims to promote positive mental health and inform young people of services through a comprehensive services directory

Suicide Prevention in Schools: best practice guidelines (2002).

Irish Association of Suicidology.

Provides an overview of suicide in Ireland along with guidelines for prevention, intervention and postvention in the school setting. It also provides a list of resources for schools including bereavement support groups and voluntary organisations. Common myths about suicide, points to consider when informing students of a death by suicide, and a list of common student reactions and recommended staff responses are also included. The guidelines are available from the IAS.

<http://www.ias.ie/publications.htm>

The Cool School Programme (2002).

HSE Dublin North Leinster

Three publications have been produced under this title. They include:

- Responding to Bullying: first steps for teachers offers advice for teachers on how to proceed if a pupil asks for help
- Investigating and Resolving Bullying in School: deals with a number of strategies for preventing, investigating and responding to bullying incidents
- Bullying in Schools: advice for parents: contains advice for parents on how to deal with a child who reports being bullied at school

<http://www.nehb.ie/nehb/publications/reports/bullying.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

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>

Team Up to Save Lives: What your school should know about preventing youth suicide (1996).

University of Illinois at Chicago.

A CD-ROM designed to supplement suicide prevention procedures that schools and communities already have in place.

Youth Services

Suicide Prevention: a resource handbook for youth organisations (2003).

National Youth Federation, National Suicide Review Group and South Eastern Health Board.

A comprehensive publication which provides information on suicide and para-suicide trends among adolescents, and on the multi-factorial causes of suicide. The role of the youth worker is examined with regard to general prevention, crisis response and post suicide intervention strategies. The document also contains a list of services and resources available to youth organisations.

Suicide Prevention: an information booklet for youth workers (2003).

National Youth Federation, National Suicide Review Group and South Eastern Health Board.

Practical guidelines for youth workers. Contains information on warning signs and risk factors,

along with guidelines regarding how to deal with a threat of suicide and a completed suicide.

The Youthwise Guide (2002).

Mid-Western Health Board.

Two publications have been produced under this heading. They are:

- the Youthwise Guide: promoting emotional health in young people- contains simple, practical advice and information for parents regarding the promotion of emotional health in young people. The reverse side contains a comprehensive list of services and resources for parents who require further advice and support.
- Youthwise Guide: a companion pocket book - a smaller version of the main document which can easily be carried around by a parent to consult whenever he or she wishes.

Youth Suicide Prevention: Evidence briefing (2004).

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

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

http://www.nosp.ie/youth_suicide.pdf

Good Habits of Mind (2005).

A mental health promotion initiative for those working with young people in out-of-school settings. Along with an exploration of the determinants of the health of young people, this resource documents good practice guidelines for organisations and workers who provide services for out-of-school youth.

<http://www.youthhealth.ie/uploads/media/good-habits-of-mind.pdf>

Media

Media Guidelines on Portrayal of Suicide (2006).

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

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

Bereavement Support

You Are Not Alone: Help and Advice on Coping with the Death of Someone Close (2007)

National Office for Suicide Prevention, Health Service Executive

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

<http://www.nosp.ie/ufiles/news0004/info-booklet-you-are-not-alone.pdf>

You Are Not Alone- Directory of Bereavement Support Services (2007)

National Office for Suicide Prevention, Health Service Executive

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

<http://www.nosp.ie/ufiles/news0004/directory-you-are-not-alone.pdf>

World Health Organisation on-line publications

All the following are available from the WHO mental health website:

www.who.int/mental_health/en/

- ***Preventing Suicide: a resource for general physicians***
- ***Preventing Suicide: a resource for media professionals***
- ***Preventing Suicide: a resource for teachers and other school staff***
- ***Preventing Suicide: a resource for primary health care workers***
- ***Preventing Suicide: a resource for prison officers***
- ***Preventing Suicide: how to start a survivors group***
- ***Preventing Suicide: a resource for counselors'***
- ***Preventing Suicide: a resource at work***

Journals

Crisis: The Journal of Crisis Intervention and Suicide Prevention

Editors-in-Chief: Ad Kerkhof & John F Connolly

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

Published Quarterly

<http://www.hogrefe.co.uk/journals>

Suicide and Life - Threatening Behaviour

Editor-in-Chief: Morton M Silverman

Official journal of American Association of Suicidology.

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

Multidisciplinary.

Published quarterly.

http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/jnsl.htm&dir=periodicals/per_psych&cart_id=

British Medical Journal

Editor-in-Chief: Richard Small

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

Published weekly.

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

British Journal of Psychiatry

Editor-in-Chief: Greg Wilkinson

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

Published monthly.

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

American Journal of Psychiatry

Editor-in-Chief: Nancy C. Andreasen

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

Published monthly.

<http://ajp.psychiatryonline.org/>

Irish Journal of Psychological Medicine

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

Published quarterly.

<http://www.ijpm.org/>

Websites

Irish

www.nosp.ie

National Office for Suicide Prevention

www.doh.ie

Department of Health and Children

www.cso.ie

Central Statistics Office, Ireland

www.survingsuicide.com

Irish website aimed at the bereaved

www.nsbsn.org

National Suicide Bereavement Support Network

www.tcd.ie/Student_Counselling.ie

Trinity College mental health initiative

www.3ts.ie

Turning the Tide of Suicide

www.childline.ie

ChildLine Online Support

www.dap.ie

Drugs Awareness Programme

www.irishadvocacynetwork.com

Irish Advocacy Network

International

<http://www.iasp.info/index.php>

International Association for Suicide Prevention (IASP)

www.curriculum.edu.au/mindmatters

Mental Health Promotion for Secondary Schools

<http://cebmh.warne.ox.ac.uk/csr/>

Oxford Centre for Suicide Research

www.wfmh.com

World Federation of mental Health

www.afsp.org/

American Foundation of Mental Health

www.suicidology.org

American Association of Suicidology

www.health.gov.au
Australian Department of Health and Aging
Ageing

www.uke.uni-hamburg.de/ens
European Network for Suicidology

www.who.int.whosis/stastics
World Health Organisation mortality data

www5.who.int/mental_health/main
World Health Organisation publications on
suicide prevention

www.suicideinfo.ca
Centre for Suicide Prevention, Canada

www.livingworks.net
Canadian site containing information on ASSIST
training (suicide prevention)

www.reachout.com.au
Young people's mental health promotion

www.nimhe.org.uk
National Institute for Mental Health in England

www.chooselife.net
Scottish Suicide Prevention Strategy

Appendix 2 - Key Contacts

Research and Education

Irish Association of Suicidology
16 Antrim St,
Castlebar,
County Mayo.
Phone: 094 9250858
E-mail: office@ias.ie
Website: www.ias.ie

National Suicide Research Foundation
1 Perrott avenue,
College Road,
Cork.
Phone: 021 277499
E-mail: nsrf@iol.ie
Website: www.nsrff.ie

INSURE Project
St. Vincent's University Hospital ,
Elm Park,
Dublin 4.
Phone: 01 2094228
E-mail: k.malone@st-vincent's.ie

SPHE Support Service (Post Primary)
Marino Institute of Education
Griffith Avenue,
Dublin 9.
Phone: 01 8057718
E-mail: sphe@mie.ie
Website: www.sphe.ie

INTO (Irish National Teachers Organisation)
35 Parnell Square,
Dublin 1.
Phone: 01 8047700
E-mail: info@into.ie
Website: www.into.ie

Voluntary Support Services

Aware Defeat Depression
72 Lower Leeson Street,
Dublin 2.
Phone: 01 6617211
E-mail: aware@iol.ie
Website: www.aware.ie

Barnardos
Christchurch Square,
Dublin 8.
Phone: 01 4530355
E-mail: info@barnardos.ie
Website: www.barnardos.ie

CONSOLE
Console House
68 Ardpatrick Road
Navan Road
Dublin 7
Tel: 01 8685232
Fax: 01 8685233
Helpline 1800 201 890
E-mail: info@console.ie
www.console.ie

GROW
Ormonde Home,
Barrack Street,
Kilkenny.
Phone: 056 7761624
Infoline: 1890 474 474
E-mail: info@grow.ie
Website: www.grow.ie

Mental Health Ireland
Mensana House,
6 Adelaide Street,
Dun Laoghaire, county Dublin.
Phone: 01 2841166
E-mail: information@mentalhealthireland.ie
Website: www.mentalhealthireland.ie

Samaritans (Ireland)
4-5 Usher's Court
Usher's Quay,
Dublin 8.
Phone: 01 8781822
Helpline: 1850 60 90 90
SMS Texting: 087 2 60 90 90
E-mail: jo@samaritans.org
Website: www.samaritans.org

Bodywhys
PO Box 105,
Blackrock,
County Dublin.
Phone: 01 2834963
Helpline: 1890 200 444
E-mail: info@bodywhys.ie
Website: www.bodywhys.ie

Shine Ireland
38 Blessington Street,
Dublin 7.
Phone: 01 8601620
Helpline: 1890 621 631
E-mail: info@sirl.ie
Website: www.sirl.ie

Living Links
The Secretary,
Living Links
5 Lower Sarsfield Street,
Nenagh,
Co. Tipperary.
Phone 067 43999
E-mail: info@livinglinks.ie
Website: www.livinglinks.ie

Pieta House
Old Lucan Road,
Lucan,
County Dublin.
Phone: 01 601 00 00
E-mail: mary@pieta.ie
Website: www.pieta.ie

Senior Help Line
Third Age Centre,
Summerhill,
County Meath.
Telephone: 046 9557766
E-mail: info@seniorhelpline.ie
Website: www.seniorhelpline.ie

Spunout
4th Floor,
The Halls,
Quay St,
Galway City
Telephone: 091 533693
Email: info@spunout.ie
Website: www.spunout.ie

GLEN
Tower 1,
Fumbally Court
Fumbally Lane
Dublin 8
Telephone: 01 4730563
Email: admin@glen.ie
Website: www.glen.ie

BeLonG To Youth Services
Parliament House
13 Parliament Street
1st/2nd floor
Temple Bar
Dublin 2
Telephone: 01 670 6223
email: info@belongto.org
Website: www.belongto.org

Young Social Innovators
3 Dawson Street
Dublin 2
Telephone: 01 6458030
Email: info@youngsocialinnovators.ie
Website: www.youngsocialinnovators.ie

Crosscare,
The Red House,
Clonliffe College,
Dublin 3
Telephone: 01 836 0011
Email: info@crosscare.ie
Website: www.crosscare.ie

Teen-Line Ireland,
First Floor,
St. Dominic's Shopping Centre,
Old Bawn,
Tallaght,
Dublin 24.
Telephone: 1800 833634
E-mail: info@teenline.ie
Website: www.teenline.ie

ISPCC
29 Lower Baggot Street,
Dublin 2.
Telephone: 01 676 7960
E-mail: ispcc@ispcc.ie
Website: www.ispcc.ie

Suicide Prevention Resource Officers

HSE Dublin Mid-Leinster

Ms. Josephine Rigney
C/O Old Birr Hospital,
Birr,
Co. Offaly
Email: josephine.rigney@hse.ie

HSE Dublin North East

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

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Resource Officer for Mental Health
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Health Promotion Unit,
HSE Dublin North East,
St Brigid's Complex,
Ardee,
County Louth.
Phone: 041 6850671
Email: garreth.phelan@hse.ie

HSE South

Ms. Brenda Crowley,
Mental Health Resource Officer,
HSE South,
St David's Resource Centre,
Clonakilty Hospital,
County Cork.
Phone: 023 883297
E-mail: brenda.crowley@hse.ie

Mr. Sean McCarthy,
Resource Officer Suicide Prevention,
HSE South,
St Patrick's Hospital,
Johns Hill,
Waterford.
Phone: 051 874013
E-mail: sean.mccarthy@hse.ie

HSE West

Ms. Bernie Carroll,
Resource Officer for Suicide Prevention,
Mental Health Directorate,
St. Joseph's Hospital,
Mulgrave Street,
Limerick.
Phone: 061 461454
E-mail: berniem.carroll@hse.ie

Ms. Mary O' Sullivan,
Resource Officer for Suicide Prevention,
HSE West,
1 st Floor
West city Centre,
Seamus Quirke Road,
Galway.
Phone: 091 548360
E-mail: Mary.OSullivan@hse.ie

Ms. Anne Sheridan,
Mental Health Promotion/Suicide Resource
Officer,
HSE West,
Old Church,
Drumany,
Letterkenny,
County Donegal.
Phone: 074 9178539
E-mail: Anne.Sheirdan1@hse.ie

Mr. Mike Rainsford,
Mental Health Promotion/Suicide Resource
Officer,
HSE West,
JFK House,
JFK Parade,
Sligo.
Phone: 071 9135945
E-mail: michaelp.rainsford@hse.ie

Appendix 3 - 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 4

National Office for Suicide Prevention

Functions of National Office for Suicide Prevention:

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

NOSP Team

Mr. Geoff Day

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

Contact details:

National Office for Suicide Prevention,
Population Health,
Dr. Steevens' Hospital,
Kilmainham,
Dublin 8.
Tel.: 01-6352179/01-6352139
e-mail: geoff.day1@hse.ie

Mr. Derek Chambers

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

internationally. More recently, his focus has been on the coordination of, and reporting on, prevention efforts as part of the first implementation phase of *Reach Out*. In particular, Derek has a strong interest in the development of population-wide campaigns to highlight mental health issues and help to break down the stigma attached to emotional distress and mental illness. Derek left the NOSP in August 2009 to take up a new post with the Inspire Ireland Foundation.

Ms. Susan Kenny

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

Contact details:

National Office for Suicide Prevention
Health Promotion Department
St. Brigids,
Ardee
Tel: 041 6850671
e-mail: susanc.kenny@hse.ie

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.

Contact details:

National Office for Suicide Prevention

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Ms. Anne Callanan
Anne Callanan has held the post of Assistant Research and Resource Officer since 2001. Her responsibilities include the national coordination of the ASIST training programme and the management of the national data on deaths by suicide. Previous research experience include examining the health service needs of homeless men and examining alcohol consumption levels of the general population. Anne completed her Master's in Health Psychology in 1996 and is currently training in psychotherapy and has completed the ASIST 2-day training programme.

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

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National Advisory Group to National Office for Suicide Prevention

Terms of Reference

Purpose:

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

Scope:

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

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

Membership:

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

Frequency of meetings:

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

National Advisory Group Membership

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

Appendix 6 - 2008 NOSP Funding Allocation

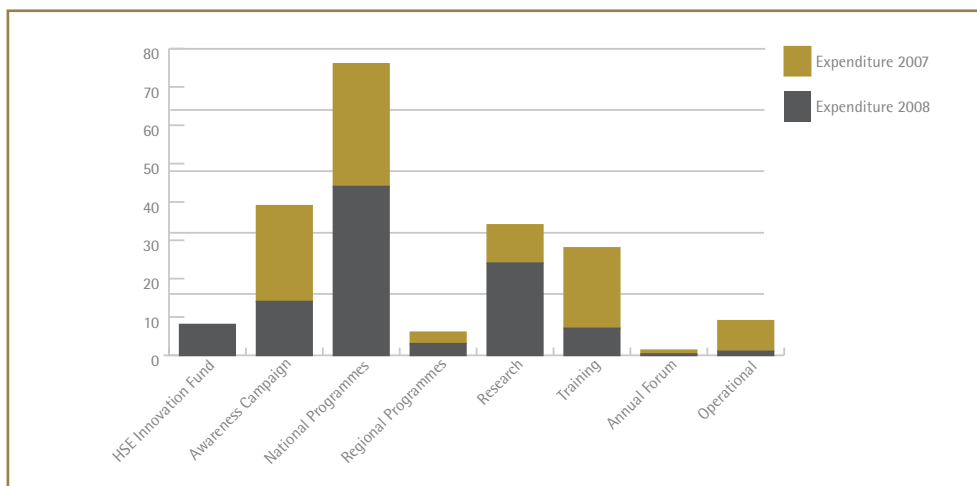
The NOSP budget allocation in 2008 was €5,097,601. This was an increase of €565,635 on the 2007 allocation (see note below). The allocation of non pay expenditure is set out below:

Area	Expenditure 2008	Expenditure 2007
HSE Innovation Fund	8%	N/A
Awareness Campaign	14%	25%
National Programmes	44%	32%
Regional Programmes	3%	3%
Research	24%	10%
Training	7%	21%
Annual Forum	0.30%	1%
Operational	1%	8%

Note:

Increase in 2007 budget resulting from:

- A once of allocation from the HSE Innovation Fund
- The reallocation of 2 WTE Posts from HSE Dublin NE PCCC to Population Health



Appendix 7 - Definition of Key Terms

Mental Health Promotion

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

Deliberate Self harm (DSH)

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

Suicidal Behaviour

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

Suicide

A conscious or deliberate act that ends 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 8 - List of Abbreviations

A and E	Accident and Emergency
ASIST	Applied Suicide Intervention Skills Training
CD-ROM	compact disc, read only memory
CEO	Chief Executive Officer
CSO	Central Statistics Office
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
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
HSE	Health Service Executive
IAS	Irish Association of Suicidology
IASP	International Association for Suicide Prevention
ICGP	Irish College of General Practitioners
LGBT	Lesbian Gay Bisexual Transgender
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
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
T4T	Training for Trainers
VEC	Vocational Educational Committee
WHO	World Health Organisation
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 risktaking behaviour
- Alcohol / drug abuse

How to Respond

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

Show You Care

Offer support and let them know you care.

Say something like:

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

Ask the Question

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

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

Call For Help

Encourage them to look for help:

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

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

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



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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