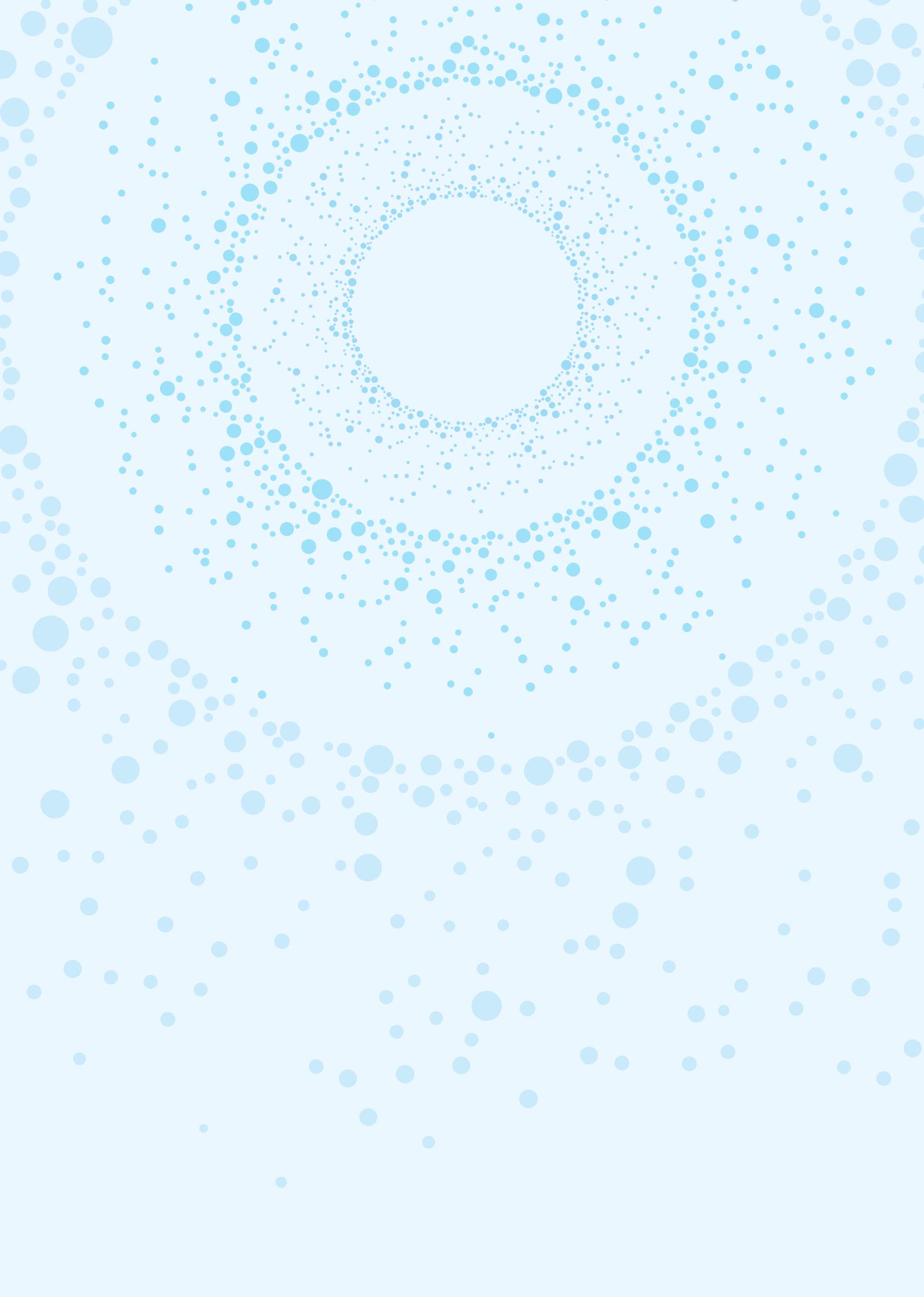


# ANNUAL REPORT

**2013**

**NATIONAL  
OFFICE *for*  
SUICIDE  
PREVENTION**



## FOREWORD

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Suicide prevention is a significant public health issue in Ireland given the increase in suicide mortality and the emerging evidence of the negative impact of the economic downturn on mental health.

Suicide rates in Ireland saw significant changes over the past decade, and the official CSO figures indicate that there were 554 deaths by suicide in 2011. This is the highest figure since 2001 and marks a 12% increase on 2010. However, provisional data from 2012 and 2013 suggest a levelling-out of this rise, and perhaps a decreasing trend.

The number of deaths by suicide is below the profile for most EU countries, yet the figures for men aged 15 to 19 and 44 to 64 years are particularly high by international comparison. Further concern relates to changes in methods by which people are choosing to end their life and this fact will be particularly challenging to address over the coming years.

Statistics from the National Registry of Deliberate Self-Harm indicate a gradual decrease in presentation to Emergency Departments and it is hoped that this reduction will contribute to a stabilisation in suicide rates. Deaths by suicide in Ireland remain too high and it will require a sustained community wide response to significantly reduce suicide rates.

The main focus of the NOSP's work in 2013 has concentrated on building capacity within services and the community to support people experiencing emotional distress and who are vulnerable to suicide.

There are three elements to this approach:

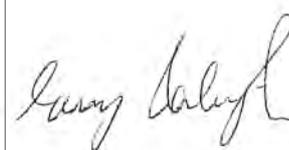
- Supporting people to seek help
- Aiming to ensure that the appropriate help is available when required
- Supporting communities.

Additional resources available to the NOSP have enabled significant investment in front-line and community services. Thanks to this investment, there has been a rise in the numbers accessing these services, which is a positive reflection of people's willingness to access help when going through tough times emotionally.

I would also like to acknowledge the efforts of all who supported the work of the NOSP in the past year.

In 2013, work commenced on the development of a new National Strategic Framework for Suicide Prevention. This Framework will provide a clear road map in relation to suicide prevention in Ireland. It will build upon the valuable work completed under Reach Out, the current National Strategy, and will reflect the best national and international evidence on suicide prevention to provide a clear set of actions and outcomes. The key principle to the Framework development is that of working together with our partners and the community, with a sense of common purpose, to achieve our shared aim: reducing the number of suicides in Ireland.

As a community we have struggled in the past to discuss mental health issues. Whilst the stigma about this subject has lessened, there is more work to be done. During 2013 many people have openly discussed their mental health issues in the media and contributed to healthy debate and an increased appreciation that mental health is part of everybody's life and we all have a responsibility to reach out to those we are concerned about. In particular I would like to mention Donal Walsh, a young man who despite his own challenges, encouraged young people in particular to speak out and seek help when going through tough times. Donal's message touched many and he brought the conversation about changing our attitudes to mental health to a new audience.



**Mr. Gerry Raleigh**  
DIRECTOR  
National Office for  
Suicide Prevention

## FOREWORD

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The National Office for Suicide Prevention (NOSP) oversees the implementation, monitoring and evaluation of Reach Out, the National Strategy for Action on Suicide Prevention 2005-2014. The NOSP was originally formed to progress the 26 action areas and 96 recommendations contained in Reach Out, in association with partner agencies.

The NOSP is a core part of the HSE National Mental Health Division. To be effective it relies on building strong working relationships with the Health and Wellbeing, Primary Care and other HSE divisions as well as with statutory, non-statutory and community partners. This sense of common purpose is essential if the challenge of reducing suicidal behaviour in Ireland is to be addressed.

This report demonstrates that significant progress has been made in the delivery of Reach Out. Funding available to NOSP has increased by almost 100% since 2011 to €8.1 million in 2013.

This additional funding has been targeted at building service capacity and improving front-line services. The increased utilisation of services is encouraging as people increasingly accept responsibility for looking after their mental health.

A new social media campaign is being prepared to encourage people to seek help when going through tough times. This campaign will be reinforced by clear sign-posting to services and the availability of relevant information.

As we move into the final year of Reach Out, attention is now focussed on building a new National Strategic Framework for Suicide Prevention. This framework will reflect the best evidence and practice in suicide prevention, national and international, and set out how we as a community can work together to reduce suicidal behaviour in Ireland.

Finally, I would like to acknowledge the crucial role that NOSP continues to have in leading and co-ordinating initiatives and to thank the NOSP team and their partner agencies for the extensive work carried out in 2013.

*The NOSP is a core part of the National Mental Health Division. To be effective it relies on building strong working relationships with the Health and Wellbeing, Primary Care and other HSE divisions as well as with statutory, non-statutory and community partners. This sense of common purpose is essential if the challenge of reducing suicidal behaviour in Ireland is to be addressed.*



A handwritten signature in black ink that reads "Anne O'Connor".

**Ms. Anne O'Connor**  
NATIONAL DIRECTOR  
HSE Mental Health Division

## TABLE OF CONTENTS

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Foreword <i>Gerry Raleigh</i>	<b>03</b>
Foreword <i>Anne O'Connor</i>	<b>04</b>
Table of Contents	<b>05</b>
<b>SECTION 1:</b>	
<b>NOSP – Overview of our work in 2013</b>	
<b>1.1</b> NOSP – Overview of our work in 2013	<b>08</b>
<b>SECTION 2:</b>	
<b>Suicide prevention in Ireland</b>	
<b>2.1</b> Approach to suicide prevention in Ireland	<b>12</b>
<b>SECTION 3:</b>	
<b>Progressing the implementation of 'Reach Out' in 2013</b>	
<b>3.1</b> Overview	<b>18</b>
<b>3.2</b> Promoting positive mental health and wellbeing	<b>18</b>
<b>3.3</b> Information & media communications	<b>25</b>
<b>3.4</b> Training and education	<b>29</b>
<b>3.5</b> Building community capacity to respond to suicide and promote positive mental health	<b>34</b>
<b>3.6</b> Provision of services for people who need support	<b>43</b>
<b>3.7</b> Responding to suicide	<b>47</b>
<b>3.8</b> Policy influence	<b>49</b>
<b>3.9</b> Reach Out action areas	<b>56</b>
<b>SECTION 4:</b>	
<b>Suicide mortality and self-harm in Ireland</b>	
	<b>63</b>

## TABLE OF CONTENTS

---

### SECTION 5:

#### **Financial information**

<b>5.1</b>	Financial overview 2013	<b>76</b>
<b>5.2</b>	Funded agencies	<b>77</b>

### SECTION 6:

#### **Appendices**

<b>6.1</b>	Support services	<b>80</b>
<b>6.2</b>	Relevant legislation	<b>82</b>

SECTION 1

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# NOSP – Overview of our work in 2013

## 1.1 NOSP – OVERVIEW OF OUR WORK IN 2013

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### FUNDING

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#### BUDGET

In 2013, the NOSP received a 13.5% increase on the national budget for suicide prevention. This brought the NOSP's total budget to €8.1 million.

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#### INVESTMENT IN SERVICES

The NOSP increased investment in frontline services and organisations working to reduce suicide and self-harm, and to promote positive mental health. The Office provided funding of €5 million to 33 non-profit and community organisations. This investment supported delivery and expansion of services across the country. Innovative programmes & pilot schemes were also funded through this investment.

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#### SUPPORTING COMMUNITIES

In 2013, NOSP launched the Community Resilience Fund. The Fund provided additional investment of €413,300 directly to community organisations. This investment aimed to resource local programmes and services focused on supporting communities responding to suicide.

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#### SUICIDE PREVENTION POSTS

Under the HSE Service Plan, the NOSP committed to recruitment of 10 new posts for Resource Officers for Suicide Prevention around the country.

---

### RESEARCH & EVALUATION

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#### AWARD WINNING RESEARCH

HSE team members, working with the National Suicide Research Foundation, won overall Research Team of the Year at the annual Commercial Media Group Healthcare Awards. The project aims to evaluate the effectiveness of Dialectical Behaviour Therapy (DBT).

---

#### CONTINUED INVESTMENT IN RESEARCH

The National Suicide Research Foundation co-ordinated 21 research projects in the area of suicide, self-harm and related mental health issues.

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#### YOUNG MEN AND SUICIDE

Launch of the Young Men and Suicide Project report with recommendations for policy relating to men's mental health.

---

#### EVALUATION

The NOSP funded the evaluation of innovative programmes such as Mojo (supporting men affected by the recession) and Social Prescribing for Health & Wellbeing (community-based activities such as green exercise, community gardening and men's sheds).

---

## TRAINING & EDUCATION

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### GP TRAINING

A national online education programme on suicide prevention for GPs was developed and launched.

---

### ASIST & SAFETALK

10,388 people took part in ASIST and safeTALK training. These internationally recognised suicide prevention training programmes are offered free of charge nationwide and funded by the NOSP.

---

### DBT TRAINING

Teams in Sligo, Louth, Waterford, Wexford, Cork and Dublin undertook specialised training in Dialectical Behavioural Therapy and cognitive analytical therapy, designed to meet the complex needs of people who may not have responded to other treatments.

---

## COORDINATION

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### NATIONAL COORDINATION

In 2013, the Office continued to play a pivotal role in coordinating the work of more than 30 agencies from the voluntary, statutory and non-statutory sectors working to promote positive mental health and reduce suicide and self-harm in Ireland.

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### MENTAL HEALTH PROMOTION

Continued delivery of mental health promotion programmes across a range of settings including workplaces, third level institutions, prisons, schools and sporting organisations.

---

### CAMPAIGNS

Continued investment in health education campaigns such as “Let Someone Know” and “Your Mental Health” that promote positive mental health and the importance of talking and listening. The NOSP also produced an online video sharing Donal Walsh’s message to ‘live life’.

---

### SCAN - SUICIDE CRISIS ASSESSMENT NURSE

Following the positive evaluation of SCAN pilots, 8 additional SCAN sites are now in development - work was undertaken on planning this in 2013.

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### SCHOOL GUIDELINES

Launch of the National Guidelines for Post Primary Schools on Mental Health and Suicide Prevention.

---

### SAMARITANS FREE TO CALL HELPLINE

The 116 123 free to call Samaritans helpline came about following a decision by the European Commission to reserve a common telephone number for emotional support helplines in all EU member states. It is expected that the project will be rolled out nationwide in early 2014.

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### LGBT

Launch of [www.lgbtmentalhealth.ie](http://www.lgbtmentalhealth.ie) - developed by GLEN and BeLonG To and funded by the NOSP. Also in 2013, the LGBT Helpline service received over 6,000 calls to the telephone helpline and almost 29,000 web visits.

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## MONITORING & EVALUATION

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### BEST PRACTICE

The NOSP monitors the work of funded organisations through service level agreements that aim to ensure best practice in service development and delivery.

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### MEDIA GUIDELINES

The Irish Association of Suicidology and the Samaritans produced revised media guidelines on suicide reporting in Ireland.

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### MEDIA MONITORING

Headline, the media monitoring agency, continued to promote responsible and accurate coverage of mental health and suicide related issues within the Irish media.

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### ACCREDITATION

The Irish Association of Suicidology produced a draft document exploring models for accreditation of suicide and self-harm services in Ireland.

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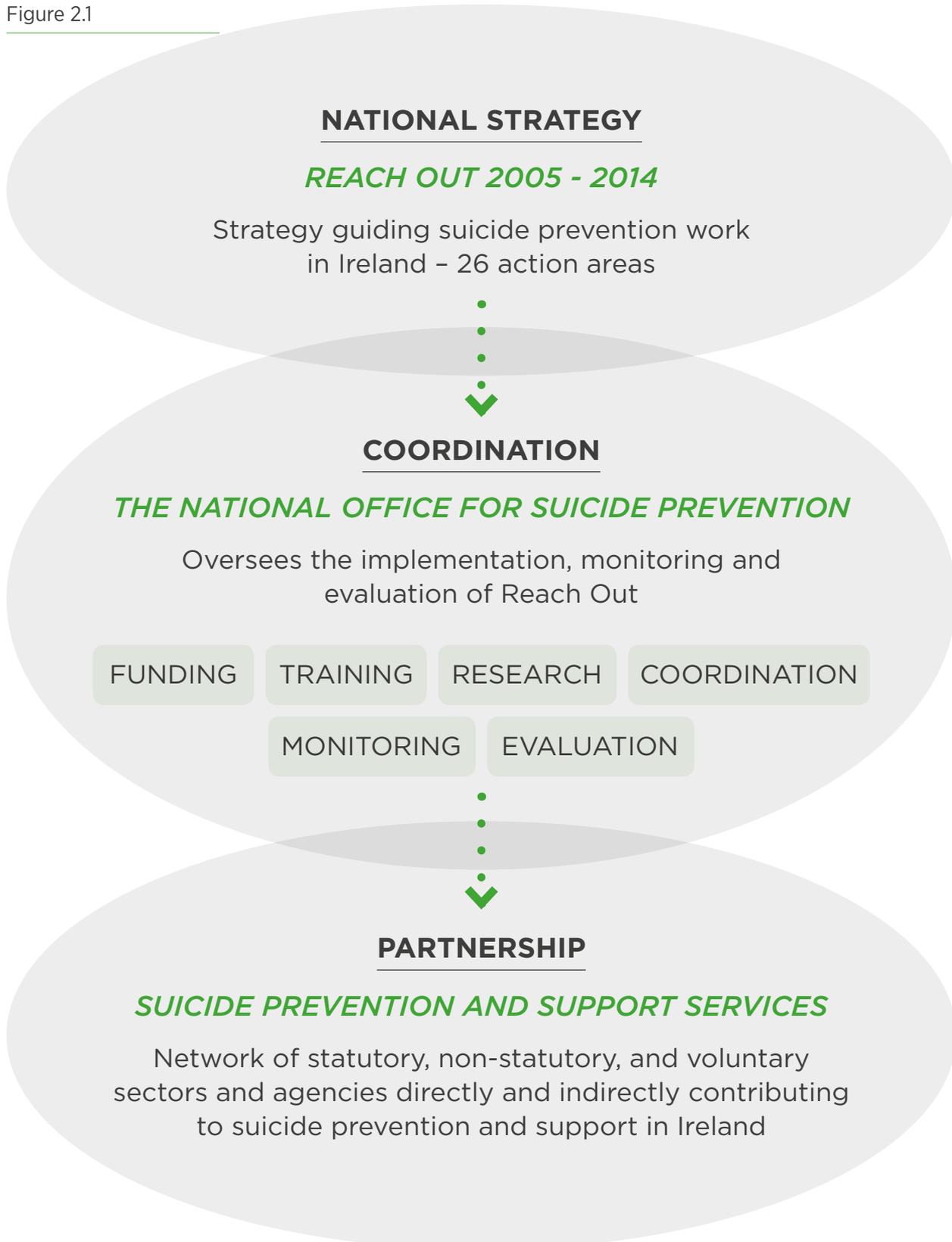
SECTION 2

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# Suicide prevention in Ireland

## 2.1 APPROACH TO SUICIDE PREVENTION IN IRELAND

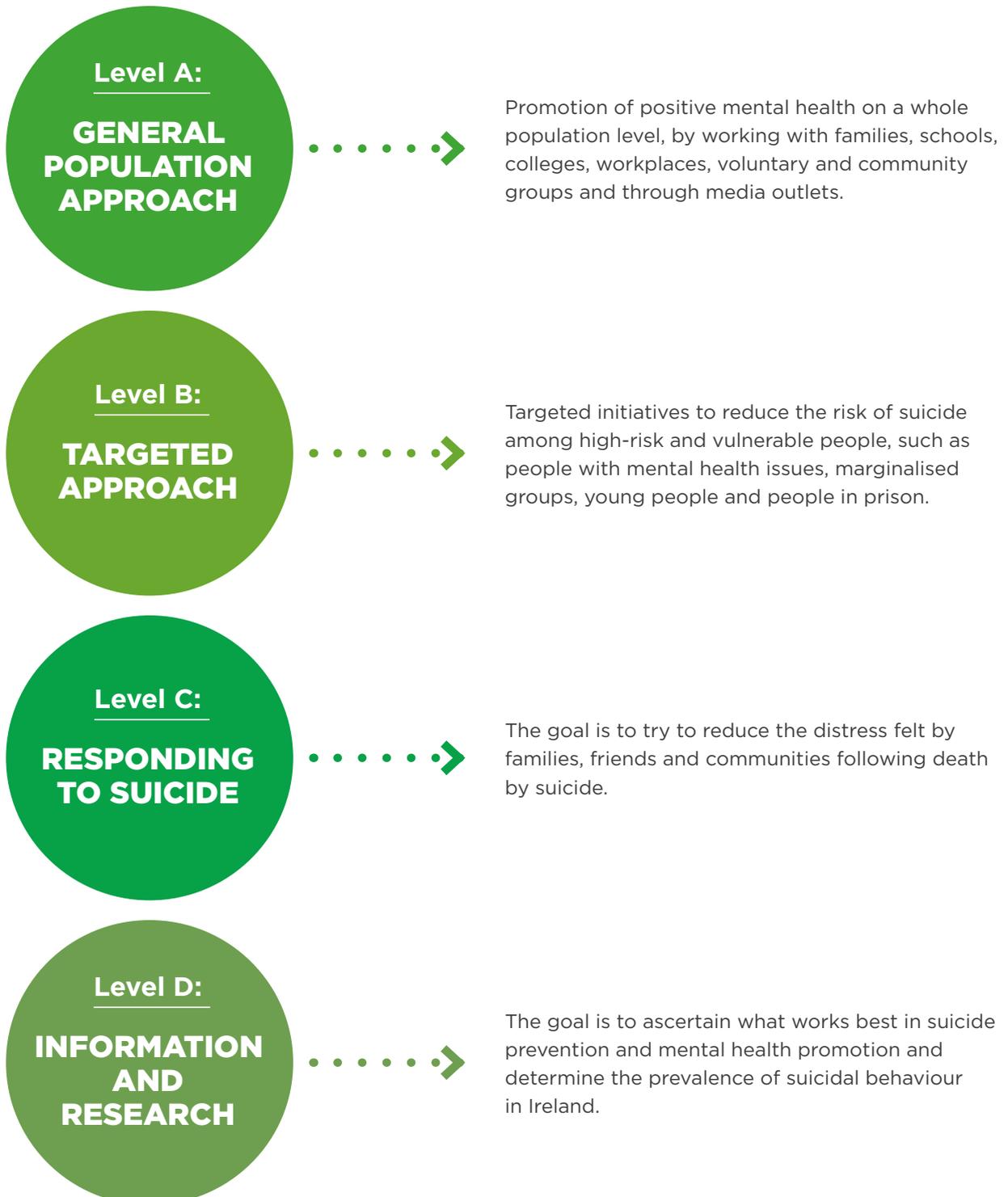
Figure 2.1



## National Strategy

Reach Out, a 10-year National Strategy for Action on Suicide Prevention, was launched in 2005 to guide the work on suicide prevention in Ireland. Reach Out will conclude in 2014 and work is underway to develop a new national framework for suicide prevention, building on the comprehensive work delivered under the current strategy.

Reach Out addresses suicide prevention on four levels:



## **Coordination and Implementation: The National Office for Suicide Prevention**

The National Office for Suicide Prevention was established in 2005 after the publication of Reach Out. The Office is based in the HSE Mental Health Division. The key functions of the NOSP are as follows:

- Advise Government and other stakeholders on suicide prevention
- Consult with organisations and interested parties on the implementation of Reach Out
- Commission research into suicidal behaviour in Ireland to support the development of evidence based policy and interventions
- Commission agencies to deliver on strategy and monitor relevant funding
- Implement national social marketing campaigns related to improving population well-being
- Coordinate programmes on suicide prevention
- Develop guidelines on responding to suicidal behaviour within specific target groups and across different settings
- Support the development of bereavement services for persons bereaved through suicide
- Liaise with the media to ensure responsible reporting of suicidal behaviour in Ireland
- Develop national standards for agencies working in suicide prevention

*The core aim of the National Office for Suicide Prevention is to oversee the implementation, monitoring and evaluation of Reach Out, the National Strategy for Action on Suicide Prevention 2005-2014.*

Figure 2.2 **2013 National Office for Suicide Prevention Team**

Mr. Gerry Raleigh	<i>Director</i>
Ms. Susan Kenny	<i>Acting National Programme Manager</i>
Ms. Paula Forrest	<i>Senior Executive Officer</i>
Ms. Anne Callanan	<i>Assistant Resource &amp; Research Officer</i>
Ms. Paula Skehan	<i>Administration Officer</i>
Ms. Fidelma Morrissey	<i>Administration Officer</i>
Ms. Sharon Nolan	<i>Administration Officer</i>
Mr. Stephen Elliffe	<i>Administration Officer</i>
Mr. John McCusker	<i>Senior Executive Officer</i>

## Partnership

Partnership is the foundation to effective suicide prevention work in Ireland. Suicide prevention is best achieved when individuals, families, health and community organisations, workplaces, government departments and communities work collaboratively to build an infrastructure of suicide prevention and support from national through to local level. The NOSP fosters and coordinates collaborative working between a range of agencies and with services that complement each other, avoiding duplication and reducing gaps in service provision.

## Suicide Prevention Network in Ireland

A principle function of the NOSP is to coordinate the activity of the many voluntary and statutory agencies that are engaged in suicide prevention activities in Ireland. Some of these agencies are linked with the NOSP and/or the HSE Resource Officers for Suicide Prevention and they represent a broad spectrum of government agencies, sectors and population groups. Figure 2.3 gives an overview of the agencies, statutory and non statutory, who are actively involved in the implementation of Reach Out.

Figure 2.3 Implementation through partnership



# Progressing the Implementation of 'Reach Out' in 2013

## 3.1 OVERVIEW

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Reach Out takes a whole population approach to suicide prevention, as recommended by the World Health Organisation. This is combined with a targeted approach for those who are known to be at increased risk. Reach Out also proposes actions to improve support to individuals and communities bereaved through suicide.

The work of the NOSP in 2013 focused on:

- improving interagency collaboration
- developing national standards and guidance for statutory and non statutory agencies
- increasing investment in evidence-based suicide prevention programmes.

## 3.2 PROMOTING POSITIVE MENTAL HEALTH & WELLBEING

---

### Introduction

By effectively promoting positive mental health, the likelihood of vulnerable individuals developing mental health problems will decrease; and the likelihood of those with signs of mental health problems seeking help will increase. In 2013, the NOSP continued to invest in mental health promotion with a particular focus on programmes for young and older men; LGBT; youth; stigma reduction, and social prescribing. The following pages highlight some of the mental health promotion activities funded by the NOSP in 2013.

### Young Social Innovators

Young Social Innovators encourages, motivates and creates new opportunities for young people to actively participate in the world around them. It seeks to engage young people wherever they are – in schools, communities, youth organisations, in families, in or out of work – and prepare them to fully take part in civic action whether through volunteerism, community service, service-learning, citizenship education, social entrepreneurship or innovation.

The YSI programmes enable young people to enhance their understanding of mental health issues, and to identify practical solutions to promote the understanding of positive mental health, and increase access to education.

The YSI Programme began in 2001 as a pilot to increase social awareness and responsibility among 15-18 year olds by providing them with opportunities to engage and get involved in action to address real social issues that they feel strongly about in their community. The participants work on projects to promote debate and discussion on mental health. Using their talents, ideas and energy to make a positive contribution empowers young people and provides skills for both life and work.

Visit [www.youngsocialinnovators.ie](http://www.youngsocialinnovators.ie) for more information.

## Mojo – Men’s Support Programme

Mojo is a programme for men who are affected by unemployment and/or the recession and who are finding it difficult to cope.

The programme was initiated by the South Dublin County Partnership (SDCP) and funded by the NOSP as an interagency response providing a coordinated solution to men who may be at increased risk of distress.

Mojo aims to motivate the participants to make positive changes to their lives. This is achieved by providing a training programme that focuses on developing their resilience to their current situation and offering them support to access local services that can help them to return to work or education.

In 2013 the Mojo programme continued to embed itself in the mental health and labour market landscapes in Tallaght. The programme places an emphasis on linking men into appropriate education, employment and mental health services. Based on feedback from participants, the programme has also been further developed to place more emphasis on career pathways and adult guidance.

There was an increase in referrals to the Programme in 2013. There has also been significant interest in the possibility of running the Mojo Programme in other areas, including North Dublin, West Dublin, Kildare, and Wexford.

Visit [www.mojo-programme.org](http://www.mojo-programme.org) for more information.

## BeLonG To & LGBTMentalHealth.ie

BeLonG To is the national organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between 14 and 23. Negative life experiences can be stressful and can affect mental health. Homophobia and transphobia can lead to specific stresses for LGBT people that can have a negative impact on their mental health.

BeLonG To was established to benefit the community in Ireland by resourcing, supporting and enhancing young people who identify as lesbian, gay, bisexual and transgender (LGBT). BeLonG To helps young people develop their abilities and skills to address issues associated with their sexual identity and social exclusion through the provision of advocacy services and youth work services, including social, recreational and cultural activities. In 2013, BeLonG To engaged with a strategic alliance with Youth Work Ireland to further embed the delivery of LGBT youth services around the country. In addition, the Stand Up campaign worked with more than 700 schools and youth services through the country.

BeLonG To’s LGBT Youth Mental Health project continued to offer training and support to LGBT young people, staff and volunteers of youth LGBT groups and a range of targeted stakeholders.

Also in 2013, the website [www.lgbtmentalhealth.ie](http://www.lgbtmentalhealth.ie) was developed by BeLonG To Youth Services and GLEN (Gay and Lesbian Equality Network), and was funded by the NOSP. This website provides information for LGBT people on how they can look after their mental health and highlights the services available if LGBT people need support.

Visit [www.belongto.org](http://www.belongto.org) and [www.lgbtmentalhealth.ie](http://www.lgbtmentalhealth.ie) for more information.

## See Change – Green Ribbon campaign

See Change is an alliance of more than 90 organisations working together to change minds about mental health problems and reduce the stigma and discrimination associated with mental health problems.

In May 2013, See Change and its partner organisations launched a month long national Green Ribbon campaign to get people talking openly about mental health problems.

In November, in partnership with the Union of Students in Ireland, Lyons Tea, See Change and St. Patrick's Mental Health Services, thousands of "Chats for Change" tea packs were distributed across college campuses nationwide to spark open conversation of mental health.

In collaboration with the staff and students of Dublin Business School, See Change also developed a Third Level Stigma Reduction programme in 2013 with workshops, training and initiatives involving staff, students and the wider community. This integrated approach is aimed at creating an openness around mental health on college campuses and challenging stigma.

See Change has developed a suite of activities that organisations and individuals can run as stigma-reduction initiatives, including a mental health themed magic show, table quiz, comedy set and various promotional materials. They continued to work with various organisations on the 6-step "See Change in your workplace" programme, guiding employers and employees towards creating open workplace cultures, supporting each other and working to their full potential.

Visit [www.seechange.ie](http://www.seechange.ie) for more information.



*See Change is an alliance of more than 90 organisations working together to change minds about mental health problems and reduce the stigma and discrimination associated with mental health problems.*

## HeadsUp - Youth project

HeadsUp is a national suicide prevention project targeting 15 to 24 year olds, using a mental health promotion approach. In 2013, HeadsUp continued to develop event-specific campaigns to support 15 to 24 year olds through difficult life transitions. They collaborated with the Union of Students in Ireland, SpunOut.ie and ReachOut on the Exam Survival Guide, aimed at third-level students.

In 2013, HeadsUp also rolled out an Exams Results campaign aimed at Leaving Certificate students. Over the five days of this campaign, the HeadsUp website received approximately 5,000 page views, with a Facebook reach of approximately 27,000 people.

By the end of 2013, the HeadsUp text service had recorded 1,133 new users for the year, with evidence of repeat usage from existing users. The most frequently requested topics continued to be teen issues, mental health, suicide, sexual health and sexuality. These statistics reflect the issues of concern to our young people in Ireland.

Visit [www.headsup.ie](http://www.headsup.ie) for more information.

## Healthy Options Project Erris (HOPE)

The Healthy Options Project Erris (HOPE) is a social prescribing pilot project that commenced delivery of service in January 2012 and is due to end in December 2014.

Social prescribing has been found to have a range of positive outcomes such as enhanced self-esteem and improved mood and social contact. The aim of HOPE is to be a supportive link for adults in the Erris area of Co. Mayo. The project enables them to access activities and groups that they might enjoy and benefit from, and thereby enhance their health and wellbeing.

The HOPE project is one of the first social prescribing projects in Ireland with a dedicated paid worker. This project is organised by the Family Centre with the support of the Erris Primary Care Team, local community organisations and the HSE.

## Irish Men's Sheds Association

The Men's Shed is a movement providing men with welcoming places to come together and undertake a variety of mutually agreed activities. Men's Sheds are open to all men regardless of age, background or ability.

In 2013, the number of Men's Sheds across Ireland increased from approximately 100 to 180 and the membership of those Sheds increased from around 2,500 members to 5,000 members. One of the key outcomes of Men's Sheds is counteracting social isolation, which is seen as one of the risk factors for suicide amongst men.

The Irish Men's Sheds Association held four provincial workshops and one national conference in 2013. The organisation established a database, which enabled them to update their members on a regular basis with newsletters and to establish a communication network where their members feel they can get in touch more easily.

Visit [www.menssheds.ie](http://www.menssheds.ie) for more information.

*National Traveller Suicide Awareness Project (NTSAP) employs a community development approach to address the issue of Traveller suicide, which is over six times higher for Traveller men compared to the general population.*

### **Responding to suicide amongst the Traveller community**

National Traveller Suicide Awareness Project (NTSAP) employs a community development approach to address the issue of Traveller suicide, which is over six times higher for Traveller men compared to the general population. The project acts as a resource to Traveller organisations and suicide related services raising awareness on the issue of suicide. In 2013, the National Traveller Suicide Awareness Project moved to Exchange House, the National Travellers Service and continued to develop its work in prevention and intervention, especially with Traveller men.

Training and awareness-raising remain a key focus for the Project, with a number of NTSAP and Exchange House Youth Service Mental Health and Well being Programmes taking place in 2013. The programmes were aimed at young traveller men between the ages of 9-17.

The integration of the NTSAP into Exchange House's frontline crisis intervention services created a greater capacity for the project to deliver a range of services and supports. This helped the project meet the growing need for awareness, training, prevention and development work within the Traveller community in Ireland.

NTSAP successfully piloted the HALO (Heed, Ask, Listen, Offer) Traveller mental health training pack and continued to focus on engaging Traveller men across Ireland in a conversation about their mental health, raising the issues and providing meaningful activities in a safe, supportive space.

Visit [www.travellersuicide.ie](http://www.travellersuicide.ie) for more information.

## **Zippy's Friends emotional wellbeing programme**

Zippy's Friends is an emotional wellbeing programme that was introduced in designated disadvantaged area primary schools on a pilot basis to support the implementation of the Social Personal and Health Education (SPHE) curriculum for junior classes with the support of the Department of Education and Science and the Health Service Executive.

Since the pilot was introduced almost 500 teachers have been trained in Zippy's Friends and resources have been given to the schools and the programme is being rolled out in all of these schools. It is estimated that over 5,000 children have received this programme in Ireland. A follow-on programme called Apple's Friends is currently being piloted in 15 Irish schools.

## **Cycle Against Suicide**

Cycle Against Suicide works to promote positive mental health and well-being through a variety of projects, with two major core goals and a single simple message that 'It's ok not to feel ok, and it's absolutely ok to ask for help'.

The aim is to raise awareness of mental health and to promote help-seeking behaviour through the Cycle Against Suicide event(s) and to raise awareness of existing community-based supports. In May 2,500 people from across Ireland donned their orange Cycle Against Suicide jerseys and participated in a 14-day, 1400 km cycle around Ireland.

Visit [www.cycleagainstsucide.com](http://www.cycleagainstsucide.com) for more information.

## **Gaelic Athletic Association - Promoting positive mental health and wellbeing**

### **HEALTH PROMOTION IN CLUB SETTINGS**

In 2013, the GAA passed a motion at Congress requiring all 32 County Committees to put in place Health & Wellbeing sub-committees, part of whose remit will be addressing the mental health needs of the Association's members. The GAA's management committee also paved the way for the setting up of a National Health and Wellbeing Committee, with NOSP represented on the Committee.

With the support of the NOSP and the HSE, the Association launched the innovative GAA Healthy Club Project, involving 18 clubs across the 4 provinces. The Project is designed to apply a health promotion approach to the sports club setting, with the intention of developing a best practice model. Once developed, this Healthy Club model will be made available to all of the GAA's 2,000 plus units and clubs.

### **ANTI-BULLYING PROGRAMME**

The Association became the first sporting organisation in the country to develop and launch an anti-bullying programme and resource. In 2013, the GAA trained 38 tutors to deliver the programme nationally. The anti-bullying educational resource is available to all sporting clubs.

### **YOUTH LEADERSHIP**

The Dermot Earley Youth Leadership Initiative was launched in Oct 2013. The initiative offers 60 young people (aged 15 to 18) across three test counties (Roscommon, Galway, Kildare) the opportunity to develop life skills (communication, self-efficacy, personal and community identity, volunteerism, etc) that act as protective factors against mental health problems. Once the initiative is evaluated, the GAA hopes to make this available to a much broader membership.

### **TRAINING FOR GAA MEMBERS**

The GAA also undertook to expand its delivery of safeTALK training to all interested GAA members, through its on-going partnership work with the NOSP. The delivery of the GAA's Alcohol and Substance Abuse Prevention Programme remains on-going across all 32 counties.



## 3.3 INFORMATION & MEDIA COMMUNICATIONS

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### Introduction

The Office continued to fund mental health promotion campaigns, promotional materials and communications activities.

Media and information campaigns help the NOSP to deliver on its strategic aims to engage the general population in relation to suicide prevention; to promote positive mental health; and to target at-risk groups. The media can help in tackling stigma in relation to suicide and mental health, and the NOSP works to ensure that the media portrays suicide in a responsible and accurate way.

The NOSP team and the regional Resource Officers for Suicide Prevention regularly speak about suicide prevention in the national and regional media. 2013 also saw the initial development of a new targeted social marketing campaign which will launch in 2014.

The following pages highlight some of the NOSP-funded information, media and communications work from 2013.

*The media can help in tackling stigma in relation to suicide and mental health, and the NOSP works to ensure that the media portrays suicide in a responsible and accurate way*

### Mental Health Awareness campaigns

The Office continued to invest in the “Your Mental Health” and “Let Someone Know” campaigns. The campaigns promote positive mental health and the importance of talking and listening. Both campaigns have been evaluated, and tested positively with the general population.

The 2013 investment included advertising on TV, online and radio. Media buying was carefully planned to ensure value for money whilst targeting at risk population groups. Evaluative focus groups undertaken by NOSP as part of the Your Mental Health campaign highlighted that the general public had an improved understanding of mental health since 2007 and felt there was a need for a new mental health awareness campaign to be developed with clearer messages about resilience, recovery and hope.

Based on this learning, 2013 saw early development of a new national campaign on mental health. The campaign aims to promote positive cultural and behaviour change regarding mental well-being in Ireland. The campaign is currently in development and will launch in September/ October 2014.

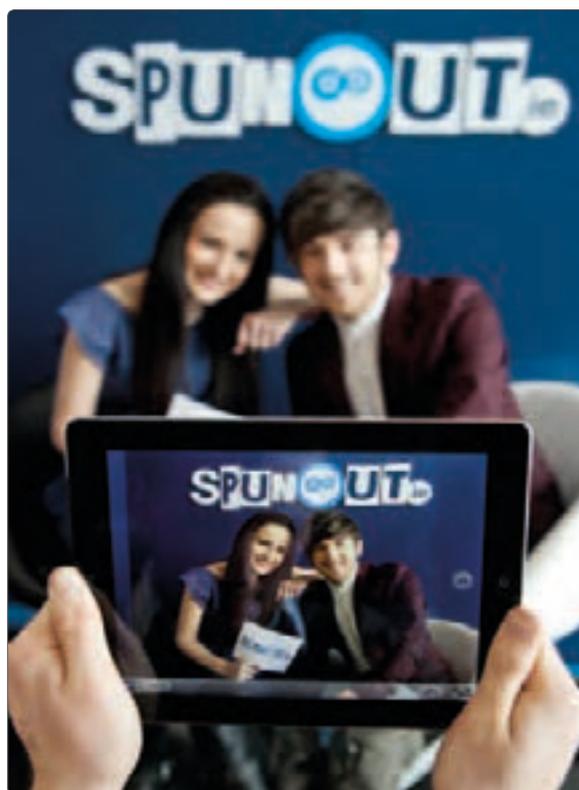
Visit [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) and [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie)

## SpunOut.ie

SpunOut.ie redeveloped their website design and branding in 2013 to refresh the experience for their target audience of young people aged between 16 and 25. The service promotes general wellbeing and healthy living in order to prevent and positively intervene in harmful behaviour when it occurs amongst this peer group. SpunOut.ie aims to give easy access to relevant, reliable, and non-judgemental advice to assist young people in making informed decisions.

In 2013, the new SpunOut.ie website had 600,000 unique users and 1.7 million page views. They won two prizes at the Irish Internet 'Net Visionary' Awards, including best web developer and best website for 'social good'. They also were 1 of 12 recipients from across EU member states to receive the European Youth Award for high impact digital projects.

Visit [www.spunout.ie](http://www.spunout.ie) for more information.



Emily Phelan and RTE's Stephen Byrne at the relaunch of the new SpunOut.ie website in March 2013

*In 2013, the new SpunOut.ie website had 600,000 unique users and 1.7 million page views*

## Headline - Media monitoring

In 2013, Headline - the national media monitoring programme for mental health and suicide - continued to engage media professionals, students and consumers alike on responsible and sensitive reporting of suicide and mental health issues.

Headline monitors all national print media coverage of suicide and mental health on a daily basis. Throughout 2013, Headline delivered training to groups of media professionals and to journalism students in third-level colleges across the country on responsible and accurate coverage of mental health and suicide.

Headline, in partnership with See Change and Suicide or Survive, devised and delivered a series of training sessions for Newstalk FM staff. The workshops covered "Mental health in the media", dealing with the responsible coverage of mental health and suicide in broadcast media, and "Mental health in the workplace", which provided expertise on creating workplaces that are free of stigma and discrimination and equipped to support the mental health needs of the organisation.

Visit [www.headline.ie](http://www.headline.ie) for more information.

## Technology for Well-Being, Inspire Ireland Foundation (ReachOut.com)

### Technology for well-being international conference

With the support of the NOSP, Inspire Ireland facilitated the inaugural Technology for Well-Being international conference in 2013. The event was opened by the Minister for Children and Youth Affairs, Frances Fitzgerald, T.D.

- The conference represented the online mental health / suicide prevention sector in Ireland.
- A significant number of NOSP-funded agencies came together to share a platform at the conference including Inspire, Turn2me, SpunOut and the National Suicide Research Foundation (NSRF) and this collaboration was highlighted by the Irish Times (online and health supplement).
- The conference “trended” on Twitter ahead of “Arthur’s Day”, highlighting the potential to influence national conversations for the better and in healthy ways.
- The report *Bridging the digital disconnect: Exploring parents’ views on using technology to promote young people’s mental health* was launched at the conference. Key findings include the fact that 70% of parents reported that they would use the internet for help and advice if their son or daughter had a mental health problem. Parents were very positive about the need for a dedicated resource to support them in meeting youth mental health needs.

Visit [www.inspireireland.ie](http://www.inspireireland.ie) for more information.



Gerry Raleigh, Director of NOSP, speaking at Technology for Wellbeing Conference

## ReachOut.com

Developed by Inspire Ireland, ReachOut.com is a youth mental health service dedicated to taking the mystery out of mental health. The website aims to provide quality assured mental health information to help young people get through tough times.

In 2013, ReachOut.com recorded 334,813 unique user sessions, of which 186,831 were Irish. This averages out at nearly 3,600 unique Irish visits per week and represents further growth in traffic to the site.

The 2013 Inspire Insights report was published in December and it highlighted findings from the annual user survey. The report highlights that when respondents were asked if they would visit ReachOut.com again, 96% said 'yes' or 'yes if I need to'. There is evidence from the annual user survey that mental health literacy is increasing among visitors to ReachOut.com as the proportion of respondents answering 'excellent' in relation to knowledge of help-seeking increased for the third year in a row (27% rated their understanding of who to talk to as 'excellent'). Almost all respondents (99%) agreed that 'anyone can experience a mental health problem'.

Visit [www.reachout.com](http://www.reachout.com) for more information.

*Almost all respondents (99%) agreed that 'anyone can experience a mental health problem'*

## 3.4 TRAINING AND EDUCATION

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### Introduction

The NOSP continued its work with partner stakeholders to ensure coordinated delivery of suicide prevention training across the country. The provision of gatekeeper training on suicide prevention has been shown to be effective in reducing suicidal behaviour among communities and at-risk groups. In addition, training for general practitioners is seen as a key suicide prevention action to be taken at primary care level.

A wide variety of training programmes are available through the HSE and partner agencies, focused on mental health promotion and suicide prevention. Training programmes focus on self-care, awareness, intervention and specialist training.

This section highlights some of training and education programmes funded by the NOSP in 2013.

*A wide variety of training programmes are available through the HSE and partner agencies, focused on mental health promotion and suicide prevention*

### ASIST and safeTALK Training

ASIST (Applied Suicide Intervention Skills Training) and safeTALK training are core elements of the suicide prevention training delivered across Ireland. In total, there were 154 ASIST workshops and 379 safeTALK workshops across the country. These were attended by 3,406 and 6,982 participants, respectively. It is estimated that almost 30,000 people have attended ASIST workshops since 2004, and more than 26,500 people have attended safeTALK since 2006.

A total of 18 new trainers joined the network of safeTALK trainers in 2013, and two agencies became coordinating sites for safeTALK. The Department of Social Protection has two trainers who are delivering the workshop to staff across the country. This is part of the Department's in-house support for staff on responding to suicidal risk among clients. Seven workshops were attended by 125 staff in 2013. The 3Ts charity also became a coordinating site late in 2013. Two trainers deliver workshops to 3Ts volunteers and to the corporate sector.

### STORM Training

STORM training is a programme for frontline mental health professionals. It provides participants with the skills to conduct an in-depth assessment of suicide risk; engage in crisis management, and develop problem solving skills. STORM training is available for a range of mental health services staff in a number of areas across the country. HSE Resource Officers for Suicide Prevention provide STORM training in the South-East, South West and Mid-West. 28 workshops were delivered in 2013.

STORM Understanding Self-Injury is a training programme, targeted at mental health service providers, which specifically addresses the issue of self-injury. Participants have an opportunity to explore their attitudes to self-injury, develop a better understanding of the relationship between suicide and self-injury, explore the emotional states that lead up to a crisis and develop harm minimisation skills and alternative coping strategies. This programme is available through the HSE Resource Officers for Suicide Prevention in the West and South East. 12 workshops were delivered in 2013.

## **Dialectical Behaviour Therapy (DBT) Training**

Dialectical Behaviour Therapy (DBT) was originally developed as a treatment for disorders such as Borderline Personality Disorder, where suicidal ideation and self-harm are common. DBT is a combination of cognitive-based therapy, mindfulness practice and acceptance-based practice. It is delivered by a team of mental health professionals. Following a significant investment in DBT training in 2012, additional funds were allocated in 2013 to invest in training HSE mental health teams across the country in this treatment approach. In 2013, 32 mental health professionals attended a week-long foundation training programme. This training is for staff members who wish to join an existing DBT team. A further eight teams from across the country attended the first week of intensive training, which allowed them to establish DBT treatment in their local areas. These included four adult mental health teams from Sligo, Louth, Waterford, and Wexford; and four child and adolescent mental health teams from Sligo, North Lee, North Cork and Linn Dara, Dublin. The second week of training is scheduled for 2014.

## **Training for staff in financial services**

The NOSP and the HSE Resource Officer for Suicide Prevention in the Midlands delivered a one-day training course targeted at staff in financial services who are dealing directly with clients experiencing emotional distress because of financial difficulties. 62 delegates attended the training, representing banks, credit unions, city councils and solicitors' firms. The training covered background information on the extent of suicide in Ireland, responding to clients in emotional distress, what organisations can do, and self care.

## **Shine – Taking Control workshops & support**

Shine is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by mental ill health, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it supports.

Shine's Taking Control workshop is targeted at people who are experiencing distress as a result of unemployment, isolation and/or marginalisation. In 2013, Shine delivered the Taking Control workshop in 13 locations nationwide, to 123 people. The organisation also delivered Train the Trainer training in Taking Control. The training was provided in Limerick, Athlone and Dublin to 44 health and social care professionals. This resulted in 25 workshops being delivered to 186 people.

Shine also delivered 7 recovery and family education courses nationwide, to 77 people.

Shine provided ongoing support to people with a diagnosis of mental ill health and their family members nationwide, via their Regional Development Officers and staff in Shine's Resource Centres based in Dublin and Cork. Support was also provided via Shine's confidential Information Helpline.

Visit [www.shineonline.ie](http://www.shineonline.ie) for more information about Taking Control.

## National Youth Council of Ireland (NYCI)

The NYCI is the representative body for national voluntary youth work organisations in Ireland. It represents and supports the interests of voluntary youth organisations and uses its collective experience to act on issues that impact on young people.

Through the National Youth Health Programme, the NYCI delivers training in mental health promotion and suicide prevention. In 2013, training included:

- Roll-out of the MindOut programme to the out-of-school youth sector. MindOut is a twelve-session mental health programme, which takes a positive approach to the promotion of emotional and mental health among young people. The emphasis is on giving time to young people to explore what challenges their mental health and looking at the ways they cope, ranging from personal coping skills to informal networks of support to professional or voluntary support services. 108 participated in the MindOut sessions.
- Delivery of SafeTALK and ASIST programmes with 60 people trained in ASIST and 23 people trained in SafeTALK.

Visit [www.youthhealth.ie](http://www.youthhealth.ie) for more information.

## Development of GP suicide prevention training

In 2013, the Irish College of General Practitioners (ICGP) launched an e-learning programme and DVD on Suicide Prevention in General Practice for GPs and Practice Nurses. The programme has been developed to support GPs and other members of the Primary Care Team in dealing with the challenge of suicide. It was informed by a needs-assessment carried out by the ICGP (2012), in an attempt to ensure GPs' needs are met, and has been developed in collaboration with a number of other stakeholders. The programme was funded by the NOSP.

Since its launch more than 200 GPs have completed the e-learning programme. The programme is also being rolled out by 33 continuing medical education (CME) programme tutors, in their small group education evenings throughout Ireland.

GPs and Primary Care Teams are core parts of all local communities and are often turned to for support, guidance and leadership when there is a suicide risk, during an acute event and in the aftermath of suicide. This programme has been developed as a practical guide to dealing with the many aspects of suicide in general practice, to assist GPs in coping with suicide and in providing the leadership required of them.

The ICGP, however, recognises that GPs themselves also form a community and the adoption of a shared approach to planning may provide cohesion and support between practices. In order to facilitate this, or at least open the conversation, the programme includes a resourced CME or training group meeting. The programme explores the themes of Suicide Prevention, Intervention and Postvention and is divided into three modules. It is delivered through 'blended learning', which comprises both e-learning and interaction in a CME or training meeting.

## Suicide or Survive (SOS) wellness training

SOS works to break down the stigma associated with mental health issues and ensure that those affected have access to quality recovery services that are right for the individual.

SOS delivered 30 Wellness Workshops in 2013. These workshops were attended by over 800 people in a variety of locations throughout the country. All workshops were run in partnership with local communities and/or organisations.

The target population for the Wellness Workshops is the general public. The training is aimed at people who need learning tools to manage and maintain their own mental wellness. In 2013, five workshops were delivered to the prisoners in Wheatfield Prison. The move to bring the Wellness Workshop into the prison setting has enabled SOS to support a hard-to-reach population and to bring the idea of wellness and taking personal responsibility for your own wellness into a setting where mental health difficulties are common.

SOS was involved in the delivery of 20 half-day Workplace Mental Health training programmes with See Change in 2013. These workshops took place in 20 locations around Ireland and were attended by 400 individuals in a range of workplace sectors.

Visit [www.suicideorsurvive.ie](http://www.suicideorsurvive.ie) for more information.

## Men's Development Network (MDN)

The MDN is a developmental and consultative organisation that works on four levels; locally, regionally, nationally and internationally. In 2013, MDN trained 800 people from projects and agencies nationwide. Training included:

- ENGAGE training to trainers in partnership with the HSE, Waterford Institute of Technology and Institute of Technology Carlow. This supported people to deliver training in men's health in their organisations and in the community.
- MDN's 7 Questions Training that encourages key topics and issues to be raised and discussed in an effort to engage men in discussion.
- SPHE training to teachers, in partnership with the HSE.
- Local training including MDN/HSE Parenting Programme promoting Men Care and Caring Dads, Fathers and Family, Health and Economy, Lifelong Learning, Active Ageing and Solidarity between Generations, Women and Work, Migration and Integration, Working Life and Retirement, Family and Children. MDN is a member of Men Care International.

## **Mental health and suicide prevention support networks**

In the Midlands, the HSE Resource Officer for Suicide Prevention and the Health Promotion & Improvement Department collaborated on the development of support networks for people trained in ASIST. The *Mental Health and Suicide Prevention Support Networks* are in development in Laois, Offaly, Longford and Westmeath.

The Networks will provide an opportunity for individuals who have been trained in ASIST (Applied Suicide Intervention Skills Training) to receive additional information, training, support and networking opportunities. The aim is to increase their confidence and ability to foster positive mental health and suicide safety within communities.

The Networks will help to create forums which are supportive and responsive, on a community and county basis and in which identified and targeted suicide prevention, intervention and postvention activities can be delivered.

The Support Networks aim to meet approximately four times every year and will be supported by a facilitator. During the latter part of 2013, individuals who had attended ASIST training in the last 5 years were invited to register with the Support Networks and initial meetings of all the Networks were convened.

*The aim is to increase their confidence and ability to foster positive mental health and suicide safety within communities*

## 3.5 BUILDING COMMUNITY CAPACITY TO RESPOND TO SUICIDE AND PROMOTE POSITIVE MENTAL HEALTH

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### Introduction

The ten Regional Resource Officers for Suicide Prevention are key to building community capacity to respond to suicide. The Resource Officers, in consultation with the NOSP and other stakeholders, have developed action plans for suicide prevention and mental health promotion across many communities within their regions. These action plans focus on suicide prevention, intervention, supporting those bereaved by suicide and building capacity to address suicide prevention in a thoughtful and practical way. The regional action plans set out priorities based on local needs and on the suicide and self-harm rates in each area. From 2015 onwards, regional work in suicide prevention will be driven by the new strategic framework, whilst also responding to identified local needs and supporting community participation and leadership.

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

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

### Community Resilience funding

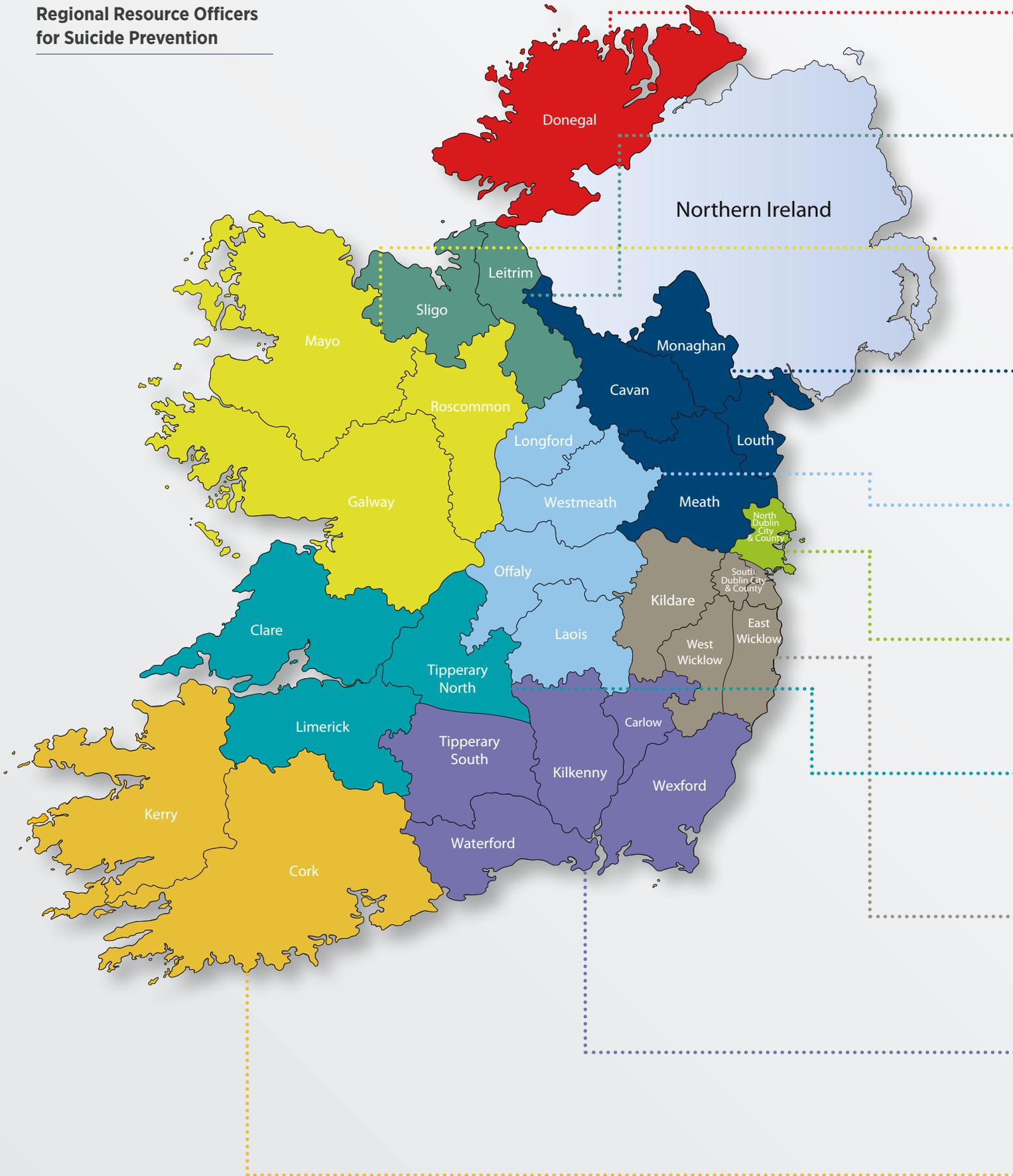
In 2013, the NOSP provided funding directly to community organisations through the new 'Community Resilience Fund'. This investment aimed to resource local programmes and services focused on supporting communities responding to suicide.

The Community Resilience Fund is a new area of investment by the NOSP, and in 2013 supported community based organisations responding to local needs. Funding was providing to projects in the areas of:

- Suicide bereavement support
- Mental health promotion
- Low-cost counselling
- Youth supports
- LGBT supports
- Adults in Direct Provision supports
- Regional suicide action plans
- Traveller's supports



Figure 3.5  
**Regional Resource Officers  
 for Suicide Prevention**



## **DONEGAL**

**Ms. Anne Sheridan** *Mental Health Promotion / Resource Officer for Suicide Prevention*  
Health and Wellbeing Division, HSE West, 1st Floor, St Conal's Campus, Letterkenny, Co. Donegal.  
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## **SLIGO, LEITRIM**

**Mr. Mike Rainsford** *Mental Health Promotion / Resource Officer for Suicide Prevention*  
HSE West, JFK House, JFK Parade, Sligo. Tel: 071 9135098. Email: michael.p.rainsford@hse.ie

## **GALWAY, MAYO, ROSCOMMON**

**Ms. Mary O'Sullivan** *Resource Officer for Suicide Prevention*  
HSE West, 64 Dominick Street, Galway. Tel: 091 560182. Email: mary.osullivan@hse.ie

## **LOUTH, MEATH, MONAGHAN, CAVAN**

**Mr. Garreth Phelan** *Resource Officer for Suicide Prevention*  
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## **LONGFORD, WESTMEATH, LAOIS, OFFALY**

**Ms. Josephine Rigney** *Resource Officer for Suicide Prevention*  
HSE Dublin Mid Leinster, Old Birr District Hospital, Birr, Co. Offaly.  
Tel: 057-93 57807. Email: josephine.rigney@hse.ie

## **NORTH DUBLIN CITY, NORTH DUBLIN COUNTY**

**Ms. Roisin Lowry** *Mental Health Promotion / Resource Officer for Suicide Prevention*  
Department of Health Promotion & Improvement, HSE Dublin North East, Nexus Building,  
Blanchardstown Corporate Park, Ballycoolin, Dublin 15. Tel: 01 8976121. Email: roisin.lowry@hse.ie

## **LIMERICK, CLARE, NORTH TIPPERARY**

**Ms. Bernie Carroll** *Resource Officer for Suicide Prevention*  
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## **SOUTH DUBLIN CITY & COUNTY, KILDARE, WICKLOW**

**Ms. Pauline O'Reilly** *Resource Officer for Suicide Prevention*  
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Dublin 24. Tel: 01 4632800. Email: pauline.oreilly@hse.ie  
Email: training.sdkw@hse.ie (Asist & SafeTalk training queries only).

## **WATERFORD, WEXFORD, KILLKENNY, CARLOW, SOUTH TIPPERARY**

**Mr. Sean McCarthy** *Resource Officer for Suicide Prevention*  
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## **CORK, KERRY**

**Ms. Helena Cogan** *Co-ordinator of Training & Support Services*  
Suicide Resource Office, HSE South, 'Nemetona', St. Stephen's Hospital, Glanmire, Cork.  
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## Regional Resource Officers for Suicide Prevention Highlights from their work in 2013

The following pages provide a glance at the work of the Regional Resource Officers for Suicide Prevention. This represents the diversity and scope of suicide prevention work undertaken at a regional level, and showcases the regional approaches to implementing national strategy at a local level.

### LIMERICK, CLARE, NORTH TIPPERARY

#### *Interagency working and responding to local need*

**The farming community:** In response to the challenges faced by the farming community, a two-hour mental health promotion and suicide awareness training programme was facilitated for local Irish Farmers Association branches. This awareness training programme enhanced participants' knowledge therefore increasing community capacity to promote positive mental health.

**Limerick Suicide Prevention Working Group:** This working group was formed as a result of the recognised need to draw together all groups and services working in the areas of mental health and suicide prevention in Limerick. The work of the group focused on creating a suicide safer community by promoting positive mental health; creating an awareness of suicide; delivering skills based training; and encouraging help seeking behaviours. Taxi drivers have been up-skilled in SafeTALK, thereby increasing community capacity to respond to people at risk of suicide.

**Communities bereaved by suicide:** This training programme provides advice and information for people bereaved through suicide, those supporting them and professionals working with them. This initiative was developed by the Regional Resource Office in response to the growing request from groups and individuals on how to support a community following a death by suicide.

### DONEGAL

#### *Well-being in Post Primary Schools*

A multi agency committee was established to support schools in implementing the Well-being in Post Primary Schools Guidelines. The committee, chaired by the Regional Resource Officer, includes representatives from NEPS, SPHE, Teachers Education Centre, ETB, JIGSAW, CAMHS, Psychology Service, Principals and Guidance Counsellors.

The overall aim of the committee is to support post-primary schools in Donegal in promoting the mental health and wellbeing of the school community through a co-ordinated, joined-up and collaborative interagency approach to the implementation of the Well-being in Post-Primary Schools Guidelines.

A poster was designed and distributed, describing the statutory agency supports available to post-primary schools. The poster was launched at a seminar for Principals and Guidance Counsellors in December 2013. The committee received overwhelming support from schools to continue to work together to improve the co-ordination of supports to them in the implementation of the Well-being Guidelines.



Principals & Committee members at the launch of the poster

## CAVAN, MONAGHAN, MEATH, LOUTH

### *Regional GP Vocational Training Scheme*

GPs are a pivotal element of an effective primary care service. A successful primary care function must focus on the protection and promotion of health, including mental health, rather than simply delivering a curative service. The GP Vocational Training Scheme, in the HSE Dublin North East Region, incorporates a module in health promotion.

The sessions introduce participants to the principles and concepts of mental health promotion, and raise awareness of the issues involved in suicide prevention and suicidal behaviour.

By the end of the mental health promotion sessions, participants have:

- Explored their attitudes and beliefs towards mental health promotion.
- Identified factors which influence mental health promotion in GP setting.
- Examined policy statements and other documents pertinent to mental health promotion.
- Identified services statutory and voluntary available including how to access them at local level.

By the end of the suicide behaviour awareness sessions, participants have:

- An awareness of the incidence of suicide and suicidal behaviour in Ireland and the HSE North East.
- An understanding of the myths and facts surrounding suicide.
- Identified the risk factors.
- Explored the role of mental health in suicidal behaviour.
- Identified factors which influence mental health.

## CORK, KERRY

### *Working to promote education and community resilience*

In 2013, the HSE South Regional Resource Office provided 105 education and training programmes in the areas of suicide prevention and self-harm care management to 2,135 frontline staff/services/organisations/individuals in Cork and Kerry. The programmes were delivered in partnership with the HSE South Mental Health Services, Community Work and Health Promotion Departments, alongside community partners. Mental health promotion focused on community resilience and included programmes and supports for the LGBT community, asylum seekers, Travellers, young people and people bereaved by suicide.

#### **Supports for the LGBT community:**

- Community education programme and volunteer training for lesbian women
- Subsidised counselling service
- Training and resources for healthcare practitioners
- Healthcare practitioner lesbian health awareness training
- Quick Reference Guide for Practitioners
- Working with issues facing gay men farming in rural Ireland, including isolation/mental health concerns, etc.

**Support for asylum seekers:** Series of workshops & sustainable social activity programmes with a focus on links to local groups and activities. Kerry Travellers Community Development and Health Project: Mental health promotion for Travellers in Kerry through outreach and training programmes.

**Youghal Family Centre:** Community Health Project: roll-out of the 'Mind Your Head' programme for young people, in partnership with Youthreach, Pobalscoil na Tríonóide and Foróige.

**Lighting the Way:** Information for those bereaved through suicide & resources for those working directly with individuals and families who have lost loved ones.

## WATERFORD, WEXFORD, KILKENNY, CARLOW, SOUTH TIPPERARY

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### *Suicide prevention action plans, training and expansion of services*

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**Self-harm intervention:** The Self-Harm Intervention Programme (SHIP) was expanded and rolled out across the counties of the South East region. SHIP is a free and confidential counselling service for people aged 16 or over with suicidal ideation or the impulse to self harm.

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**Local action plans:** During the year, local action plans for suicide prevention were finalised and launched in Kilkenny, Carlow and Tipperary South. Significant consultation work was undertaken in the Waterford County area for the development of a county and city-wide plan for Waterford. Significant support for these projects was accessed through the Community Resilience Fund of the NOSP.

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**Training:** During 2013 a total of 1,781 people received training through the Regional Suicide Resource Office, across a number of training programmes in suicide and self harm. One particular focus was STORM (Skills Training on Risk Management) of Self Injury being delivered to frontline staff groups, such as the National Education Psychologist Service (NEPS) and Mental Health teams in the region.

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**Interagency working:** The regional office continues to work closely with and support the other statutory bodies, the community and voluntary sector and others in addressing the issue of suicide prevention across the South East area.

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## SLIGO, LEITRIM

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### *Young people, social prescribing and community resilience*

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**Young people:** 'Mind Your Head', is a youth mental health initiative in development in Sligo and Leitrim. The aim is to raise awareness of mental health issues among young people and to develop better access to mental health supports for young people. A comprehensive report was undertaken by St. Angela's College, which identifies priority areas of need based on interviews and focus groups with young people across the region. The Mind Your Head Report will inform action planning to improve access to sources of support for young people. The successful 'Mind-Full of Health' youth doctor service based in the C.R.I.B., Sligo has already developed out of this initiative, and young people can now access GP and counselling support within a youth club setting.

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**Community resilience:** This initiative is part of a broader focus on strengthening community resilience, whereby local communities are supported to develop and promote health and wellness. A local website, [www.alive2thrive.ie](http://www.alive2thrive.ie), was launched in October to promote and support these initiatives and to act as an information portal for the local communities of Sligo and Leitrim.

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**Social prescribing:** In September a pilot project in Sligo town, Social Prescribing for Health and Wellbeing, was launched. Local GPs refer people with mild to moderate depression or anxiety to a social prescribing co-ordinator who meets with the person and explores community-based resources that could support mental health recovery for the individual. Community-based resources include men's sheds, walking groups, art groups, bibliotherapy and community gardens, and training programmes such as stress control and online cognitive behavioural therapy. It is envisaged that this initiative will eventually be extended to cover Sligo and Leitrim.

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## **SOUTH DUBLIN CITY & COUNTY, KILDARE, WICKLOW**

### ***Inter-agency community response, South Kildare***

In 2013 the HSE led an interagency community mental health response in the South Kildare area, in conjunction with County Kildare LEADER Partnership, following a number of tragic deaths in the locality. In addition to an early response for counselling and guidance, the interagency response has concentrated on engaging and communicating with the local community, particularly young people and their families, as well as putting in place services and supports that have been made available to all of the community.

The goal of the community response is to increase inter-agency and inter-disciplinary collaboration, bringing together professionals, agencies and the community to promote mental health and increase access to the uptake of specific services. Initiatives to date include:

- A successful youth counselling service was established in the local secondary school to support young people at an individual level and also collectively as part of the community.
- A new bus service was established and welcomed under the rural transport scheme, connecting isolated areas to urban centers.
- A bright spacious new premise for the local youth club has been secured and opened.
- SafeTALK and ASIST training was provided, increasing community alertness and capacity to respond to people at risk of suicide.
- A Mindfulness Programme for parents was very well attended and received.

This is an ongoing initiative which requires a coordinated response and the involvement of key stakeholders and agencies to address the underlying issues in the area in order to continue to promote a positive mental health approach among those who may be most at risk.

## **LAOIS, OFFALY, LONGFORD, WESTMEATH**

### ***Building on our strengths - resilience and empowerment***

The aim of this project, which is funded by NOSP and guided by a Steering Committee comprised of the Suicide Resource Officer, the Health Promotion & Improvement Manager and GROW management staff, is to develop a community resilience toolkit that can be used to guide communities in becoming more empowered and sustaining in relation to positive mental health promotion and well-being.

Longford Town was identified as the pilot location and a Project Development Officer was appointed to engage in community consultation. The consultation aims to identify the strengths and assets (protective factors) that support mental health and wellbeing within the town and give consideration as to how the factors identified can be further strengthened to enhance resilience at community level. This consultation process started in the last quarter of 2013, following a period of research and development work and initial findings are anticipated in 2014.

It is intended that the findings from the research will inform the development of a local 'community resilience action plan', which will look to build on the existing strengths and capacity within Longford town. Following roll out in Longford town, other areas will be considered for implementation of the project.

## **NORTH DUBLIN CITY, NORTH DUBLIN COUNTY**

### *Wellbeing of young people and their families*

Under the banner of Community Resilience, the Resource Officer for Suicide Prevention in Dublin North leads out on a broad range of mental health promotion programmes.

Building on 2012's work with the Fingal Leader Partnership (FLP), funding was secured to deliver a range of programmes for the North Fingal area. This area has the highest growing youth population and there is recognition from the HSE, FLP and local and voluntary groups for the need to continue to promote well-being at a community level.

In 2013, more teachers and youth leaders have been up-skilled in the MINDout training and also in safeTALK and ASIST. Parents have also been up-skilled in mental health, specifically in resilience building training and in safeTALK. The training improves capacity in the community, whereby people have the enhanced skills and knowledge to promote positive mental health.

In addition, the popular diary insert on positive mental health was re-produced and distributed to schools, alongside calendars and wall charts. A directory of services in Fingal was produced, with Children First, for professionals and parents. The directory highlights more than 100 services for young people.

## **GALWAY, MAYO, ROSCOMMON**

### *Responses to suicide*

#### **Suicide Bereavement Support for Families:**

In 2012 the Mayo Suicide Liaison Project was set up to provide a co-ordinated response for families following a death by suicide in the County.

It offers early support, information and signposting to families affected by suicide.

An interagency protocol has been developed to support the implementation of this service.

The Mayo Suicide Liaison Project is being provided through the Family Centre in Castlebar, funded by the National Office for Suicide Prevention.

Other local community groups have formed and continue to be active such as the Galway East Life Support Group, based in Ballinasloe, Co. Galway. Choose Life Reach Out in Ballina, Co. Mayo, Westport Mental Health Promotion Group and SOS Elphin, Co. Roscommon.

#### **Suicide Prevention Code of Practice:**

Suicide prevention code of practice training was delivered to Family Resource Centre staff and volunteers in Galway and Mayo.

#### **'Mayo Be Well' Campaign:**

This well-being campaign was launched in January 2013. It was developed by the Mayo Suicide Prevention Alliance, a group which first formed in Mayo in 2009. The Alliance represents a coming together of many voluntary, community and statutory groups who have been involved in mental health promotion and suicide prevention initiatives in Mayo. This campaign used both radio and print media, and the website mayobewell.org was also launched providing useful information and resource material.



Launch of 'Mayo Be Well' Campaign

## 3.6 PROVISION OF SERVICES FOR PEOPLE WHO NEED SUPPORT

### Introduction

The NOSP funds a number of frontline services that respond to individuals in crisis or who have been bereaved by suicide. The development and resourcing of an effective response for people who present to services having engaged in self-harm is critical to reducing rates of suicidal behaviour in Ireland. This section highlights some of the frontline services funded by the NOSP in 2013.

### Samaritans

Samaritans recorded 245,510 dialogue contacts on its telephone system in the Republic of Ireland between November 2012 and October 2013. This is the equivalent of receiving three calls from everyone in the crowd in Croke Park on All-Ireland final day.

Services are available by telephone, email, letter, SMS texts and through face-to-face support in Samaritans' 13 branches throughout the Republic of Ireland. People contact Samaritans about a wide range of issues, including depression, relationship and family issues, loneliness, physical and mental health issues, alcohol, drugs, self-harm, financial worries, illness, issues around sexuality, as well as suicidal thoughts and feelings.

The 116 123 free-to-call Samaritans helpline came about following a decision by the European Commission to reserve a common telephone number for emotional support helplines in all EU member states. It is expected that the project will be rolled out nationwide in early 2014.

Phase Two of the 116 123 free-to-call project is underway and was piloted throughout 2013. This phase uses a direct divert system where organisations can forward their helpline to Samaritans when their own helpline is unavailable. The caller will automatically be directed to Samaritans' helpline. This system is well established with LGBT organisations and will soon be available through AWARE. It is planned to add further services next year.



Ms Catherine Brogan (Samaritans Executive Director for Ireland) and Minister Kathleen Lynch at the launch of the free to call Samaritans emotional support helpline

In 2013, the Listener Scheme celebrated its eleventh anniversary in Ireland. Currently, Samaritans provides Listener Schemes and direct prison support in eight prisons.

Visit [www.samaritans.org](http://www.samaritans.org) for more information.

## Pieta House

Pieta House provides face-to-face, free of charge, therapeutic service for people in the acute stages of distress. Their main objective is to provide accessible crisis intervention services where self and third-party referrals are accepted.

Pieta House continues to work with the HSE/NOSP to build capacity and to deliver integrated services that are collaborative and client centred, and work with statutory and community organisations toward the provision of information and training in the specialist areas of self-harm and suicide. In 2013, Pieta House opened three new centres in Tipperary, Galway and Cork, and have plans to open another centre in Kerry in early 2014.

The Pieta House services respond to people who feel isolated and who are reacting to challenging life events and who may be at a raised risk of suicide and self harm. The service provides an anchor in local communities for people who are in crisis and supports them to work towards their own recovery.

Pieta House provides Outreach Centres in Finglas, Tallaght and Ballyfermot. As of the end of 2013, 323 clients had completed treatment in the Outreach Centres and 259 clients were in treatment. Almost 3,800 people were referred to Pieta House in 2013. The majority of referrals to Pieta House came from the distressed person, family or friends. The service also received referrals from GPs, hospitals, mental health services and hospital A&E departments.

Visit [www.pieta.ie](http://www.pieta.ie) for more information.

## MyMind - Centre for Mental Wellbeing

MyMind, Centre for Mental Wellbeing, is a community based, not-for-profit mental health service provider offering accessible and affordable mental health care for those in need. The three pillars of the service consist of:

- Face-to-face counselling and psychotherapy sessions, which make up the bulk of the service.
- Online services in the form of live chat, free of charge email support, and online consultations via Google Hangout.
- MyMind at Work, which focuses on bringing emotional wellbeing to the workplace.

In 2013, MyMind provided 1,602 clients with 9,061 appointments. Additionally 2,584 emails and 8,486 chat messages were answered through the e-MyMind service in 2013, an increase of over 100% since 2012.

MyMind offers affordable consultations to clients in many different languages, enabling people to converse in their native tongue. This has proven to be an extremely popular and beneficial service as many clients are not native English speakers.

In April 2013, MyMind launched their third national centre in Cork, and provided over 1,000 appointments by the end of December 2013, with client numbers increasing month on month.

Towards the close of 2013, MyMind redeveloped the MyMind at Work initiative, which seeks to promote mental wellbeing through a series of talks, seminars and workshops that focus on emotional resilience. Pilot programs have been lined up for January 2014.

Visit [www.mymind.org](http://www.mymind.org) for more information.

## LGBT Helpline

The LGBT Helpline is a non-judgmental and confidential service providing listening, support and information to lesbian, gay, bisexual and transgender (LGBT) people, their family and friends, and to those who are questioning if they might be LGBT. The National LGBT Helpline service is provided by a network of trained volunteers.

In 2013 the LGBT Helpline service received over 6,000 calls to the telephone helpline and almost 29,000 web visits. Calls and web visits were received from every county in Ireland and the majority of contacts were for support and information from lesbian, gay, bisexual and transgender people and their family members.

Working with six local LGBT helplines, the LGBT Helpline expanded its existing services through working collaboratively with other mainstream support services, mainly:

- Samaritans Ireland – piloting of the Samaritans direct dial initiative – allowing callers to the LGBT Helpline direct dial access to Samaritans outside the LGBT Helpline’s opening hours. From July to December 1,121 calls directly transferred through to Samaritans through this system.
- Turn2me.org - through this partnership both organisations are actively promoting and signposting to the other’s service and Turn2me.org established an LGBT specific weekly online support group, which is promoted through the LGBT Helpline.

Visit [www.lgbt.ie](http://www.lgbt.ie) for more information.

## SCAN: Suicide Crisis Assessment Nurse

SCAN provides a fast-track, accessible and responsive specialist mental health nursing service in Primary Care (usually with GPs) for adults experiencing self-harm/suicidal crisis.

Based on a comprehensive assessment, decisions relating to the appropriate care pathway for the patient are agreed.

Following the positive evaluation of a number of the SCAN pilot sites, 8 additional SCAN sites were identified in 2013 for development.

## **Turn2Me - Online mental health community**

Turn2Me is an online mental health community providing moderated peer-to-peer forums, online support groups, an online mood measuring tool, online 1-1 counselling and information on positive mental health and suicide prevention.

In 2013, the service expanded the online support groups to include anxiety, depression, suicidal thoughts and feelings, LGBT issues, loss and bereavement, rural isolation, and general mental health. This was as a result of their collaboration with partner organisations and to meet identified needs.

Also in 2013, Turn2Me was supported by NOSP to provide free online counselling to males in the 25 to 60 age group. With the introduction of their pilot online counselling programme in September, 70 people were accepted onto the pilot free online counselling programme. Each client was offered 8 online counselling sessions and the service reached its target of providing 30 online counselling sessions per week.

Membership of Turn2Me has increased by over 3,000 in 2013, bringing the total of those registered on the site to over 28,000. Forum posts have increased to approximately 1,500 per week. There has also been increased attendance at online support groups and increased requests for online counselling.

In promoting the free online counselling service, Turn2Me established collaborative working with several partner organisations including Men's Sheds, the National Traveller Suicide Awareness Project, the National LGBT Helpline and the Samaritans.

Visit [www.turn2me.org](http://www.turn2me.org) for more information.

## **The ISPCC - Childline**

The ISPCC works with young people, throughout all its services, on building positive mental health, developing social networks and thereby reducing self-harming and suicidal thoughts.

Childline is an active listening service for children and young people up to the age of 18. It is a universal service, which is preventative in nature. In 2013, Childline received funding from the National Office for Suicide Prevention. With this funding they were able to upgrade Childline Online and also utilized this funding to increase their volunteer numbers. This meant they could expand the opening hours of Childline's 'live' web and text services. These services are now available from 10am -10pm daily.

In 2013, Childline responded to 463,396 contacts from children, across its range of services. Throughout 2013 there were a significant number of contacts from children talking about abuse and welfare, with 13.5% of phone contacts and 12.5% of online contacts relating to this area. Another cause for concern was the number of contacts about mental health issues, with 9% of phone contacts and 17.5% online contacts relating to this area.

## 3.7 RESPONDING TO SUICIDE

### Introduction

The time after a death by suicide is extraordinarily difficult for those bereaved by suicide. The provision of appropriate services is necessary to support families and communities. The range of bereavement support services varies greatly - from professional one-to-one psychotherapy services, to organising community support services, to supplying people with printed information.

### Console - Bereavement Counselling

The NOSP provides direct funding to Console for the provision of bereavement counselling to those affected by suicide in Ireland, primarily through face-to-face services. The total number of service contacts undertaken by Console in 2013 was 14,574, with approximately 75% of service users being female. The majority of these contacts were for face-to-face counselling. Just over 4,000 individuals attended Console support groups. Referrals received in 2013 increased by 41% in comparison to 2012.

Console provides direct counselling services in Dublin, Cork, Limerick, Galway, Wexford, Athlone, Tralee, Mayo and Kildare and in additional outreach centres. Telephone support is provided through a call centre in Dublin. Console currently provides;

- Individual, couple and family counselling or therapy for anyone in suicidal crisis or bereaved through suicide, at any Console Centre location. Child psychotherapy services for children and adolescents in suicidal crisis or who have been bereaved by suicide. Console collaborates closely with Child and Adolescent Mental Health Service (CAMHS) services nationwide, and children as young as 6 attend Console, particularly when they have lost a sibling or parent to suicide.
- Practical information for people who have been bereaved by suicide including guidance, literature and other resources.
- On-going support groups or therapeutic grief programmes for anyone bereaved by suicide.
- Professional workshops, presentations, seminars and conferences.
- The Console 24/7 Freephone suicide helpline (1800 247 247) for anyone in crisis, bereaved by suicide or concerned about another.



Gerry Raleigh, Director of NOSP & President Michael D Higgins, Patron of Console, at the Console Conference

Visit [www.console.ie](http://www.console.ie) for more information.

## **Mayo Suicide Liaison Project**

The aim of the Mayo Suicide Liaison pilot project is that when a suicide occurs, a liaison worker will be available to the family to help them in sourcing support or actually becoming that support directly. The project provides a co-ordinated response for families following a death by suicide.

In 2013, An Taoiseach Enda Kenny T.D. agreed to formally launch the project. From January to December 2013, the project liaison worker met with 35 families comprising a total of 50 adults (including three aged 65+ years) and 28 children (aged 6-18 years).

Building on the learning and experiences in Mayo and with further funding from NOSP, the Suicide Liaison service is (in collaboration with Console) being expanded to Donegal, Sligo, Leitrim, Limerick, North Tipperary and Clare.

## 3.8 POLICY INFLUENCE

### Introduction

Influencing policy-makers and key players regarding mental health promotion and suicide prevention is a key objective of the NOSP. The NOSP acts as the lead advisory department within the HSE on matters relating to suicide prevention. The NOSP works on an ongoing basis to monitor and influence policy on issues relating to suicide prevention and support, using research findings where possible to ensure that policy is targeted and responds effectively to the needs of those at risk of or affected by, suicide.

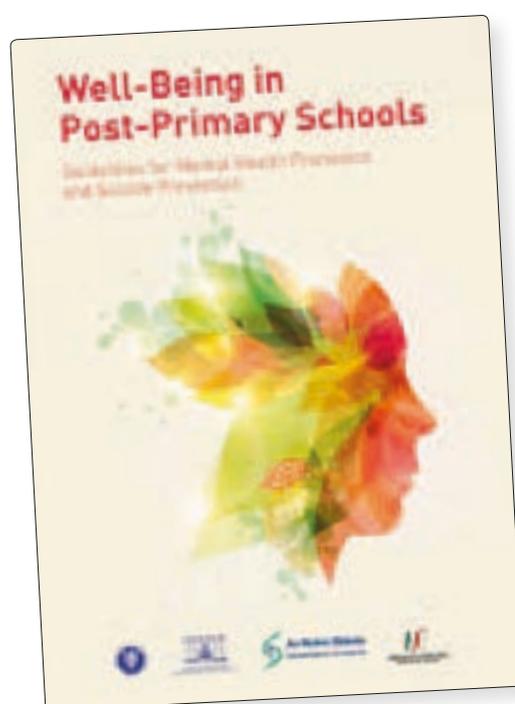
In 2013, the NOSP team spoke at Dáil committees, Union conferences, HSE Regional Health Forums and engaged with the Coroner's Association.

### Guidelines for mental health & suicide prevention for post-primary schools

The *Well-Being in Post-Primary Schools* Guidelines for Mental Health Promotion and Suicide Prevention were launched in 2013. The Guidelines provide practical guidance on how post-primary schools can promote mental health and well-being.

Schools are in a unique position to identify and support those who are experiencing distress and to provide an environment that encourages young people to bring to attention any incidents or issues of concern. It is important to recognise that mental health and well-being are not the sole responsibility of schools. Parents and the wider school community also have complementary roles, each supporting the other.

The Guidelines were developed in partnership between the Department of Education and Skills, the HSE and the Department of Health. The document provides a clear framework, with information for schools and agencies supporting schools, on how to address issues of mental health promotion and suicide prevention. The Guidelines are for all members of the school community, boards of management and in-school management teams who play a central leadership role in mental health promotion. The document will also be useful for statutory and non statutory



partners, parents, parents' associations, students, student councils, health professionals and other personnel who are seeking an understanding of how to best work in and with schools.

Copies of the guidelines are available to download from [www.education.ie](http://www.education.ie).

## Men's Health Forum - Young men and suicide report

The Men's Health Forum in Ireland ([www.mhfi.org](http://www.mhfi.org)) is a charity which works on an all-Ireland basis to enhance the health of men and boys. It is a voluntary network of individuals and organisations, men and women, which seeks to identify the key concerns relating to male health and to increase understanding of these issues. Every year, the Forum coordinates Men's Health Week activity on the island of Ireland.

In 2013, the Young Men and Suicide Project report was published by the Men's Health Forum and the National Centre for Men's Health, Institute of Technology Carlow. The Young Men and Suicide Project report was an all-Island study jointly funded by the NOSP and the Public Health Agency Northern Ireland.

The report highlighted key policy and service recommendations, including:

- Develop and promote positive models of mental health that are specifically targeted to boys and young men.
- Adopt a whole-of-government, joined-up approach, to young men's mental health.
- Plan services and programmes for and with young men, and work on developing trust and safety through the creation of non-threatening and male-friendly environments.
- Target early intervention and the provision of appropriate services at those most at risk.
- Expand interventions that tackle alcohol and substance misuse in young men.
- Challenge traditional masculine ideology that is associated with impaired help-seeking behaviour in young men.
- Incorporate role models and marketing into suicide prevention work with young men.
- Have a more explicit focus on peer support and mentoring in suicide prevention work with young men.
- Promote and encourage the use of safe and responsible online resources in mental health promotion and suicide prevention work with young men.
- Develop a one-day training programme for all frontline staff on how to effectively engage with young men.
- Ensure that research underpins all on-going and future work in the area of suicide prevention with young men.
- Identify and nominate a body to coordinate and oversee future developments in mental health promotion work with young men.

Visit [www.mhfi.org](http://www.mhfi.org) for more information.

## Alcohol Action Ireland

Alcohol Action Ireland aims to highlight how the level of harmful drinking and the normalization of heavy drinking in Ireland are detrimental to resilience and coping skills throughout the population and how this exacerbates the difficulties of those with poor mental health.

The 2013 Alcohol Action Ireland annual conference focused on alcohol and mental health and particularly the link between heavy drinking and self-harm and suicide. Highlighting the links between harmful, habitual and binge drinking and anxiety, depression, self-harm and suicide is an aspect of discussion around suicide which cannot be highlighted often enough.

Professor Ella Arensman (National Suicide Research Foundation) was the key note speaker and her key findings relating to patterns of self-harm and patterns of binge drinking were:

- Alcohol contributes to increasing rates of self-harm and it causes increased self-harm at specific times in the year.
- There is a consistent pattern of peaks of self-harm (50 or more self-harm presentations to hospital) on public holidays or the day after, such as January 1st, March 17th and 18th and June 5th.
- Reducing adolescents' heavy drinking should reduce their rate of deliberate self-harm by at least 17%.

The huge concern around suicide and self-harm in Ireland is not matched by an understanding of the factors that contribute to poor mental health – the high level of alcohol consumption and the prevalence of binge drinking in Irish society is a key factor in poor mental health, particularly amongst adolescents. Highlighting this aspect of the issue helps to broaden the understanding of how mental health should be addressed; and to reaffirm that prevention is as important as treatment.

Visit [www.alcoholireland.ie](http://www.alcoholireland.ie) for more information.

*Highlighting the links between harmful, habitual and binge drinking and anxiety, depression, self-harm and suicide is an aspect of discussion around suicide which cannot be highlighted often enough*

## LGBT good practice guide for Irish mental health services

GLEN is a policy and strategy focused NGO which aims to deliver ambitious and positive change for lesbian, gay and bisexual people (LGB) in Ireland, ensuring full equality, inclusion and protection from all forms of discrimination.

GLEN has worked with a number of agencies, professional bodies and LGBT organisations to develop a range of resources for professionals, services and LGBT people.

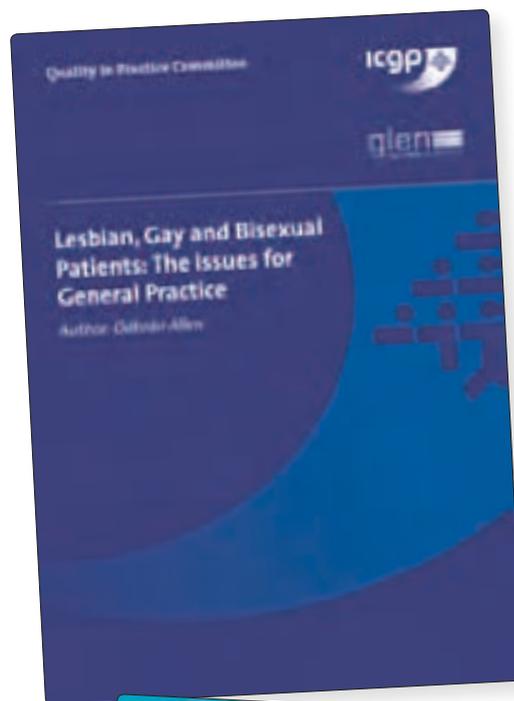
The GLEN Mental Health Programme takes a partnership approach, aiming to mainstream LGBT issues and develop targeted responses where appropriate, working with a wide range of agencies including the HSE and NOSP, professional and regulatory bodies in the mental health sector, statutory and voluntary mental health services and LGBT community organisations.

In 2013 GLEN, in partnership with the Mental Health Commission, produced an LGBT Good Practice Guidelines for staff working in mental health services. The guide is structured around the eight themes of the Mental Health Commission Quality Framework for mental health services.

As part of the ICGP periodic review of guidance documents for members, GLEN revised the guidelines for GPs. *LGBT Patients: The Issues for General Practice* was launched by the ICGP at its Annual Conference in May 2013. The guide is available for all new members of the ICGP and supports the teaching of new GPs and continuing medical education of existing practitioners.

In September, GLEN was the first ever LGBT group to have a stand at the National Ploughing Championships, and partnered with Macra na Feirme to produce a mental health guide for LGBT people living in rural Ireland - *LGBT People in Rural Ireland: Promoting Positive Mental Health*.

Visit [www.glen.ie](http://www.glen.ie) for more information.



## Cyberbullying Literature Review

In 2013, the NOSP and the Department of Education and Skills commissioned a literature review on *“The prevalence and impact of bullying linked to social media on the mental health and suicidal behaviour among young people”*.

The primary objectives of the literature review were to determine the risk factors and impacts of cyberbullying for school aged children and to investigate the most effective means of intervening in cases of cyberbullying and ways to prevent it.

Cyberbullying is generally found to be less prevalent than traditional forms of bullying, but most young people involved in cyberbullying also tend to have experience of traditional bullying, either as victims or as bullies. In Ireland, approximately 23% of children report experiencing traditional bullying whereas just 4% of this group report experiencing cyberbullying, although this rises to 9 or 10% for mid adolescents (Livingstone & Haddon, 2009).

- The major impacts for cyber bullies appears to be the longer term links to substance misuse, criminal activity and poor physical health outcomes.
- For victims, there is an association between being cyberbullied and experiencing higher levels of depression and suicidal ideation and social isolation. However, research has not found any direct causal link between cyber victimisation and suicidal ideation. Experiencing cyberbullying is most likely to be one of a complex range of factors that contribute to poor mental health and self harm or suicidal ideation in young people.
- Bully-victims are most at risk of experiencing poor peer relationships, which impacts generally on their social lives and development and may be more likely to exacerbate their victimisation by responding in aggressive ways.

- In terms of gender differences it appears that girls are at greater risk of negative impacts of being cyberbullied but may be more likely to seek support than boys, which can help to buffer these impacts.
- There is insufficient research with younger children and older adolescents to determine whether there are age differences in intensity of impacts or not.

A number of strategies can be used to prevent cyberbullying and assist in developing effective coping strategies to help reduce the negative impacts of cyberbullying. Strategies aimed at parents are focused around parents educating themselves on the warning signs that their children may be involved in cyberbullying and becoming more technologically knowledgeable. In addition it is recommended that parents talk openly with children about cyberbullying and what to do in the event that they encounter it.

As cyberbullying appears to be closely tied to traditional bullying it is likely that already established anti-bullying interventions will also impact on cyberbullying and that entirely new programmes are not necessary. Cyberbullying is likely to add to the distress felt by young people who are experiencing mental health difficulties and who may need help and support from family, school and community stakeholders. However, it should be remembered that not all young people in need of support are involved in cyberbullying and not all of those involved in cyberbullying will show signs of distress.

## National Suicide Research Foundation

The National Suicide Research Foundation (NSRF) published its Annual Report of the National Registry of Deliberate Self-Harm and the Second Report of the Suicide Support and Information System in November 2013. The two reports underline the importance of real-time information systems for self-harm and suicide, so that health services and communities can more quickly identify changes in risk factors and clusters of self-harm or suicide and plan services and appropriate responses accordingly.

The Second Report of the Suicide Support and Information System (SSIS) records information on all consecutive cases of suicide in Cork City and County.

The National Registry of Deliberate Self-Harm is based on data collected on persons presenting to hospital emergency departments as a result of deliberate self-harm in 2012. Since 2006, all general hospital and paediatric hospital emergency departments in Ireland have contributed to the Registry.

In 2013, the NSRF co-ordinated 21 research projects in the area of suicide, self-harm and related mental health issues including the evaluation of intervention and prevention programmes.

Visit [www.nsr.ie](http://www.nsr.ie) for more information.

## Media guidelines on suicide reporting in Ireland

The Irish Association of Suicidology (IAS), in partnership with Samaritans, produced and printed revised media guidelines on suicide reporting in Ireland. These guidelines provide a valuable resource for those in the media who have any involvement with the reporting or portrayal of suicide. The guidelines also represent an important source of information to help ensure that the quality of reporting and portrayal on this important and sensitive topic is of a high standard.

The Guidelines were launched in Northern Ireland at the IAS Annual Conference in Derry on 9th October 2013 and are due to be launched in the Republic of Ireland in early 2014, in conjunction with NOSP and Samaritans.

## Accreditation/standards

The Irish Association of Suicidology (IAS) was commissioned to develop a business model for the sustainable introduction of accreditation standards for organisations operating counselling and other support services around suicide and self-harm in Ireland. Based on the model, the IAS made recommendations to the NOSP as to how accreditation standards might be delivered upon in 2014 and beyond.

## Family Resource Centres

The Family Resource Programme is delivered through a network of 106 Family Resource Centres (FRCs) that are located across the country. The programme aim is to combat disadvantage and improve the functioning of the family unit.

FRCs are committed to the prevention of suicide, and mental health promotion. As a result, they have worked closely with the NOSP and the Regional Officers in Suicide Prevention to deliver initiatives nationally, regionally and in local communities as part of 'Reach Out'.

This NOSP supported project is now in phase two and involves: (i) the roll-out of training to support implementation of the Suicide Prevention Code of Practice in all Family Resource Centres, and (ii) the development of a national framework for mental health promotion between the Family Resource Centre Programme, the Child & Family Agency and the HSE.

The target group of the National FRC Mental Health Promotion Project is staff members and volunteers in Family Resource Centres. A key aim of the Project is to build and maintain a high level of skills and knowledge around suicide prevention and mental health promotion in order to fully meet the needs of the groups and individuals supported.

*A key aim of the Project is to build and maintain a high level of skills and knowledge around suicide prevention and mental health promotion*

## Visit of Klimaka Suicide Prevention Team, Athens, Greece

The Klimaka Suicide Prevention team, from Athens, arrived in Ireland on 11th November. The visit was organised via the Leonardo Da Vinci Programme as part of the Lifelong Learning Programme funded by the European Commission.

The Klimaka team stayed in Ireland for 5 days and visited many suicide prevention agencies in that time. The team met with the National Suicide Research Foundation in Cork; Mary O'Sullivan, Resource Officer for Suicide Prevention in Galway; Jigsaw in Galway city; Pieta House in Lucan; and Samaritans, Inspire Ireland and GLEN in Dublin.



The Klimaka team on their visit with Ms. Catherine Brogan Samaritans Executive Director for Ireland and Ms. Paula Skehan, NOSP

## 3.9 REACH OUT ACTION AREAS

This section reports on activities up to and including 2013 under the Action Area headings in *Reach Out* – available on [www.nosp.ie](http://www.nosp.ie).

*Reach Out*, the suicide prevention strategy for Ireland, comprises 26 action areas, with 96 actions over the ten-year period 2005 to 2014, and covering three phases. The table below provides a summary of key activities undertaken in each action area of the strategy.

	Action Area	Activity
	<b>Level A</b> <b>GENERAL POPULATION APPROACH</b>	
1	<b>THE FAMILY</b> To improve support to all families in Irish society, especially those socially excluded and those in crisis.	The NOSP has funded the Family Resource Centres, based in the HSE West, to develop a national code of practice for Family Resource Centres nationwide. This code of practice has been published.
2	<b>SCHOOLS</b> To promote positive mental health, develop counselling services and put standard crisis response protocols in place in all primary and secondary schools.	The HSE, Department of Education, and Department of Health published “ <i>Well-being in Schools: National guidelines for mental health promotion and suicide prevention in post primary schools</i> ”. Discussions have commenced internally within the HSE on how the guidelines can be supported by the organisation. The guidelines outline how schools can develop a whole-school approach to mental health promotion, including information on systems necessary to support young people with mental health difficulties and how schools can respond to a young person in crisis.
3	<b>YOUTH ORGANISATIONS AND SERVICES</b> To equip the youth sector with the resources needed to provide support to all young people, especially those who may be disadvantaged or at increased risk and to reflect the voice of young people in the planning and developing these services.	The NOSP continued to provide direct funding to the National Youth Council of Ireland, the Young Social Innovators, Inspire Ireland, SpunOut and BeLonGto. This funding is provided for a range of supports, training and mental health promotion programmes to youth leaders and young people in out-of-school settings, including online resources.
4	<b>THIRD-LEVEL EDUCATION SETTINGS</b> To promote positive mental health, develop counselling services and put standard crisis response protocols in place in all third-level education settings, and to establish mental health issues as part of the appropriate third-level curricula.	The PleaseTALK ( <a href="http://www.pleasetalk.ie">www.pleasetalk.ie</a> ) campaign continued in all third-level settings in Ireland. The online campaign aims to provide information to third-level students on supports available within the universities and colleges they attend. The campaign is delivered by student support services, Inspire Ireland and the Union of Students in Ireland. PleaseTALK has been funded by the by the NOSP since 2007.

5	<p><b>WORKPLACES</b> To promote positive mental health, employee supports and crisis readiness in all places of work.</p>	<p>The NOSP continued to provide mental health awareness information and training as well as guidance to workplaces on suicide prevention. The Office focused on supporting government agencies, financial institutions and other organisations working with clients impacted by the economic downturn.</p> <p>400 people received the NOSP-funded workplace training delivered by See Change in 2013.</p>
6	<p><b>SPORTS CLUBS AND ORGANISATIONS</b> To develop the potential of sports clubs as settings for positive mental health promotion.</p>	<p>The NOSP, in partnership with HSE Health Promotion and the GAA, commenced the development of a model for using sports clubs as a setting for promoting mental health. Guidelines were developed for responding to suicide within sports clubs. Broader discussions have commenced, with national sporting organisations, to ensure:</p> <ul style="list-style-type: none"> <li>- suicide prevention is mainstreamed for coaches;</li> <li>- four national sporting organisations have critical incident plans across all structures;</li> <li>- and each organisation carries the key message of NOSP's new social marketing campaign, to be launched in 2014.</li> </ul>
7	<p><b>VOLUNTARY AND COMMUNITY ORGANISATIONS</b> To develop formal and structured partnerships between voluntary and community organisations and the statutory sector in order to support and strengthen community based suicide prevention, mental health promotion and bereavement support initiatives.</p>	<p>The NOSP funded the Irish Association of Suicidology to complete a consultation report on an accreditation model for voluntary organisations working in suicide prevention. Draft standards have been completed and work will commence on how an accreditation system can be established for the sector.</p> <p>The HSE published guidelines for community organisations on responding to suicide, entitled: '<i>Suicide prevention in the community: A practical guide</i>'. It is estimated that almost 30,000 people have attended ASIST workshops since 2004, and more than 26,500 people have attended safeTALK since 2006.</p>
8	<p><b>CHURCH AND RELIGIOUS GROUPS</b> To support the role of churches and religious groups in providing pastoral care to the community and in promoting positive mental health, especially in the aftermath of a suicide.</p>	<p>Members of religious groups continued to attend ASIST programmes. In addition, many religious groups within communities provide support to families bereaved by suicide.</p>
9	<p><b>MEDIA</b> To develop alliances with the media so that potentially harmful media portrayal of suicidal behaviour is avoided and that the unhelpful portrayal of the issue is discouraged.</p>	<p>The NOSP continued to disseminate the <i>National Media Guidelines on the Reporting of Suicide</i>, developed by Samaritans and the IAS. The latest version of the Guidelines are to be launched in early 2014.</p> <p>Headline, the media monitoring programme, continued to educate journalists and media outlets; to monitor media reporting of suicide within the Irish media; and to report breaches of national guidelines to relevant stakeholders.</p> <p>In 2013, 350 participants attended the NOSP funded training on media reporting of suicide. This training is delivered to media outlets, NUJ journalists and media students.</p>

10	<p><b>REDUCING STIGMA AND PROMOTING MENTAL HEALTH</b></p> <p>To reduce the stigma associated with suicidal behaviour and emotional distress that exists in every sector of society from public office to health professionals and among the general public and promote positive mental health.</p>	<p>The NOSP continues to implement two national mental health social marketing campaigns.</p> <p>A communications advisory group has been established within the HSE to develop a new communication strategy focused on suicide prevention and to further develop existing social marketing campaigns. HSE continues to support the See Change National Anti-Stigma Campaign. In 2014 the campaign will focus on workplaces and health professionals who are deemed to be at risk of suicidal behaviour.</p> <p>The NOSP funds the Wellness Workshops delivered by SOS, and over 2000 people have attended the programme in the last three years.</p> <p>In addition the NOSP funds the stress control workshops delivered by the HSE Psychology Service.</p>
11	<p><b>PRIMARY CARE AND GENERAL PRACTICE</b></p> <p>To support the development of mental health care within primary care services and to develop suicide prevention awareness and skills training for primary care workers.</p>	<p>In 2013, the NOSP and the ICGP launched a standardised suicide prevention training programme for general practice staff, including General Practitioners and practice nurses. In 2013, the programme was distributed to over 36 CME tutors, 110 assistant group tutors and 400 GP trainers. Over 200 GPs accessed the programme online in 2013.</p> <p>The programme was launched to practice nurses in November, with over 600 pre-registered practice nurses to be enrolled to access the programme in 2014.</p>
<p><b>Level B TARGETED APPROACH</b></p>		
12	<p><b>DELIBERATE SELF-HARM</b></p> <p>To develop and resource an effective response in the health services for people who present to services having engaged in deliberate self-harm and design ways to reach out to those who self-harm but who are reluctant to access traditional services and supports.</p>	<p>The NOSP continued to provide direct input into the HSE National Mental Health Clinical Care programme, focused on developing standardised responses for people who present with self-harm to Emergency Departments. The NSRF, in partnership with the Mercy Hospital in the HSE South, developed a pilot training programme for staff working in Emergency Departments.</p> <p>The HSE Mental Health Division will deliver on this action as part of HSE National Service plan and through the Clinical Care programme.</p> <p>The NOSP funds Pieta House to provide counselling to people at risk of suicidal behaviour. In 2013, the organisation saw over 3667 clients: 2078 females and 1587 males (from Jan 1st until Nov 30th).</p> <p>The NOSP commenced roll-out of a new self-harm awareness programme in late 2013. This programme will be targeted at youth services, schools and parents. In addition, in 2013, the NOSP produced new information resources for parents and families on responding to self-harm. The resources will be distributed with the new programme and as part of the clinical care programme. Our target is to have 2000 people trained in the new programme in 2014.</p>

13	<p><b>MENTAL HEALTH SERVICES</b> To improve mental health service provision, especially in the areas of community mental health teams, pre-discharge assessment from in-patient services and follow-up support.</p>	<p>The HSE Mental Health Division will deliver on this action as part of HSE National Service plan.</p>
14	<p><b>ALCOHOL AND SUBSTANCE ABUSE</b> To challenge permissive, harmful attitudes to alcohol abuse, help to reduce overall consumption rates and raise awareness of the association between alcohol and/or substance abuse and suicidal behaviour.</p>	<p>The NSRF completed a detailed analysis of the impact of alcohol on self-harm rates within Ireland. The publication of the new Substance Misuse Strategy in 2013 will deliver on this action area.</p>
15	<p><b>MARGINALISED GROUPS</b> To determine the particular vulnerability of socially excluded, marginalised groups in society to suicidal behaviour and develop supports to counteract that vulnerability.</p>	<p>The NOSP continued to implement the Suicide Prevention Programme targeted at the Traveller community. The programme received additional NOSP funding in 2013, to allow for more intensive targeting of men at risk of suicide within the Traveller community. The Office continues to fund work in the LGBT community specifically around LGBT youth; the outcomes of this work will be evaluated in 2014.</p>
16	<p><b>PRISONS</b> To reduce the level of suicidal behaviour in prisons as recorded by the Irish Prison Service and the NSRF.</p>	<p>The Irish Prison Service, in partnership with the HSE and the Psychiatric Nursing Association, continued its roll-out of the STOP (Suicide Training Overview for Prisons) programme, with training delivered across the Irish Prison Service. The content of the programme was revised in 2012. Delivery of the programme will be ongoing in 2014.</p>
17	<p><b>AN GARDA SÍOCHÁNA</b> To support the Gardai in all aspects of their work related to suicidal behaviour.</p>	<p>The NOSP, through the Resource Officers for Suicide Prevention in the HSE West, continued its partnership with the Irish Garda Training College to ensure that ASIST training is offered to members of An Garda Síochána. All new recruits will receive ASIST training and over 180 current members of the force receive the training on an annual basis.</p>
18	<p><b>UNEMPLOYED PERSONS</b> To support the development of services and programmes for unemployed people to help increase resilience and reduce the risk of engaging in suicidal behaviour.</p>	<p>The HSE funds the MOJO project, which has been shown to improve the mental health of men who are unemployed. Discussions have commenced with national government agencies on how this exemplar project can be mainstreamed. 80 men attended the programme in South Dublin alone in 2013, all men, and the evaluation of the programme demonstrated it improved the mental health of participants and improved their ability to access services.</p> <p style="text-align: right;"><i>Continued overleaf</i></p>

18	<p><b>UNEMPLOYED PERSONS</b> <i>(Continued)</i></p> <p>To support the development of services and programmes for unemployed people to help increase resilience and reduce the risk of engaging in suicidal behaviour.</p>	<p>The HSE, through the Department of Social Protection (DSP), are providing SafeTALK to frontline staff working with people who are unemployed or impacted by the recession. Over 300 staff have been trained to date in the programme. The DSP published a code of practice in suicide prevention for its staff in 2013. The NOSP has commenced work with financial institutions and homeless agencies to further support people impacted by the recession. The office also re-published mental health promotion leaflets 'Look after your mental health in tough economic times'. The Office has distributed the leaflets to over 400,000 people since 2008.</p> <p>The NOSP, through SHINE, delivered the Taking Control workshop to 219 participants. The programme is focused on supporting the mental health of people who are challenged by unforeseen life challenges e.g. business loss, unemployed. Over 25% of participants on the programme in 2013 were men who were unemployed.</p>
19	<p><b>PEOPLE WHO HAVE EXPERIENCED ABUSE</b></p> <p>To develop awareness of the increased risk of suicidal behaviour among victims of abuse and develop support services building on the services provided by the National Counselling Service.</p>	<p>The HSE National Adult counselling service continued to provide one-to-one counselling to people who have experienced abuse.</p>
20	<p><b>YOUNG MEN</b></p> <p>To develop services and initiatives that will help young men to cope with changing roles in society and involve them in the development of policy and services that affect them.</p>	<p>In partnership with the Public Health Agency in Northern Ireland, the NOSP is funding an All-Island project focused on targeting young men at risk of suicidal behavior. The NOSP funds a range of services and training that are targeted at young men and people who work with young men.</p> <p>In the new national social marketing campaign one of the target groups will be help givers of men aged 20-50 years. This population group are most of risk of dying by suicide: of the ten people who die in Ireland every week by suicide, 8 are men. Targeting this group is critical in the new suicide prevention strategy. Recent evidence suggests that engaging middle aged men in seeking help is challenging; therefore, in 2013, the NOSP and the Health &amp; Well-being Division provided direct funding to the Men's Shed and the GAA to increase the capacity of their members to support men in accessing earlier help for emotional difficulties. This will be done through social marketing and training.</p>
21	<p><b>OLDER PEOPLE</b></p> <p>To promote positive mental health among older people, raise awareness of the vulnerabilities of older people and develop support services for isolated older people.</p>	<p>The HSE West developed a training programme, for care givers to older people, on mental health awareness and suicide prevention. This programme will be rolled out nationally in 2013.</p>

22	<p><b>RESTRICTION AND REDUCING ACCESS TO MEANS</b></p> <p>To limit access to the means and methods of self-harm and suicide.</p>	<p>Following a wide-ranging consultation process with relevant stakeholders, the Department of Health is reviewing the Misuse of Drugs Regulations 1988, as amended, with a view to introducing stricter prescribing, dispensing and possession controls on specific prescription drugs, in particular benzodiazepines and z-drug medicines, thereby restricting the availability of certain medication associated with completed suicide and self-harm. We are awaiting the completion of this review.</p>
<p><i>Level C</i></p> <p><b>RESPONDING TO SUICIDE</b></p>		
23	<p><b>RESPONDING TO SUICIDE</b></p> <p>To ensure that an effective and standardised service and supportive response is provided by relevant professionals and voluntary agencies across a range of settings when a death by suicide occurs.</p>	<p>Console provides direct one-to-one counselling to families and people bereaved by suicide; this service is funded by the NOSP. The NOSP developed national standards for bereavement support services and models of good practice for agencies supporting families bereaved by suicide. Over 4,000 people attend Console for bereavement support through one-to-one counselling and group supports on an annual basis.</p>
24	<p><b>CORONER SERVICE</b></p> <p>To develop the Coroner Service as a service for the living, especially those bereaved by suicide, and support coroners themselves as their role develops.</p>	<p>Through the Suicide Support Information System (SSIS) pilot study, the role of the coroner in the facilitation of information to bereaved families has been developed. The HSE has developed a bereavement support service in the HSE West area. This service will be mainstreamed within the HSE West in 2014 and further national roll-out is likely to commence in 2014.</p> <p>The NOSP updated its bereavement support materials for families and agencies in 2013.</p>
<p><i>Level D</i></p> <p><b>INFORMATION AND RESEARCH</b></p>		
25	<p><b>INFORMATION</b></p> <p>To establish effective and integrated national information systems relating to suicidal behaviour in order to inform service development and to improve the availability and accessibility of information on where and how to get help.</p>	<p>The NSRF completed development of a Suicide Support Information System pilot study. The study aimed to develop a system that collates information on people who have died by suicide from three information sources: families, health professionals and coroners. The NSRF is currently developing a system which will examine how information collated from the coroners can be linked into CSO data.</p>
26	<p><b>RESEARCH</b></p> <p>To systematically plan research into suicidal behaviour to address deficits in our knowledge, ensure that the development of services is evidence based and bridge the gap between research and practice.</p>	<p>The NOSP and the NSRF have an agreed research plan to be completed for the remainder of Reach Out.</p> <p>The NOSP funds the National Registry of Self-Harm, which provides data on rates and trends in self-harm. This data is used by the HSE to plan, deliver and evaluate both statutory and non statutory services.</p> <p>The NOSP will conduct an assessment of the actions set out in 'Reach Out'.</p>



# Suicide Mortality and Self-Harm in Ireland

## Suicide and self-harm

Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself. Self-harm includes the various methods by which people deliberately harm themselves. Varying degrees of suicide intent can be present and sometimes there may not be any suicidal intent, although an increased risk of further suicidal behaviour is associated with all self-harm.

### Data collection and issues to note

The Central Statistics Office (CSO) publishes national mortality data, including data on deaths by suicide. The CSO provides mortality data in two forms: (i) year of registration data and (ii) year of occurrence data. In this report, we focus on 'year of occurrence' data, as this information is more comprehensive and allows for year-on-year comparison. At the time of writing, 2011 is the most recent 'year of occurrence' data available.

In the CSO data, deaths by suicide are included in the category of deaths by external causes, along with deaths by accident, homicide and undetermined deaths. It is likely that a proportion of the deaths classified as undetermined were actually deaths by suicide. However, it is not possible to calculate the proportion, and it is not possible to say whether the proportion remains the same each year.

The National Suicide Research Foundation (NSRF) publishes the Annual Report of the National Registry of Deliberate Self-Harm (NRDSH), which provides data on persons who present to hospital emergency departments after an episode of deliberate self-harm. The NRDSH is in operation since 2000 and has had national coverage since 2006. The information in this report is based on the NRDSH data.

## Incidence of suicidal behaviour in Ireland

### SUICIDE IN IRELAND, 2004-2013

There were 554 deaths by suicide in Ireland in 2011, representing a rate of 12.1 per 100,000. 458 (82.7%) of these were among men (Table 4.1). This high male-to-female ratio is a constant feature of deaths by suicide over the years, as can be seen in Figure 4.1.

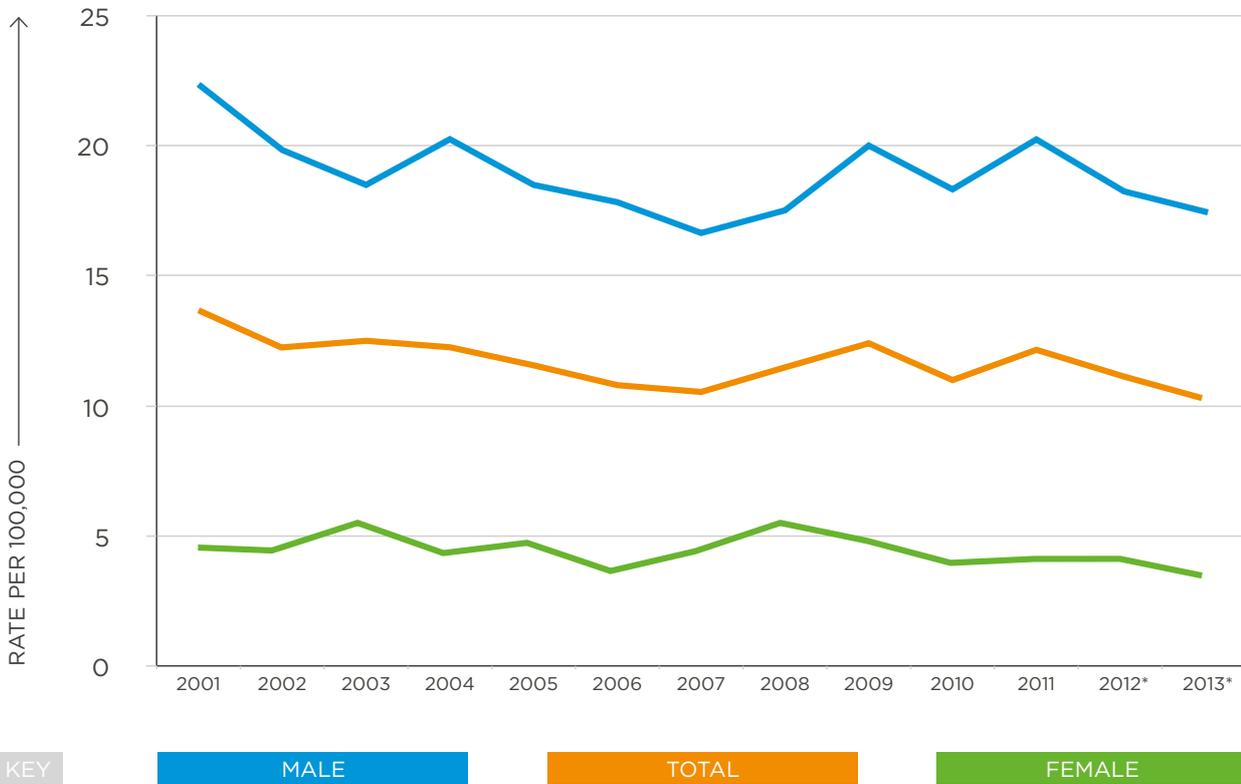
Over the past number of years, particularly since the onset of the economic recession in Ireland, there has been an increase in the suicide rate in Ireland. The increase observed between 2007 and 2012 can be wholly attributed to an increase in the male rate of suicide. More recently, data from 2012 and 2013 suggest a levelling-out of this rise, and perhaps a decreasing trend. However this pattern should be interpreted with some caution as data for 2012 and 2013 are still provisional.

Table 4.1 Rate of suicide and other causes of death by suicide, 2004-2013

Year	Suicide		Undetermined		Death by external cause		All deaths	
	Number	Rate**	Number	Rate**	Number	Rate**	Number	Rate**
<b>2013*</b>								
Males	396	17.4	43	1.9	1,110	48.8	15,211	669.0
Females	79	3.4	22	1.0	397	17.1	14,807	638.4
<b>Total</b>	<b>475</b>	<b>10.3</b>	<b>65</b>	<b>1.4</b>	<b>1,507</b>	<b>32.8</b>	<b>30,018</b>	<b>653.5</b>
<b>2012*</b>								
Males	413	18.2	57	2.5	1,146	50.5	14,778	651.1
Females	94	4.1	25	1.1	469	20.3	14,070	607.6
<b>Total</b>	<b>507</b>	<b>11.1</b>	<b>82</b>	<b>1.8</b>	<b>1,615</b>	<b>35.2</b>	<b>28,848</b>	<b>629.1</b>
<b>2011</b>								
Males	458	20.2	58	2.6	1,211	53.3	14,492	638.0
Females	96	4.2	27	1.2	482	20.9	13,964	606.0
<b>Total</b>	<b>554</b>	<b>12.1</b>	<b>85</b>	<b>1.9</b>	<b>1,693</b>	<b>37.0</b>	<b>28,456</b>	<b>622.0</b>
<b>2010</b>								
Males	405	17.9	54	3.5	1,198	53.0	14,334	633.6
Females	90	3.9	29	2.0	462	20.2	13,627	594.4
<b>Total</b>	<b>495</b>	<b>10.9</b>	<b>83</b>	<b>2.8</b>	<b>1,600</b>	<b>36.4</b>	<b>27,961</b>	<b>613.9</b>
<b>2009</b>								
Males	443	20.0	52	2.3	1,236	55.7	14,727	664.1
Females	109	4.9	22	1.0	490	21.9	13,653	609.1
<b>Total</b>	<b>552</b>	<b>12.4</b>	<b>74</b>	<b>1.7</b>	<b>1,726</b>	<b>38.7</b>	<b>28,380</b>	<b>636.4</b>
<b>2008</b>								
Males	386	17.5	64	2.9	1,215	55.1	14,457	655.3
Females	120	5.4	19	0.9	506	22.8	13,817	623.6
<b>Total</b>	<b>506</b>	<b>11.4</b>	<b>83</b>	<b>1.9</b>	<b>1,721</b>	<b>38.9</b>	<b>28,274</b>	<b>639.8</b>
<b>2007</b>								
Males	362	16.7	87	4.0	1,252	57.7	14,391	662.8
Females	96	4.4	32	1.5	507	23.4	13,726	633.1
<b>Total</b>	<b>458</b>	<b>10.6</b>	<b>119</b>	<b>2.7</b>	<b>1,759</b>	<b>40.5</b>	<b>28,117</b>	<b>648.0</b>
<b>2006</b>								
Males	379	17.9	68	3.2	1,180	55.6	14,065	688.5
Females	81	3.8	16	0.8	484	22.8	13,883	655.3
<b>Total</b>	<b>460</b>	<b>10.8</b>	<b>82</b>	<b>1.9</b>	<b>1,664</b>	<b>39.2</b>	<b>28,488</b>	<b>671.9</b>
<b>2005</b>								
Males	382	18.5	93	4.5	1,239	60.1	14,412	699.0
Females	99	4.8	41	2.0	506	24.4	13,848	668.3
<b>Total</b>	<b>481</b>	<b>11.6</b>	<b>134</b>	<b>3.2</b>	<b>1,745</b>	<b>42.2</b>	<b>28,260</b>	<b>683.6</b>
<b>2004</b>								
Males	406	20.2	60	3.0	1,127	56.0	14,801	735.9
Females	87	4.3	21	1.0	467	23.0	13,864	682.1
<b>Total</b>	<b>493</b>	<b>12.2</b>	<b>81</b>	<b>2.0</b>	<b>1,594</b>	<b>39.4</b>	<b>28,665</b>	<b>708.9</b>

\* Figures for 2012 and 2013 are provisional and subject to change. \*\* All rates are crude, based on 100,000 population.

Figure 4.1 Suicide rate per 100,000 by gender, 2001-2013



\* Figures for 2012 and 2013 are provisional and subject to change.

### Rates of suicide in Ireland by gender and age, 2001-2013

The majority of people who die by suicide in Ireland are male. In 2011, 83% of those who died were males. The highest rate is among 45-54 year old males at 39.8 per 100,000 population (Table 4.2). The lowest rate for male suicide in 2011 was in the 65+ age group. Similarly, the lowest rate for female suicide in 2011 was also in the 65+ age group. The highest rate for female suicide in 2011 was 7.7 per 100,000 in 25-34 year old age group (Table 4.3). Provisional rates for 2012 and 2013 show a decrease/ stabilisation of suicide across all age-groups.

Table 4.2 **Male suicide rates per 100,000 population**

Year	All	15-24	25-34	35-44	45-54	55-64	65+
2001	22.4	27.7	37.2	29.9	28.6	26.5	17.2
2002	19.9	27.6	34.4	22.2	22.8	23.1	16.9
2003	19.5	29.5	22.7	30.6	23.3	24.3	14.0
2004	20.2	27.1	28.0	28.5	29.4	22.9	13.2
2005	18.5	25.6	26.8	24.9	25.8	21.6	10.4
2006	17.9	27.5	23.5	21.4	24.1	21.1	14.2
2007	16.7	23.7	23.5	19.5	20.9	16.6	16.3
2008	17.5	22.2	25.3	22.7	24.6	21.2	12.1
2009	20.0	24.4	26.6	31.5	26.6	26.9	12.6
2010	18.3	27.2	20.3	29.7	28.9	23.3	7.4
2011	20.2	22.0	28.6	33.6	39.8	37.4	12.3
2012*	18.2	21.4	24.2	26.0	24.4	25.3	17.5
2013*	17.4	17.2	24.3	21.9	29.0	27.5	13.8

\* Figures for 2012 and 2013 are provisional and subject to change.

Table 4.3 **Female suicide rates per 100,000 population**

Year	All	15-24	25-34	35-44	45-54	55-64	65+
2001	4.7	5.1	4.4	6.8	8.5	10.7	1.6
2002	4.6	4.7	6.8	5.3	8.0	6.3	3.2
2003	5.5	5.0	6.0	7.0	9.5	9.9	5.2
2004	4.3	2.9	5.2	6.5	7.7	7.4	3.5
2005	4.8	6.4	6.8	4.3	7.5	6.2	4.3
2006	3.8	5.1	3.6	4.6	6.2	6.5	2.7
2007	4.4	4.8	5.1	6.4	9.4	5.3	1.9
2008	5.4	8.1	4.6	6.5	9.2	8.4	4.9
2009	4.9	4.1	5.3	7.9	7.2	6.8	4.4
2010	4.0	4.0	4.6	5.4	6.0	8.4	2.1
2011	4.1	4.2	7.7	7.1	7.3	7.5	1.0
2012*	4.1	5.1	7.1	5.1	5.1	5.1	2.0
2013*	3.4	3.8	4.9	4.5	7.4	3.4	1.6

\* Figures for 2012 and 2013 are provisional and subject to change.

## Deaths of undetermined intent

There are indications that deaths of undetermined intent may include 'hidden' cases of suicide. However, it is not yet clear which proportion of undetermined deaths involve suicide cases.

Table 4.4 presents the percentage of deaths of undetermined intent of in relation to deaths by age group for the years 2004-2013.

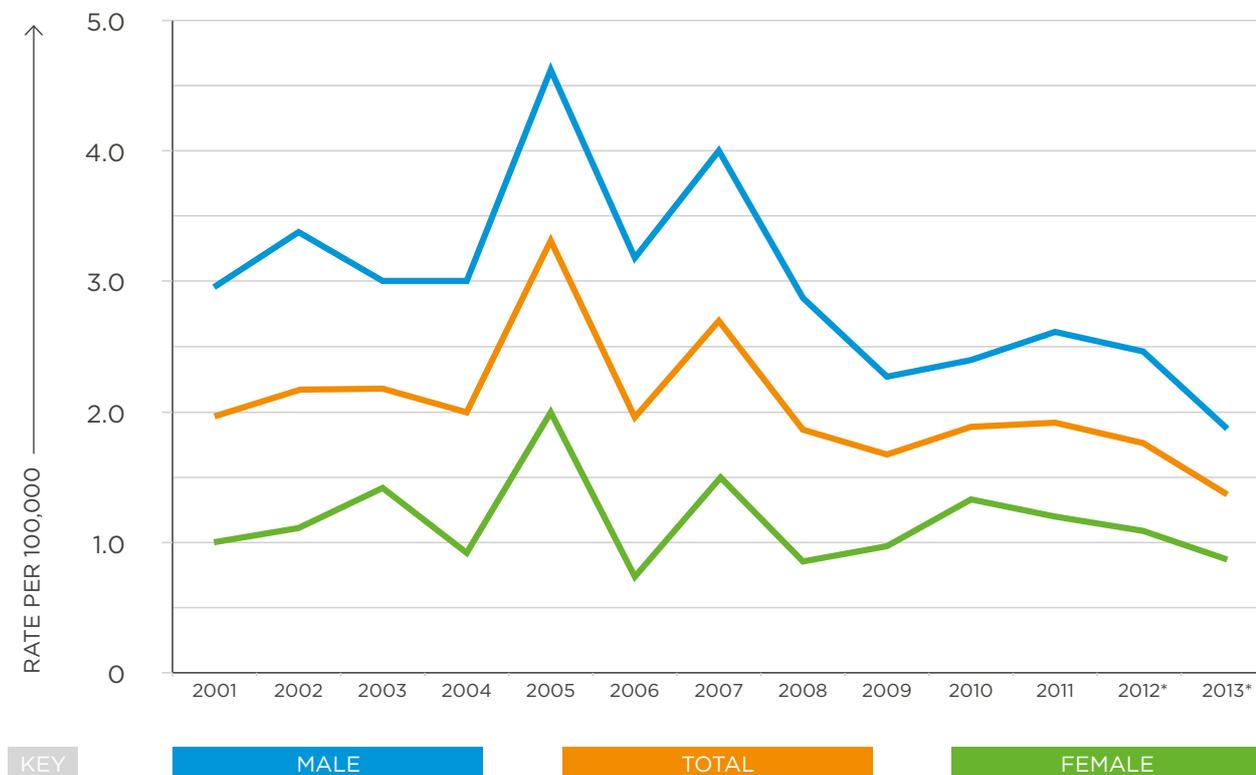
Figure 4.2 shows an overview of undetermined deaths per 100,000 by gender and total rates for Ireland, 2001-2011.

Table 4.4 **Undetermined deaths as a percentage of the total number of deaths**

Age Group	% 2004	% 2005	% 2006	% 2007	% 2008	% 2009	% 2010	% 2011	% 2012*	% 2013*
<15	0.5	0.6	0.0	0.3	0.0	0.8	0.0	0.0	0.0	0.0
15-24	2.9	5.5	4.7	6.0	2.6	7.2	6.5	2.5	4.4	2.3
25-44	2.6	4.8	3.3	4.0	3.2	5.6	4.1	2.2	2.2	2.2
45-64	0.6	1.1	0.5	0.8	0.7	1.4	1.1	0.4	0.6	0.7
65+	<0.1	<0.1	<0.1	<0.1	<0.1	0.1	<0.1	<0.1	0.1	<0.1
<b>Total</b>	<b>0.3</b>	<b>0.5</b>	<b>0.3</b>	<b>0.4</b>	<b>0.3</b>	<b>0.7</b>	<b>0.5</b>	<b>0.2</b>	<b>0.3</b>	<b>0.2</b>

\* Figures for 2012 and 2013 are provisional and subject to change.

Figure 4.2 **Rates of undetermined deaths per 100,000 by gender and total rates for Ireland, 2001-2013**



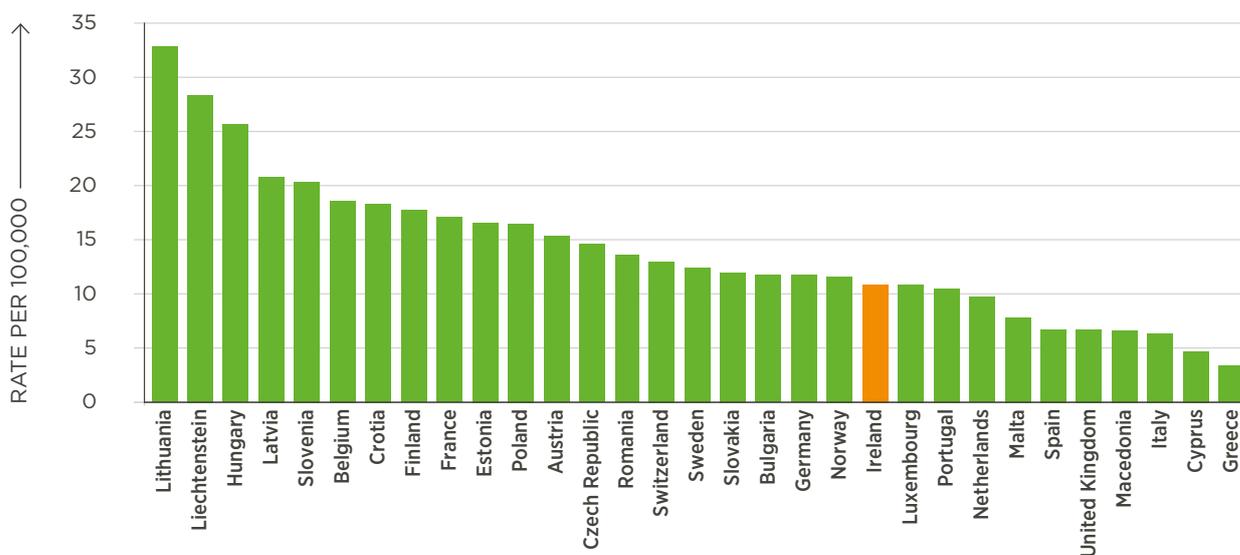
\* Figures for 2012 and 2013 are provisional and subject to change.

## How does Ireland compare internationally?

### EUROPEAN SUICIDE RATES

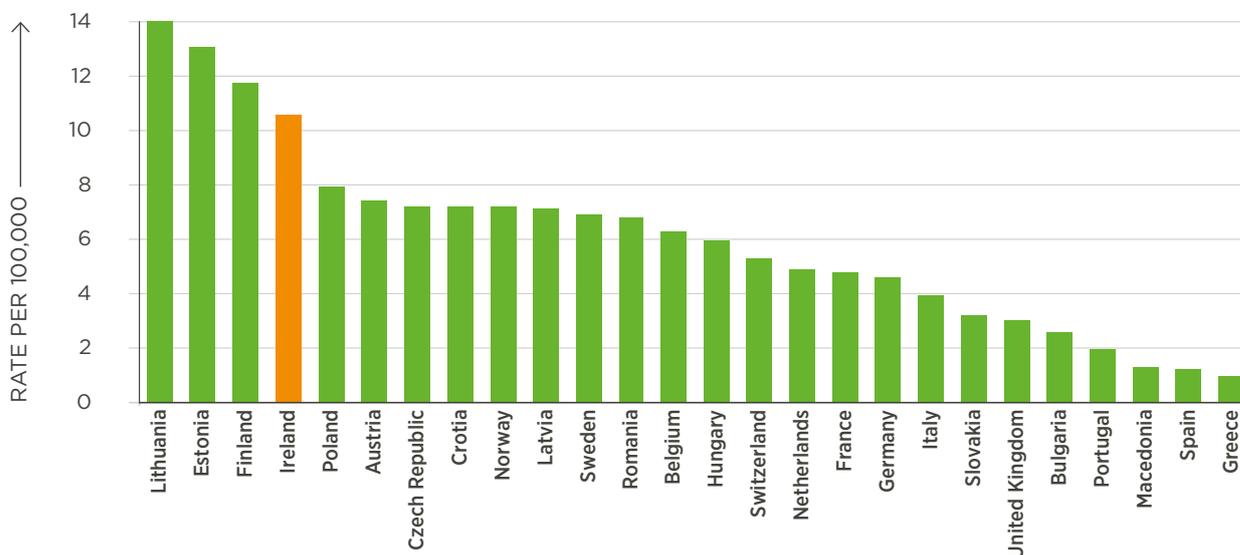
The most recently available suicide mortality data were obtained from Eurostat (2014) with 2010 being the most recent year. Looking at the total rate of suicide for men and women of all ages in Ireland, the rate in 2010 was 10.9 per 100,000, the 11th lowest rate of suicide in the EU (Figure 4.3). The highest rate was found in Lithuania (32.9 per 100,000) and the lowest in Greece (3.3 per 100,000).

Figure 4.3 **Standardised suicide death rate per 100,000 for both males and females, 2010 data**



In Ireland, the suicide rates among young males and females are relatively high in comparison to international rates for young people. Taking females and males aged 15-19 years together, the rate was 10.5 per 100,000, the 4th highest suicide rate in this age group in the EU (Figure 4.4). The highest rate was found in Lithuania (13.9 per 100,000) and the lowest in Greece (1 per 100,000).

Figure 4.4 **Suicide rate per 100,000 for males and females aged 15 to 19 years, 2010 Eurostat**



## Suicide rates in Ireland by geographic region

There was variance in suicide rates by geographical region over the period 2001-2013. The table below provides information on the rates by county, from 2004-2013.

Table 4.5 **Suicide rate by county, 3-year moving average, 2004-2013**

3 year moving average	2004 - 2006	2005 - 2007	2006 - 2008	2007 - 2009	2008 - 2010	2009 - 2011	2010 - 2012*	2011 - 2013*
Carlow	17.0	20.0	17.6	14.7	11.8	11.7	11.0	13.3
Cavan	19.3	18.9	17.1	15.3	12.4	11.0	9.8	13.3
Clare	12.6	12.2	12.9	14.4	11.8	9.7	10.6	12.2
Cork City	17.9	18.0	18.7	18.9	18.9	16.4	18.7	16.7
Cork County	12.8	12.6	13.3	13.6	13.8	12.9	12.6	12.2
Donegal	10.4	9.7	10.1	11.1	9.7	7.4	6.0	7.9
Dublin City	11.3	10.8	10.2	10.3	10.5	10.2	10.2	9.9
Dun Laoghaire	5.6	5.7	6.4	7.3	8.1	8.2	5.8	4.9
Fingal	6.1	5.0	5.5	6.7	7.1	6.8	4.4	3.9
Galway City	8.7	5.6	7.6	8.9	8.8	8.8	11.5	12.0
Galway County	11.3	12.2	10.7	11.1	12.8	12.6	13.3	13.1
Kerry	11.3	9.9	9.5	12.7	15.5	18.0	17.6	18.5
Kildare	10.6	11.7	11.7	11.7	10.4	9.4	10.7	11.4
Kilkenny	10.1	11.5	11.6	11.0	9.7	11.0	10.8	12.5
Laois	8.8	10.7	12.0	11.3	14.4	18.6	17.3	13.1
Leitrim	23.4	13.2	9.1	11.1	15.3	16.1	19.1	12.6
Limerick City	16.4	13.7	12.1	10.6	12.2	15.5	21.2	21.0
Limerick County	10.7	10.2	8.7	11.0	11.4	14.2	13.0	11.4
Longford	15.2	12.7	10.6	9.5	8.2	11.5	7.0	7.6
Louth	9.3	8.7	11.2	11.8	13.1	13.7	12.7	12.6
Mayo	11.1	13.7	12.8	12.8	11.6	12.8	15.8	15.2
Meath	11.1	7.8	9.6	11.2	11.0	9.0	6.3	6.4
Monaghan	10.9	10.0	9.8	11.4	12.4	10.1	11.7	12.2
Offaly	12.8	12.0	13.9	15.0	17.7	19.7	15.1	12.0
Roscommon	12.7	17.7	15.7	12.1	11.4	12.3	9.7	10.5
Sligo	13.2	8.6	6.9	7.3	10.4	12.8	12.8	10.3
South Dublin	10.2	8.3	8.6	8.2	8.4	7.6	10.3	9.9
Tipperary North	19.1	14.7	14.9	15.0	15.0	13.4	11.9	11.9
Tipperary South	10.5	11.0	12.0	14.1	14.3	14.6	15.3	15.0
Waterford City	11.5	9.0	9.0	13.1	11.0	12.5	13.3	11.4
Waterford County	16.6	11.9	13.1	13.4	15.2	14.0	10.9	10.4
Westmeath	12.7	13.7	12.3	14.6	15.1	15.6	12.7	11.9
Wexford	13.6	16.0	13.8	14.4	12.7	14.9	17.4	18.9
Wicklow	13.4	11.8	10.4	9.4	10.6	11.4	11.3	8.9
Ireland	11.6	11.0	10.9	11.5	11.6	11.6	11.4	11.2

\* Figures for 2012 and 2013 are provisional and subject to change.

## Incidence of self-harm in Ireland

### TRENDS IN SELF-HARM BY GENDER IN IRELAND, 2002-2013

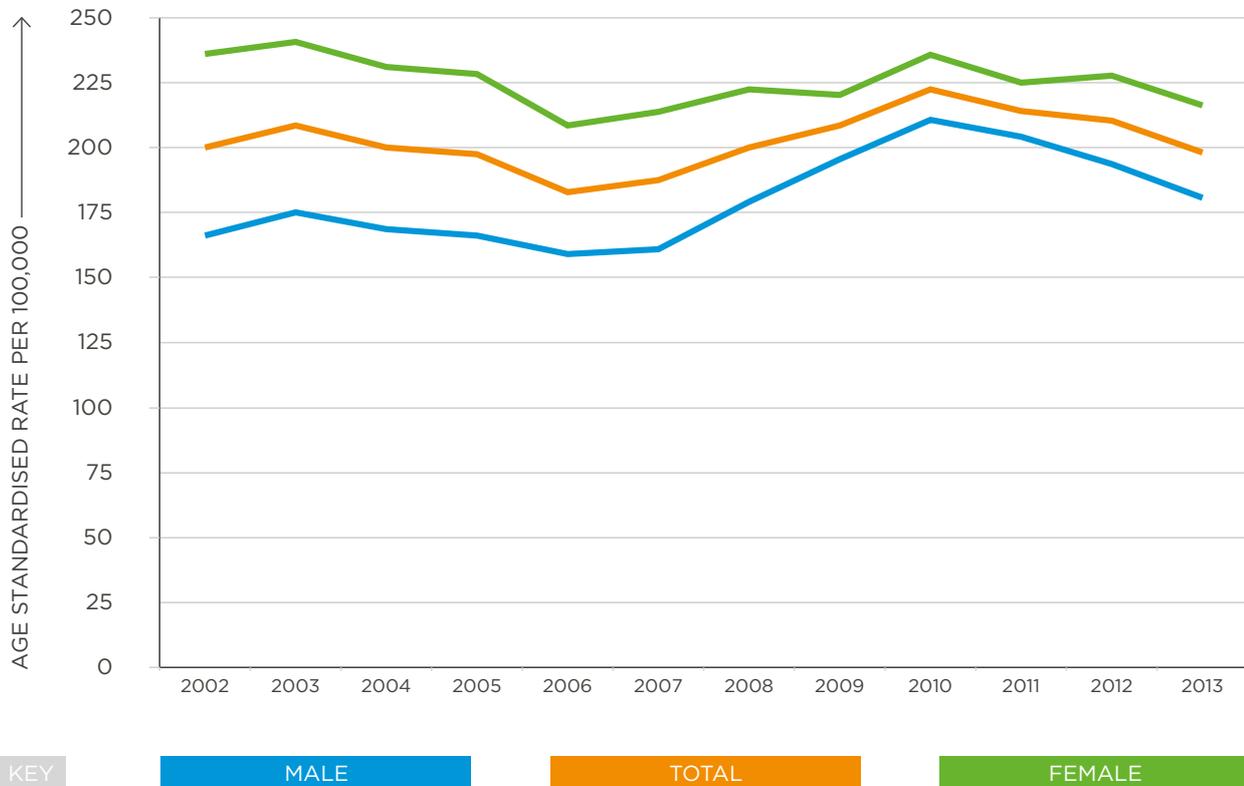
There were two successive decreases in the annual Irish rate of persons presenting to hospital as a result of self-harm in 2011 and 2012 (-4% and -2%). In 2013, the age-standardised rate of hospital-treated self-harm was 199 per 100,000, 6% lower than the equivalent rate in 2012 (211 per 100,000). However despite these decreases, the rate in 2013 was still 6% higher than in 2007, the year before the economic recession.

Between 2007 and 2010 there was an increasing trend in the rate of self-harm in Ireland, with a 19% increase overall during this period. The biggest increase was seen among men, where the rate went from 162 per 100,000 to 211 per 100,000 (+27%). There was a less pronounced increase in the female rate during this period, with a 10% increase observed. While overall the female rate of self-harm in Ireland is higher than that of the male rate, this period has also seen the gender gap disappearing, with 2010 recording the smallest difference between these rates (10%).

Table 4.6 **Person-based European age-standardised rate (EASR) of self-harm in Ireland, 2002-2013**

Year	Men		Women		All	
	Rate	% difference	Rate	% difference	Rate	% difference
2002	167	-	237	-	202	-
2003	177	+7%	241	+2%	209	+4%
2004	170	-4%	233	-4%	201	-4%
2005	167	-2%	229	-1%	198	-2%
2006	160	-4%	210	-9%	184	-7%
2007	162	+2%	215	+3%	188	+2%
2008	180	+11%	223	+4%	200	+6%
2009	197	+10%	222	-<1%	209	+5%
2010	211	+7%	236	+6%	223	+7%
2011	205	-3%	226	-4%	215	-4%
2012	195	-5%	228	+1%	211	-2%
2013	182	-7%	217	-5%	199	-6%

Figure 4.5 Rates of self-harm by gender and overall, 2002-2013

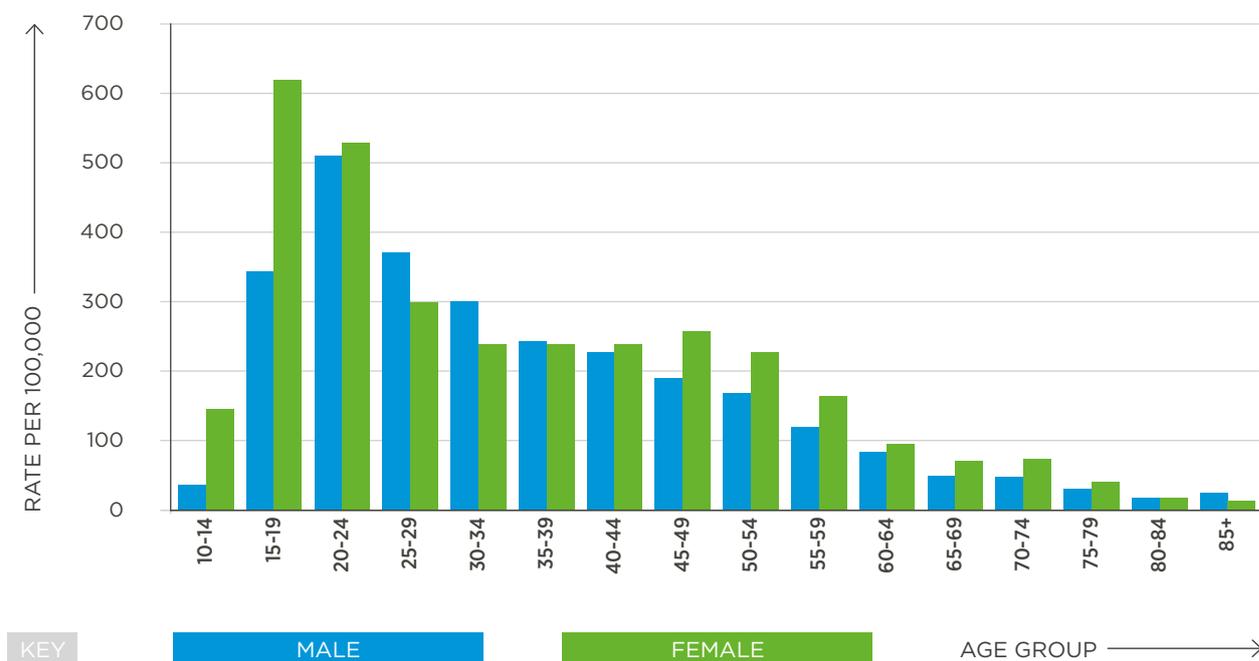


### Rates of self-harm by gender and age

In 2013 the highest rate of self-harm was among young people. At 619 per 100,000, the peak rate for women was among 15-19 year-olds (Figure 4.6). This rate implies that one in every 162 girls in this age group presented to hospital in 2013 as a consequence of self-harm. The peak rate for men was 510 per 100,000 among 20-24 year-olds or one in every 196 men. The incidence of self-harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained stable, at about 250 per 100,000, across the 30-49 year age range.

During the period 2007-2013, greater increases in the rate of self-harm were observed across certain age groups. For men, the self-harm rate for those aged 45-54 increased by 11%. For women, the increase was greatest among those aged 15-24 years (12%) and for those aged 45-64 years (7%). Thus, while the self-harm rates remain highest among young people, middle-aged groups have seen the most significant increase in recent years.

Figure 4.6 Self-harm rates by age and gender, 2013



### Repetition of self-harm, 2013

There were 8,772 individuals treated for 11,061 self-harm episodes in 2013. This implies that more than one in five (2,289, 21.0%) of the presentations in 2013 were due to repeat acts, which is higher than the proportion of acts accounted for by repetition in 2010 and 2011 (19.9% and 19.5%, respectively) and similar to the years 2003-2009 (20.5-23.1%) and 2012 (21%). Of the 8,772 self-harm patients treated in 2013, 1,211 (13.8%) made at least one repeat presentation to hospital during the calendar year. This proportion is within the range reported for the years 2003-2011 (13.8-16.4%) and lower than the proportion recorded in 2012 (14.5%). At least five self-harm presentations were made by 127 individuals in 2013. They accounted for just 1.4% of all self-harm patients in the year but their presentations represented 8.8% of all self-harm presentations recorded.

### Aftercare following self-harm, 2003-2013

In 2013, inpatient admission was the next stage of care recommended for 33% of cases, irrespective of whether psychiatric or general admission was intended and whether the patient refused or not (lower than 38% in 2012). Of all self-harm presentations, 23% resulted in admission to a ward of the treating hospital, whereas 9% were admitted for psychiatric inpatient treatment from the emergency department. Most commonly, 53% of cases were discharged following treatment. In 15% of cases in 2013, the patient left the emergency department before a next care recommendation could be made.

Since 2003, there have been some changes in the pattern of aftercare following self-harm. The proportion of presentations resulting in general admission to a ward has decreased by 55% since 2003, with a 33% reduction observed since 2007. Psychiatric admission has also decreased by 26% since 2003.

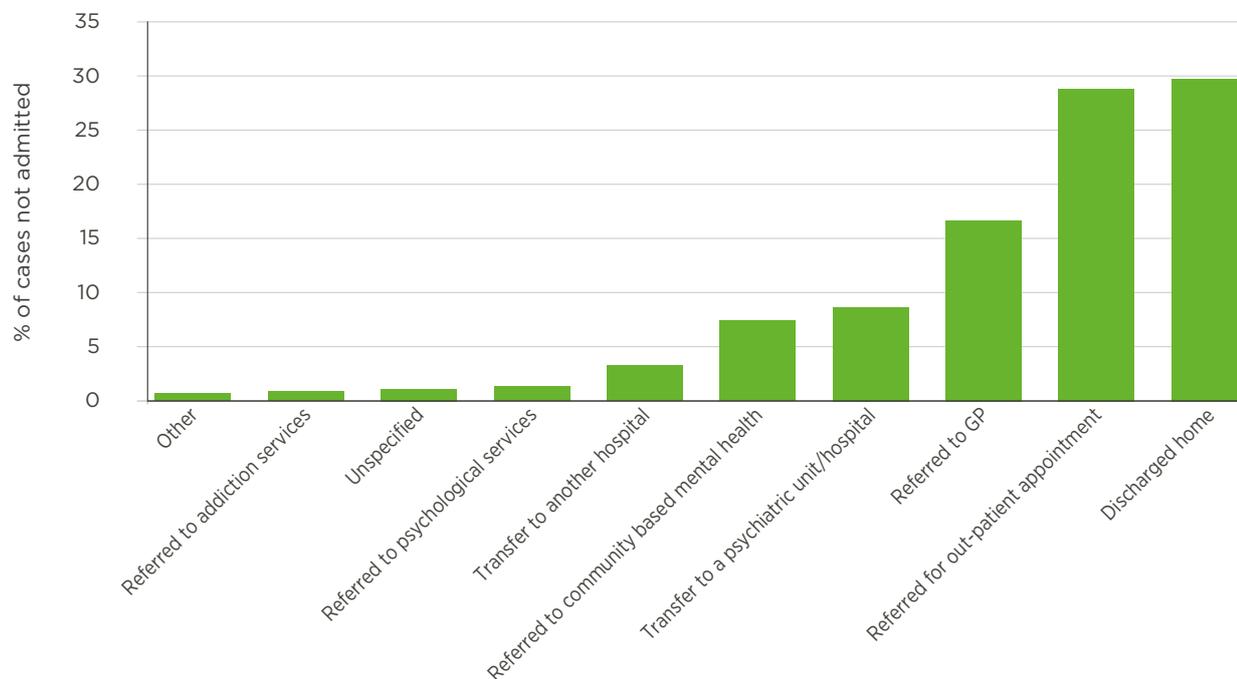
## Aftercare of patients discharged from emergency department

For the first time in 2013, referrals for patients discharged from the emergency department following self-harm were recorded by the Registry (Figure 4.7).

Referrals following discharge included the following:

- In 29% of episodes, an out-patient appointment was recommended as a next care step for the patient.
- 17% of patients were discharged with a recommendation to attend their GP for a follow-up appointment.
- 12% of those not admitted to the presenting hospital were transferred to another hospital for treatment (9% for psychiatric treatment and 3% for medical treatment).
- Other services (e.g. psychological services, community-based mental health teams and addiction services) were recommended in 10% of episodes.
- 30% of patients discharged from the emergency department were discharged home without a referral.

Figure 4.7 Referral of self-harm patients following discharge from the emergency department, 2013



Refer to the National Registry of Deliberate Self-Harm report for information on self-harm rates. You can access the report at [www.nsrif.ie](http://www.nsrif.ie).

SECTION 5

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# Financial Information

## 5.1 FINANCIAL OVERVIEW 2013

### Expenditure

Overall expenditure has increased by over one third from €5.2m in 2012 to €7.9m in 2013.

Of this, funding to non-statutory partner agencies providing services to the community has increased by 69% year on year, from €2.9m to €5.0m. There has been a significant increased investment in training initiatives and in supporting innovative projects within HSE services.

This increase in funding is spread across a broad spectrum of agencies and services supporting:

- Intervention & Bereavement Support Services
- Older People & Families
- Marginalised Groups
- Men
- Research
- Young People
- Other agencies covering all demographics

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

	2012	2013
	€	€
Grants to Agencies	2,947,133	4,968,471
Communications Projects	260,000	859,000
Non Grant Expenditure (office expenses, salaries, etc)	436,142	356,512
Training Programmes (Asist, SafeTalk, DBT)	406,725	456,520
HSE Funded Programmes / Community Resilience Fund	350,000	484,800
Regional Liaison & Suicide Prevention Services	790,000	790,000
<b>Total</b>	<b>5,190,000</b>	<b>7,915,303</b>

## 5.2 FUNDED AGENCIES 2013

	<b>2012</b>	<b>2013</b>
	€	€
Alcohol Action	0	12,500
BelongTo	184,221	197,000
BodyWhys	21,000	0
Console	204,000	352,000
Curam Clainne - Mayo Suicide Liaison Project	88,500	120,000
Cycle Against Suicide	0	1,680
Family Resource Centre Westport	0	90,500
GAA	0	100,000
GLEN	52,815	232,950
GROW/HSE Midlands	31,500	61,000
HeadsUp (Rehabcare)	0	7,000
Inspire Ireland	99,540	267,200
Irish Association of Suicidology	134,357	30,040
Irish College of General Practitioners	72,000	227,351
Irish Learning Technology Association	0	12,000
Irish Men's Sheds	0	53,100
ISPCC/Childline	0	190,000
Men's Development Network	0	12,000
Mojo Project - Dodder Valley	69,500	73,500
MyMind	57,400	77,000
National Suicide Research Foundation	836,000	1,086,000
National Youth Council of Ireland	22,500	44,700
NTSAP Exchange House/Tribli	176,000	176,500
Pieta House	100,000	300,000
Samaritans	318,000	513,000
SCAN Laois/Offaly	56,000	0
Shine/Headline	221,000	249,750
SpunOut /Community Creations	65,000	205,500
Suicide or Survive	48,500	187,000
Teenline	64,000	34,000
Turn2Me	0	25,200
Young Social Innovators	25,300	30,000
<b>Total</b>	<b>2,947,133</b>	<b>4,968,471</b>



SECTION 6

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# Appendices

## 6.1 SUPPORT SERVICES

<i>Organisation</i>	<i>Web</i>	<i>Phone</i>
<p><b>AWARE</b> A service for people who experience depression and concerned family and friends.</p>	<a href="http://www.aware.ie">www.aware.ie</a>	1890 30 33 02
<p><b>Barnardos</b> Bereavement Counselling for Children is a service for children and young people who have lost someone close to them through death.</p>	<a href="http://www.barnardos.ie">www.barnardos.ie</a>	01 473 2110
<p><b>Bodywhys</b> Provides support to people affected by eating disorders.</p>	<a href="http://www.bodywhys.ie">www.bodywhys.ie</a>	1890 20 04 44
<p><b>Console</b> Supporting those bereaved through suicide.</p>	<a href="http://www.console.ie">www.console.ie</a>	1800 24 72 47
<p><b>GROW</b> A mental health organisation which helps people who have suffered, or are suffering, from mental health problems.</p>	<a href="http://www.grow.ie">www.grow.ie</a>	1890 47 44 74
<p><b>HeadsUp</b> A mental health promotion project which aims to contribute to suicide prevention efforts by providing timely, appropriate information and support to young people.</p>	<a href="http://www.headsup.ie">www.headsup.ie</a>	01 205 7200
<p><b>Health Service Executive</b> Ireland's national health and social care provider.</p>	<a href="http://www.hse.ie">www.hse.ie</a>	1850 24 18 50
<p><b>HSE National Counselling Service</b> Free counselling and psychotherapy service provided by HSE.</p>	<a href="http://www.hse-ncs.ie">www.hse-ncs.ie</a>	1800 477 477
<p><b>Jigsaw</b> Supports young people's mental health and wellbeing.</p>	<a href="http://www.jigsaw.ie">www.jigsaw.ie</a>	01 4727010
<p><b>Living Links</b> Providing assertive outreach support to the suicide bereaved.</p>	<a href="http://www.livinglinks.ie">www.livinglinks.ie</a>	087 412 2052
<p><b>Pieta House</b> Centre for the Prevention of Self-Harm or Suicide.</p>	<a href="http://www.pieta.ie">www.pieta.ie</a>	01 601 0000
<p><b>Samaritans</b> A confidential 24 hour emotional support service for people who are experiencing feelings of distress or despair, including those which may lead to suicide.</p>	<a href="http://www.samaritans.org">www.samaritans.org</a>	116123

<b>Organisation</b>	<b>Web</b>	<b>Phone</b>
<p><b>Senior Helpline</b> A confidential listening service for older people by older people.</p>		1850 44 04 44
<p><b>Shine</b> The national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness.</p>	<a href="http://www.shineonline.ie">www.shineonline.ie</a>	1890 62 16 31
<p><b>SOS</b> Offer Eden Programme, a supportive weekly group environment over a 6 monthly period and Wellness workshops which give people the tools to improve their own mental wellness.</p>	<a href="http://www.suicideorsurvive.ie">www.suicideorsurvive.ie</a>	1890 577 577
<p><b>Mymind</b> Mental health service provider offering accessible and affordable mental health care for those in need.</p>	<a href="http://www.mymind.ie">www.mymind.ie</a>	
<p><b>Childline</b> Listening to Children 24 hours a day.</p>	<a href="http://www.childline.ie">www.childline.ie</a>	1800 66 66 66 Or text Talk to 50101
<p><b>Turn2Me</b> An online mental health community providing moderated peer-to-peer forums, online group support and online counselling services.</p>	<a href="http://www.turn2me.org">www.turn2me.org</a>	
<p><b>LGBT Helpline</b> A non-judgmental and confidential service providing listening, support and information to lesbian, gay, bisexual and transgender (LGBT) people, their family and friends.</p>	<a href="http://www.lgbt.ie">www.lgbt.ie</a>	1890 929 539

## 6.2 RELEVANT LEGISLATION

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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 non-pharmacy outlets when a second analgesic component is concerned.

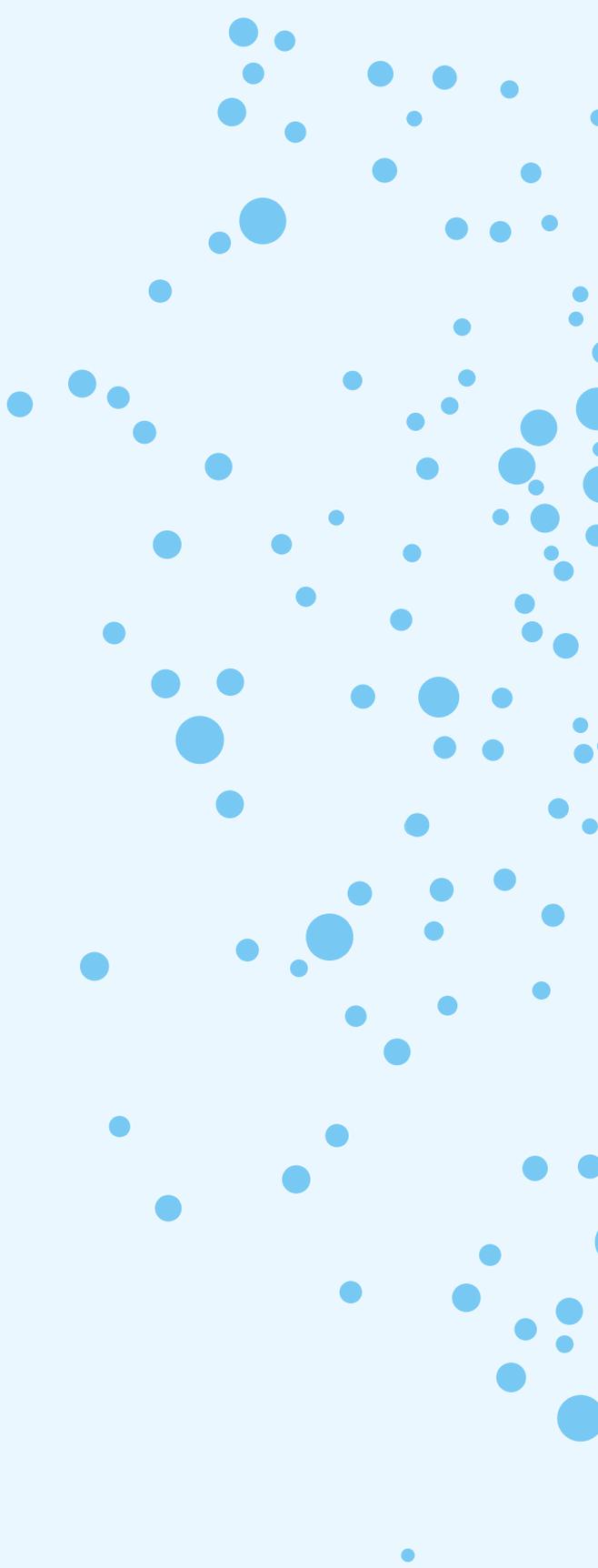
- (v) Prohibit the sale of multiple packs of paracetamol in the course of a single transaction.
- (vi) Prohibit the sale of paracetamol products unless they are in blister packs or equivalent form of packaging.

### 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.







**National Office for Suicide Prevention**  
Mental Health Division,  
Health Service Executive,  
Stewart's Hospital, Palmerstown, Dublin 20.  
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[www.nosp.ie](http://www.nosp.ie)