

advance lead research  
collaborate inform answer  
ask coordinate listen  
deliver evidence  
integrate  
talk enable plan  
shape sustain  
focus

# CONTENTS

---

<b>FOREWORD</b> .....	p03
<b>1.0 NATIONAL OFFICE FOR SUICIDE PREVENTION – KEY ACHIEVEMENTS 2011</b> .....	p04
<b>2.0 SUICIDE PREVENTION IN IRELAND</b>	
2.1 Suicide and self harm: an overview of key statistics .....	p05
2.2 Approach to suicide prevention in Ireland .....	p06
National strategy .....	p07
Co-ordination - The National Office for Suicide Prevention .....	p08
Partnership .....	p09
Suicide prevention network in Ireland .....	p09
<b>3.0 WORK IN 2011</b>	
3.1 Overview .....	p10
3.2 Promoting positive mental health and wellbeing .....	p11
3.3 Information and media communications .....	p14
3.4 Training and education .....	p16
3.5 Building community capacity to respond to suicide and promote positive mental health .....	p19
3.6 Provision of services .....	p25
3.7 Responding to suicide .....	p28
3.8 Research and evaluation .....	p30
3.9 Policy influence .....	p33
3.10 Reach Out Action Areas 2011 .....	p35
<b>4.0 FINANCIAL INFORMATION</b>	
4.1 National Office for Suicide Prevention income and expenditure profile 2011 .....	p40
4.2 Funded agencies 2011 .....	p41
<b>5.0 SUICIDE MORTALITY IN IRELAND</b>	
5.1 Suicide rates and trends .....	p45
5.2 Suicide rate trends by gender .....	p46
5.3 Suicide rate trends by age and gender .....	p49
5.4 Method of suicide .....	p51
5.5 Comparison across counties .....	p52
5.6 International mortality data .....	p53

## APPENDICES

APPENDIX 1 - STAFFING STRUCTURE OF THE NATIONAL OFFICE FOR SUICIDE PREVENTION .....	p55
APPENDIX 2 - WEBSITES .....	p56
APPENDIX 3 - SUPPORT SERVICES .....	p59
APPENDIX 4 - RELEVANT LEGISLATION .....	p61

## LIST OF TABLES

Table 3.1 <i>Reach Out</i> Action Areas summary .....	p35
Table 4.1 National Office for Suicide Prevention - Funded agencies 2011 .....	p41
Table 5.1 Population rate of suicide and other causes of death 2004-2009 .....	p47
Table 5.2 Rate of suicide and other causes of death 2004-2009 for males .....	p47
Table 5.3 Rate of suicide and other causes of death 2004-2009 for females .....	p48
Table 5.4 Average annual suicide rate by age and gender 2005-2009 .....	p50
Table 5.5 Method of suicide by age and gender, 2005-2009 .....	p51
Table 5.6 Number of suicides and rate per 100,000 population by county, 2005-2009 .....	p52

## LIST OF FIGURES

Figure 2.1 Suicide prevention in Ireland .....	p06
Figure 2.2 Strategy implementation through partnership .....	p09
Figure 3.1 Regional Resource Officers for Suicide Prevention .....	p20
Figure 4.1 Income and expenditure profile 2011 .....	p40
Figure 5.1 Suicide rate per 100,000 population by gender, 1980 to 2009 .....	p46
Figure 5.2 Five-year average annual suicide rates (2005-2009) per 100,000 population, by age .....	p49
Figure 5.3 Total suicide rate per 100,000 population in the EU .....	p53
Figure 5.4 Youth suicide rate (15-24 years) per 100,000 population in the EU .....	p54

## Acknowledgments

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

- Department of Health
- HSE Regional Resource Officers for Suicide Prevention
- The NGO and voluntary organisations that contributed to this report
- The Central Statistics Office

*This document is available to download on [www.nosp.ie](http://www.nosp.ie).*

*Published September 2012 / ISSN: 1649-881X / © Copyright HSE 2012*

## FOREWORD

---

Mental health promotion and suicide prevention initiatives have come to the fore in Ireland in recent years, given an increase in suicide mortality rates and emerging research evidence that the economic downturn is negatively impacting the nation's mental health. In the face of an increased need for mental health and suicide prevention services, the network of organisations working in these areas has expanded. The HSE National Office for Suicide Prevention (NOSP) plays a pivotal role in funding, coordinating and giving strategic direction to the work of the diverse agencies working in Ireland to promote positive mental health and reduce suicide and self-harm.

In response to the increase in suicide rates, the NOSP received an additional €1 million funding from the government in 2011. Over eighty organisations applied for funding and, having been assessed against the funding criteria, fourteen voluntary sector and two joint voluntary / HSE programmes received grant payments. In addition, ten HSE Mental Health Teams were trained in Dialectical Behavioural Therapy and Cognitive Analytical Therapy.

The funding also supported the enhancement of sixteen statutory and fifteen voluntary suicide prevention services working at a local, regional and national level.

In order to get maximum benefit from the investment in suicide prevention and ensure a coordinated response to the needs of those at risk of or affected by suicide, the NOSP will continue to coordinate the work of the many different voluntary, statutory and non-statutory organisations working in this area. By promoting cross-organisation collaboration, the development of networks and partnerships, skills sharing and



service development, the NOSP hopes to maximise the impact of the suicide prevention and support network in Ireland, to ensure it reaches and responds effectively to people who are vulnerable.

The NOSP's continued investment in research and evaluation in 2011 will provide a valuable evidence base to inform the strategic direction of the NOSP's work and future policy and service developments. It will also shape practice and help ensure that the services funded address identified need and support at-risk groups in the most effective way.

I would particularly like to thank both Mr. Geoff Day, former Director of the NOSP, and Ms Catherine Brogan (Acting Director, of the NOSP from September 2011) for their expertise, guidance and commitment to suicide prevention.

Finally, I wish to thank the staff of the NOSP, Ann Callanan, Susan Kenny and Paula Forrest for their dedication and incredible hard work during a challenging year of change. Their commitment to the priorities of the NOSP will ensure that the work being delivered under the auspices of Reach Out is focused, driven by evidence, better coordinated and delivering measurable benefits in terms of access to needs-based, quality services and prevention of self-harm and suicide.

A handwritten signature in black ink, appearing to read 'M Rogan', written in a cursive style.

Martin Rogan  
Assistant National Director for Mental Health

## 1.0 NOSP - KEY ACHIEVEMENTS 2011

---

- \* *Extra €1 million allocated to 22 new projects funded by the NOSP including:*
  - \* *Dialectical behavioural therapy training for frontline HSE Mental Health Services staff*
  - \* *New emergency department training programme for frontline acute staff*
  - \* *Intervention services for people who engage in suicidal behaviour*
  - \* *Samaritans project to interlink national mental health and suicide prevention helplines*
  - \* *National training needs analysis and development of training programme for general practitioners.*
- \* *Over 3,500 people trained in ASIST (Applied Suicide Intervention Skills Training) and nearly 5,000 in safeTALK (suicide alertness training).*
- \* *Launch of new elements of **Your Mental Health** campaign, including radio advertisements and the redevelopment of the campaign website [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie).*
- \* *Independent evaluation of the **Your Mental Health** campaign demonstrated high levels of awareness of the campaign among the target population and high levels of effectiveness.*
- \* *National standards for bereavement support services developed, in partnership with Console and Turas le Cheile bereavement support services.*
- \* ***Responding to Murder Suicide and Suicide Clusters: Guidance Document** completed and disseminated.*
- \* *Evaluation of **Understanding Self Harm**, a new self harm awareness training programme.*
- \* *Suicide Support Information System pilot study initiated by the National Suicide Research Foundation.*
- \* *Ongoing development of **National Guidelines for Post Primary Schools on Mental Health and Suicide Prevention**.*

## 2.0 SUICIDE PREVENTION IN IRELAND

---

### 2.1 Suicide and self harm: An overview of key statistics

- 552 deaths by suicide occurred in 2009, a rate of 12.4 deaths per 100,000 population<sup>1</sup>.  
By European standards Ireland has the sixth lowest rate of death by suicide, with a reported rate of 10.3 per 100,000, compared with the lowest rate of 3.9 in Greece and the highest of 34 in Lithuania.
- In Ireland, the suicide rate is significantly higher for males than for females.
- In Ireland, the suicide rate is highest for young males aged between 20 and 24 and for females aged between 50 and 54.
- The male suicide rate recorded in 2009 was 20.0, a drop from its peak of 23.5 in 1998.
- The female suicide rate has remained relatively constant, ranging from 4.3 in 1980 to 4.3 in 1998 to 4.9 per 100,000 in 2009.
- In 2011, there were 12,216 presentations to hospital due to deliberate self harm nationally, involving 9,834 individuals.
- The rate of individuals presenting to hospital following deliberate self harm in 2011 was 215 per 100,000, a significant 4% decrease on the rate in 2010.
- The national male rate of deliberate self harm was 205 per 100,000, 3% lower than in 2010. The female rate of deliberate self harm in 2011 was 226 per 100,000, 4% lower than in 2010.

---

<sup>1</sup>2009 is the most recent year for which official data, by year of occurrence, is available.

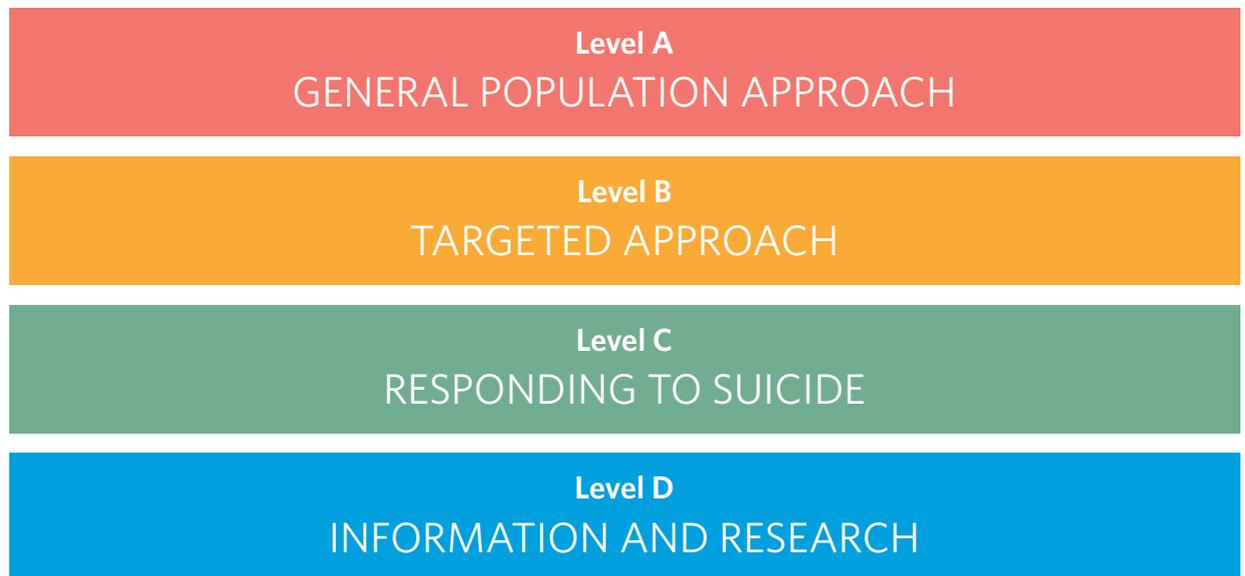
## 2.2 Approach to suicide prevention in Ireland

Figure 2.1 Suicide prevention in Ireland



## National strategy

*Reach Out*, a 10-year national strategy for action on suicide prevention was launched in 2005 to guide the work on suicide prevention in Ireland until 2014. The strategy addresses suicide prevention on four levels:



### **Level A:** GENERAL POPULATION APPROACH

Promotion of positive mental health on a whole-population level, by working with families, schools, colleges, workplaces, voluntary and community groups, and through media outlets.

### **Level B:** TARGETED APPROACH

Targeted initiatives to reduce the risk of suicide among high-risk and vulnerable people, such as people with mental health issues, marginalised groups, young people and people in prison.

### **Level C:** RESPONDING TO SUICIDE

Support services to reduce the distress felt by families, friends and communities following death by suicide.

### **Level D:** INFORMATION AND RESEARCH

Ascertaining what works best in suicide prevention and mental health promotion and determining the prevalence of suicidal behaviour in Ireland.

## Coordination: The National Office for Suicide Prevention

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

The National Office for Suicide Prevention (NOSP) was established in 2005 after publication of *Reach Out*. The NOSP is an office within the Health Service Executive (HSE) and is linked in that structure to the Office of the Assistant National Director, Mental Health. The key functions of the NOSP are as follows:

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

In 2011, to support the continued implementation of *Reach Out*, the NOSP funded 15 different HSE services and 23 voluntary agencies to provide a range of supports, programmes and services. Details of the organisations funded by NOSP are included on page 41.

The NOSP had four staff in 2011. An overview of the organisational chart for 2011 is available in Appendix 1.

The NOSP works very closely with ten HSE Resource Officers for Suicide Prevention around the country. In partnership with relevant stakeholders, the Resource Officers coordinate, advise and lead on the regional implementation of the action areas within *Reach Out*.

See Section 3.5 for an overview of the work of the Resource Officers.

## Partnership

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

## Suicide prevention network in Ireland

A principal function of the NOSP is to coordinate the activity of the many voluntary and statutory agencies that are engaged in suicide prevention activities in Ireland. Some of these agencies are linked with the NOSP and/or the Resource Officers for Suicide Prevention and they represent a broad spectrum of government agencies, sectors and population groups. Figure 2.2 gives an overview of the agencies, statutory and non-statutory, who are actively involved in the implementation of *Reach Out*.



**Figure 2.2**  
**Strategy implementation through partnership**

## 3.0 WORK IN 2011

---

### 3.1 Overview

The approach taken in *Reach Out* is based on that recommended by the World Health Organisation - namely a whole population approach, combined with a targeted approach for those known to be at higher risk. *Reach Out* also proposes actions to improve support to the many individuals and communities bereaved through suicide.

The work of the NOSP in 2011 focused on improving interagency working and developing national standards and guidance for statutory and non-statutory agencies, as well as increasing investment in evidence-based suicide prevention programmes.

The NOSP continued to meet emerging population health needs through the promotion of awareness and positive mental health within the general population, through initiatives such as national and local media information campaigns and information services. The NOSP advanced its national training programme to ensure that suicide prevention training was better integrated and targeted to services and agencies that respond to those who are at risk of suicide and/or directly impacted by the economic downturn.

## 3.2 Promoting positive mental health and wellbeing

### 2011 Highlights

- ★ *Students' Mental Health Pack distributed to 20,000 students*
- ★ *Thirty 'Wellness Workshops' delivered by SOS, and funding provided for evaluation*
- ★ *Literature review of all social prescribing programmes and a national scoping exercise commissioned, in partnership with the HSE West*
- ★ *Project supported to focus on engaging Traveller men around mental health issues*
- ★ *Publication of **Visible Lives**, a study of older LGBT people, and **Lesbian Target 1000**, a project developed to reduce deliberate self-harm among lesbians*

### Introduction

2011 saw continued investment in mental health promotion programmes by the NOSP including social prescribing within primary care, mental health awareness training and third-level and family-based programmes. Mental health promotion is an approach characterised by a positive view of mental health, which aims to engage with people and empower them to improve population health (WHO, 2004).

By effectively promoting positive mental health, the likelihood of vulnerable individuals developing mental health problems will decrease and the likelihood of those with signs of mental health problems seeking help will increase.

### Third-level mental health promotion

In 2011, the USI mental health and the PleaseTalk campaign joined forces to produce the *Students' Mental Health Pack*, which was distributed to 20,000 students across Ireland. Please Talk was initially launched in 2007 in University College Dublin in response to the deaths of a number of students by suicide. PleaseTalk is both a campaign and a signposting service, which urges students to understand the key message that talking is a sign of strength. PleaseTalk has grown to reach over 30 colleges throughout Ireland, north and south. The pack contained a *What's your tip?* postcard, which encouraged students to write down their top tip for students for getting through college.



### Wellness workshops

SOS is a voluntary agency established to promote the wellbeing of the general population and reduce the stigma associated with suicide and mental illness. In 2011, SOS completed 30 wellness workshops across Ireland. The aim of the wellness workshops was to provide participants with the practical skills to maintain their own mental wellbeing. The NOSP provided funding to the organisation to evaluate the workshops; the results of this evaluation, being conducted by a team in Trinity College Dublin, will be available in 2012.

### Evaluation of social prescribing programmes in HSE West

Social prescribing refers to mechanisms for linking primary-care service users with other non-medical sources of support within communities. Initiatives such as 'exercise on prescription', bibliotherapy and art therapy have been used with vulnerable populations, including those with mental health problems. Social prescribing has been found to have a range of positive outcomes such as enhanced self-esteem and improved mood and social contact. The NOSP, in partnership with the HSE West, has commissioned an international literature review and a national scoping exercise of all social prescribing programmes currently available in Ireland. In addition, a pilot social prescribing programme commenced within the HSE West primary care services in 2011.

<sup>2</sup> *Bibliotherapy is an expressive therapy that uses an individual's relationship to the content of books and other written words as therapy. It has been shown to be effective in the treatment of depression.*

### Lesbian, gay, bisexual and transgender (LGBT) mental health promotion

The LGBT community has been shown to be at higher risk of mental health problems and self harm compared to the general population. Since 2009, the NOSP and HSE Health Promotion have funded GLEN (Gay and Lesbian Equality Network) to implement a mental health promotion programme targeted at the LGBT community.

In 2011, the programme received 10,000 calls to its LGBT Helpline, and *Visible Lives*, a study of older LGBT people, was published. GLEN, in partnership with the *See Change* campaign, held a mental health event during Gay Pride week. In 2011, GLEN established *Lesbian Target 1000*, a project in Cork aimed at addressing deliberate self harm among this population.

A second objective of the programme is to influence the practice of mental health services when engaging with members of the LGBT community. To this end the Irish Association of Social Workers published a good practice guide for social workers, developed with GLEN. Finally, GLEN provided LGBT awareness training to a range of mental health services such as the HSE and Samaritans.

### **Suicide prevention within the Travelling community**

The engagement of Traveller men has proven to be difficult for many agencies working with Travellers. Travellers are seen as a hard-to-reach group and one at a higher risk of mental health problems. In 2011, NOSP provided additional funding to the National Traveller Suicide Awareness Project (NTSAP) to focus on engaging Traveller men around mental health issues. A significant aspect of the project was to employ a Traveller man from the community to lead on this project. The project began in September 2011, and a core function of the work was to engage with existing projects directed at men. The project proposes to build relationships with Traveller men's groups and develop the capacity of Traveller men to be able to participate in discussing mental health and suicide related issues.

*Promoting positive mental health and tackling stigma is the cornerstone of suicide prevention*

### **2011 INNOVATIVE INITIATIVE**

*Roots of Empathy is a mental health promotion programme targeted at primary school children. The internationally acclaimed, award-winning programme aims to promote the mental health and emotional literacy of pupils from Junior Infants to Sixth Class. Forty-two programmes were delivered with trained facilitators, parents and schools in Donegal during 2011.*

*The programme involves a local parent and baby (aged two to four months at start of the school year) visiting a classroom nine times during the year. Children learn and observe to understand the perspective and emotional life of the baby. They are then guided by the specially trained instructor to link this learning to their own lives. Research has shown that this learning enables children to become much more socially and emotionally competent.*

*The programme also impacts positively on bullying and aggressive behaviour. An evaluation of the programme has demonstrated that as a result students were more likely to:*

- ★ Talk about their feelings*
- ★ Demonstrate more pro-social behaviours*
- ★ Believe that bullying is not acceptable*
- ★ Behave in an inclusive manner and be accepting of others who were different from themselves*

### 3.3 Information and media communications

#### 2011 Highlights

- \* *Radio advertisements introduced to the **Your Mental Health** campaign*
- \* *Redevelopment of [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) website*
- \* *Evaluation of the **Your Mental Health** campaign finds a positive response and high levels of recall among the target group*
- \* *National media guidelines on reporting of suicide distributed*

#### Introduction

Social marketing and media campaigns help the NOSP to deliver on its strategic aims to deliver prevention messages to the population at large, promote positive mental health and target at-risk groups. The NOSP also works to ensure that the media portrays suicide in a responsible and accurate way. 2011 saw expansion and evaluation of the *Your Mental Health* campaign - a key tool in the NOSP social marketing strategy - and the development of new targeted campaigns.

#### Mental health awareness campaigns targeted to the farming and rural community

The NOSP supported the development of *Let's Talk: Dealing with Stress*, an information resource



Minister Kathleen Lynch T.D. and HSE Assistant National Director for Mental Health, Mr. Martin Rogan at launch of the new [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) website

specifically for the farming and rural community. This resource was developed by the Irish Farmers Association as part of their involvement with the *See Change* campaign. The resource was distributed during the National Ploughing Championships and will be distributed more widely through relevant support agencies and representative groups early in 2012. The NOSP continued to fund the National Farm TV Mental Health Awareness Campaign, which is shown in marts on a weekly basis throughout the country. The campaign has been supported with mental health awareness literature distributed at farming marts.

#### **Your Mental Health Campaign**

The *Your Mental Health* Campaign was further developed in 2011, with the addition of two radio adverts - *Hesitation* and *Famous*. The campaign was complemented by the [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) website, which developed a number of vignettes on minding your mental health. In 2011, plans were developed to work with major sporting organisations to disseminate the key messages of the *Your Mental Health* campaign during 2012.

The *Let Someone Know* advertisement continued in cinemas. Research has shown its effectiveness with its target audience. The *Mind your Mental Health* TV advertisement was shortened to 30 seconds, as feedback from focus groups indicated

that people are now aware of the key message of the need to look after your mental health; plans for 2012 involve developing new targeted messages.

### **Media campaign promoting LGBT mental health**

BelongTo's mental health project is targeting media used by LGBT young people to promote the message of positive mental health for vulnerable young LGBT people.

*9 out of 10 questioned said the Your Mental Health campaign advertisement 'Famous' would encourage them to talk to someone if they were going through a difficult time*

## **2011 INNOVATIVE INITIATIVE**

### *Evaluation of the Your Mental Health campaign*

- ★ *A post-campaign study was conducted after the airing and screening of the NOSP's radio and TV campaign on mental health (Your Mental Health and letsomeoneknow). The main objective of the study was to measure recall of and response to the campaign.*
- ★ *A questionnaire was developed and a sample of 1000 adults aged 15+ years living in the Republic of Ireland completed the face-to-face, in-home survey.*
- ★ *Over 8 in 10 respondents recalled seeing the letsomeoneknow TV advertisement. This signals a strong endorsement of the impact of the TV advertisement in engaging the attention of the public at large, not just the core target of 13-17 year olds.*
- ★ *Overall, the response to the Your Mental Health radio campaign was extremely positive, with excellent recall throughout, and evidence that the key messages of the campaign are engaging the public's attention.*
- ★ *Without any prompts, 6 in 10 people recalled hearing radio ad Famous, and 5 in 10 Hesitation.*
- ★ *Respondents agreed that both ads 'contain an important public-information message'. Also, at least two in three say the advertisements are relevant and deliver new information.*
- ★ *In terms of impact, 9 in 10 agree that Famous would encourage them to talk to someone if they were going through a difficult time - testament to a highly effective and engaging campaign. Similarly, there was almost universal agreement among respondents that the advertisement Hesitation would make them more likely to talk/listen to someone else who was having problems.*
- ★ *Hesitation appears to have a slightly greater impact among those exposed to it, compared to Famous. Empathy for others comes more naturally to us than empathy for ourselves. The "sharing" message rather than the "listening" message may require more emphasis in future communications as this is a more difficult behaviour to change.*

## 3.4 Training and education

### 2011 Highlights

- \* Funding of Senior Helpline to upskill mental health and suicide awareness volunteers*
- \* Over 3,500 people trained in ASIST, and nearly 5,000 attended safeTALK training*
- \* National skills-based training programme delivered by NYCI to youth workers and those working in out-of-school or non-formal education settings*
- \* Funding for the development of BelongTo's mental health promotion skills programme for youth workers, volunteers and young people engaged in BelongTo nationwide, to support LGBT young people*

### Introduction

The NOSP continued its work with partner stakeholders to ensure the continued coordinated delivery of suicide prevention training across the country in 2011. The provision of gatekeeper training on suicide prevention has been shown to be effective in reducing suicidal behaviour among communities and at-risk groups.

In addition, training for general practitioners is seen as a key action that needs to be taken at primary-care level.

### ASIST and SafeTALK training

The NOSP is the national coordinator for the safeTALK and ASIST suicide prevention training programmes. In total, there were 162 ASIST workshops, which trained 3528 participants across the country in 2011, and 273 safeTALK workshops, which trained 4907 participants. Two significant developments in 2011 were the delivery of two safeTALK workshops in Leinster House, which were attended by TDs and their staff, and the focused delivery of training to staff in financial institutions and other agencies working with people affected by the recession.

The NOSP seeks to ensure that suicide prevention training is organised and delivered in an integrated, coordinated and safe way. Training programmes are organised locally by the Resource Officers for Suicide Prevention and other agencies, including the National Youth Council of Ireland, HeadsUp, and the Defence Forces.

The National Traveller Suicide Awareness Project became a coordinating site for safeTALK, and delivered 17 workshops to 215 participants in 2011. Twelve Traveller groups took part in the training across the country, involving over 130 Travellers.

### **Understanding Self Harm**

*Understanding Self Harm*, an awareness training programme for those who work with people who self harm, was developed in the HSE South. The NOSP commissioned an evaluation, which was completed in 2010. Following the positive evaluation, work began in 2011 to prepare this programme to be rolled out on a national basis.

### **Youth suicide prevention training**

Tackling youth suicide is a priority, as well as implementing good practice guidelines around mental health promotion programmes.

The National Youth Council of Ireland (NYCI) is delivering *Mind Out*, a national skills-based training programme on mental health promotion, to youth workers and those working in out-of-school or non-formal education settings, with the aid of additional funding received by the NOSP. It will equip youth workers to deliver a twelve-week programme for young people. Similarly, *BelongTo* is developing a skills-based programme for youth workers, volunteers and young people engaged with *BelongTo*. *BelongTo* represent and advocate on behalf of young LGBT people, who have been identified as an at-risk group for mental health difficulties and self harm. The training focused on mental health promotion, is needs-led and complements the existing work of *BelongTo*.

### **Senior Helpline volunteer training**

Senior Helpline undertook to update and upskill their volunteers in mental health and suicide awareness, incorporating specific helpline skills to improve responses to crisis calls. Older people have been identified as an at-risk group. Senior Helpline is a widely accessible national service, which received around 10,000 calls in 2010.

*The provision of gatekeeper training on suicide prevention has been shown to be effective in reducing suicidal behaviour among communities and at-risk groups*

## Tailored suicide prevention training for the Irish Prison Service

Research consistently shows prisoners to be at high risk of mental health problems, self harm and suicide. In 2011, the Irish Prison Service, the NOSP and the Psychiatric Nurses Association officially launched the STOP Programme (Suicide Training Overview for Prisons). A working group was established to facilitate the roll-out of the programme on a national basis across the Irish Prison Service. The existing STOP programme was reviewed internally in 2010, and the working group was tasked with preparing a *Training for Trainers* programme, along with the relevant materials.



Susan Kenny, HSE / NOSP, Des Kavanagh, Secretary General, PNA, Minister Kathleen Lynch, T.D., Governors Bartley and McGuckin, Irish Prison Service, at the launch of suicide prevention training for IPS staff.

## 2011 INNOVATIVE INITIATIVE

*In 2011 the Irish College of General Practitioners (ICGP) and the NOSP partnered in the development of a skills-based training programme in suicide prevention for general practitioners (GPs), practice staff and Primary Care Teams. General practice has long been identified as the most frequent first point of contact for people with suicidal thoughts.*

*The course is an evidence-based education programme with a focus on competence development in knowledge, skills and attitudes in the area of suicide prevention. Course content was developed based on an initial needs-assessment of key stakeholders. A blended learning approach to course delivery will consist of:*

- ★ *A short workshop*
- ★ *Home-study modules by e-learning*
- ★ *Online discussions, including case discussion*
- ★ *Implementation-into-practice activities*
- ★ *Access to online resources and service information*

*This project will ensure that GPs and primary care staff have up-to-date skills, knowledge and competence to deal with patients. The model of training is based online, so it is conceivable that all HSE Primary Care Teams will be able to avail of the training in time.*

### 3.5 Building community capacity to respond to suicide and promote positive mental health

The ten regional Resource Officers for Suicide Prevention are key to building community capacity to respond to suicide. The Resource Officers, in consultation with the NOSP and other stakeholders, have developed action plans for suicide prevention and mental health promotion across many communities within their region. These action plans focus on suicide prevention, intervention, supporting those bereaved by suicide and building capacity to address suicide prevention in a thoughtful and practical way.

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

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

*Suicide is a community health problem. The community is a key setting where suicide can be addressed and prevented*

**Figure 3.1**  
**Regional Resource Officers for Suicide Prevention**



## Sligo, Leitrim

---

**Mr. Mike Rainsford**

Mental Health Promotion/Suicide Resource Officer  
HSE West,  
JFK House, JFK Parade, Sligo.  
Tel: 071 9135098 / Email: michaelp.rainsford@hse.ie

## Donegal

---

**Ms. Anne Sheridan**

Mental Health Promotion Officer  
Health Promotion Department  
1st Floor, St Conal's Campus, Letterkenny, Co. Donegal.  
Tel: 074 9104693 / Email: Anne.Sheirdan1@hse.ie

## Louth, Meath, Monaghan, Cavan

---

**Mr. Garreth Phelan**

Resource Officer for Mental Health Promotion /  
Suicide Prevention  
Health Promotion Unit, HSE Dublin North East,  
St Brigid's Complex, Ardee, County Louth.  
Tel: 041 6850674 / Email: garreth.phelan@hse.ie

## North Dublin City, North Dublin County

---

**Ms. Roisin Lowry**

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

## South Dublin City & County, Kildare, Wicklow

---

**Pauline O'Reilly**

Resource Officer for Suicide Prevention  
Department of Health Promotion,  
HSE Dublin Mid-Leinster,  
52 Broomhill Road, Tallaght, Dublin 24.  
Tel: 01 4632800 / Email: training.sdkw@hse.ie

## Waterford, Wexford, Killkenny, Carlow, South Tipperary

---

**Mr. Sean McCarthy**

Resource Officer for Suicide Prevention  
HSE South,  
St Patrick's Hospital, Johns Hill, Waterford.  
Tel: 051 874013 / Email: sean.mccarthy@hse.ie

## Cork, Kerry

---

**Ms. Helena Cogan**

Co-ordinator of Training & Support Services  
Suicide Resource Office  
'Nemetona', St. Stephen's Hospital, Glanmire, Cork.  
Tel: 028 40402 / Email: helena.cogan@hse.ie

## Limerick, Clare, North Tipperary

---

**Ms. Bernie Carroll**

Resource Officer for Suicide Prevention  
Mental Health Directorate,  
St. Joseph's Hospital, Mulgrave Street, Limerick.  
Tel: 061 461454 / Email: berniem.carroll@hse.ie

## Galway, Mayo, Roscommon

---

**Ms. Mary O'Sullivan**

Resource Officer for Suicide Prevention  
HSE West,  
1st Floor, West City Centre,  
Seamus Quirke Road, Galway.  
Tel: 091 548360 / Email: Mary.OSullivan@hse.ie

## Longford, Westmeath, Laois, Offaly

---

**Ms. Josephine Rigney**

Suicide Prevention Resource Officer  
Suicide Prevention Office,  
HSE Dublin Mid Leinster,  
Old Birr Hospital, John's Terrace, Birr, Co. Offaly.  
Tel: 057 9357807 / Email: josephine.rigney@hse.ie

## Resource Officers for Suicide Prevention – 2011 highlights

### LONGFORD, WESTMEATH, LAOIS, OFFALY

A significant development in the region was the organisation of Offaly Mental Health Awareness Week to coincide with World Suicide Prevention Day in September. During the week, awareness events, presentations and workshops took place in towns in the county, which were attended by the general public. A media campaign consisting of billboards, posters and an information leaflet accompanied the week. The event was publicised on local radio programmes and in local newspapers.

The event aimed to:

- Create awareness of mental health issues
- Reduce the taboo associated with mental illnesses and suicide
- Encourage communities to become 'suicide-safer' communities
- Create a forum for knowledge and awareness of local, regional and national mental health and suicide prevention support agencies

### GALWAY, MAYO, ROSCOMMON

The Clann Family Resource Centre, representing thirteen such centres in the region developed community, skills-based approaches to suicide prevention to improve the collective response of Family Resource Centres and primary care teams.

A project worker was funded by the NOSP to formulate a code of practice for Family Resource Centres, map all existing support services, assist local communities in participating in suicide prevention programmes and skills training and establish a suicide-prevention week in each Family Resource Centre. It is hoped that on completion the project can be extended to the nationwide



Participants at Offaly Mental Health Awareness Week, which coincided with World Suicide Prevention Day in September 2011.

spectrum of Family Resource Centres that act as a frontline support for individuals, families and communities experiencing stress, anxiety, depression and isolation.

### SLIGO, LEITRIM

In 2011, the Resource Officer for Suicide Prevention in Sligo/Leitrim, along with his colleague from Galway/Mayo and Roscommon, developed a community resource entitled *Suicide Prevention in the Community: A Practical Guide*. The aim of the resource is to provide practical information to groups of concerned people who come together in response to a suicide in their community.

The resource is available on [www.nosp.ie](http://www.nosp.ie).

### DONEGAL

Buncrana Community Combating Suicide (BCCS) is a community organisation of individuals and groups who work together. BCCS was set up in 2009 in response to a number of suicide deaths of young people in the area. The overall aim of BCCS is 'to combat suicide and improve the emotional wellbeing of all members of the community in Inishowen'. Supported by the Resource Officer for

Suicide Prevention, some achievements of BCCS in 2011 included:

- Facebook campaign: talkbuncrana
- A 'buddy' poster and awareness campaign
- 'Emotional wellbeing' schools' programme
- Regular media campaigns
- Listening ear - informal, befriending support service
- Professional counselling support
- Schools' campaign training - mental health week
- Support for Jigsaw Donegal

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

In 2011, the Resource Officer for Suicide Prevention led the development of a new suicide prevention training programme for service providers caring for older people. The target audience for this programme is carers of all backgrounds working with older persons. This pilot programme is to be implemented nationally and it aims to increase participants' knowledge, confidence and skills in recognising and responding to depression and suicide in later life. The objectives of this training programme are to:

- Encourage prompt recognition and treatment of depression
- Increase public awareness of suicide as a concern in older persons, enabling carers of all backgrounds to respond to crisis
- Highlight services that can support mental health and wellbeing in later life
- Promote later life as a valuable time in the life cycle

#### **DUBLIN NORTH EAST: NORTH DUBLIN AREA**

Fingal Bereaved by Suicide Support Service is a voluntary community service established by local agencies to respond to the increasing

demand for support for individuals and families bereaved by suicide. The Resource Officer for Suicide Prevention within this area actively supports the work of this group through training and by providing information on relevant support services. The group facilitates home visits by trained volunteers to families bereaved by suicide. Volunteers are trained to support and listen in confidence to those bereaved by suicide. Training and supervision of volunteers is provided by accredited counsellors from the Fingal Counselling Service.

#### **DUBLIN NORTH EAST:**

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

The Resource Officer for Suicide Prevention within this region is an active member of the Dublin North East & Mental Health Voluntary Organisations' Collaborative Working Group. The objectives of this group are to:

- Identify opportunities for collaboration between voluntary agencies and HSE services operating within the North East region
- Identify opportunities to undertake specific projects that would reduce duplication of effort, enhance provision of information/support to service users and carers and improve signposting for service users, carers and healthcare professionals

Participants in this group included the HSE, SHINE, GROW, Aware, Mental Health Ireland and the Irish Advocacy Network.

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

In 2011, the Resource Officer for Suicide Prevention supported the implementation of the MOJO Project, which is an interagency response initiated by the Dodder Valley Partnership. The project was set up in response to a number of suicides among men

impacted by the economic downturn. Funded by the NOSP, the initiative aims to support men who are particularly affected by unemployment and or/the recession. The programme will place an emphasis on linking these men into appropriate services, such as healthcare, counselling, financial and welfare advice, and employment and training support. A total of 15 agencies are working on the project and a local needs analysis was completed in 2011. Three cohorts of men have been identified as most at risk for self harm and suicide and will become the key targets for the programme in 2012:

- 19-25 year olds with poor education attainment and job skills
- Men affected by separation/divorce
- Older men aged 45 plus who recently had become unemployed and were socially isolated

#### *HSE SOUTH: WATERFORD, KILLKENNY, CARLOW, SOUTH TIPPERARY*

The Waterford City Development Board undertook the development of an integrated action suicide prevention plan in Waterford City in 2005.

In 2011, a coordinator was appointed to oversee the implementation of the action plan, employed by the area partnership. Funding for this post was secured from Pobal. Along with the Resource Officer for Suicide Prevention, a total of fifteen agencies are involved in delivering the action plan.

There are four main action areas within the plan:

- Building resilience at a community level
- Developing crisis intervention services
- Services and supports for people who have attempted suicide
- Enhancing supports for individuals, families and communities

#### *HSE SOUTH: CORK, KERRY*

In 2011, the Suicide Prevention Resource Office concentrated its efforts on delivering suicide prevention training and information on local support services to communities and relevant gatekeepers. The office coordinated 94 safeTALK workshops and 10 ASIST workshops; a total of 2,115 participants attended the training across the two counties.

The service also facilitated bereavement support groups, a crisis helpline and the rural farm stress helpline.

## 3.6 Provision of services

### 2011 Highlights

- ★ *Project to improve hospital protocols in treatment of self harm funded*
- ★ *Dialectical behavioural therapy and cognitive analysis therapy training for ten HSE mental health teams*
- ★ *Expansion of Pieta House outreach supports in Ballyfermot, Finglas and Tallaght*
- ★ *Funding of Samaritans' CONNECT project, to link helplines in the suicide prevention field*

### Introduction

The NOSP funds a number of frontline services that respond to individuals in crisis or who have been bereaved by suicide. The development and resourcing of effective responses in statutory health services and within the voluntary sector for people who present to services having engaged in self harm is critical to reducing rates of suicidal behaviour in Ireland.

### Self harm services

A significant focus in 2011 for the NOSP was the enhancement of services for individuals who engage in deliberate self harm. A collaboration between HSE South hospital emergency departments and the National Suicide Research Foundation funded by the NOSP in 2011 focused on increasing the quality and accessibility to services for those engaging in deliberate self harm. The project focuses on the areas of training and assessment, and the intended outcome is the establishment of a standardised whole-hospital approach to the treatment of self harm. It is anticipated that a successful pilot will have the potential to be adapted and utilised throughout the acute hospital sector. This project is interlinked with the HSE Mental Health Clinical Care Programme focused on reducing self harm admissions to emergency departments within the acute hospital setting.

*The availability of frontline suicide prevention and support services is critical to reducing rates of suicidal behaviour in Ireland*

## **Dialectical behavioural therapy (DBT) training**

Dialectical behavioural therapy is an evidence-based therapeutic intervention aimed at those with a diagnosis of borderline personality disorder. Ten teams in Cork, Dublin North East and Mayo undertook specialised training in DBT and cognitive analytical therapy designed to meet the complex needs of people who may not have responded to other treatments. This represents the first phase of a plan to promote broader interest and practice in this field, with an Irish-based research programme underpinning learning and future developments.

## **Pieta House suicide and self harm services**

In 2011, the NOSP formalised its partnership with Pieta House, a specialised service provider in suicide crisis and self harm intervention. Pieta House provides a free and easily accessed service and the funding provided helped expand much needed outreach supports in Ballyfermot, Finglas and Tallaght. In 2011, Pieta House provided direct counselling to 432 service users, 111 of these contacts were from young people aged under 18 years. A total of 38% of those using the outreach service were male.

## **Samaritans helpline**

Access and anonymity can be key characteristics of services of choice for people in emotional distress. The NOSP provides direct financial support to the Samaritans' helpline. During the twelve-month period from November 2010 to October 2011, the Samaritans' helpline answered a total of 400,357 calls. The number of answered calls represents an increase of 11% on the previous twelve-month period. As in previous years, Saturday was consistently the busiest day for the Samaritans, with an average of 791 calls received each Saturday by the organisation.

People contact the Samaritans for a variety of reasons. The organisation examined the nature of the calls during a full week in October 2011. During that week, the five main issues that arose were:

- Depression and mental health issues
- Relationship problems, often exacerbated by financial issues
- Anxiety about the future
- Loneliness
- Stress

In addition, in 2010, Samaritans recognised the barriers sometimes experienced by callers to accessing support services; in response they designed the CONNECT project. Funding from the NOSP for the project facilitated the recruitment of a Signposting and Operations Manager to progress phase one of a three-year, resource-intensive plan. The aim of the project is to interlink existing helplines in the sector and improve signposting between organisations, resulting in a more cohesive and individualised response to people in distress. The success of the project will be determined by partnership working between organisations.

## 2011 INNOVATIVE INITIATIVE

### *Specialist liaison nurse pilot project*

*In 2011 the NOSP funded a specialist liaison nurse service, a three-year pilot project established by the Laois/Offaly Community Adult Mental Health Service.*

*The overall aim of the liaison nurse is to provide timely interventions to minimise risk for individuals experiencing non-acute suicidal thoughts / feelings and to signpost individually appropriate services, thereby enhancing early intervention and coping supports.*

*The position is congruent with 'best-practice' approaches to the management of suicide risk and with national strategic directions and mental health policy. The position offers:*

- ★ Improved access to mental health care and other support services in a location convenient to clients*
- ★ Delivery of supportive interventions to reduce the likelihood of choosing suicidal behaviour as a means of resolving distress*
- ★ Promotion of positive coping strategies, communication and community engagement*

*In the eleven months of operation the service has received a total of 68 referrals; the majority of referrals were males. Substance misuse, mental health problems and relationship conflict emerge as primary stressors; however, most referrals are complex, with multiple stressors contributing to the client's situation.*

## 3.7 Responding to suicide

### 2011 Highlights

- \* *Continued funding of Console bereavement counselling, with 13,582 service contacts in 2011*
- \* *National standards for bereavement support services developed*
- \* *17,500 copies of the **You Are Not Alone** information booklet and 12,663 copies of the **You Are Not Alone** directory of services distributed*
- \* *Publication of **Responding to Murder Suicide and Suicide Clusters: Guidance Document***

### Introduction

The time after a death by suicide is an extraordinarily difficult time for those bereaved.

The provision of appropriate services is necessary to support families and communities. The range of bereavement support services varies greatly from professional, one-to-one psychotherapy services, to community support services, to supplying people with printed information.

### Bereavement counselling

The NOSP provides direct funding to Console for the provision of bereavement counselling to those affected by suicide in Ireland, primarily through face-to-face services.

The total number of service contacts undertaken by Console in 2011 was 13,582, with approximately 75% of service users being female. The majority of these contacts were for face-to-face counselling. Console received 6749 calls to its helpline for support and information. Just over 4,000 individuals attended their support groups.

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

### National standards for bereavement services

In 2011, the NOSP, Console and Turas le Cheile, a voluntary bereavement support group from Kildare, developed national standards for organisations and groups delivering services to people bereaved through suicide in Ireland. As part of the process a framework document was developed and the standards were tested within a bereavement service. Feedback was then incorporated in the development of a practical resource for agencies. A copy of the national quality standards is available on [www.nosp.ie](http://www.nosp.ie).

### **You Are Not Alone**

In 2011, the NOSP distributed 17,500 copies of the *You Are Not Alone* information booklet and 12,663 copies of the *You Are Not Alone* directory of services. Both of these resources for the general public aim to provide practical information to persons bereaved by suicide. Copies of both booklets can be ordered from [www.healthpromotion.ie](http://www.healthpromotion.ie).

### **Responding to murder suicide and suicide clusters**

In 2011, the HSE published *Responding to Murder Suicide and Suicide Clusters: Guidance Document*. This document provides guidance to local service providers on how to respond to suspected suicide clusters and murder suicides. The document is available to download on [www.nosp.ie](http://www.nosp.ie).



*Sudden unexpected death through suicide is emotionally very hard for loved ones, neighbours, work colleagues and the community. At this time it is important for individuals, families and communities to be supportive of each other*

### 3.8 Research and evaluation

#### 2011 Highlights

- \* *Annual report of the National Registry of Deliberate Self Harm completed*
- \* *Self harm awareness training evaluation published*
- \* *Analysis of GPs' suicide-prevention training needs completed*
- \* *Literature review on efficacy of social prescribing published*

#### Introduction

The NOSP carries out a programme of research work specified and related to *Reach Out*. The office is the core funder of the National Suicide Research Foundation (NSRF), which publishes a significant amount of research on an annual basis.

The following research was undertaken by agencies working with and/or funded by the NOSP in 2011:

- Literature review of evidence-based approaches to suicide prevention and mental health promotion within the post-primary school setting

- Evaluation of self harm awareness training programme
- Literature review of the evidence base and impact of social prescribing on mental health and wellbeing within communities
- Training needs analysis of general practice staff on suicide prevention (ICGP)
- Review of international literature on men's mental health and suicide and a national consultation on 'what works' in relation to promoting positive mental health and suicide prevention among boys and young men (Men's Health Forum)
- Online cross sectional survey of mental health literacy of young people (Inspire Ireland)
- *Visible Lives*, a ground breaking study of the lives of older LGBT people (GLEN)

#### National Registry of Deliberate Self Harm Annual Report 2011

The National Registry of Deliberate Self Harm collects data on persons presenting to hospital emergency departments as a result of deliberate self harm. The Registry had near complete coverage of the country's hospitals for the period 2002-2005, and since 2006 all general hospital and paediatric hospital emergency departments in the Republic of Ireland have contributed data to the Registry.

*Supporting the production of robust research helps to ensure that suicide support services are evidence-based and meet identified need*

## Key outcomes

- In 2011, the Registry recorded 12,216 presentations to hospital due to deliberate self harm nationally, involving 9,834 individuals.
- The rate of individuals presenting to hospital following deliberate self harm in 2011 was 215 per 100,000, a significant 4% decrease on the rate in 2010. This decrease follows four successive increases in the rate of persons presenting to hospital following deliberate self harm in Ireland.
- In 2011, the national male rate of deliberate self harm was 205 per 100,000, 3% lower than in 2010. The female rate of deliberate self harm in 2011 was 226 per 100,000, 4% lower than in 2010. Despite the decrease in 2011, the male rate has increased by 27% since 2007 and the female rate has increased by 5% over the same period.
- As in previous years, the female rate was higher than the male rate, but the gender difference has narrowed from 37% in 2004-2005 to 10% in 2011. The peak rate for women was in the 15-19 age group, at 589 per 100,000, whereas the peak rate among men was in 20-24 year-olds, at 568 per 100,000. These rates imply that one in every 171 girls in the age group 15-19 and one in every 176 men in the age group 20-24 presented to hospital in 2011 as a consequence of deliberate self harm.
- As in 2010, 20% of presentations to hospital in 2011 were due to repeated deliberate self harm. This is lower than 2004-2009 (21-23%), but repetition continues to pose a major challenge to hospital staff and family members involved.



- Drug overdose was the most common method of self harm, involved in 69% of all acts registered in 2011, and more so in women (75%) than in men (62%). The number of deliberate self harm presentations to hospitals involving street drugs fell by 27%, from 657 to 479, which is similar to the level recorded in 2008.
- Alcohol was involved in 39% of all cases. Alcohol involvement was similar across male and female episodes of self harm (40% and 38%, respectively). Alcohol may be one of the factors underlying the pattern of presentations with deliberate self harm by time of day and day of week. Presentations peaked in the hours around midnight, and almost one-third of all presentations occurred on Sundays and Mondays. In addition, the Registry identified an increased number of self harm presentations to hospital associated with some public holidays.

- Next care varied significantly by HSE hospital group. The proportion of deliberate self harm patients who left before a recommendation was made varied from 8% in the Southern Hospitals Group to 24% in the Dublin North East Hospitals Group. The variation in recommended next care is likely to be due to variation in the availability of resources and services but it also suggests that assessment and management of deliberate self harm patients is likely to be variable and inconsistent across the country.

## 2011 INNOVATIVE INITIATIVE

*Since September 2008, the Suicide Support Information System (SSIS) has been implemented, in close collaboration with coroners in Cork City and county. Detailed information on confirmed cases of suicide and open-verdict cases is obtained after conclusion of the coroners' inquest. Bereaved family members receive information on suitable support services and are referred to quality-assured bereavement support services if required. Relevant data on factors associated with the death and the deceased is obtained in an appropriately sensitive and confidential manner from health services, family members and coroners.*

*The First Report of the Suicide Support and Information System presents the results of the pilot implementation of the SSIS, including 190 consecutive cases of suicide in Cork City and county between September 2008 and March 2011. It was funded by the NOSP. Key findings from the study were:*

- ★ *In 39.5% of cases the SSIS pro-actively facilitated bereavement and other support. In 47.5% of cases bereavement support had been obtained prior to contact with the SSIS team.*
- ★ *Men were over-represented among those who had died by suicide (80.8%). The average age was 37.6 years, with men being significantly younger (35.5 years) than women (45.4 years).*
- ★ *Frequently reported precipitating factors were significant loss or losses (e.g. relationships, family members/friends, prestige and finances (64.5%)), significant or perceived significant disruption of a primary relationship (46.8%), significant life changes (33.9%), legal trouble with the Gardai (24.2%), experience of an event which was or was perceived as traumatic (22.6%), and the anniversary of an important death or other important loss (19.4%).*

## 3.9 Policy influence

### 2011 Highlights

- ★ *Allocation of additional financial resources to the budget of the NOSP in 2011*
- ★ *Identification of suicide prevention as a key public health concern within the Programme for Government*
- ★ *Preparation and acceptance of proposals for further financial investment in suicide prevention by the NOSP*
- ★ *Collaborative working with HSE clinical care programmes to develop policies and service delivery*
- ★ *Dissemination of data and research demonstrating the link between the impacts of the economic downturn on the mental health of the general population*
- ★ *Work with the Department of Education and Skills and Department of Health on development of national guidelines on mental health promotion and suicide prevention for the post-primary school setting*
- ★ *Policy submissions to the Department of Health and other relevant government stakeholders*

### Introduction

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

### Increased investment in suicide prevention

Suicide is a major public health concern in Ireland. In 2011 the NOSP secured an additional €1 million in funding. The NOSP, in partnership with the Department of Health, advocated for and achieved an increased investment in suicide prevention as part of the Programme for Government. This funding will allow the NOSP, government departments, frontline services, research institutes and communities to better understand issues related to suicide and deliver programmes and services that meet the needs of those at risk of or affected by suicide.

### Work with Department of Education and Skills

In 2009, in response to Action 2.1 of *Reach Out*, the Social, Personal and Health Education (SPHE) interdepartmental committee established a sub-committee on mental health to develop guidelines, taking into account the views of stakeholders and relevant research. This sub-committee included representatives from the Department of Health (DoH), the Department of Education and Skills (DES) and the HSE. Funding was provided by the NOSP to support the work of this committee. One of the key terms of reference of the group was to develop national guidelines for post-primary schools on mental

health and suicide prevention. To develop the guidelines, a national consultation process was carried out, involving the key stakeholders from health, education and other relevant sectors in 2010. Following the consultation, a national and international literature review was undertaken to provide an evidence base, which identified good practice to address mental health promotion and suicide prevention in post-primary schools.

In 2011 the committee progressed the development of the guidelines based on the findings of the consultation process and the literature review. These guidelines aim to support schools in developing a whole-school approach to mental health promotion and suicide prevention. The guidelines are based on national and international evidence and best practice. They are intended to build on the existing good practice already in place in many post-primary schools.

These guidelines are of relevance to all members of the school community. In particular, they have been developed to support boards of management, in-school management teams, principals, guidance counsellors, student support teams, and teachers. The guidelines will be published online in 2012.

*The NOSP acts as the lead advisory department within the HSE on matters relating to suicide prevention*

### 3.10 Reach Out Action Areas

*Reach Out*, the suicide prevention strategy for Ireland, comprises 26 action areas with 96 actions over a ten-year period 2005 to 2014 and covering three phases. The table below outlines a summary of key activities undertaken in 2011 in each Action Area of the strategy.

**Table 3.1**  
**Reach Out Action Areas summary**

	ACTION AREA	ACTIVITY
	<b>Level A</b> <b>GENERAL POPULATION APPROACH</b>	
1	<b>THE FAMILY</b> To improve support to all families in Irish society, especially those socially excluded and those in crisis	<i>The NOSP funded the Family Resource Centres based in the HSE West to develop a national code of practice for Family Resource Centres nationwide.</i>
2	<b>SCHOOLS</b> To promote positive mental health, develop counselling services and put standard crisis response protocols in place in all primary and secondary schools	<i>In 2011, an inter-departmental subcommittee between the HSE, Department of Education and Skills and Department of Health progressed the development of guidelines for post-primary schools on mental health promotion and suicide prevention.</i>
3	<b>YOUTH ORGANISATIONS &amp; SERVICES</b> To equip the youth sector with the resources needed to provide support to all young people, especially those who may be disadvantaged or at increased risk and to reflect the voice of young people in planning and developing these services	<i>In 2011, the NOSP continued to provide direct funding to the National Youth Council of Ireland, the Young Social Innovators, Teenline Ireland, Inspire Ireland, SpunOut and Belong 2. The aim is to provide a range of supports, training and mental health promotion programmes to youth leaders and young people in the out-of-school setting, including online.</i>
4	<b>THIRD-LEVEL EDUCATION SETTINGS</b> To promote positive mental health, develop counselling services and put standard crisis response protocols in place in all third-level education settings, and to establish mental health issues as part of the appropriate third-level curricula	<i>The PleaseTalk (<a href="http://www.pleasetalk.ie">www.pleasetalk.ie</a>) campaign continued in all third-level settings in Ireland. The online campaign aims to provide information and support to third-level students on supports available within the intuitions they attend. The campaign is delivered by student support services, Inspire Ireland and USI and has been funded by the by the NOSP since 2007.</i>
5	<b>WORKPLACES</b> To promote positive mental health, employee supports and crisis readiness in all places of work	<i>The NOSP continued to provide mental health awareness information and training, and guidance to workplaces on suicide prevention. In 2011, there was a focus on supporting financial institutions and other organisations working with clients impacted by the economic downturn. Console, in partnership with the Irish Hospice Foundation, published guidelines on how to respond to suicide within the workplace. These guidelines are available on <a href="http://www.console.ie">www.console.ie</a>. HSE DNE has developed a suicide prevention training programme for workplaces.</i>

	ACTION AREA	ACTIVITY
<b>Level A</b> <b>GENERAL POPULATION APPROACH (Continued)</b>		
6	<b>SPORTS CLUBS AND ORGANISATIONS</b> To develop the potential of sports clubs as settings for positive mental health promotion	<i>The NOSP, in partnership with HSE/Health Promotion and the GAA, commenced the development of a model for using sports clubs as a setting for promoting mental health. Guidelines were developed for responding to suicide within sports clubs.</i>
7	<b>VOLUNTARY AND COMMUNITY ORGANISATIONS</b> To develop formal and structured partnerships between voluntary and community organisations and the statutory sector in order to support and strengthen community-based suicide prevention, mental health promotion and bereavement-support initiatives	<i>The NOSP funded the Irish Association of Suicidology to complete a consultation report on an accreditation model for voluntary organisations working in suicide prevention.</i>
8	<b>CHURCH AND RELIGIOUS GROUPS</b> To support the role of churches and religious groups in providing pastoral care to the community and in promoting positive mental health, especially in the aftermath of a suicide	<i>Members of religious groups continued to attend ASIST programmes. In addition, many religious groups within communities provide bereavement support to families bereaved by suicide.</i>
9	<b>MEDIA</b> To develop alliances with the media so that potentially harmful media portrayal of suicidal behaviour is avoided and the unhelpful portrayal of the issue is discouraged	<i>The NOSP continued to disseminate the National Media Guidelines on the reporting of suicide developed by Samaritans and the IAS. Headline, the media monitoring programme, continued to educate journalists and monitor media reporting of suicide within the Irish media and report breaches of national guidelines to relevant stakeholders.</i>
10	<b>REDUCING STIGMA AND PROMOTING MENTAL HEALTH</b> To reduce the stigma associated with suicidal behaviour and emotional distress that exists in every sector of society - from public office to health professionals and among the general public - and to promote positive mental health	<i>The NOSP continues to implement two national mental health social marketing campaigns; the outputs are described in Section 3.3 of this document. NOSP is an active member of See Change, the National Anti-Stigma Campaign.</i>
11	<b>PRIMARY CARE AND GENERAL PRACTICE</b> To support the development of mental health care within primary care services and to develop suicide prevention awareness and skills training for primary care workers	<i>A post graduate qualification in team-based approaches in mental health continued in DCU, with the HSE completing the programme. In 2011, the ICGP received funding from the NOSP to develop a standardised suicide prevention training programme for general practice staff, such as general practitioners and practice nurses.</i>

	ACTION AREA	ACTIVITY
	<b>Level B</b> <b>TARGETED APPROACH</b>	
12	<b>DELIBERATE SELF HARM</b> To develop and resource an effective response in the health services for people who present to services having engaged in deliberate self harm and design ways to reach out to those who self harm but who are reluctant to access traditional services and supports	<i>The NOSP continued to provide direct input into the HSE national mental health clinical care programme, with a focus on developing standardised responses for people who present with self harm to emergency departments. The NSRF, in partnership with the Mercy Hospital in the HSE South, have developed a pilot training programme for staff working in emergency departments.</i>
13	<b>MENTAL HEALTH SERVICES</b> To improve mental health service provision, especially in the areas of community mental health, pre-discharge assessment from in-patient services and follow-up support	<i>The Office of the Assistant National Director, Mental Health, continued to coordinate and drive the implementation of A Vision for Change in 2011. A description of this work is available on <a href="http://www.hse.ie/mentalhealth">www.hse.ie/mentalhealth</a>.</i>
14	<b>ALCOHOL AND SUBSTANCE ABUSE</b> To challenge permissive, harmful attitudes to alcohol abuse, help to reduce overall consumption rates and raise awareness of the association between alcohol and/or substance abuse and suicidal behaviour	<i>The NSRF have completed a detailed analysis of the impact of alcohol on self harm rates within Ireland. This information will be incorporated into a briefing to be completed by the NOSP in 2012.</i>
15	<b>MARGINALISED GROUPS</b> To determine the particular vulnerability of socially excluded, marginalised groups in society to suicidal behaviour and develop supports to counteract that vulnerability	<i>NTSAP (National Traveller Suicide Awareness Programme) continued to implement the Suicide Prevention Programme targeted at the Travelling Community. The programme received additional funding in 2011 from the NOSP to allow the programme to target more intensively men at risk of suicide within the travelling community.</i>
16	<b>PRISONS</b> To reduce the level of suicidal behaviour in prisons as recorded by the Irish Prison Service and the NSRF	<i>The Irish Prison Service, in partnership with the HSE and the Psychiatric Nursing Association, continued its roll out of the STOP (Suicide Training Overview for Prisons) programme, with training delivered across the Irish Prison Service. The content of the programme was revised in 2011 and the programme officially launched by the Minister for Mental Health.</i>
17	<b>AN GARDA SÍOCHÁNA</b> To support the Gardaí in all aspects of their work related to suicidal behaviour	<i>In 2011, the NOSP, through the Resource Officers for Suicide Prevention in the HSE West, continued its partnership with the Irish Garda Training College to ensure that ASIST training is offered to members of An Garda Síochána.</i>
18	<b>UNEMPLOYED PERSONS</b> To support the development of services and programmes for unemployed people, to help increase resilience and reduce the risk of engaging in suicidal behaviour	<i>The Dodder Valley Partnership is completing a programme targeting men who are unemployed and impacted by the recession. The Irish Association of Suicidology completed mental health awareness sessions with 700 staff from St. Vincent de Paul.</i>

	ACTION AREA	ACTIVITY
<b>Level B</b> <b>TARGETED APPROACH</b> <i>(Continued)</i>		
19	<b>PEOPLE WHO HAVE EXPERIENCED ABUSE</b> To develop awareness of the increased risk of suicidal behaviour among victims of abuse and develop support services, building on the services provided by the National Counselling Service	<i>The HSE National Adult counselling service continued to provide one-to-one counselling to persons who have experienced abuse.</i>
20	<b>YOUNG MEN</b> To develop services and initiatives that will help young men to cope with changing roles in society and involve them in the development of policy and services that affect them	<i>In partnership with the Public Health Agency in Northern Ireland, the NOSP is funding an all-island project focused on targeting young men at risk of suicidal behaviour. In 2011, this programme included a national consultation and literature review to identify best practice. The project is examining ways in which community-based projects and online support services can connect with young men you are at risk of mental health problems and suicidal behaviour.</i>
21	<b>OLDER PEOPLE</b> To promote positive mental health among older people, raise awareness of the vulnerabilities of older people and develop support services for isolated older people	<i>The HSE West have developed a training programme for caregivers to older people on mental health awareness and suicide prevention; this programme will be rolled out nationally in 2012.</i>
22	<b>RESTRICTION AND REDUCING ACCESS TO MEANS</b> To limit access to the means and methods of self harm and suicide	<i>The NOSP established a national working group focused on reducing access to means and methods of self harm and suicide.</i>
<b>Level C</b> <b>RESPONDING TO SUICIDE</b>		
23	<b>RESPONDING TO SUICIDE</b> To ensure that an effective and standardised service and supportive response is provided by relevant professionals and voluntary agencies across a range of settings when a death by suicide occurs	<i>Console provide direct one-to-one counselling to families and persons bereaved by suicide; this service is funded by the NOSP. The NOSP developed national standards on bereavement support services.</i>
24	<b>CORONER SERVICE</b> To develop the Coroner Service as a service for the living, especially those bereaved by suicide, and support coroners themselves as their role develops	<i>Through the SSIS study, the role of the coroner in the facilitation of information to bereaved families has been developed.</i>

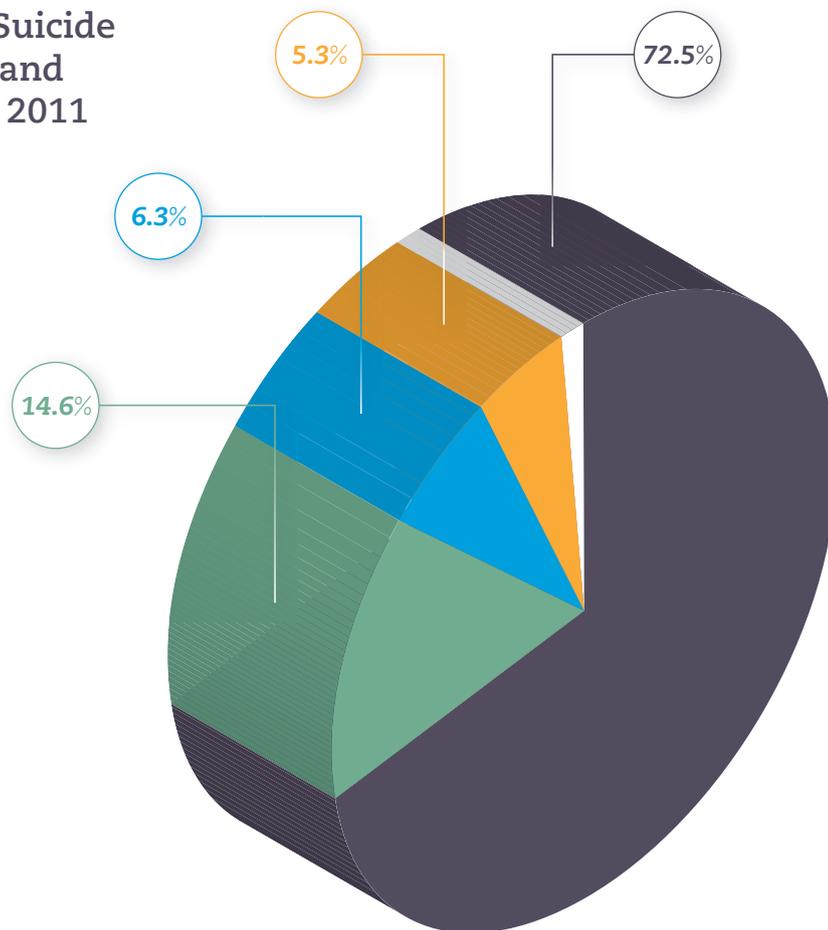
	ACTION AREA	ACTIVITY
	<b>Level D</b> <b>INFORMATION AND RESEARCH</b>	
25	<b>INFORMATION</b> To establish effective and integrated national information systems relating to suicidal behaviour in order to inform service development and to improve the availability and accessibility of information on where and how to get help	<i>The NSRF completed the development of a Suicide Support Information System pilot study aimed at developing a system that collates information on people who have died by suicide from three information sources - families, health professionals and coroners.</i>
26	<b>RESEARCH</b> To systematically plan research into suicidal behaviour to address deficits in our knowledge, ensure that the development of services is evidence based and bridge the gap between research and practice	<i>The NOSP and the NSRF have an agreed service plan for research to be completed under the auspice of Reach Out. Further strategic developments in research are planned for 2012 by the NOSP.</i>

## 4.0 FINANCIAL INFORMATION

### 4.1 National Office for Suicide Prevention income and expenditure profile 2011

The National Office for Suicide Prevention was established in 2005 with a responsibility to implement *Reach Out*, the National Suicide Prevention Strategy.

The budget expenditure of the NOSP in 2011 is €4.1 million, representing a €1 million increase on 2010.



In 2011 the expenditure was primarily allocated in four key areas:

**Figure 4.1**  
*Income and expenditure profile 2011*

Area	Expenditure	% of Budget
Grant funding to voluntary and statutory service providers	€2,973,774	72.5%
National mental health awareness campaigns	€600,000	14.6%
ASIST / safeTALK training resources & mental health resources / literature	€260,000	6.3%
Salaries	€216,000	5.3%
<b>TOTALS</b>	<b>€4,049,774</b>	<b>98.8%</b>

## 4.2 Funded agencies 2011

**Table 4.1: National Office for Suicide Prevention funded agencies 2011**

AGENCY	FUNDING PROVIDED	DESCRIPTION OF SERVICE
Young Social Innovators	€25,262	<i>The YSI programme supports young people to undertake projects on key mental health promotion issues in the school setting.</i>
Shine Headline Project	€151,228	<i>Headline is a media monitoring and training campaign that works in conjunction with media outlets to promote responsible reporting on mental health.</i>
Irish Association of Suicidology	€134,357	<i>The IAS is funded to maintain existing and develop further formal structured partnerships between voluntary, community and statutory sectors and strengthen community-based suicide prevention, mental health promotion and bereavement support initiatives.</i>
BelongTo	€104,221	<i>BelongTo has developed a model of practice that builds its capacity through supporting workers / steering groups locally to develop programmes and policy development to meet the identified needs of LGBT young people in relation to positive mental health.</i>
GLEN	€46,199	<i>GLEN is jointly funded by NOSP and Health Promotion to work strategically and developmentally at a national level to ensure health and education services and agencies are LGBT inclusive and targeting LGBT people in their mental health promotion and suicide prevention programmes.</i>
National Suicide Research Foundation	€835,894	<i>The NSRF serves two core functions by maintaining, collating and reporting on the National Registry of Deliberate Self Harm and by embarking on an annual research programme.</i>
Console	€204,132	<i>Console provides a 24-hour telephone helpline for those bereaved through suicide. It also provides family counselling / therapy for those bereaved through suicide, therapy and support groups, community outreach, statistical information around helpline calls and staff supervision and training.</i>
Teen-Line	€63,653	<i>Teen-Line provides a telephone helpline service for young people aged between 13 and 18 years, targeting young people at risk.</i>
SpunOut	€65,303	<i>NOSP jointly supports the work of SpunOut with HSE Health Promotion. SpunOut delivers a website that provides a range of health, wellbeing and lifestyle information, interactive discussion and peer support and a national signposting service for young people.</i>
National Traveller Suicide Awareness Project	€76,038	<i>Project designed to provide a resource to Traveller organisations and suicide related services, to promote awareness of the issue of suicide within Traveller communities. NTSAP also provides safeTALK training.</i>

AGENCY	FUNDING PROVIDED	DESCRIPTION OF SERVICE
Samaritans	€142,446	<i>Funding towards to the core activities of the Samaritans, including a 24-hour telephone helpline, prisoner listening schemes, an outreach service at music festivals, volunteer recruitment and Dublin branch running costs.</i>
GROW	€8,700	<i>Funding to revise, reprint and disseminate 20,000 copies of young adults' booklet - 'You can do it but you can't do it alone'. This booklet was launched by GROW in 2010 and was funded by the NOSP.</i>
Institute of Public Health in Ireland - Men's Health Project	€30,984	<i>Funding to support an all-island initiative on men's health by developing best practice on promoting wellbeing with young men and leading out two pilot projects, one in the North and one in the South.</i>
Wexford Suicide Crisis Assessment Nurse Project	€48,000	<i>Pilot project providing a Suicide Crisis Assessment Nurse; it is currently being evaluated.</i>
Wexford Self Harm Intervention Project	€50,000	<i>Bereavement counselling service provided by the Regional Suicide Resource Office for those bereaved through sudden traumatic deaths in the south eastern area of the HSE.</i>
SOS	€20,000	<i>Funding for an external and independent evaluation of the effectiveness of the SOS "Wellness Programme", designed to improve mental health and wellbeing of the general population.</i>
Shine Taking Control	€34,907	<i>The implementation of training for trainers and workshop delivery of Taking Control, a programme designed to provide positive mental health and suicide prevention programmes nationally for individuals out of work and facing financial / personal challenges. Specific financial allocation has also been made for targeting young men.</i>
Samaritans default service	€25,000	<i>Funding towards the 2011 maintenance costs of the Samaritans' telephony system. This ensures constant monitoring and fault repair by Eircom and is integral to the service provided.</i>
Samaritans Connect	€72,150	<i>Development of a comprehensive signposting service for Samaritans' callers or diverting calls from non 24/7 helplines to promote more efficient access to helpline supports.</i>
Inspire	€55,000	<i>To develop module-based training to increase capacity across Ireland in safe online counselling and support pertaining to mental health and suicide prevention issues.</i>
Senior Helpline	€50,000	<i>To update and upskill Senior Helpline volunteer staff in mental health / suicide awareness and their role in crisis intervention by composing and delivering an updated training module incorporating specific helpline skills for dealing with calls of a suicide nature.</i>
ICGP	€74,000	<i>To develop skills-based training of general practitioners in suicide prevention; this has been shown internationally to be an effective strategy in reducing suicidal behaviour.</i>

AGENCY	FUNDING PROVIDED	DESCRIPTION OF SERVICE
GROW / HSE Midlands	€37,500	<i>The development of an assessment and planning toolkit for suicide prevention within Longford / Westmeath and Laois / Offaly communities, which can be applied nationally.</i>
Curam Clainne	€41,375	<i>This project has two aspects. It will link closely with Sligo Health Promotion establishing a social prescribing model for Mayo. In tandem, an accredited counsellor will provide specialist family support in the immediate aftermath of suicide bereavement, liaising with the family and co-ordinating support and services to meet the family's identified need.</i>
Pieta House	€100,000	<i>Funding to expand and increase the number of outreach counselling hours in Tallaght, Finglas and Ballyfermot, as the number of referrals continues to increase.</i>
Men at Risk (Dodder Valley Partnership)	€26,750	<i>To create a model of inter-agency support, to be disseminated nationally, for newly unemployed men aged between 30-50 years.</i>
Clann Resource Centre	€38,000	<i>To develop and implement a suicide prevention strategy across 13 Family Resource Centres in Mayo &amp; Galway, to be disseminated nationally.</i>
BelongTo	€25,000	<i>To design educational materials, based on a needs analysis, for workers and volunteers of the BelongTo national network of LGBT young people.</i>
National Traveller Suicide Awareness Project	€50,870	<i>Project to target male travellers using a community development model to promote mental health and suicide awareness.</i>
National Youth Council of Ireland	€27,680	<i>To deliver skills-based training for youth workers to enable them to deliver a twelve-week training programme for young people around positive mental health in out-of-school settings.</i>
Laois / Offaly Mental Health Service	€34,000	<i>This funding facilitates the operation of a Specialist Mental Health Nurse covering each HSE region. The purpose will be to provide a 'fast track' priority assessment service for persons at risk from self harm / suicide. Evaluation and data collection will inform future service provision to those self harming or in suicidal crisis.</i>
St. Ita's	€10,250	
West Galway SCAN	€34,000	
Dublin SE CAT project	€12,500	<i>Train five clinical psychologists in treatment approaches and therapeutic skills (cognitive analytical therapy) aimed at reducing self harming and suicidal behaviours, specifically those who meet the criteria for a diagnosis of borderline personality disorder.</i>
Endeavour Project	€40,030	<i>To fund an Irish based evaluation on an existing dialectical behavioural therapy programme (Endeavour DBT Programme). It is hoped to promote broader interest and practice as well as a blueprint for how services can best be developed in line with mental health policy nationally.</i>

AGENCY	FUNDING PROVIDED	DESCRIPTION OF SERVICE
Westport Mental Health	€16,353	<i>The training of mental health staff in the field of dialectical behavioural therapy. DBT helps reduce self harm and self destructive behaviours, using a combination of group skills training, individual therapy and phone coaching. Nine teams have received funding to date as part of a phased strategy to promote broader interest and practice as well as a blueprint for how services can best be developed in line with mental health policy nationally.</i>
Ardee MHS	€15,000	
Cavan / Monaghan MHS	€24,727	
DBT Training for four Cork and one Dublin Team	€57,830	
Sligo Health Promotion	€15,000	
NSRF / HSE South	€49,435	<i>This is a research-based initiative designed to identify best practice, evidence- based programmes to promote the mental health of the population and that identify and support individuals with early signs of mental distress. Three pilot programmes will run following completion of the research, based on the social prescribing model.</i>
<b>Total grant funding for services in 2011</b>	<b>€2,973,774</b>	<i>This is a collaborative project related to the assessment of deliberate self harm (DSH) patients presenting to HSE South hospital emergency departments and training of HSE staff who come into contact with DSH patients. It derives from the amalgamation of two separate funding application from the above two agencies and is designed to deliver a whole hospital approach to the treatment of self harm.</i>

## 5.0 SUICIDE MORTALITY IN IRELAND

---

### 5.1 Suicide rates and trends

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

This data is made available on an annual basis (see [www.cso.ie](http://www.cso.ie)). Cause of death is classified according to the International Classification of Diseases, Injuries and Causes of Death (ICD 10).

Deaths by suicide fall within the category of deaths by external causes, along with deaths by accident, homicide and undetermined cause.

A number of sources of information are used by the CSO to inform the classification of death.

These include the Medical Cause of Death Certificate, the Coroner's certificate and Form 104, a statistical form which is completed by An Garda Síochána following an inquest. This process is detailed in a paper entitled 'Inquested deaths in Ireland: A study of routine data and recording procedures' ([www.nsrj.ie](http://www.nsrj.ie)).

The CSO makes two mortality data sets available:

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

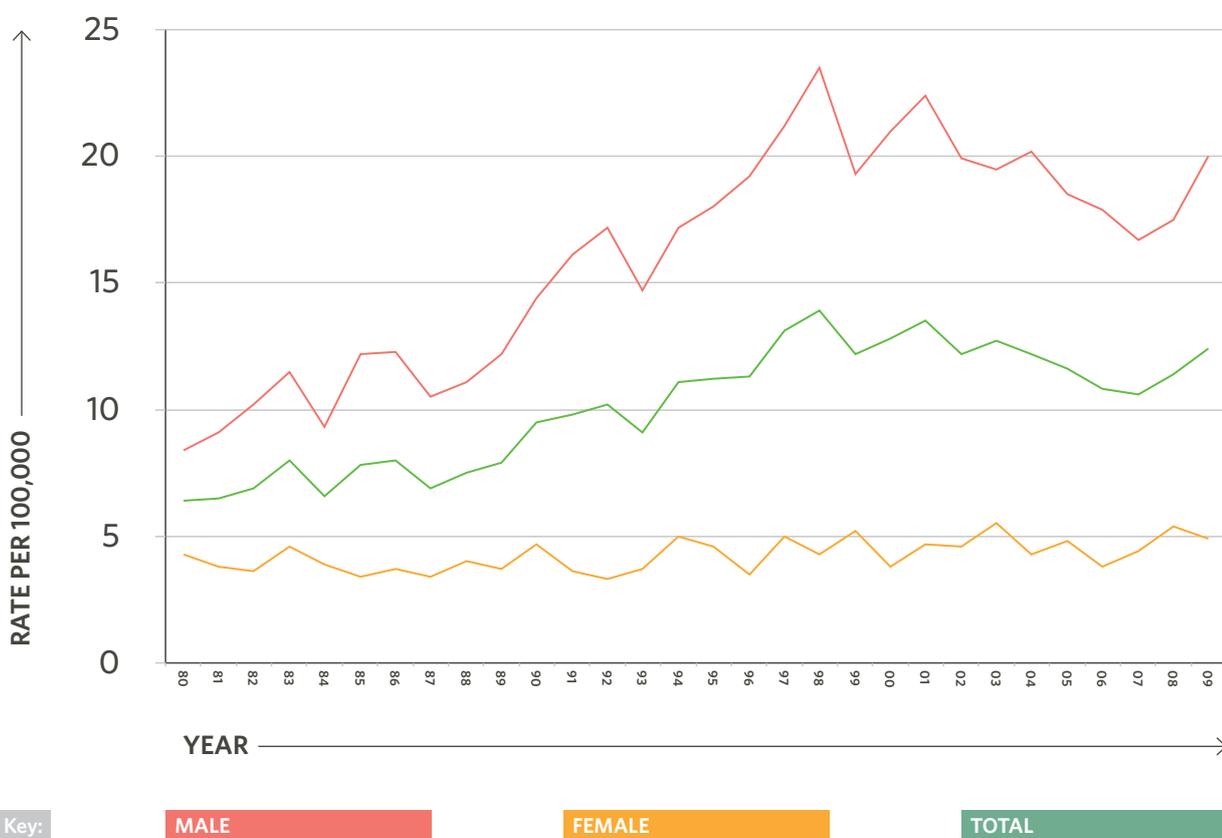
Data by year of occurrence is the official data, and refers to deaths that occurred in that calendar year. At the time of publication, 2009 is the most recent year for which data by year of occurrence is available. 552 deaths by suicide occurred in 2009, representing a rate of 12.4 deaths per 100,000 population. Data by year of registration refers to deaths which were registered with the CSO in a particular year. Deaths which occur from an external cause are often not registered in the year in which they occur, as registration happens after an inquest closes. As inquests may not take place until the following calendar year, there is an inevitable delay in registering these deaths. It is important to note that the data by year of registration is provisional and not comparable to data by year of occurrence. For example, 527 deaths were registered for 2009, an under-count of the deaths that actually occurred during that year.

The data presented in Tables 5.1, 5.2 and 5.3 include data by year of occurrence (2004 to 2009) and also data by year of registration for 2010 and 2011. The data presented in Tables 5.4, 5.5 and 5.6 are based on the five-year averages from 2005 to 2009, the most recent years for which completed data are available. Rates and percentages are presented in these figures and tables, rather than numbers, allowing for more meaningful comparisons across age groups.

## 5.2 Suicide rate trends by gender

Figure 5.1 shows that the rate of death by suicide has increased from 6.4 per 100,000 in 1980 to 12.4 per 100,000 in 2009. It peaked at 13.9 per 100,000 in 1998. Suicide is significantly more likely among males than females. It steadily increased for males from 8.4 in 1980, to 23.5 in 1998 and 20.0 in 2009. By contrast, the rate has remained relatively constant for females, ranging from 4.3 in 1980 to 4.9 per 100,000 in 2009.

Figure 5.1: Suicide rate per 100,000 population by gender, 1980 to 2009



**Table 5.1: Population rate of suicide and other causes of death 2004-2009, per 100,000 total population**

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999 ICD10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2004	493	12.2	81	2.0	1,594	39.4	28,665	708.9
2005	481	11.6	134	3.2	1,745	42.2	28,260	683.6
2006	460	10.8	82	1.9	1,664	39.2	28,488	671.9
2007	458	10.6	119	2.7	1,759	40.5	28,117	648.0
2008	506	11.4	83	1.9	1,721	38.9	28,274	639.8
2009	552	12.4	74	1.7	1,726	38.7	28,380	636.4

**Provisional data by year of registration**

2010	486	10.9	123	2.8	1,601	35.8	27,122	606.7
2011	525	11.4	85	1.8	1,695	36.9	28,995	631.9

All rates based on estimated population for that year

**POINTS OF NOTE:**

- The decreasing trend which was visible from 2004 to 2007 has halted, and an increase in rates can be seen in 2008 and 2009.
- Deaths by suicide in 2009 accounted for 32% of deaths from external causes, and 2% of all deaths.
- The remaining deaths from external causes were due to accidents (58%), homicide (2.5%), undetermined (4%) and other (3.5%).

**Table 5.2: Rate of suicide and other causes of death 2004-2009, per 100,000 population for males**

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999 ICD10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2004	406	20.2	60	3.0	1,127	56.0	14,801	735.9
2005	382	18.5	93	4.5	1,239	60.1	14,412	699.0
2006	379	17.9	68	3.2	1,180	55.6	14,605	688.5
2007	362	16.7	87	4.0	1,252	57.7	14,391	662.8
2008	386	17.5	64	2.9	1,215	55.1	14,457	655.3
2009	443	20.0	52	2.3	1,236	55.7	14,727	664.1

**Provisional data by year of registration**

2010	386	17.4	78	3.5	1,114	50.3	13,833	624.2
2011	439	19.3	58	2.6	1,232	54.2	14,789	650.7

All rates based on estimated population for that year

**POINTS OF NOTE:**

- The breakdown of deaths by external cause for males in 2009 was:
- Accidents 55%
  - Suicide 36%
  - Undetermined 4%
  - Homicide 3%
  - Other 2%
- The rate of death by suicide among men has reached its highest point in 2009 since 2004.
  - 36% of deaths from an external cause (N = 1236) were due to suicide (N = 443) in 2009. In 2007, when the rate of male deaths by suicide was at its lowest, 29% of external deaths were due to suicide.

**Table 5.3: Rate of suicide and other causes of death 2004-2009, per 100,000 population for females**

Year	Suicide		Undetermined		Death by external cause (ICD9: E800-E999 ICD10: V01-Y89)		All deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2004	87	4.3	21	1.0	467	23.0	13,864	682.1
2005	99	4.8	41	2.0	506	24.4	13,848	668.3
2006	81	3.8	16	0.8	484	22.8	13,883	655.3
2007	96	4.4	32	1.5	507	23.4	13,726	633.1
2008	120	5.4	19	0.9	506	22.8	13,817	623.6
2009	109	4.9	22	1.0	490	21.9	13,653	609.1

**Provisional data by year of registration**

2010	100	4.4	45	2.0	487	21.6	13,289	589.4
2011	86	3.7	27	1.2	463	20.0	14,206	613.5

All rates based on estimated population for that year

**POINTS OF NOTE:**

The breakdown of deaths by external cause for females in 2009 was:

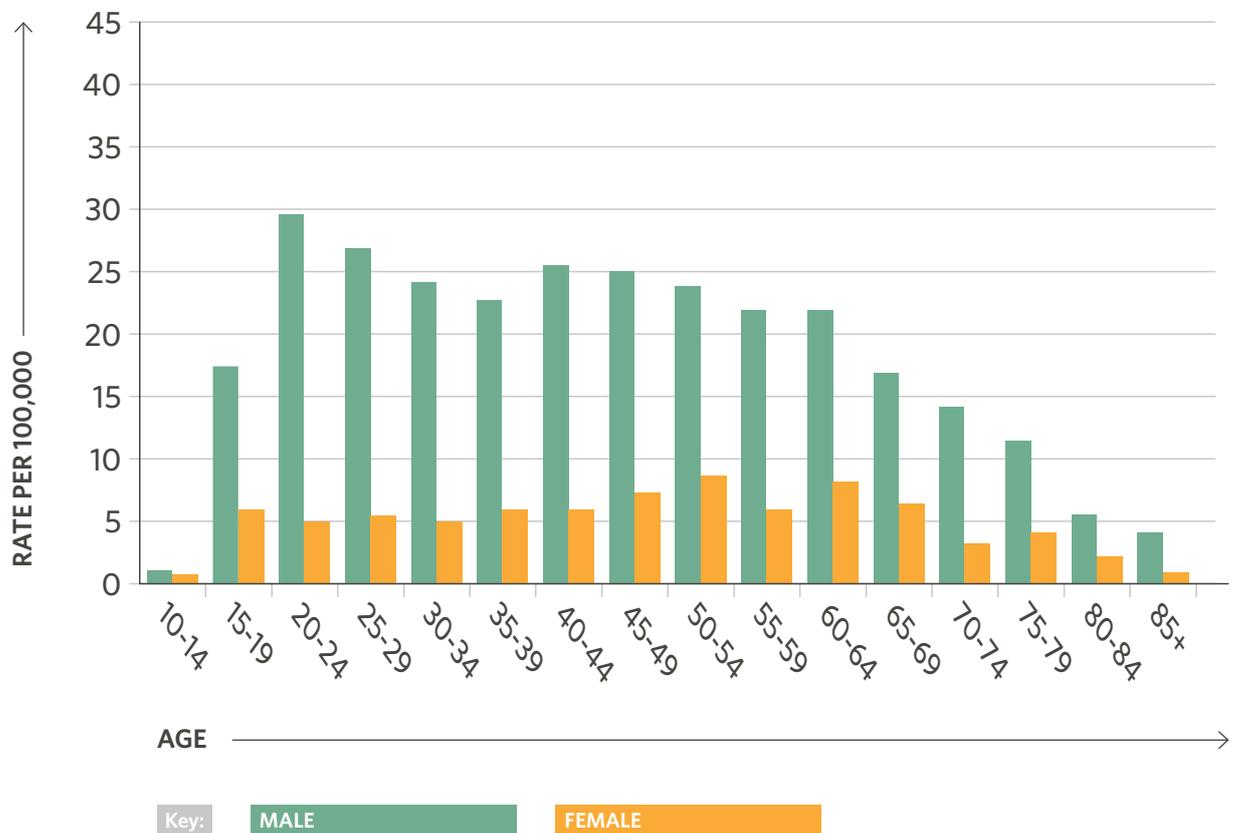
- Accidents 69%
- Suicide 22%
- Undetermined 4.5%
- Homicide 1%
- Other 3.5%

- The rate of death by suicide for females reduced by 9% from 5.4 in 2008 to 4.9 in 2009.

### 5.3 Suicide rate trends by age and gender

Suicide in Ireland is often portrayed as a problem predominantly affecting young men in their early twenties. While the highest rate is for men aged 20-24 years, at 29.3 per 100,000 (compared with the national average of 11.6 per 100,000), the rate is consistently high for men of all ages up to the age of 65. The data in Figure 5.2 and Table 5.4 show that the rate ranges from 18.1 for 15-19 year olds to 22.1 for 60-64 year olds. Although the overall female rate of death by suicide hasn't varied significantly since 1980 (see Figure 5.1), there is some variation across the age groups. The highest rate is seen for women aged 50-54 years, at 8.7 per 100,000 population.

Figure 5.2: Five-year average annual suicide rates (2005-2009) per 100,000 population, by age



**Table 5.4: Average annual suicide rate by age and gender 2005-2009**

Age group	Persons	Males	Females
0 to 4	0.0	0.0	0.0
5 to 9	0.1	0.1	0.0
10 to 14	1.5	2.0	1.0
15 to 19	12.3	18.1	6.2
20 to 24	17.3	29.3	5.2
25 to 29	16.6	27.2	5.8
30 to 34	14.7	24.3	4.8
35 to 39	14.9	23.4	6.1
40 to 44	15.9	25.6	6.1
45 to 49	16.5	25.2	7.6
50 to 54	16.6	24.4	8.7
55 to 59	14.1	22.1	5.9
60 to 64	15.1	22.1	8.0
65 to 69	11.9	17.5	6.3
70 to 74	8.6	14.5	3.2
75 to 79	7.6	12.5	3.8
80 to 84	3.4	5.7	2.0
85 +	1.7	4.0	0.6
<b>TOTAL</b>	<b>11.6</b>	<b>18.4</b>	<b>4.8</b>

## 5.4 Method of suicide

Data is collected annually on the method causing death. Table 5.5 details the proportion of deaths by each method, broken down by age and gender, over a five-year period.

**Table 5.5: Method of suicide by age and gender, 2005-2009**

ALL PERSONS						
Age group	Poisoning (%)	Hanging (%)	Drowning (%)	Firearms (%)	Other (%)	Total (%)
Under 15yrs	0	100	0	0	0	100
15-24	5	84	5	3	3	100
25-44	11	68	11	5	6	100
45-64	13	53	21	6	6	100
Over 64yrs	7	56	22	11	4	100
<b>TOTAL</b>	<b>10</b>	<b>66</b>	<b>13</b>	<b>5</b>	<b>5</b>	<b>100</b>
MALES						
Age group	Poisoning (%)	Hanging (%)	Drowning (%)	Firearms (%)	Other (%)	Total (%)
Under 15yrs	0	100	0	0	0	100
15-24	4	84	5	3	3	100
25-44	9	70	9	6	6	100
45-64	11	57	17	8	7	100
Over 64yrs	3	62	17	15	4	100
<b>TOTAL</b>	<b>8</b>	<b>69</b>	<b>11</b>	<b>7</b>	<b>5</b>	<b>100</b>
FEMALES						
Age group	Poisoning (%)	Hanging (%)	Drowning (%)	Firearms (%)	Other (%)	Total (%)
Under 15yrs	0	100	0	0	0	100
15-24	10	81	3	2	3	100
25-44	19	57	18	2	5	100
45-64	21	41	33	1	5	100
Over 64yrs	19	38	33	0	6	100
<b>TOTAL</b>	<b>18</b>	<b>54</b>	<b>22</b>	<b>1</b>	<b>5</b>	<b>100</b>

### POINTS OF NOTE:

- Death by hanging remains the most commonly used method in Ireland, both for males (69%) and females (54%).
- The proportion of deaths by hanging decreases with age, decreasing from 84% in 15-24 year olds to 56% for 65 years and older. Deaths by drowning increase with age for males and females.
- Poisoning and drowning are more common among females than males for every age group, with the exception of drowning among 15-24 year olds, while firearms are more common among males. Firearms are most commonly used by older males.

## 5.5 Comparison across counties

Table 5.6 provides the number of deaths by suicide and rates per 100,000 for the 26 counties, aggregated over a five-year period from 2005-2009. Because the numbers are relatively small in any county in any one year, a change from one year to the next may appear more significant than it actually is. For this reason the data is aggregated over five years to give a more representative picture.

**Table 5.6: Number of suicides and rate per 100,000 population by county, 2005-2009**

County	Number of deaths by suicide 2005-2009	Rate of death by suicide per 100,000 population, 2005-2009
Carlow	42	16.7
Cavan	53	16.6
Clare	74	13.3
Cork	365	15.2
Donegal	82	11.1
Dublin	528	8.9
Galway	126	10.9
Kerry	86	12.3
Kildare	107	11.5
Kilkenny	49	11.2
Laois	34	10.1
Leitrim	19	13.1
Limerick	103	11.2
Longford	18	10.5
Louth	58	10.4
Mayo	79	12.8
Meath	82	10.1
Monaghan	31	11.1
Offaly	50	14.1
Roscommon	42	14.3
Sligo	27	8.9
Tipperary North	54	16.4
Tipperary South	53	12.7
Waterford	68	12.6
Wexford	98	14.9
Westmeath	57	14.4
Wicklow	72	11.4
Ireland	2457	11.6

### POINTS OF NOTE:

*The highest rates are found in Carlow (16.7 per 100,000) and Cavan (16.6 per 100,000) while the lowest rates are in Dublin and Sligo (both 8.9 per 100,000). The counties with the largest urban centres have rates above (Cork, 15.2 per 100,000; Waterford, 12.6 per 100,000) and below (Dublin, 8.9 per 100,000; Galway 10.9 per 100,000; Limerick, 11.2 per 100,000) the national average.*

## 5.6 International mortality data

Data presented below in figures 5.3 and 5.4 have been taken from the World Health Organisation's (WHO) Statistical Information System (see [www.who.int/whosis/en](http://www.who.int/whosis/en)). Data presented are based on the most recent returns to the WHO. Different countries take different time intervals to return the data to the WHO.

For this reason there may be a discrepancy between rates reported here and more up-to-date rates reported for each country, including Ireland. Caution is urged when comparing mortality rates for each country, given the differences in recording and coding cause of death between countries.

Ireland has the sixth lowest rate of death by suicide in the EU, with a reported rate of 10.3 per 100,000 population, compared with the lowest rate of 3.9 in Greece and the highest of 34 in Lithuania. This ranking remains almost unchanged when broken down by gender (seventh lowest rate for males and eighth lowest for females). The comparison for younger groups is less favourable: Ireland ranks fourth highest for 15-24 year olds, at 13.9 per 100,000 population; this lowers to sixth highest for males, at 21.8, and highest for females, at 6.7.

**Figure 5.3: Total suicide rate per 100,000 population in the EU**

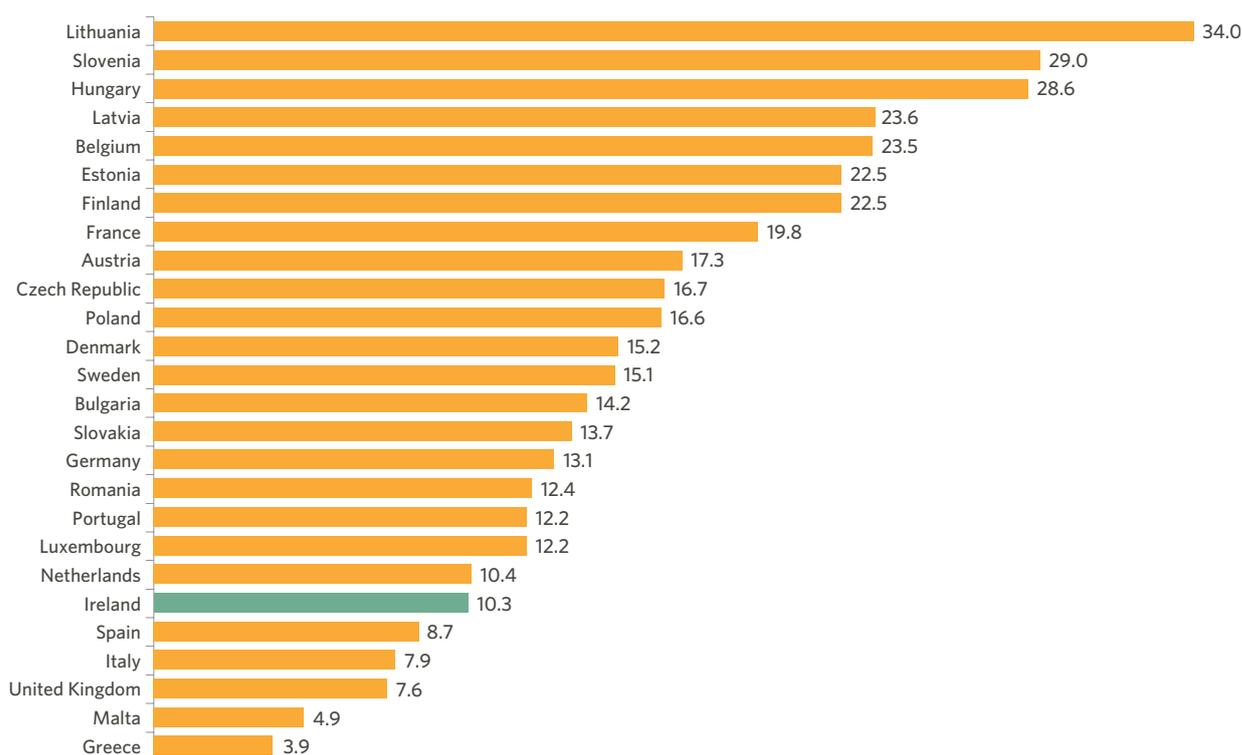
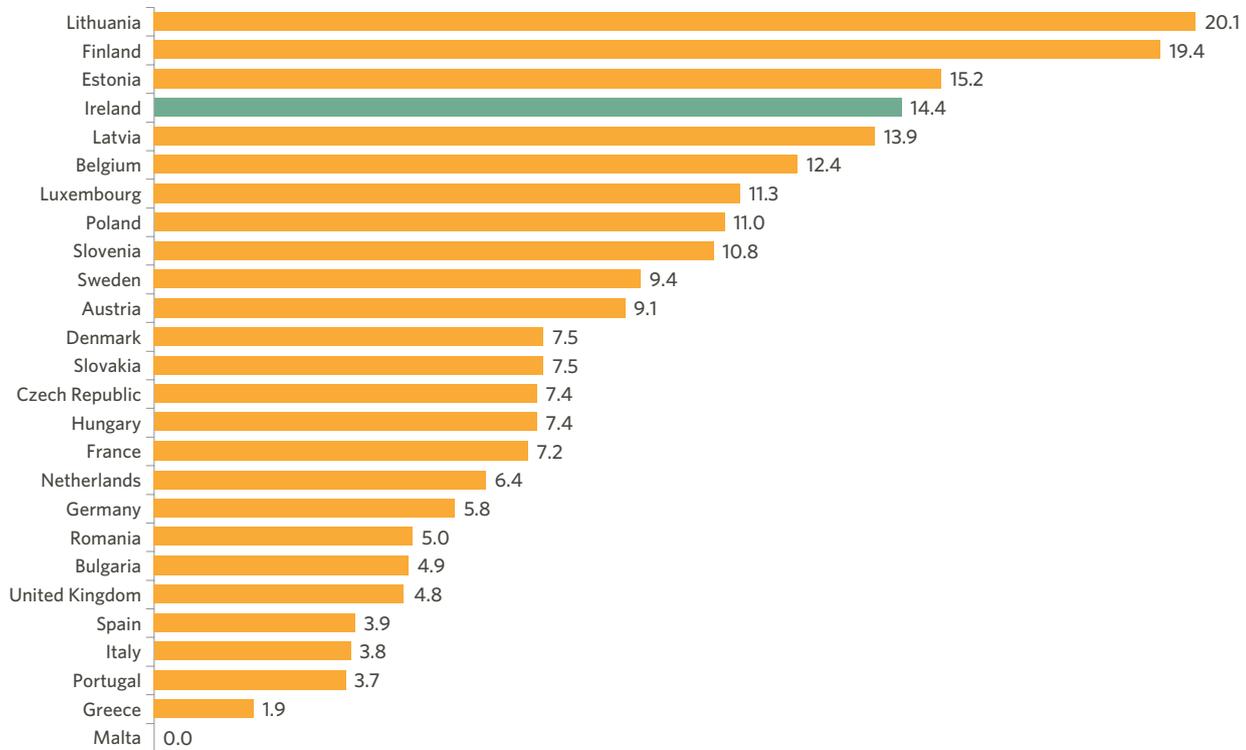


Figure 5.4: Youth suicide rate (15-24yr olds) per 100,000 population in the EU

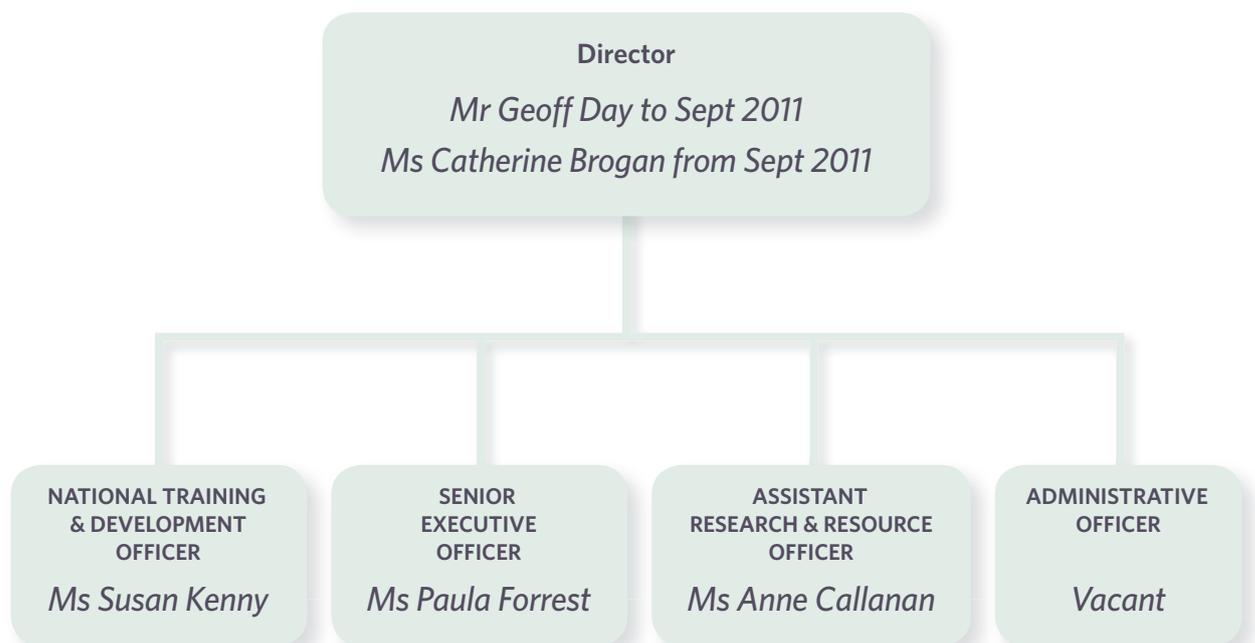


## APPENDICES

---

### Appendix 1 Staffing structure of the National Office for Suicide Prevention

The National Office for Suicide Prevention had four staff members in 2011.



## Appendix 2 Websites

WEBSITE	ORGANISATION	DESCRIPTION
<a href="http://www.1life.ie">www.1life.ie</a>	1life	A 24-hour helpline and text messaging service for those in suicidal distress
<a href="http://www.3Ts.ie">www.3Ts.ie</a>	3Ts	Turning the Tide of Suicide – a charity which raises funds for suicide prevention
<a href="http://www.aware.ie">www.aware.ie</a>	Aware	Helping to defeat depression
<a href="http://www.barnardos.ie">www.barnardos.ie</a>	Barnardos	Bereavement Counselling for Children is a service for children and young people who have lost someone close to them
<a href="http://www.belongto.org">www.belongto.org</a>	BelongTo	An organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between 14 and 23
<a href="http://www.bodywhys.ie">www.bodywhys.ie</a>	Bodywhys	Provides support to people affected by eating disorders
<a href="http://www.cso.ie">www.cso.ie</a>	Central Statistics Office	Disseminates Irish vital statistics, including deaths by suicide
<a href="http://www.console.ie">www.console.ie</a>	Console	Supporting those bereaved by suicide
<a href="http://www.dhsspsni.gov.uk">www.dhsspsni.gov.uk</a>	Department Health, Social Service & Public Safety, Northern Ireland	
<a href="http://www.education.ie">www.education.ie</a>	Department of Education & Skills	
<a href="http://www.dohc.ie">www.dohc.ie</a>	Department of Health & Children	
<a href="http://www.glen.ie">www.glen.ie</a>	GLEN	Gay and Lesbian Equality Network
<a href="http://www.grow.ie">www.grow.ie</a>	Grow	Mental health organisation, which seeks to help those who have suffered, or are suffering, from mental health problems
<a href="http://www.hse.ie">www.hse.ie</a>	Health Service Executive	Delivers health and social services in Ireland
<a href="http://www.headstrong.ie">www.headstrong.ie</a>	Headstrong	National Centre for Youth Mental Health supporting young people's mental health
<a href="http://www.healthpromotion.ie">www.healthpromotion.ie</a>	Health Service Executive	Online ordering service for HSE publications
<a href="http://www.inspireireland.ie">www.inspireireland.ie</a>	Inspire Ireland Foundation	An online information service to help young people aged 16-25
<a href="http://www.iasp.info">www.iasp.info</a>	International Association for Suicide Prevention	International organisation dedicated to preventing suicide. A forum for academics, professionals, crisis workers, volunteers and suicide survivors
<a href="http://www.irishadvocacynetwork.com">www.irishadvocacynetwork.com</a>	Irish Advocacy Network	Offers peer advocacy services to those who are experiencing mental health difficulties

WEBSITE	ORGANISATION	DESCRIPTION
<a href="http://www.ias.ie">www.ias.ie</a>	Irish Association of Suicidology	<i>Works with community, voluntary and statutory bodies working in suicide prevention</i>
<a href="http://www.lenus.ie">www.lenus.ie</a>	Lenus	<i>Repository of key reports in the Irish health service</i>
<a href="http://www.livinglinks.ie">www.livinglinks.ie</a>	Living Links	<i>Supporting those bereaved by suicide</i>
<a href="http://www.livingworks.net">www.livingworks.net</a>	Living Works	<i>Information on ASIST, safeTALK training and other suicide prevention training programmes</i>
<a href="http://www.mentalhealthireland.ie">www.mentalhealthireland.ie</a>	Mental Health Ireland	<i>Voluntary organisation which aims to promote positive mental health and support persons with mental illness</i>
<a href="http://www.nosp.ie">www.nosp.ie</a>	National Office for Suicide Prevention	<i>HSE office with responsibility for overseeing the implementation of Reach Out</i>
<a href="http://www.yourmentalhealth.ie">www.yourmentalhealth.ie</a>	National Office for Suicide Prevention	<i>Website promoting positive mental health</i>
<a href="http://www.letsomeoneknow.ie">www.letsomeoneknow.ie</a>	National Office for Suicide Prevention	<i>Website promoting positive mental health for young people</i>
<a href="http://www.nsrif.ie">www.nsrif.ie</a>	National Suicide Research Foundation	<i>Multidisciplinary research team which focuses on research in the field of suicide and suicidal behaviour. Hosts the National Registry of Deliberate Self Harm</i>
<a href="http://www.pieta.ie">www.pieta.ie</a>	Pieta House	<i>Provides specialised treatment programmes for those who have suicidal ideation or who engage in self harming behaviours</i>
<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>	Public Health Agency, Northern Ireland	
<a href="http://www.reachout.com">www.reachout.com</a>	Inspire Ireland	<i>Provides information on mental health issues for young people to support them through rough times</i>
<a href="http://www.samaritans.org">www.samaritans.org</a>	Samaritans	<i>24-hour emotional support to those experiencing distress, despair or suicidal thoughts</i>
<a href="http://www.seechange.ie">www.seechange.ie</a>	See Change	<i>To reduce stigma and challenge discrimination associated with mental health</i>
<a href="http://www.seniorhelpline.ie">www.seniorhelpline.ie</a>	Senior Helpline	<i>A confidential listening service for older people by older people</i>
<a href="http://www.shineonline.ie">www.shineonline.ie</a>	Shine	<i>Supporting people affected by mental ill health</i>
<a href="http://www.sphe.ie">www.sphe.ie</a>	SPHE	<i>Social, Personal and Health Education, as part of the education curriculum, supports the personal development, health and wellbeing of young people</i>
<a href="http://www.spunout.ie">www.spunout.ie</a>	SpunOut	<i>An interactive website providing health, lifestyle information and signposting to support services</i>
<a href="http://www.suicideorsurvive.ie">www.suicideorsurvive.ie</a>	SOS	<i>Aims to break stigma associated with mental health issues and ensure those affected have access to quality services appropriate to them</i>

WEBSITE	ORGANISATION	DESCRIPTION
<a href="http://www.travellersuicide.ie">www.travellersuicide.ie</a>	National Traveller Suicide Awareness Project	<i>Works with Travellers and Traveller groups to support and resource them in responding to Traveller suicide</i>
<a href="http://www.turn2me.ie">www.turn2me.ie</a>	Turn2me	<i>Online mental health community providing peer support to those in need</i>
<a href="http://www.teenline.ie">www.teenline.ie</a>	Teenline	<i>A freephone service for young adults in distress</i>
<a href="http://www.who.int">www.who.int</a>	World Health Organisation	<i>The directing and coordinating authority for health within the United Nations</i>
<a href="http://www.youngsocialinnovators.org">www.youngsocialinnovators.org</a>	Young Social Innovators	<i>Encourages, motivates and creates new opportunities for young people to actively participate in the world around them</i>

## Appendix 3 Support services

ORGANISATION	WEBSITE	PHONE	EMAIL
<b>AWARE</b> A service for people who experience depression and concerned family and friends	<a href="http://www.aware.ie">www.aware.ie</a>	1890 30 33 02	<a href="mailto:wecanhelp@aware.ie">wecanhelp@aware.ie</a>
<b>Barnardos</b> Bereavement Counselling for Children is a service for children and young people who have lost someone close to them	<a href="http://www.barnardos.ie">www.barnardos.ie</a>	01 473 2110	<a href="mailto:bereavement@barnardos.ie">bereavement@barnardos.ie</a>
<b>Bodywhys</b> Provides support to people affected by eating disorders	<a href="http://www.bodywhys.ie">www.bodywhys.ie</a>	1890 20 04 44	<a href="mailto:alex@bodywhys.ie">alex@bodywhys.ie</a>
<b>Console</b> Supporting and helping people bereaved through suicide	<a href="http://www.console.ie">www.console.ie</a>	1800 20 18 90	<a href="mailto:info@console.ie">info@console.ie</a>
<b>GROW</b> A mental health organisation which helps people who have suffered, or are suffering, from mental health problems	<a href="http://www.grow.ie">www.grow.ie</a>	1890 47 44 74	<a href="mailto:info@grow.ie">info@grow.ie</a>
<b>HeadsUp</b> A mental health promotion project which aims to contribute to suicide prevention efforts by providing timely, appropriate information and support to young people	<a href="http://www.headsup.ie">www.headsup.ie</a>	01 205 7200	<a href="mailto:info@headsup.ie">info@headsup.ie</a>
<b>Health Service Executive</b> Ireland's national health and social care provider	<a href="http://www.hse.ie">www.hse.ie</a>	1850 24 18 50	<a href="mailto:Infoline1@hse.ie">Infoline1@hse.ie</a>
<b>HSE National Counselling Service</b> Free counselling and psychotherapy service provided by the HSE	<a href="http://www.hse-ncs.ie">www.hse-ncs.ie</a>	1800 47 74 77	<a href="mailto:admin@nacs.ie">admin@nacs.ie</a>
<b>Jigsaw</b> Supports young people's mental health and wellbeing	<a href="http://www.jigsaw.ie">www.jigsaw.ie</a>	01 472 7010	<a href="mailto:joanne@headstrong.ie">joanne@headstrong.ie</a>
<b>Living Links</b> Providing assertive outreach support to the suicide bereaved	<a href="http://www.livinglinks.ie">www.livinglinks.ie</a>	087 412 2052	<a href="mailto:info@livinglinks.ie">info@livinglinks.ie</a>
<b>Pieta House</b> Centre for the Prevention of Self Harm or Suicide	<a href="http://www.pieta.ie">www.pieta.ie</a>	01 601 0000	<a href="mailto:mary@pieta.ie">mary@pieta.ie</a>

ORGANISATION	WEBSITE	PHONE	EMAIL
<p><b>Samaritans</b> A confidential 24-hour emotional support service for people who are experiencing feelings of distress or despair, including those which may lead to suicide</p>	<p><a href="http://www.samaritans.org">www.samaritans.org</a></p>	<p>1850 60 90 90</p>	<p><a href="mailto:jo@samaritans.org">jo@samaritans.org</a></p>
<p><b>Senior Helpline</b> A confidential listening service for older people by older people</p>	<p><a href="http://www.seniorhelpline.ie">www.seniorhelpline.ie</a></p>	<p>1850 44 04 44</p>	<p><a href="mailto:info@seniorhelpline.ie">info@seniorhelpline.ie</a></p>
<p><b>Shine</b> The national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness</p>	<p><a href="http://www.shineonline.ie">www.shineonline.ie</a></p>	<p>1890 62 16 31</p>	
<p><b>SOS</b> Offer Eden Programme, a supportive weekly group environment over a 6-month period and Wellness workshops, which give people the tools to improve their own mental wellness</p>	<p><a href="http://www.suicideorsurvive.ie">www.suicideorsurvive.ie</a></p>	<p>1890 57 75 77</p>	<p><a href="mailto:info@suicideorsurvive.ie">info@suicideorsurvive.ie</a></p>
<p><b>Teen-Line Ireland</b> A confidential listening service for young people</p>	<p><a href="http://www.teenline.ie">www.teenline.ie</a></p>	<p>1800 83 36 34</p>	<p><a href="mailto:info@teenline.ie">info@teenline.ie</a></p>

## Appendix 4 Relevant legislation

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

### 1. The Criminal Law (Suicide) Act 1993, states in section 2:

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

### 2. Statutory Instrument No. 150 of 2001 – Medicinal Products (Control of Paracetamol) Regulations, 2001

#### *Explanatory Note:*

(This is not part of the instrument and does not purport to be a legal interpretation).

These Regulations impose further restrictions on the sale of medicinal products containing paracetamol.

In general, these Regulations:

- (i) Prescribe maximum pack sizes for products when sold in pharmacies and in non-pharmacies.
- (ii) Prescribe cautionary and warning statements which must appear on all packs.
- (iii) Prohibit the sale of paracetamol products in automatic vending machines.

- (iv) Prohibit the sale of paracetamol products in non-pharmacy outlets when a second analgesic component is concerned.
- (v) Prohibit the sale of multiple packs of paracetamol in the course of a single transaction.
- (vi) Prohibit the sale of paracetamol products unless they are in blister packs or equivalent form of packaging.

### 3. Health (Miscellaneous Provisions) Act 2001 states in section 4:

The Minister for Health and Children shall, not later than 9 months after the end of each year beginning with the year 2002, make a report to each House of the Oireachtas on the measures taken by health boards during the preceding year to prevent suicides.



National Office for Suicide Prevention

Population Health

Health Service Executive

Dr Steeven's Hospital, Kilmainham, Dublin 8, Ireland.

Phone: +353 (0)1 635 2179 / Fax: +353 (0)1 635 2491 / Email: [info@nospi.ie](mailto:info@nospi.ie)

