Tithe an Oireachtais

An Comhchoiste um Shláinte agus Leanaí

An Chéad Tuarascáil

An Leibhéal Ard Féinmharaithe i Sochaí na hÉireann

Meitheamh 2009

Houses of the Oireachtas

Joint Committee on Health and Children

First Report

The High Level of Suicide in Irish Society

June 2009

Foreword by the Chairman of the Joint Committee on Health and Children, Seán Ó Fearghail T.D.

The Joint Committee on Health and Children was established in November 2007. It was decided to form a sub-Committee which would continue to consider the High Level of Suicide in Irish Society, and which would monitor the implementation of previously made recommendations.

The sub-Committee, under the committed Chairmanship of Deputy Dan Neville, and comprising of Deputy Charlie O'Connor, Senator Phil Prendergast and Senator Mary White was assisted in its work by Dr. Siobhan Barry MD MRCPsych, Clinical Director of Cluain Mhuire Services.

The Report, which has resulted from their work was considered and agreed by the Joint Oireachtas Committee on Health and Children in May 2009.

The Joint Committee wishes to acknowledge the considerable work done by the sub-Committee, and each of its individual members, on what is an issue of critical importance in Irish Society.

The Joint Committee also extends its gratitude to the hard working and committed organisations that took the time to present and assist the sub-Committee in the formation of its Report.

Suicide prevention will continue to be a central plank of our Committee's work programme, and we will continue to work for greater resourcing, and better understanding of the issues involved.

_____

Seán Ó Fearghail, T.D.,

Chairman,

Joint Committee on Health and Children.

June 2009.

Foreword by the Chairman of the sub-Committee on The High Level of Suicide in Irish Society, Dan Neville, T.D.

The high levels of suicide in Ireland and the consequent devastation caused to families and friends of the victims has been repeatedly highlighted since the Report of the National Task Force on Suicide, published in 1998. Yet, as this report again outlines the resources have not been allocated to introduce the necessary and essential programmes to deal with this serious public health issue.

In July of 2006, after months of research and consultation by the then Joint Oireachtas sub-Committee on Suicide, the report "*The High Level of Suicide in Irish Society*" with 33 recommendations was published. This received universal acclaim with An Taoiseach dedicating time in Dáil Eireann to debate and confirm the Government's commitment to act on its recommendations. Disappointingly, the actions set out in that report have not been progressed. The resources and expertise has not been harnessed to do so.

Research for over a century demonstrates that suicide levels increase in times of recession. The response by the State was to cut the already inadequate budget of the Suicide Prevention Office. The concern for deaths by suicide by our young people and especially young men has been repeatedly highlighted. Lying fifth highest among our European partners and more than four times the rate of death by suicide of young men in England, it is difficult to comprehend why such a serious issue is not addressed as other western states are doing so. Regrettably society does not demand of our political leaders that this should be addressed.

Difficulties with mental health and wellbeing are closely related to suicide and suicidal behavior. The psychiatric services were allocated 23% of the health budget in 1966. In 1984 the allocation was 12% and this year the allocation is just 6.7%. Yet one in four people will suffer a mental health difficulty at some time in their life. The stigma which still persists around these issues and the reluctance for those affected to demand a modern service stymies public debate on the matter.

The lack of public information and knowledge around suicide and the need to provide suicide research, prevention and postvention services protects the State from political fallout from this serious neglect.

What is required to save the lives of those who are suicidal, is a properly funded Suicide Prevention Office. To allocate the necessary resources is political recognition and leadership. The State must not continue to undervalue the lives of the most vulnerable and ignore the suffering of the bereaved of suicide.

The recommendations of *The High Levels of Suicide in Irish Society Report* must not continue to be ignored but must be fully implemented without delay.

I wish to sincerely thank my colleagues on the Joint Oireachtas sub-Committee on Suicide, Vice Chair, Senator Mary White, Charlie O'Connor, TD and Senator Phil Prendergast for their dedication over many months in completing this report. I also like to thank and commend consultant, Dr. Siobhán Barry MD MRCPsych, Clinical Director of Cluain Mhuire Services for her advice and expertise.

_____

Dan Neville, T.D.,

Chairman,

sub-Committee on The High Level of Suicide in Irish Society.

June 2009

Contents

	Page
Executive Summary	**9**
Introduction	**11**
1. Some Stark Facts on Suicide	**13**
2. Tragic deaths in Ireland: *Road Traffic Deaths v Suicide*	**19**
3. Progress made on implementing Report on *The High Rates of Suicide in Irish Society*	**23**
4. Conclusions	**51**
Appendix 1: Summary of Progress on Implementing the Recommendations	**53**
Appendix 2: List of those who made submissions	**59**
Appendix 3: Membership of Joint Committee Membership of sub-Committee on the High Level of Suicide in Ireland	**63**
Appendix 4: Orders of Reference	**67**

Executive Summary

This report examines the progress in implementation of the Joint Oireachtas Committee on Health & Children's 7th Report on *The High Rates of Suicide in Irish Society* published in July 2006.

It briefly reviews where Ireland stands relative to its EU neighbours and notes that our rates for male youth suicide continue to be disproportionately high (*pages 13-18)*. It compares and contrasts the demography and the preventative action taken with regard to deaths from suicide and road traffic accidents, and goes on to highlight the importance of political commitment, leadership, collaboration, data sharing and investment to a successful prevention strategy. Investment in road safety stands at x 10-fold that of suicide prevention *(pages 19-21)*.

The disquieting reality that the majority of the priorities that were set for action in the Oireachtas Report on *The High Rates of Suicide in Irish Society* appear not to have been progressed at all is then revealed *(pages 23-50)*. The report also stresses that the few recommendations that have been completed or mostly completed will now need the resources and political drive to develop and implement their findings.

The report concludes *(pages 51-52)* that the problem of the high level of suicide in Irish society has not been adequately addressed and that the National Office for Suicide Prevention needs to have adequate and sustained funding; a much higher level of interagency collaboration and the requisite political support if it is to have any chance of fully implementing the recommendations made in the Oireachtas Report.

A colour coded Appendix *(pages 53-58)* summarises the progress on implementing the recommendations

Houses of the Oireachtas

Joint Committee on Health and Children, 7th Report (Implementation of Progress Review).

The High Level of Suicide in Irish Society

Introduction

The Joint Oireachtas subCommittee on *The High Level of Suicide in Irish Society* was established by the Houses of the Oireachtas Joint Committee on Health & Children in October 2005 to examine the issue of suicide in Irish society in detail; to engage with those who work in suicide prevention and also hear evidence from those involved in post suicide counselling and support.

The 7th Report of the Joint Committee on Health and Children on *The High Level of Suicide in Irish Society* was published in July 2006 and this was based on the findings of that subCommittee. The Report provided detailed information on the level of suicide in Ireland and went on to make 33 specific and costed recommendations on how this should be addressed. The Report was raised in a 2-hour Dáil Debate in Government time on the 26th October, 2006. This was responded to by the Minister for State with special responsibility for Disability & Mental Health, Tim O'Malley TD following which the report was accepted for implementation.

Almost 3 years later this present update report reviews the extent to which those suicide prevention recommendations have been implemented, and where they have not, what the obstacles to their implementation have been.

1. Some stark facts on Suicide

1.1 The World Health Organisation (WHO) tells us that suicide is now among the three leading causes of death worldwide of those in the 15-44 year old age bracket, having increased by 60% in the past 45 years. In Ireland, suicide is at least 4 times as common in men as in women. Men aged less than 35 years account for 40% of all suicide deaths. Recently published international comparative rates for youth suicide across Europe indicates that young Irish males aged 15-24 years are disproportionately over represented - having more than four times the rate of death by suicide than similar aged young men in England. There were 27.1 deaths per 100,000 population in Ireland in 2004 while for England, the comparative figure was 6.1. For females it was 2.9 per 100,000 population versus 1.7 in England. Those results also show a decline in male youth suicide in England, Germany, Scotland and Spain and in Ireland for females from 2000 to 2004.[1] The loss of these young lives of promise and potential to their families and Irish society is a source of immeasurable and ongoing grief.

1.2 Suicide Prevention: policy, legislation and practice

1.2.1 Disquiet about this escalating and tragic loss of life by suicide led to the establishment of the National Suicide Research Foundation in 1995, which was followed by the formation of the National Task Force on Suicide in 1996. The National Task Force on Suicide published a Report with recommendations in 1998, following which some sums of money were made available to the various Health Boards for suicide prevention purposes and the post of Suicide Resource Officer was established in the then 11 Health Boards. The National Suicide Review Group was also set up at this time and Annual Reports were issued.

The enactment of the Health (Miscellaneous Provisions) Act 2001, section 4 specifically referred to suicide prevention endeavours "*The Minister for Health & 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.*"

[1] Värnick *et al* (2009) Gender issues in suicide rates, trends and methods among youths aged 15-24 in 15 European countries. J Affect Disord, **113 (3):** 216-26

In February 2003, the Health Boards Executive (HeBE) approved a proposal that a national strategy for action on suicide prevention be developed in partnership with the National Suicide Review Group and the Department of Health & Children. Funding for suicide prevention at Health Board level was reported by the then Minister of State with special responsibility for Disability & Mental Health, Tim O'Malley TD to having accumulated to €17.5m from 1998 to 2004, and €4.5m was said to have been committed for that purpose in 2004[2].

The National Strategy for **Action on Suicide Prevention**, 2005-2014 was launched on 8th September 2005 and called *Reach Out*,

1.3 Compiling *Reach Out*

Reach Out had 6 principal collaborating authors from varying professional backgrounds, assisted by a Steering Group of 15 people, an international 16-person Reference Group, inputs from 11 Suicide Resource Officers and administrative support. Public consultation led to 65 written submissions from individuals and concerned organisations - all indicative of the huge interest and heavyweight expertise that informed the Strategy.

1.4 Launching *Reach Out*

It is worthwhile considering extracts from the foreword to *Reach Out* three and a half years after its publication to illustrate the commitment then given and later to compare this with the progress in combating the societal devastation wrought by suicide:

"The causes of suicide are complex and are likely to involve an inter-play of psychological, biological, social and environmental factors in the context of a person's negative experiences over a lifetime, sometimes aggravated by a recent personal difficulty. Premature death from suicide has many adverse consequences, not only for the family and friends of those who die but for all of those in the wider community who have to cope with the impact of the tragedy"[3].

[2] Minister Welcomes the Report of the National Suicide Review Group. www.dohc.ie/press/releases/2004/20040929b.html

[3] Foreword to *Reach Out*, National Strategy for **Action on Suicide Prevention** by An Taoiseach, Bertie Ahern TD, 8, September 2005**.**

That the foreword to *Reach Out*, was written by An Taoiseach was taken as indicative of Government concern about the high levels of suicide in Irish Society and the determination to concerted remedial action. This strategy specified 96 actions, 30 of which were short term priorities for immediate start up (Phase 1), another 56 actions which required the partnership commitment of other agencies (Phase 2), and a final 10 actions that would follow the implementation of those previously mentioned (Phase 3).

However, unlike other similar initiatives undertaken in other countries e.g. Scotland (http://www.scotland.gov.uk/Resource/Doc/46932/0013932.pdf) or New Zealand (http://www.moh.govt.nz/moh.nsf/pagesmh/7524/$File/nz-suicide-prevention-summary-mar08.pdf), *Reach Out* did not have clear targets, detailed costs or a clear timeframe for achieving its objectives. As a result accountability for delivery is vague and ill-defined.

On the day of publication of *Reach Out* in early September 2005, the Minister for Health & Children, Mary Harney issued a Press Release, selected extracts of which are also of particular interest three and a half years later:

"Driving the implementation of the Strategy will be a new National Office for Suicide Prevention, to be established immediately by the Health Service Executive (HSE) within its National Population Health Directorate."

"At a broader Governmental level, a Task Force is to be established with representatives of relevant Departments to advise on and provide support in implementing the Strategy"[4]**.**

The National Office for Suicide Prevention (NOSP) was set up immediately within the Health Services Executive (HSE) Population health Directorate and "in addition to *existing funding*, a further €0.5m" [5,6] allocated for the remainder of 2005 to commence the implementation

[4] Minister for Health & Children, Mary Harney TD. Tánaiste Launches Suicide Prevention Strategy. http:/ /www.dohc.ie/press/releases/2005/20050908.html.

[5] This sum is referred to in the Press Release (footnote 2 above); also in answer to a written PQ http://historical-debates.oireachtas.ie/D/0620/D.0620.200605300138.html, by the Minister of State Tim O'Malley TD, with special responsibility for Mental Health.

[6] This infers that this sum is added to the existing investment that had been stated to be €4.3m in 2004 and although never subsequently stated, assumed to be of that general level of investment in 2005 to which the "in addition to existing funding, a further €0.5m" was added (Please see footnote 3).

of the Strategy. However, the commitment by Minister Harney to set up a relevant inter-Departmental Task Force never materialised.

1.5 National Office for Suicide Prevention (NOSP) Annual Reports

There have been three Annual Reports from the NOSP[7] to date and the modest achievements as set out in these Annual Reports are to be applauded. Some relevant extracts from those NOSP Annual Reports are worth considering:

"Reach Out provides us all with clear, measurable actions. The NOSP will monitor and report on those actions over the course of strategy implementation. Among earlier priorities for the NOSP has been the development of a suicide prevention network which will assist the process of coordination and consultation."[8]

[7] The *National Office for Suicide Prevention Annual Report* is read into the Dáil record in September each year thus fulfilling the provisions of the Health (Miscellaneous Provisions) Act 2001, section 4.

[8] National Office for Suicide Prevention Annual Report, 2005. Health Services Executive, September 2006.

Suicide Prevention Network – NOSP crucial linkages

- Dept of Health & Children
- HSE Dept of Population Health*
- HSE Suicide Resource Officers*
- National Advisory Team*
- National Research Networks*
- HSE PCCC & NHO*
- Voluntary NGO Sector
- National Forum
- Cross Border contacts

Figure 1.

A number of the key organisations (marked with * above) in the Suicide Prevention Network are at present in a state of transitional uncertainty: the HSE is undergoing a process of re-organisation; the HSE Population Health Directorate, within which the NOSP has been based, is being axed; the numbers of Suicide Resource Officers have been severely reduced over the past 2 years and while this number has recently been restored to almost its previous level, many of those newly appointed Suicide Resource Officers hold temporary posts which reduces their sphere of influence and increases the capacity for ignoring their recommendations. None of this has helped the progression of the Strategy. Furthermore, the initial term of office of the National Suicide Advisory Team has now expired and the Advisory group is presently undergoing a change in its role and composition.

"The NOSP has commissioned work through the NSRF to scope the possible development of an improved and more detailed data collection system, based around existing information resources. The NSRF are also analysing data from Form 104 which is completed by the Gardaí, with a view to either improving the Form or looking at other ways of data collection. The development of a recording system yielding more in-depth information will require significant investment."[9]

[9] Working together, we will reduce the unacceptable level of suicide and self-harm in Ireland: National Office for Suicide Prevention Annual Report, 2006. Health Services Executive, September 2007

The completion and publication in December 2007 of the work on *Inquested deaths in Ireland*: *A study of routine data and recording procedures*, commissioned by the NOSP and carried out by the National Suicide Research Foundation (NSRF), is a triumph of collaboration between several key agencies: the Gardaí, the Central Statistics Office, the Departments of Health & Children; Justice, Equality & Law Reform and the Coroner's Society. The recommendations of that work must be implemented if we are to increase the accuracy of determining the causes of unexpected deaths. In so doing the numbers of suicides reported may increase in the short term – a feature of more precise recording - but ultimately it is only in this way that we will be able to tackle the societal heart break and desolation that is caused by suicide. However, if the necessary financial provision to upgrade our methods of data collection is not forthcoming, this will not progress -what gets measured gets managed.

"As the recommendations in Reach Out begin to be implemented it will be important to have in place continuous evaluation in order to inform improvements and future service development. It is proposed to commission an evaluation of work of NOSP to date and agree a process of ongoing evaluation"[10].

The task of implementing the National Suicide Prevention Strategy that so many concerned individuals and organisations contributed to is enormous. At the outset, it was planned that an evaluation of the implementation of the strategy, and of the NOSP's work, would take place within 3 years of the launch of *Reach Out.* This work has now finally started in March 2009 but will take almost 12 months to complete. While this review is welcome and much anticipated, the delay in its production beyond the period set out in *Reach Out* is concerning – and suggests that progress towards achievement of *Reach Out's* recommendations has not been as successful as was initially hoped.

[10] Reducing suicide requires a collective, concerted effort from all groups in society: National Office for Suicide Prevention Annual Report, 2007. Health Services Executive, September 2008.

2. Tragic Deaths in Ireland: Road Traffic Deaths *v* Suicide

"Suicidal behaviour represents a global public health problem and its prevention continues to provide a major challenge to health and social services at all levels of Irish Society. More people die by suicide in Ireland each year than in road traffic accidents. Currently, youth suicide rates in Ireland are 5th highest in the European Union (WHO, 2005)[11].

The established fact that more people die by suicide than in road traffic accidents in Ireland has been much quoted and the concerted actions and generous resources invested in road safety to prevent deaths in road traffic accidents appear to be paying dividends in terms of reduced mortality. So why is investment in suicide prevention so poor? Are deaths by suicide of lesser value to the state and society and thus the investment in prevention of such deaths should be less? Is the pain to a family bereaved by suicide less than that of the family bereaved by a road accident fatality, or the economic loss of this person to society less? Might the influence of the Insurance Industry lead to greater Government investment in road safety and no such commercial weight applying to suicide prevention account for the disparity?

As part of this review of progress towards implementation of the Oireachtas Report's recommendations, it is worthwhile considering the comparisons and contrasts between what has been done to address these two groups of tragic deaths (Table 1).

Table 1: Tragic deaths – comparisons

Road Traffic Accident deaths (Road Safety Strategy, 2007-2012)	**Deaths by suicide** (*Reach Out*, 2005-2114)
73% deaths male	**80% deaths male**
17-34 year-olds consistently overrepresented	**17-34 year-olds consistently overrepresented**
Deaths peak Friday-Monday	**Deaths peak Friday-Monday**
Very specific targets in National Prevention Strategy	**Very vague targets in National Prevention Strategy**

[11] Foreword to *Reach Out*, National Strategy for **Action on Suicide Prevention** by An Taoiseach, Bertie Ahern TD, 8, September 2005**.**

There are direct comparisons between the gender, age range and time of the week that road traffic accidents and suicides occur. However, there are profound differences between the precision of the targets set in their prevention strategies, as well as in the level of investment in prevention (Tables 2 & 3).

Table 2: Tragic deaths – contrasting spends on prevention strategies

Road Traffic accident deaths: **Year - No. of deaths - Prevention spend**	**Deaths by suicide:** **Year - No. of deaths - Prevention spend**
2001 - 411 -	**2001 - 519 -**
2002 - 376 -	**2002 - 478 -**
2003 - 335 - €14.53 m	**2003 - 497 -**
2004 - 374 - €23.55 m	**2004 - 493 - €4.30 m**[12]
2005 - 399 - €29.45 m	**2005 - 481 - unknown + €0.50 m**
2006 - 365 - €29.45 m	**2006 - 409* - €1.20 m**
2007 - 336 - €29.60 m	**2007 - 460* - €4.55 m**
2008 - 279 - €39.04 m	**2008 - ??? - €4.55 m**

*Complete figures not yet available

Table 3: Tragic deaths – contrasting prevention strategies

Road Safety Strategy, 2007-2012	***Reach Out*, 2005-2114**
126 targets that must be reached before the end of 2012 e.g. • **Road fatalities to be no more than 60/1,00,000 of the population** • **Reduce road traffic accident injuries by 25%** • **Increase seat belt wearing from 85% to more than 95%**	**96 actions in total without any clear date by which they must be achieved e.g.** • **Develop accessible, community-based, mental health services** • **Develop, pilot and introduce, pending positive evaluation, guidelines for responding to people presenting to hospitals following DSH**
Total funding up to 2009 - €105.5 million	**Total funding up to 2009 - €10.8 million**

[12] Please see footnote 2 that states that €4.3m was invested in 2004, and €17.5m cumulatively since 1998.

It is worth highlighting the international evidence based factors that have been identified as being critical to the success of our road safety strategy[13], given their relevance to our suicide prevention strategy. These are:

- Political commitment
- Leadership and champions of the cause
- Accountable stakeholders
- Collaboration between stakeholders
- Strategic planning (goals, action plans, funding)
- Data sharing information systems
- Monitoring and evaluation
- Trained and equipped staff
- Marketing, outreach and public information

Sadly, as we will now go on to demonstrate, it is apparent that these factors have been lacking in many instances in our efforts to address the high level of suicide in our society.

[13] Adapted from The Road Safety Strategy (2007-2012), Section 3, Critical Success Factors, page 20.

3. Progress made on the 33 recommendations made in the Houses of the Oireachtas Joint Committee on Health and Children, 7th Report *The High Level of Suicide in Irish Society* since its publication, July 2006

The Oireachtas Report made 33 specific and costed recommendations as to how the high level of suicide in Irish society should be addressed.

We will now proceed to detail each of the recommendations made in the Oireachtas Report and what progress, if any, towards implementation has been made. For each recommendation we have provided the agencies responsible for implementation, the timeframe as set out in *Reach Out* or the Oireachtas Report, an overview of progress made based on the information available from the NOSP and other relevant agencies, followed by our analysis of that progress. A summary table of the level of action of those recommendations is found at the end of this report (*Appendix 1*).

Recommendation 1

"Streamline the training, funding, job descriptions and reporting relationships of Suicide Prevention Officers. These posts should report to the National Office for Suicide Prevention. (To be completed by September 2006, cost neutral)."

Agencies Responsible: HSE National Office for Suicide Prevention (NOSP)

Timeframe for action: Immediate

Progress: There are now 11 Suicide Prevention Officer posts nationally. There has been some progress in that many of these posts had been unfilled until recently. Although these positions have been filled, many have been in a temporary capacity. Suicide Prevention Officers do liaise with, but do not report to, the National Office for Suicide Prevention. The training, funding, job descriptions and reporting relationships continue to vary greatly between areas.

Analysis: In short, this recommendation has not been implemented. The fact that many of these posts have been temporarily filled, as opposed to the making of permanent appointments, limits the

capacity of post holders to exert influence as a result of their "acting" status. The resources devoted to suicide prevention in the various HSE areas also vary widely. This fragmented approach to the employment of Suicide Prevention Officers and deployment of resources for suicide prevention reflects a lack of consistent commitment to suicide prevention by the HSE and the Department of Health & Children.

Recommendation 2

"Establish a "Health and Education Liaison Group" working group between the Health Services Executive (HSE) and the Department of Education & Science (DES) to develop, implement, monitor and coordinate protocols and policy for mental health promotion and critical incident response in schools. (To be commenced immediately and estimated to cost the HSE ***€20, 000*** *annually.)"*

Agencies Responsible: Department of Health & Children (DoHC), Department of Education & Science (DES)

Timeframe for action: As soon as the relevant agencies can commit

Progress: No formal "Health and Education Liaison Group" has been established. A joint working group has been established to consider improved coordination and implementation of actions to promote mental health in schools. The NOSP has drawn up guidelines for schools to assist their selection of mental health promotion programmes. However, no protocols or policies have yet been implemented for mental health promotion and critical incident response in schools.

Analysis: The NOSP has made efforts to establish an interdepartmental forum on suicide prevention in schools. The "working group" referred to above falls short of the recommendation of the Oireachtas Report. There is no information available on the work of this group and there is little evidence of progress towards the protocols and policies recommended.

Recommendation 3

"Appoint a national coordinator in the education sector to work in partnership with appropriate HSE staff to

- *Oversee the implementation of mental health promotion activities and critical incident responses in schools.*
- *Conduct a formal review, making recommendations for service development, of the Guidance and Counselling service to establish staffing levels, training standards and the extent and nature of counselling provided.*
- *Survey primary and secondary schools to establish information in relation to mental health promotion programmes, critical incident response protocols and the Social, Personal and Health Education (SPHE) module.*
- *Review and rate the usefulness and effectiveness of the available mental health promotion materials and programmes and the relevant guidelines documents for primary and secondary schools and for students.*

(To be commenced immediately and estimated to cost the DES ***€120, 000*** *annually. Outcomes of these initiatives should result in an ultimate reduction of repeat presentations to A&E following deliberate acts of self harm.)"*

Agencies Responsible: HSE NOSP

Timeframe for action: As soon as the relevant agencies can commit

Progress: The NOSP had allocated funding for this coordination role but this is now on hold "given the current economic climate".

Analysis: It is a positive step that funding was allocated towards this key coordination role. Even if this funding was still available the NOSP was only at the stage of planning to have further discussions about how best to use it. This is a critical position and should be progressed despite the current economic climate.

Recommendation 4

"Set up an evidence based health promotion programme for all transition year students in a pilot area to combat and conquer deliberate self harm that increases the risk for completed suicide for some. This should be set up in autumn 2006 and the impact evaluated at the end of the Academic Term (May/June), 2009. (Tenders to carry out this work should be advertised by August 2006 with an estimated HSE cost of ***€100, 000)****."*

Agencies Responsible: HSE NOSP, DES, Social Personal & Health Education Support Service

Timeframe for action: Immediate

Progress: According to the NOSP it is represented on a sub-committee set up "to examine the need for improved mental health/suicide prevention programmes and to evaluate the current programmes offered to schools". It anticipates that the above recommendation will be dealt with by this sub-committee.

Analysis: It is frustrating to see that such clear and easily implementable recommendations have not been progressed. Furthermore, it is troubling that, rather than accept the recommendations of the Oireachtas Report, the response of the responsible agencies has been to establish yet another committee, and at that, not even a committee charged with actioning the recommendation, but one charged with examining the need for what was already recommended.

Recommendation 5

"Building on existing programmes (such as the HSE South Eastern Area schools training programme), and learning from the review and survey described in Recommendation 2 above
• Develop and implement a training programme for teachers at all levels and for trainee teachers on mental health promotion and crisis response.
• Agree and deliver, on a partnership basis, a national training programme for volunteers and staff of voluntary and community groups involved in mental health promotion and suicide prevention.
• Agree, plan and deliver in conjunction with the Irish College of General Practitioners a programme of education and training on suicide

prevention for all relevant members of the Primary Care Team including GP trainees and community pharmacists.
• Plan and deliver basic awareness training for all levels of hospital staff on suicidal behaviour and develop and deliver specialist intervention, skills-based training for the appropriate staff.
• Plan and deliver a basic awareness training programme for mental health services staff on suicidal behaviour and develop and deliver a specialist skills-based training programme for the appropriate clinical staff.
(To commence immediately and would cost the HSE ***€420, 000*** *to employ 4 National or Regional Training coordinators to deliver the above. In addition programme running costs would be required and the HSE employment ceiling would need to be adjusted to reflect these additional posts.)"*

Agencies Responsible: HSE NOSP, DES

Timeframe for action: Immediate

Progress: The NOSP appointed a Training and Development Officer in early 2007 to coordinate training initiatives in this area. A strategy for training is reportedly now complete, following a period of consultation with key stakeholders. The ASIST (Applied Suicide Prevention Skills Training) 2 day training programme has been provided to over 12,000 participants at 550 workshops since 2004 across the country. The NOSP have also indicated that local Suicide Prevention Officers have a role in this area.

Analysis: The appointment of a Training and Development Officer by the NOSP is welcome, but the recommendation was for 4 such positions. As yet no specific national training programmes for teachers, voluntary organisations, primary care teams, hospital staff or mental health staff have been developed or implemented. The continued roll out of the ASIST programme is welcome but this does not meet the specific need identified in this recommendation.

Recommendation 6

"Organise a consultation with young people to ask them about mental health services and service development. (To commence immediately and

would cost the National Office for Suicide Prevention ***€30, 000*** *on a once off basis.)"*

Agencies Responsible: HSE NOSP

Timeframe for action: Immediate

Progress: The NOSP says it has consulted with young people through various mechanisms such as its own web site, the social networking site Bebo and discussions with youth organisations such as Young Social Innovators, Headstrong and Dáil na nÓg. The Office of the Minister for Children and Youth Affairs undertook a national survey of young people's attitudes to mental health and this is due for publication in 2009.

Analysis: Once again, there has been limited and slow progress with regard to this recommendation. The forthcoming survey may provide relevant information but this is not clear.

Recommendation 7

"*Develop and produce a sustainable anti-stigma and positive mental health promotion campaign in the media. Develop a system of media monitoring and response for mental health and suicide related issues (learning from existing systems). Allied to this, a panel of media spokespersons within the HSE and voluntary sector should be trained to respond to the media in relation to suicide prevention, mental health promotion and bereavement support. A network of volunteers who have been affected by suicidal behaviour and / or mental health problems and who are willing to engage with the media in a way that is responsible, safe and likely to encourage help-seeking and reduce stigma should be trained. (To be commenced immediately, estimated cost to the Department of Health Children Health Promotion Unit of* ***€1, 500,000*** *for the anti stigma tender and* ***€50, 000*** *for the media training on a largely once off basis, although trained individuals would need to be replaced over time.)"*

Agencies Responsible: HSE NOSP, Alliance for Mental Health, HSE/DoHC Health Promotion Units

Timeframe for action: Immediate

Progress: The HSE mental health awareness campaign www.yourmentalhealth.ie was launched in October 2007 on the Internet, TV, radio and at bus stops. The campaign has continued through 2008 & 2009, and in 2009 a young person's mental health awareness campaign is due to be launched. According to the NOSP the campaign has recently been evaluated and some change in public attitudes and recognition of the relevant issues has been demonstrated. In addition a media monitoring organisation, Headline, was established in 2006 under the management of Schizophrenia Ireland[14]. This project monitors all national print media and some local print media, using internationally established media guidelines, and seeks to promote responsible reporting of mental health issues. Their 2007 report is available on www.headline.ie.

Analysis: Clearly there has been some progress with regard to this recommendation. However, the investment in the mental health awareness campaign has been dwarfed by the investment in the road safety campaign. The sustainability of the campaign is also questionable, particularly in the current economic climate. The funding for the young people's mental health awareness campaign in 2009 is being provided on a once off basis. Such campaigns need to be repeated regularly to have a lasting impact. The other elements of this recommendation from the Oireachtas report have not been addressed. There is no trained panel of media spokespersons from the HSE, the voluntary sector or persons affected by suicide.

Recommendation 8

"Determine and standardise the provision of support and information provided by primary care services to those who are bereaved by suicide. This would entail working with bereavement support services such as Living Links and Console and with the HSE. (This would entail a once off 6-month HSE work contract estimated at ***€50, 000****.)"*

Agencies Responsible: HSE NOSP, ICGP, Voluntary groups, Gardaí

Timeframe for action: Immediate

[14] This organisation recently underwent a name change and is now known as Shine

Progress: The NOSP commissioned a review of bereavement services in 2008, the report of which is available on http://www.nosp.ie/review_of_bereavement_support_services-1.pdf. The review sets out a framework for developing bereavement services, setting quality standards and recommending future funding arrangements. The review costs the implementation of its recommendations at €428,000 in the first year and €209,000 in subsequent and recurring years. Console is due to receive additional funding of €100,000 in 2009 towards implementation of the agreed standards.

Analysis: The Review of Bereavement Support Services referred to above, makes a series of detailed recommendations as to how Irish bereavement support services can be brought into line with best international standards. These recommendations should be implemented in full and the necessary funding provided as a matter of urgency. Clearly the extra funding due to be provided to Console is far below what is required.

Recommendation 9

"Pilot and audit a 'fast-track' priority referral system from Primary Care to community based mental health services for individuals experiencing a suicidal crisis who contact Primary Care services. (This would entail a 36-month work contract facilitated by the National Office for Suicide Prevention and estimated at ***€65, 000*** *per annum during the pilot phase.)".*

Agencies Responsible: HSE NOSP, HSE Primary, Community & Continuing Care (PCCC), DoHC Irish College of General Practitioners (ICGP), GP out-of-hours services

Timeframe for action: Immediate

Progress: In 2007 the NOSP provided funding for a 3-year pilot appointment in the Cluain Mhuire mental health service in South East Co Dublin, of a nurse specialist who would be in a position to provide same day assessments to individuals expressing suicidal ideation in primary care settings. A similar project in Wexford Mental Health Services has been funded from 2008. Both projects are collecting comparative data

and using similar evaluation methodologies and a report on their progress is due in late 2009.

Analysis: This recommendation is close to being achieved. If the evaluation of these pilot studies proves that they are beneficial, the challenge will then be in convincing mental health services around the country to introduce such assessment systems. This will not be easy without the availability of additional funding for training or the availability of WTE[15]s.

Recommendation 10

"Have the National Office for Suicide Prevention, the HSE National Hospitals Office and the Primary, Community & Continuing Care Directorate review, improve and standardise pre-discharge and transfer planning from or between mental health service settings (To be complete by December 2006, cost neutral)."

Agencies Responsible: HSE NOSP, HSE PCCC, Mental Health Commission (MHC)

Timeframe for action: As soon as the relevant agencies can commit

Progress: The Mental Health Commission has produced a draft "Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre". The NOSP has commissioned a review from the National Suicide Research Foundation (NSRF) of the evidence regarding best practice in the assessment, discharge and follow up of individuals presenting to emergency departments with self harm. According to the NOSP an interim report will be available for discussion with key stakeholders later in 2009.

Analysis: Very little progress has been made with regard to this recommendation to date. The review from the NSRF is eagerly anticipated. Once standards are agreed the challenge will be in implementing them and in monitoring adherence to them. This is a critical and relatively easy to achieve recommendation, which has the potential to save lives. It needs to be shown a high level of priority.

[15]http://www.hse.ie/eng/Publications/Human_Resources/HR_Circulars/HSE_HR_Circular_01_2006_re_HSE_2006_Employment_Control_Framework.pdf

Recommendation 11

"*Develop, pilot and introduce effective staff guidelines for responding to people presenting to hospitals following deliberate self harm. (This could be commenced immediately, be facilitated through local Suicide Prevention Officers and entail a once off cost of* ***€65, 000*** *to the National Office for Suicide Prevention.)"*

Agencies Responsible: HSE NOSP

Timeframe for action: Immediate

Progress: The NOSP states that such guidelines will be part of the review being carried out by the National Suicide Research Foundation that is referred to in the section on Recommendation 10, and that the UK NICE guidelines will be one of the bases for this review.

Analysis: Effective staff guidelines have not been developed, let alone piloted or introduced. The practices and resources available around the country in relation to individuals presenting to emergency departments with self-harm, continue to be highly variable. This is another critical recommendation and it needs to be shown greater priority.

Recommendation 12

"Have the National Office for Suicide Prevention, the HSE National Hospitals Office and the Primary, Community & Continuing Care Directorate collaborate in a study to determine the effectiveness of a minimum standardised nurse-led liaison psychiatric services in A&E compared to a dedicated multidisciplinary liaison team for responding to those who present, following suicidal behaviour. (As per A Vision for Change, this could be commenced immediately and entail a minimal annualised cost to the HSE of ***€360,000*** *plus a flexibility around the employment ceiling.)"*

Agencies Responsible: HSE NOSP, HSE PCCC, HSE National Hospitals Office (NHO)

Timeframe for action: Immediate

Progress: It has been indicated by the NOSP that additional funds have been provided to assist development of specialist self harm services for emergency departments. They state that 26 of the 36 A&E departments now have functioning specialist staff, mainly from within existing staff resources, and that they expect all emergency departments to have such a service soon. As previously stated, the NOSP has commissioned the National Suicide Research Foundation (NSRF) to examine the research and best practice relating to effectiveness of service configurations and say that this work will influence the way in which self harm and suicide is responded to going forward. The HSE and NSRF published a study in 2006, "Accident & Emergency Nursing Assessment of Deliberate Self Harm".

Analysis: The conclusion here must be that there has been very little progress to date towards the implementation of this recommendation. The study from the NSRF on best practice in emergency departments in relation to self-harm presentations is much anticipated. However, it is unclear as to whether it will, as was recommended, compare different models of service provision to those presenting to emergency departments with suicidal behaviours. This is a very important recommendation and the failure to progress it further is alarming.

Recommendation 13

"Determine the risk of engaging in suicidal behaviour associated with belonging to a marginalised group, and review the available services and agencies representing marginalised groups and develop new supports and services as appropriate. (This could be commenced immediately and entail a once off cost of ***€65, 000*** *to the National Office for Suicide Prevention.)"*

Agencies Responsible: HSE NOSP, relevant voluntary organisations

Timeframe for action: As soon as the relevant agencies can commit

Progress: The NOSP states that it provides funds to Crosscare, the social care agency of the Dublin diocese, to employ a national Travellers Suicide Prevention Project staff member, building on work by Pavee Point and local traveller groups. The NOSP also provides funds to BelongTo, the Lesbian, Gay, Bi-sexual and Transgender national youth

organisation to develop lesbian and gay youth support groups around the country (now in Dublin, Galway, Limerick, Dundalk, Tipperary and Waterford). The NOSP has funded research by GLEN (The Gay Lesbian Equality Network) into risk and protective factors for self harm/suicide in the LGBT community.

Analysis: Very little additional work has been done since the publication of the Oireachtas Report into determining the risks of engaging in suicidal behaviour for members of marginalised groups. The excellent 2009 report by GLEN, "Supporting LGBT Lives" (http://www.glen.ie/press/pdfs/Supporting%20LGBT%20Lives%20Report.pdf) makes a series of recommendations which should be implemented. Similar reports into services that would help members of the traveling community, asylum seekers and other marginalised groups that are at increased risk of suicide, should have been completed, and resources should be provided to develop services based on recommendations made.

Recommendation 14.

"Have the HSE Primary, Community & Continuing Care Directorate and the Department of Health & Children develop Child & Adolescent Services by increasing the level of in-patients resources and introducing administrative integration of Child & Adolescent Mental Health services with Adult Mental Health service, thus streamlining and improving service provision in the community. (An annual cost of ***€ 40m*** *+ Capital costs)."*

Agencies Responsible: DoHC, HSE PCCC

Timeframe for action: Immediate

Progress: The HSE have appointed new child and adolescent mental health teams. Four inpatient beds for children have reportedly been made available in St Anne's in Galway. New inpatient units for Dublin, Cork and Galway are at various stages of development. The HSE have just begun the recruitment process for executive clinical directors in psychiatry.

Analysis: The situation remains that it is almost impossible to source an appropriate inpatient bed for a child who requires a psychiatric admission. In these circumstances children continue to be almost

exclusively admitted to adult units. This is unacceptable. The very slow progress with regard to ameliorating this situation is highly concerning. Although there are units at various stages of development around the country it is likely to be some time before these units are operational. With regard to the administrative integration of child & adolescent mental health services with adult mental health services, there has been little progress to date. The appointment of executive clinical directors with oversight of both types of service may begin this process but further reform of administrative structures is urgently required.

Recommendation 15

"Recommendations from the Inspector of Mental Health Services must be implemented within a 5 -year period of his/her report or a resignation from either the Inspector on a point of principle or the Minster with responsibility for Mental Health Services because of the failure to support the Inspectorate a matter of course. (To be complete by September 2006, cost neutral)."

Agencies Responsible: DoHC, HSE. MHC

Timeframe for action: Immediate

Progress: The Mental Health Commission continues to publish an Annual Report incorporating the report of Inspector of Mental Health services in keeping with the provisions of the Mental Health Act 2001, Sections 42 & 51. This is laid before the Houses of the Oireachtas and contains recommendations for improving services, based on the inspection of approved centres and other mental health facilities.

Analysis: There has been no change here. Many of the recommendations have been reiterated in Inspector's reports for many years. There is no political accountability for implementing recommendations made in the Annual Reports of the Inspector of Mental Health Services. It appears that these recommendations are routinely ignored. This situation is unacceptable and it demeans the Oireachtas and the laws of the land, the Office of the Inspector of Mental Health Services and principally those with psychiatric illness and their families who are reliant on services being optimally available to them.

Recommendation 16

"Implement the National Strategic Task Force on Alcohol, 2nd Report, September 2004 in recognition of the relationship between alcohol and suicide. Specifically
• A national screening protocol for early intervention of problem alcohol use for all sectors of the health care system must be established as a priority. Allied to this, early intervention programmes to be set up in primary care, A&E Departments and through the court system for both juveniles and adults convicted of alcohol related offences, to introduce and establish brief intervention as standard practice to reduce high risk and harmful drinking patterns. (This should commence without delay and is estimated to cost the HSE ***€600, 000*** *on an annual basis.)*
• A range of effective, accessible, appropriate and integrated alcohol treatment services must be established in each HSE area with explicit pathways of care for those seeking treatment for alcohol related problems (Cost will vary depending on the standard of present services but a sum of ***€10m*** *in addition to the current spend should be set aside annually by the HSE to ensure that all services are incrementally upgraded to the highest international standard)."*

Agencies Responsible: Department of Justice Equality and Law Reform, DoHC, HSE NOSP, HSE PCCC

Timeframe for action: As soon as the relevant agencies can commit

Progress: The Intoxicating Liquor Act 2008 has been introduced by the Department of Justice. This legislation, if enacted, will reduce access to alcohol and will provide greater legal powers for tackling alcohol related problems. The HSE has launched a multi media information campaign on the risks of alcohol, particularly relating to young people. A protocol to commence screening and brief interventions in relation to alcohol in the country's Emergency Departments is being developed and is due to commence in October 2009. The protocol is budget neutral. Training on brief interventions for alcohol is being provided to GPs by the ICGP on foot of grant aid from the HSE.

Analysis: Many of the recommendations of the National Strategic Task Force on Alcohol have not been implemented. Specifically there is no national screening protocol for early intervention in

problem alcohol use. Nor is there a range of effective, accessible, appropriate and integrated alcohol treatment services in each of the HSE areas. In fact, what persists is disorganised, has a poor or absent evidence base, is often difficult to access and is inequitable in distribution. In short, we have an unintegrated "ragbag" of alcohol intervention services. Problem alcohol use is internationally accepted to be one of the key areas in which improved services can make a difference in tackling suicide rates. A much greater cross-departmental political drive is required to address problem alcohol use in this country.

Recommendation 17

"Have the National Office for Suicide Prevention, HSE Primary, Community & Continuing Care Directorate and the Department of Health & Children review the current provision of alcohol and addiction treatment services and develop an integrated coherent National Policy on the Treatment of Alcohol and Substance Misuse."

Agencies Responsible: HSE NOSP, HSE PCCC, DoHC

Timeframe for action: As soon as the relevant agencies can commit

Progress: The HSE published a report of a "Working Group on Residential Treatment & Rehabilitation (Substance Abuse)" in May 2007. No funding has been made available for the Working Group's recommendations, which included a doubling of residential places nationally. The National Drug Strategy is being rewritten to cover the period 2009 to 2016. The agencies responsible above have recommended that alcohol and other substances be combined in one strategy. A Government decision is awaited.

Analysis: No coherent National Policy on the Treatment of Alcohol and Substance Misuse has been developed. There remains a critical need.

Recommendation 18

"Have the Irish Prison Service, the National Office for Suicide Prevention and the Probation & Welfare Service determine the range,

*extent and quality of psychological support services for prisoners, those on remand and those recently transferred back to prison from hospital. (To be complete by December 2006, cost to the Department of Justice - **€65, 000.**)"*

Agencies Responsible: HSE NOSP, Irish Prison service (IPS), Probation & Welfare Service

Timeframe for action: As soon as the relevant agencies can commit

Progress: Based on a report published on suicide prevention within Mountjoy Prison in 2007, a national training programme for prison staff was to be implemented on a partnership basis between the HSE and the Irish Prison Service in 2008. This has not yet happened. The NOSP says it is working with the Prison Service on developing comprehensive training on suicide prevention for prison staff.

Analysis: This recommendation was supposed to be complete by December 2006, yet there is very little evidence of progress.

Recommendation 19

***"**Have a dedicated skills based training programme for Gardaí and Prison Officers e.g. the Applied Suicide Intervention Skills Training (ASIST) to enable them support someone who is suicidal. (To be complete by December 2006, cost to the Department of Justice - **€120,000.**)"*

Agencies Responsible: HSE NOSP, Gardaí, IPS

Timeframe for action: Immediate

Progress: Many Gardaí have attended the ASIST programme, but this is uncoordinated. New Gardaí recruits receive some basic training on suicide prevention. The NOSP made a submission to the recent Review of Garda Training & Development. A pilot training programme is due to be undertaken in the Prison Service in Portlaoise and Mountjoy with a view to this programme being made available throughout the whole of the Prison system in 2010

Analysis: No dedicated skills based training programme for Gardaí and Prison Officers has been systematically introduced. Once again it

appears that the various agencies charged with implementing this recommendation have struggled to work together.

Recommendation 20

"*Have the National Office for Suicide Prevention and voluntary groups audit and review the range and quality of general bereavement support services and specific services to support those bereaved by suicide with view to drawing up a service plan for bereavement services nationally (This could be commenced immediately and would incur a once off cost of* ***€45, 000****)."*

Agencies Responsible: HSE NOSP, relevant voluntary organisations

Timeframe for action: Immediate

Progress: A "Review of General Bereavement Support and Specific Services Available Following Suicide Bereavement Services" by Petrus Consulting was published in 2008 (http://www.nosp.ie/review_of_bereavement_support_services-1.pdf). This report made a series of recommendations with regard to the development of a tiered suicide bereavement support service with appropriate quality standards. The review estimated a cost of €209,000 annually for full implementation. The NOSP has produced 2 booklets as part of the review of bereavement services entitled "You Are Not Alone", one a directory of general and specific bereavement services and the other an information and advice booklet for those recently bereaved (http://www.nosp.ie/ufiles/news0004/directory-you-are-not-alone-.pdf & http://www.nosp.ie/ufiles/news0004/info-booklet-you-are-not_alone-.pdf). According to the NOSP, Console is to receive some extra funding in 2009 towards implementing quality standards.

Analysis: The excellent report on bereavement services referred to above is most welcome. As ever, the challenge now lies in implementing its findings. The required funding for this has not been provided to date.

Recommendation 21

"Facilitate and support the formal coordination of the national organisations working in the area of suicide bereavement support including Living Links, Console, the National Suicide Bereavement Support Network and the general bereavement services. (This could be commenced immediately and would incur administrative costs of ***€25,000*** *+ core funding to be agreed)."*

Agencies Responsible: HSE NOSP, relevant voluntary organisations

Timeframe for action: Immediate

Progress: According to the NOSP Living Links, Console and the National Suicide Bereavement Support Network do work together but without any formal coordination. There are no plans at present to progress this recommendation.

Analysis: There has been no progress with regard to formally coordinating the activities of the various voluntary organisations working in the area of suicide bereavement. There appears to be a general lack of political will when it comes to coordinating the work of voluntary organisations across a wide variety of areas. This is unfortunate as it leads to wasted resources through duplication, difficulty in ensuring quality standards and inequitable access.

Recommendation 22

"Have the National Office for Suicide Prevention and Suicide Resource Officers develop and implement protocols for the health service response if a community is affected by suicide, learning from the experience of previous crises (such as the suspected cluster in the South East in late 2002) and building on existing critical incident response protocols. (This could be commenced immediately and would incur an annualised HSE cost of ***€320, 000****)."*

Agencies Responsible: HSE NOSP

Timeframe for action: Immediate

Progress: According to the NOSP the HSE is establishing a national working group to develop guidelines and protocols for local intervention in the event of a cluster of suicides in a community. This group is due to report in 2009.

Analysis: No protocols for health service response in the event of a cluster of suicides in a local community have yet been developed, let alone implemented. This is a serious need in light of the continued reporting of suspected suicide clusters in local communities.

Recommendation 23

"Initiate formal discussions between the HSE and An Garda Síochána on the possibility of Gardaí notifying the Suicide Prevention Officer of the local health services in a discreet and confidential manner when a suspected suicide death has occurred to facilitate a supportive health service response that would be acceptable to the bereaved. A similar initiative is required between the General Hospital Pathologist and the Suicide Resource Officer following autopsy where suicide has, on the balance of probabilities, occurred. This might take the form of supplying a booklet on entitlements and support access for example modelled on the Scottish Association for Mental Health Information Service after a suicide. (This could be commenced immediately and would incur a once off HSE cost of ***€20,000****)."*

Agencies Responsible: HSE NOSP, Gardaí, Coroner Service

Timeframe for action: As soon as the relevant agencies can commit

Progress: As previously mentioned the National Suicide Research Foundation has published a report "Inquested deaths in Ireland: A study of routine data and recording procedures" (http://www.nosp.ie/inquest.pdf). With regard to the specific issue of early communication between agencies in the event of a suspected suicide, the NOSP says that informal discussions have taken place with the Gardaí and Coroners. However, issues of data confidentiality have been identified and no clear mechanism for formally communicating information as recommended in the Oireachtas Report above has been agreed.

Analysis: The issues in relation to data confidentiality are acknowledged. Nonetheless the responsible agencies must address

this matter further as at present families and others bereaved by suicide are often left without information on the available support services. The recommendations of the report "Inquested deaths in Ireland: A study of routine data and recording procedures" should be implemented in full.

Recommendation 24

"*Prepare a service plan setting out the evaluation criteria, for the development of pilot mental health promotion and support initiatives for young men. (This could be commenced immediately and would incur an initial HSE cost of* ***€65, 000****)."*

Agencies Responsible: HSE NOSP, DoHC, HSE Health Promotion

Timeframe for action: Immediate

Progress: The NOSP says that a mental health promotion campaign targeted at young men has been developed in conjunction with the Health Promotion Agency in Northern Ireland.

Analysis: No service plan setting out the evaluation criteria for the development of a pilot mental health promotion and support initiatives for young men has been developed. Various voluntary initiatives have been taken specifically in relation to this group but these efforts are uncoordinated and are not based on a strategy. This lack of progress is lamentable given the continued particularly high rate of suicide in this group in Irish society.

Recommendation 25

"Determine the risk of suicidal behaviour associated with prescription and over-the-counter medication, with a view to developing, implementing and evaluating recommendations on the availability, marketing and prescribing of these medications. (This could be commenced immediately and would incur a once off HSE cost of ***€65,000****)."*

Agencies Responsible: HSE NOSP

Timeframe for action: Immediate

Progress: According to the NOSP discussions are ongoing with the Irish Pharmaceutical Society in relation to the marketing and availability of "over the counter" medications and the potential risk of associated suicidal behaviour.

Analysis: This recommendation has not been meaningfully progressed. Recently published Irish research has found over 50% of certain types of outlets sell paracetamol in excess of statutory maximum amounts for a single transaction.[16] The authors have concluded that paracetamol should no longer be sold in newsagents/mini-markets. The issue of the dangers of "over the counter" medications is a serious one, and this recommendation from the Oireachtas Report should be progressed immediately.

Recommendation 26

*"Provide facilities and promote the safe disposal of unused and unwanted medicines nationally, building on the work in relation to the D.U.M.P. project in the HSE South Western Area, Eastern Region (**D**ispose of **U**nwanted **M**edicines **P**roperly)[17]. (This could be commenced immediately and would incur an annualised HSE cost of **€120, 000**)."*

Agencies Responsible: HSE NOSP, Irish Medicines Board, Department of Environment, Heritage & Local Government, Pharmaceutical Society of Ireland

Timeframe for action: As soon as the relevant agencies can commit

Progress: The DUMP (Disposal of Unwanted Medicines Project) campaign has been extended to the HSE South. The NOSP estimates that a national DUMP (Disposal of Unwanted Medicines Project) campaign would require additional funding of €900,000 annually. This funding is not currently available.

[16] Ni Mhaoláin *et al*, Paracetamol availability in pharmacy and non-pharmacy outlets in Dublin, Ireland. Irish Journal of Medical Science 2009; 178: 79-82.
[17] Sheehan O & O'Driscoll D, Dispose of Unwanted Medications Properly – DUMP. Irish Pharmacist, January 2005

Analysis: There has been very little progress in relation to this recommendation. DUMP is an important campaign and it should be adequately resourced and rolled out nationally. The initial pilot project of DUMP yielded 2.5 tonnes of unwanted medication in the West Dublin/Kildare area in the first two months after rollout and had increased to a staggering 34.5 tonnes in 2007. The majority of this medication was prescribed for nervous and mental disorders. There is a huge cost of these wasted medications to the state: the additional costs to the State of treatment failures as result of non compliance with medication, the availability of this medication to be taken impulsively in overdose by some and eventually the phenomenal cost to the State of the safe disposal of this unused medication (this cost the Scottish taxpayer £ 138, 184 for disposal of 43, 528kg in 1997).
A perhaps not unrelated matter relates to the anomaly of health service provision that exists whereby those, regardless of their income, attending the public psychiatric services in the greater Dublin area do not have to pay for their medications whereby those outside Dublin do, unless they have a medical card. While it is important that people are not unduly economically burdened by having to pay for medication, if this medication is completely free this could make it less valued and more likely that it would not be taken as instructed, thus adding to the large of the large amount of unused medications in the community.

Recommendation 27

"Establish whether there are specific places and types of place that are associated with suicidal acts and, where feasible, implement ways of restricting access, improving safety and promoting help-seeking. (This could be commenced immediately and would incur an annual Office of Public Works cost of €5m)."

Agencies Responsible: HSE NOSP, Gardaí, Office of Public Works, Coroners, Irish Water Safety and the emergency services

Timeframe for action: As soon as the relevant agencies can commit

Progress: According to the NOSP research is being carried out by the Department of Psychiatry in St. Vincent's University examining railway and bridge deaths.

Analysis: There has been no coordinated effort to examine specific places and types of places in Ireland that are associated with suicidal acts, let alone implement means of making these places safer. It is known from international research that restricting access to such places can reduce suicide. The absence of progress on this recommendation shows wanton disregard of this internationally accepted evidence.

Recommendation 28

"Appoint dedicated Coroner's Officers in the place of Gardaí to act as the link person between the public and the Coroner Service as recommended in Report of the Working Group on the Coroner Service (2000). (This could be commenced immediately and would incur an annualised cost of ***€600, 000*** *to be borne by the Department of Justice)."*

Agencies Responsible: Department of Justice, Equality & Law Reform

Timeframe for action: As soon as the relevant agencies can commit

Progress: The NOSP made a submission to the new Coroner's Bill 2007. A pilot project is underway in the HSE South involving research psychologists liaising between Coroners, families and others in selected cases to investigate in depth the circumstances leading to a suicide (psychological autopsy). A report on the project is due in late 2009. According to the NOSP these researchers would also be able to provide first contact advice and counselling to bereaved families.

Analysis: No progress has been made to appoint Coroner's Officers as recommended. The pilot project underway in the HSE South may yield valuable findings, but it is not the same thing as appointing Coroner's Officers as was recommended. As referred to in the section on recommendation 23, there is an issue around data confidentiality in the communications between Gardaí, Coroners and other parties. At the present time it is only after the formal conclusion of an inquest that information in relation an individual who has died by suicide will be released by a Coroner. This can be over 12 months after the death has occurred. This can mean that families are left without important support services for extended periods.

Recommendation 29

"Establish a technical group to link and exchange data between relevant national information systems, including the National Register of Deliberate Self Harm, the Hospital In-Patient Enquiry system, the National Psychiatric Inpatient Reporting System, the National Drug Treatment Reporting System, the Drug-related Deaths Index and local mental health services as and when electronic patient records are developed (This could be commenced immediately and would incur an annualised HSE cost of ***€50, 000****.)"*

Agencies Responsible: HSE NOSP, DoHC, relevant agencies collecting mental health data, Data Protection Commissioner

Timeframe for action: Immediate

Progress: No such technical group has been established. Electronic data collection systems continue to be developed. The Health Research Board has developed a new database (WISDOM) for the collection of data in relation to activity in community mental health services. The HSE is piloting WISDOM in Donegal (http://www.hrb.ie/health-information-in-house-research/mental-health/information-systems/wisdom/).

Analysis: It is deeply frustrating to witness the continued investment in and roll out of electronic data collection systems, without any progress being made in relation to the linking of these systems. It is inefficient, wasteful and potentially harmful for similar sets of data to be collected for different data systems using different methodologies. This recommendation cannot be progressed without the agreement of unique patient identifiers and common minimum data sets of information for collection by each of the relevant systems. This is of particular relevance when it comes to suicide risk; sharing of critical information has been shown to reduce risk. The wisdom of the WISDOM system must also be questioned. The primary aim of the WISDOM project is to collect data to inform service development and facilitate research. However, if data collected is to be meaningful, clinicians working on the ground need to be integral to its collection. More emphasis should be placed on developing true electronic patient records from which the necessary data can be obtained, rather than on data collection systems with some clinical utility as an add on. These have been proven not to work elsewhere.

Recommendation 30

"*The National Office for Suicide Prevention to commission the establishment of a national confidential enquiry into deaths from unnatural causes including suicide and thus inform suicide prevention and the planning of services. (This could be commenced immediately and would incur an annualised HSE cost of* ***€80, 000****.)"*

Agencies Responsible: HSE NOSP

Timeframe for action: Immediate

Progress: A pilot project has been set up in the HSE South involving research psychologists liaising between Coroners, families and others in selected cases to investigate in depth the circumstances leading to a suicide (psychological autopsy). This project is due to report in late 2009 and the NOSP says it is a precursor to a National Confidential Enquiry.

Analysis: We still do not have a National Confidential Enquiry into unnatural deaths including suicide. This is unacceptable. The UK National Confidential Inquiry published its first major report in 1999. The findings of this and subsequent reports have facilitated improvements in the services for those at risk of suicide. This is a fundamental recommendation and the political drive and resources necessary for its implementation should be provided immediately.

Recommendation 31

"The National Office for Suicide Prevention under the auspices of the Directorate of Population Health should set up an Ethics Committee so that all Irish-based suicide research can be registered and receive Ethics Committee Approval from the National Office for Suicide Prevention (This would incur an annual HSE cost of ***€5,000).***"

Agencies Responsible: HSE NOSP

Timeframe for action: Immediate

Agencies Responsible: HSE NOSP, DoHC, relevant agencies collecting mental health data, Data Protection Commissioner

Progress: The NOSP says it has established a working group which will advise on the submission of research proposals, but believes that the current arrangements should remain i.e. a wide variety of ethics committees will continue to govern Irish suicide research.

Analysis: The governance of research is a very serious matter. The existing arrangements with multiple different ethics committees overseeing suicide research without any agreed standards or regulation is unsatisfactory. This recommendation should not be ignored.

Recommendation 32

"*The National Office for Suicide Prevention should agree a national programme and plan of research into deliberate self-harm, suicide and suicide prevention, detailing the means of using research findings to inform service provision and health and social policy and establish a Research Register in relation to Suicide Research and Prevention. (This could be commenced immediately and would incur an annualised HSE cost of* ***€65, 000****.)."*

Agencies Responsible: HSE NOSP, DoHC

Timeframe for action: As soon as the relevant agencies can commit

Progress: The NOSP says it has prepared a yet to be published research strategy which will provide direction and coordination nationally for future research into suicide and self harm.

Analysis: There is no evidence as yet of any progress on this recommendation. It is absolutely critical that research into self-harm, suicide and suicide prevention is coordinated and that its results are coherently translated into practice. The failure to progress this recommendation is not acceptable.

Recommendation 33

"The National Office for Suicide Prevention should publish Suicide Research Guidelines for Donors to which charitable organisations and private donors who might wish to fund suicide research might apply to ensure that the proposed research was relevant, worthwhile and had merit, and thus would add to our national suicide research database. (Cost neutral)."

Agencies Responsible: HSE NOSP

Timeframe for action: Immediate

Progress: The NOSP have indicated that once they have completed the research strategy referred to in the section on Recommendation 32, that they will circulate this to potential donors of suicide research projects.

Analysis: No Suicide Research Guidelines for Donors have been published as recommended. This is an important recommendation and it appears to have fallen on deaf ears. Many individuals and others have donated generously towards suicide research in the belief that their donations will be put to good use. It is imperative that this much needed financial support is directed towards projects that are going to make a difference to the existing knowledge base.

4. Conclusions

Suicide rates in Ireland, particularly among young men, remain unacceptably high. *Reach Out,* the National Strategy for **Action on Suicide Prevention**, 2005-2014, the establishment of the *National Office for Suicide Prevention*, and the report of the Oireachtas subCommittee on *The High Level of Suicide in Irish Society*, were all significant milestones in the addressing of this serious problem in Irish society. This follow up report has highlighted a number of subsequent achievements in this critical ongoing endeavour. However, this report has also revealed the disquieting reality, that many of the short term priorities set for action in the *Reach Out* and Oireachtas Reports on *The High Rates of Suicide in Irish Society* appear not to have been progressed at all. What is more, the few recommendations that have been completed or mostly completed now need the financial resources and political drive in order to develop and implement their findings.

That the National Office for Suicide Prevention has been provided with modest resources since 2005 is a matter of public record. However, prior to that there was a systematic low level of investment into suicide prevention at Health Board level from 1998 – 2004. The organisational transformation of the health service since then has made it difficult to trace where that funding has now gone. This was described as being at a level of €4.3m in 2004 – not inconsiderable when one considers that the investment into the NOSP in 2007 and 2008 was €4.55m and expected to have a 12.5% reduction applied in 2009. These sums are miniscule when one considers the sum of €39.04m that was provided for the implementation of the Road Safety Strategy in 2008. The comparative lack of investment in suicide prevention is unacceptable and should no longer be tolerated by Irish society. It is worth reiterating the factors identified in the Road Safety Strategy as being key to the success of any such campaign:

- Political commitment
- Leadership and champions of the cause
- Accountable stakeholders
- Collaboration between stakeholders
- Strategic planning (goals, action plans, funding)
- Data sharing information systems
- Monitoring and evaluation
- Trained and equipped staff
- Marketing, outreach and public information

In order to properly address the ongoing serious problem of the high level of suicide in Irish society, immediate change is required. The National Office for Suicide Prevention needs to have adequate and sustained funding, a much higher level of interagency collaboration and the requisite political support, if it is to have any chance of fully implementing the recommendations made in the *Reach Out* and Oireachtas Reports. In addition the findings of reports and studies published on foot of recommendations made in the *Reach Out* and Oireachtas Reports must be implemented.

Pilot intervention studies that demonstrably work must be expanded - instead of blooming briefly and withering because of lack of support. Evidence based interventions need continued investment and such funding needs to be ring-fenced. Planning around prevention must move from short term to long term sustained activities, but this cannot be done on starvation rations. We need more steady marathons and less flashy 60 yard dashes. To do this properly may seem costly but the pay off will be handsome.

Appendix 1

Oireachtas Report Recommendation	Most closely related *Reach Out* recommendations	Progress (See text for details)	Agencies responsible for implementation	Timescale recommended in 2006 for implementation
1. Suicide Prevention Officers	No equivalent	Very limited progress	HSE NOSP	Immediate
2. Health and Education Liaison Group	2.1	Very limited progress	DOH&C / DES	As soon as the various agencies can commit
3. National Coordinator for the Education sector	2.2-2.6	No significant progress	HSE NOSP	As soon as the various agencies can commit
4. Evidence based health promotion programme for transition year students	Similar to actions recommended in Reach Out area 2	No significant progress	HSE NOSP, DES, Social Personal Health Education Support Service	As soon as the various agencies can commit
5. Develop national training programmes in suicide prevention for teachers, voluntary organisations, primary care teams, hospital staff and mental health service staff	2.7 & a number of other Reach Out recommendations	Very limited progress	HSE NOSP, DES	Immediate
6. Consultation with young people	3.2	Some progress	HSE NOSP	Immediate
7. Sustainable anti-stigma and positive mental health promotion media campaign	9.3, 9.4, 10.1	Some progress	HSE NOSP, Alliance for Mental Health, HSE/DoHC Health Promotion Unit	Immediate
8. Standardise support and information provided by primary care services to those bereaved by suicide	11.4	Some progress	HSE NOSP, ICGP, Voluntary groups, Gardai	Immediate
9. "Fast-track" referral system from primary care to mental health services for suicidal individuals (pilot)	11.5	Almost complete	HSE NOSP, HSE PCCC, DoHC ICGP, GP out-of-hours services	Immediate
10. Standardise pre-discharge and transfer planning from or between mental health	13.1	Very limited progress	HSE NOSP, HSE PCCC, MHC	As soon as the various agencies can commit

services				
11. Staff guidelines for people presenting to hospital following self-harm	12.2	No substantial progress	HSE NOSP	Immediate
12. Study to compare different models of service provision to those presenting to emergency departments with self-harm	12.3	Very limited progress	HSE NOSP, HSE NHO, HSE PCCC	Immediate
13. Determine the risk of suicide associated with being in a marginal group, review services and develop new ones as needed	15.1 & 15.2	Very limited progress	HSE NOSP, relevant voluntary organisations	As soon as the various agencies can commit
14. Develop inpatient units for children with mental health problems and integrate adult and child services administratively	13.6	Very limited progress	HSE PCCC, DoHC	As soon as the various agencies can commit
15. Recommendations from the Inspectorate of Mental Health services to be implemented within 5 years or Minister or Inspector to resign	No equivalent	No substantial progress	DoHC, HSE, MHC	Immediate
16. Implement recommendations of alcohol task force; Screening protocol and clear pathways to treatment for problem alcohol use	14.1, 14.2	Some progress from the Department of Justice but very little else	Department of Justice Equality and Law Reform, DoHC, HSE NOSP, HSE PCCC	As soon as the various agencies can commit
17. Review and develop a National Policy on current alcohol and addiction treatment services	14.2	No substantial progress	HSE NOSP, HSE PCC, DoHC	As soon as the various agencies can commit
18. Evaluate psychological support services for those in prisons	16.2	Very limited progress	HSE NOSP, IPS, Probation & Welfare Service	As soon as the various agencies can commit
19. Training for Gardaí and prison officers in skills to support suicidal individuals	16.3, 17.1	Very limited progress	HSE NOSP, Gardai, IPS	Immediate

20. Review of and development of a service plan for bereavement services	23.1	Complete	HSE NOSP, relevant voluntary organisations	Immediate
21. Formally coordinate the various voluntary agencies working in the area of suicide bereavement support	23.5	No substantial progress	HSE NOSP, relevant voluntary organisations	Immediate
22. Develop and implement protocols for health service response in the event of suicide clusters	23.4	No substantial progress	HSE NOSP	Immediate
23. Facilitate communication between the Gardaí, coroners and Suicide Resource Officers so that in the event of a suicide families and others can be provided with information on bereavement support services	17.3	Very limited progress	HSE NOSP, Gardaí, Coroner Service	As soon as the various agencies can commit
24. Develop evaluation criteria for a pilot mental health promotion and support initiative for young men	20.2	Very limited progress	HSE NOSP, DoHC, HSE Health promotion	Immediate
25. Evaluate risk of suicide associated with over-the-counter medications and develop and implement guidelines	22.1	No substantial progress	HSE NOSP	Immediate
26. Enable the safe disposal of unused and unwanted medicines	22.2	Very limited progress	HSE NOSP, Irish Medicines Board, DoELG, Pharmaceutical Society of Ireland	As soon as the various agencies can commit
27. Examine whether certain Irish places are associated with suicide and implement ways of making these places safer	22.4	No substantial progress	HSE NOSP, Gardaí, OPW, Coroners, Irish Water Safety and emergency services	As soon as the various agencies can commit

28. Appoint Coroner's Officers to act as links between the Coroner Service and the public	24.1	Very limited progress	Department of Justice Equality and Law Reform	As soon as the various agencies can commit
29. Technical group to link the databases of the various mental health related information systems	25.1	No substantial progress	HSE, DoHC, relevant agencies collecting mental health data, Data Protection Commissioner	Immediate
30. National Confidential Enquiry into deaths from unnatural causes including suicide	25.2	No substantial progress	HSE NOSP	Immediate
31. National Ethics Committee to oversee suicide related research	No equivalent	No substantial progress	HSE NOSP	Immediate
32. National programme of research into self-harm, suicide and suicide prevention	26.1	No substantial progress	HSE NOSP, DOHC	As soon as the various agencies can commit
33. Suicide Research Guidelines for Donors	No equivalent	No substantial progress	HSE NOSP	Immediate

Colour Key: **Pink** – No substantial progress
Blue – Very limited progress
Green – Positive action

Appendix 2

List of those who gave evidence to the sub-Committee

Date	Presenters	Affiliation	Discipline
25/07/08	Geoff Day	NOSP	Director
	Patrick Doorley	HSE	Director
	Seamus McNulty	HSE	Asst. Director
12/11/08	John Connolly	IAS	Psychiatrist
	Michael Fitzgerald	IAS	Child Psych
	Justin Brophy	IAS	Psychiatrist
	Ella Arensman	NSRF	Psychiatrist
	Carmel McAuliff	NSRF	Res. Psychologist
	Eileen Williamson	NSRF	Business Mgr
10/12/08	Patricia Casey	Mater Hospital	Psychiatrist
	C O'Callaghan	Mater Hospital	Psychiatrist

Appendix 3

Members of the
Joint Committee on Health and Children

Deputies:	Bernard Allen (FG) Bobby Aylward (FF) Niall Blaney (FF) Margaret Conlon (FF) (Government Convenor) Paul Connaughton (FG) Beverley Flynn (FF) Kathleen Lynch (Lab) (Opposition Convenor) Dan Neville (FG) Charlie O'Connor (FF) Seán Ó Fearghaíl (FF) (Chairman) Rory O'Hanlon (FF) Jan O'Sullivan (Lab) (Vice-Chair) James Reilly (FG)
Senators:	Geraldine Feeney (FF) Frances Fitzgerald (FG) Phil Prendergast (Lab) Mary White (FF)
Chairman:	Seán Ó Fearghaíl (FF)
Clerk:	Mr. Stephen Mooney

Members of the Sub-Committee on

The High level of Suicide in Irish Society

Deputies:

Dan Neville (FG) Chairman
Charlie O'Connor (FF)

Senators:

Phil Prendergast (Lab)
Mary M White (FF) Vice-Chairperson

Clerk: Mr. Stephen Mooney

Appendix 4

Dáil Éireann on 23 October 2007 (and 25 October 2007*) *ordered*:

"(1) (*a*) That a Select Committee, which shall be called the Select Committee on Health and Children consisting of 13* members of Dáil Éireann (of whom 4 shall constitute a quorum), be appointed to consider -

(i) such Bills the statute law in respect of which is dealt with by the Department of Health and Children;

(ii) such Estimates for Public Services within the aegis of the Department of Health and Children;

(iii) such proposals contained in any motion, including any motion within the meaning of Standing Order 159, concerning the approval by Dáil Éireann of the terms of international agreements involving a charge on public funds; and

(iv) such other matters

as shall be referred to it by Dáil Éireann from time to time;

(v) Annual Output Statements produced by the Department of Health and Children; and

(vi) such Value for Money and Policy Reviews conducted and commissioned by the Department of Health and Children as it may select.

(*b*) For the purpose of its consideration of matters under paragraphs (1)(*a*)(i), (iii), (iv), (v) and (vi) above, the Select Committee shall have the powers defined in Standing Order 83(1), (2) and (3).

(*c*) For the avoidance of doubt, by virtue of his or her *ex officio* membership of the Select Committee in accordance with Standing Order 92(1), the Minister for Health and Children (or a Minister or Minister of State nominated in his or her stead) shall be entitled to vote.

(2) The Select Committee shall be joined with a Select Committee to be appointed by Seanad Éireann to form the Joint Committee on Health and Children to consider -

(i) such public affairs administered by the Department of Health and Children as it may select, including, in respect of Government policy, bodies under the aegis of that Department;

(ii) such matters of policy, including EU related matters, for which the Minister for Health and Children is officially responsible as it may select;

(iii) such matters across Departments which come within the remits of the Minister of State with special responsibility for Children, the Minister of State with special responsibility for Older People and the Minister of State with special responsibility for Disability Issues and Mental Health (excluding Discrimination) as it may select;

Provided that members of other relevant Joint Committees shall be afforded the opportunity to participate in the consideration of matters within this remit;

(iv) such related policy issues as it may select concerning bodies which are partly or wholly funded by the State or which are established or appointed by Members of the Government or by the Oireachtas;

(v) such Statutory Instruments made by the Minister for Health and Children and laid before both Houses of the Oireachtas as it may select;

(vi) such proposals for EU legislation and related policy issues as may be referred to it from time to time, in accordance with Standing Order 83(4);

(vii) the strategy statement laid before each House of the Oireachtas by the Minister for Health and Children pursuant to section 5(2) of the Public Service Management Act 1997, and for which the Joint Committee is authorised for the purposes of section 10 of that Act;

(viii) such annual reports or annual reports and accounts, required by law and laid before either or both Houses of the Oireachtas, of bodies specified in paragraphs 2(i) and (iv), and the overall operational results, statements of strategy and corporate plans of these bodies, as it may select;

Provided that the Joint Committee shall not, at any time, consider any matter relating to such a body which is, which has been, or which is, at that time, proposed to be considered by the Committee of Public Accounts pursuant to the Orders of Reference of that Committee and/or the Comptroller and Auditor General (Amendment) Act 1993;

Provided further that the Joint Committee shall refrain from inquiring into in public session, or publishing confidential information regarding, any such matter if so requested either by the body concerned or by the Minister for Health and Children; and
requested either by the body concerned or by the Minister for Health and Children; and

(ix) such other matters as may be jointly referred to it from time to time by both Houses of the Oireachtas,

and shall report thereon to both Houses of the Oireachtas.

(3) The Joint Committee shall have the power to require that the Minister for Health and Children (or a Minister or Minister of State nominated in his or her stead) shall attend before the Joint Committee and provide, in private session if so desired by the Minister or Minister of State, oral briefings in advance of EU Council meetings to enable the Joint Committee to make known its views.

(4) The quorum of the Joint Committee shall be five, of whom at least one shall be a member of Dáil Éireann and one a member of Seanad Éireann.

(5) The Joint Committee shall have the powers defined in Standing Order 83(1) to (9) inclusive.

(6) The Chairman of the Joint Committee, who shall be a member of Dáil Éireann, shall also be Chairman of the Select Committee."

Seanad Éireann on 24 October 2007 *ordered*:

"(1) That a Select Committee consisting of 4 members of Seanad Éireann shall be appointed to be joined with a Select Committee of Dáil Éireann to form the Joint Committee on Health and Children to consider –

(i) such public affairs administered by the Department of Health and Children as it may select, including, in respect of Government policy, bodies under the aegis of that Department;

(ii) such matters of policy, including EU related matters, for which the Minister for Health and Children is officially responsible as it may select;

(iii) such matters across Departments which come within the remits of the Minister of State with special responsibility for Children, the Minister of State with special responsibility for Older People and the Minister of State with special responsibility for Disability Issues and Mental Health (excluding Discrimination) as it may select;

Provided that members of other relevant Joint Committees shall be afforded the opportunity to participate in the consideration of matters with this remit;

(iv) such related policy issues as it may select concerning bodies which are partly or wholly funded by the State or which are established or appointed by Members of the Government or by the Oireachtas;

(v) such Statutory Instruments made by the Minister for Health and Children and laid before both Houses of the Oireachtas as it may select;

(vi) such proposals for EU legislation and related policy issues as may be referred to it from time to time, in accordance with Standing Order 70(4);

(vii) the strategy statement laid before each House of the Oireachtas by the Minister for Health and Children pursuant to section 5(2) of the Public Service Management Act, 1997, and for which the Joint Committee is authorised for the purposes of section 10 of that Act;

(viii) such annual reports or annual reports and accounts, required by law and laid before either or both Houses of the Oireachtas, of bodies specified in paragraphs 1(i) and (iv), and the overall operational results, statements of strategy and corporate plans of these bodies, as it may select;

Provided that the Joint Committee shall not, at any time, consider any matter relating to such a body which is, which has been, or which is, at that time, proposed to be considered by the Committee of Public Accounts pursuant to the Orders of Reference of that Committee and/or the Comptroller and Auditor General (Amendment) Act, 1993;

Provided further that the Joint Committee shall refrain from inquiring into in public session, or publishing confidential information regarding, any such matter if so requested either by the body or by the Minister for Health and Children; and

(ix) such other matters as may be jointly referred to it from time to time by both Houses of the Oireachtas,

and shall report thereon to both Houses of the Oireachtas.

(7) The Joint Committee shall have the power to require that the Minister for Health and Children (or a Minister or Minister of State nominated in his or her stead) shall attend before the Joint Committee and provide, in private session if so desired by the Minister or Minister of State, oral briefings in advance of EU Council meetings to enable the Joint Committee to make known its views.

(8) The quorum of the Joint Committee shall be five, of whom at least one shall be a member of Dáil Éireann and one a member of Seanad Éireann.

(9) The Joint Committee shall have the powers defined in Standing Order 70(1) to (9) inclusive.

(10) The Chairman of the Joint Committee shall be a member of Dáil Éireann."

Joint Committee on Health and Children.

Order establishing a sub-Committee on the High Level of Suicide in Irish Society

Ordered on 29th April 2008:-

"That-

a) a sub-Committee (to be called the sub-Committee on the High Level of Suicide in Irish Society) be established to consider such matters as it may think fit in relation to suicide and to report back to the Joint Committee thereon;

b) the sub-Committee shall consist of 5 members of whom 3 shall be Members of Dáil Éireann and 2 shall be a Member of Seanad Éireann;

c) the quorom of the sub-Committee shall be 2, of whom 1 at least shall be a Member of Dáil Éireann and 1 a Member of Seanad Éireann;

d) in relation to the matter specifically referred to in paragraph a) above, the sub-Committee shall have those functions of the Joint Committee which are set out in paragraphs 2(a)(i) to 2(a)(iii) (Dáil) and in paragraphs1(a)(i) to 1(a)(iii) (Seanad) of the Joint Committee's Orders of Reference; and

e) the Sub-Committee shall have the following powers of the Joint Committee, namely, those contained in Standing Order 83(1), (2) and (4) to (9) (Dáil) and in Standing Order 70(1), (2) and (4) to (9) (Seanad)."