

National Office for Suicide Prevention Annual Report 2016



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Connecting for Life



Foreword from the HSE Mental Health Division



In 2014, there were 486 confirmed suicide deaths in Ireland. Provisional data for 2015 and 2016 suggests a decreasing trend in Ireland's suicide rate since then. With the right help, support or intervention at many different stages, suicide is preventable. Nevertheless, evidence shows that no single intervention will prevent suicide: a number of strategies in place at a population, community and individual levels will have the greatest collective impact. *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020, brings together 12 key elements across seven strategic goals which together are proven to help reduce suicide.

The HSE is responsible for two thirds of the actions set out in *Connecting for Life*. Within the Mental Health Division, the National Office for Suicide Prevention (NOSP) provides cross-sectoral support for the implementation of the strategy and creates strategic alignment with mental health promotion and specialist mental health services. In order to be effective, it relies on strong working relationships with HSE Health and Wellbeing, HSE Primary Care and other HSE divisions, as well as with other statutory, non-statutory and community partners.

In 2016, through the HSE Mental Health Division, funding of more than €11.8 million was invested in suicide prevention. A significant number of suicide prevention and mental health organisations in Ireland receive funding for their specific *Connecting for Life*-related services. This report details their work in 2016 and how their activities are aligned with the strategic goals of *Connecting for Life*.

Throughout 2016, at Community Healthcare Organisation (CHO) level, Resource Officers for Suicide Prevention and local mental health teams consulted and engaged extensively with their communities. The resulting development and implementation of multi-agency local *Connecting for Life* plans will further enhance community capacity to reduce suicide.

As we move forward, attention is now focused on advancing the implementation of *Connecting for Life* at all levels and further developing the frameworks required for us all to work together to reduce suicidal behaviour in Ireland.

Finally, I would like to acknowledge the important role that NOSP continues to have in leading, coordinating and monitoring *Connecting for Life* initiatives and to thank the NOSP team and partner agencies for the extensive work carried out in 2016.

A handwritten signature in black ink, appearing to read 'Anne O'Connor'.

Ms Anne O'Connor
National Director
HSE Mental Health Division



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Connecting for Life

Foreword from the HSE National Office for Suicide Prevention



The National Office for Suicide Prevention, within the HSE Mental Health Division, continues to work to realise the vision of an Ireland where fewer lives are lost through suicide.

In 2015, *Connecting for Life*, Ireland's National Strategy to Reduce Suicide, 2015-2020, was successfully launched. During 2016, NOSP worked to advance and integrate this strategy across the HSE, and with government departments, state agencies, partner organisations and communities nationwide. Furthermore, NOSP supported the work of 21 Resource Officers for Suicide Prevention across Ireland, guiding their strategic development of local *Connecting for Life* action plans.

This report provides information on the activities of agencies who work in partnership with the HSE and also of NOSP's wider work, which included:

- The commissioning of a feasibility study to collect and review 2015 data from coroners' files, with the intention of establishing more comprehensive data on suicide.
- The monitoring of over 52,000 print and online articles reporting on mental health and suicide, through partner organisation Headline.
- The completion of 23 research projects in suicide, self-harm or mental-health. This work, conducted by the National Suicide Research Foundation, included the evaluation of suicide and self-harm intervention and prevention programmes.

- The on-going provision of free, evidence-informed suicide and self-harm training in communities nationwide. In 2016, over 6,500 individuals completed safeTALK training and over 2,500 completed ASIST (Applied Suicide Intervention Skills Training) training.
- Continued collaboration with the Garda College in Templemore, to enhance the ability of trainee gardaí to prevent suicide in their work. By 2021, it is anticipated that one third of the force will have completed safeTALK and ASIST training.
- Successful delivery of the #littletings mental health and wellbeing campaign, including a successful partnership with the GAA.
- Support of The *LGBTIreland Report* - Ireland's largest ever study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) people in Ireland.

I look forward to continuing this work in 2017, with the NOSP team, partner agencies and communities across the country, who all work towards the collective goal of preventing suicide in Ireland.

A handwritten signature in black ink, appearing to read 'John Meehan'.

Mr John Meehan
Assistant National Director
Lead - NOSP

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Launch of "Concerned About Suicide"

50%+

of budget invested in frontline services and organisations working in the area of suicide prevention and mental health promotion. A 19% increase on 2015 funding to partner agencies.



YSI Alumni with Diana Bunidi at YSI Launch Event Jan 16

We worked with over 30 government departments and agencies to support the implementation of *Connecting for Life's* 69 actions. We sent two progress reports to the National Cross-Sectoral Steering and Implementation Group.



6,500

individuals completed safeTALK training and 2,500 completed the ASIST training.



Suicide prevention training continues to be part of the programme for trainee gardaí in the Garda College, Templemore. By 2021 it is anticipated that one third of the force will have completed safeTALK and ASIST training.



Dr. Siobhan Ní Bhrain, David Slevin CEO and Colette Herra Family Carer Volunteer

We supported the work of 21 Resource Officers

for Suicide Prevention working in communities nationwide, including the development of local *Connecting for Life* action plans.



LGBTIreland Report Launch

An evaluation of the #littletings campaign found that after viewing the ads:

35%

of respondents did something to look after their mental health

17%

talked to a G.P. about how they were feeling.



Headline monitored **52,945** print and online articles reporting on mental health and suicide.



In 2016 Headline, awarded the Irish Independent both its 2016 Overall Award and the Headline Voice Media Award



Belong To at Dublin Pride 2016

The NSRF co-ordinated **23 research projects**

in the area of suicide, self-harm and related mental health issues including the evaluation of intervention and prevention programmes for suicide and self-harm.



Reachout.com



We supported the *LGBTIreland Report*, Ireland's largest ever study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) people in Ireland.



4th Annual Dundalk Positive Mental Health Art Exhibition



We conducted a feasibility study to collect data on all deaths in 2015 for individuals with risk factors for self-harm for whom a closed coronial file was available.



Belong To at Dublin Pride 2016

Section 1

HSE National Office for Suicide Prevention



Our Role

The National Office for Suicide Prevention (NOSP) is part of the HSE's Mental Health Division. Our work is driven by Ireland's National Suicide Prevention Strategy 2015-2020, *Connecting for Life*. The *Connecting for Life (CfL)* strategy sets out a dual function for the NOSP:

1. The NOSP is a lead agency for 16 *CfL* actions, a joint lead on two actions and a supporting partner on a further 21 actions. These include actions in the areas of: communications; training and education; best practice guidelines; and research and evaluation.
2. The National Office for Suicide Prevention has a pivotal role to play in driving the implementation of *CfL*. The strategy mandates NOSP to support, inform, coordinate and monitor the implementation of *CfL* across the HSE, government departments, statutory agencies and NGOs. As a whole-of-government strategy, *CfL* requires the office to provide a strategic view of progress against outcomes and targets and to report on these to the cross-sectoral steering group on a quarterly basis.

New Staffing Structure

In assessing the capacity of the HSE to implement the *Connecting for Life* strategy, the Mental Health Division reviewed the role of the NOSP. The review concluded that delivering the *CfL* strategy would bring about a new era for NOSP, with increased emphasis on measurement of outcomes and dissemination of findings relating to implementation evaluations, as well as collaborating with an increased number of delivery partners. The review recommended new governance structures as well as changed roles for existing staff and the addition of new areas of expertise.

During 2016 the key posts within the NOSP required to support the cross-sectoral implementation of *CfL* were recruited and the NOSP's finance and contracts function was centralised within the Mental Health Division.

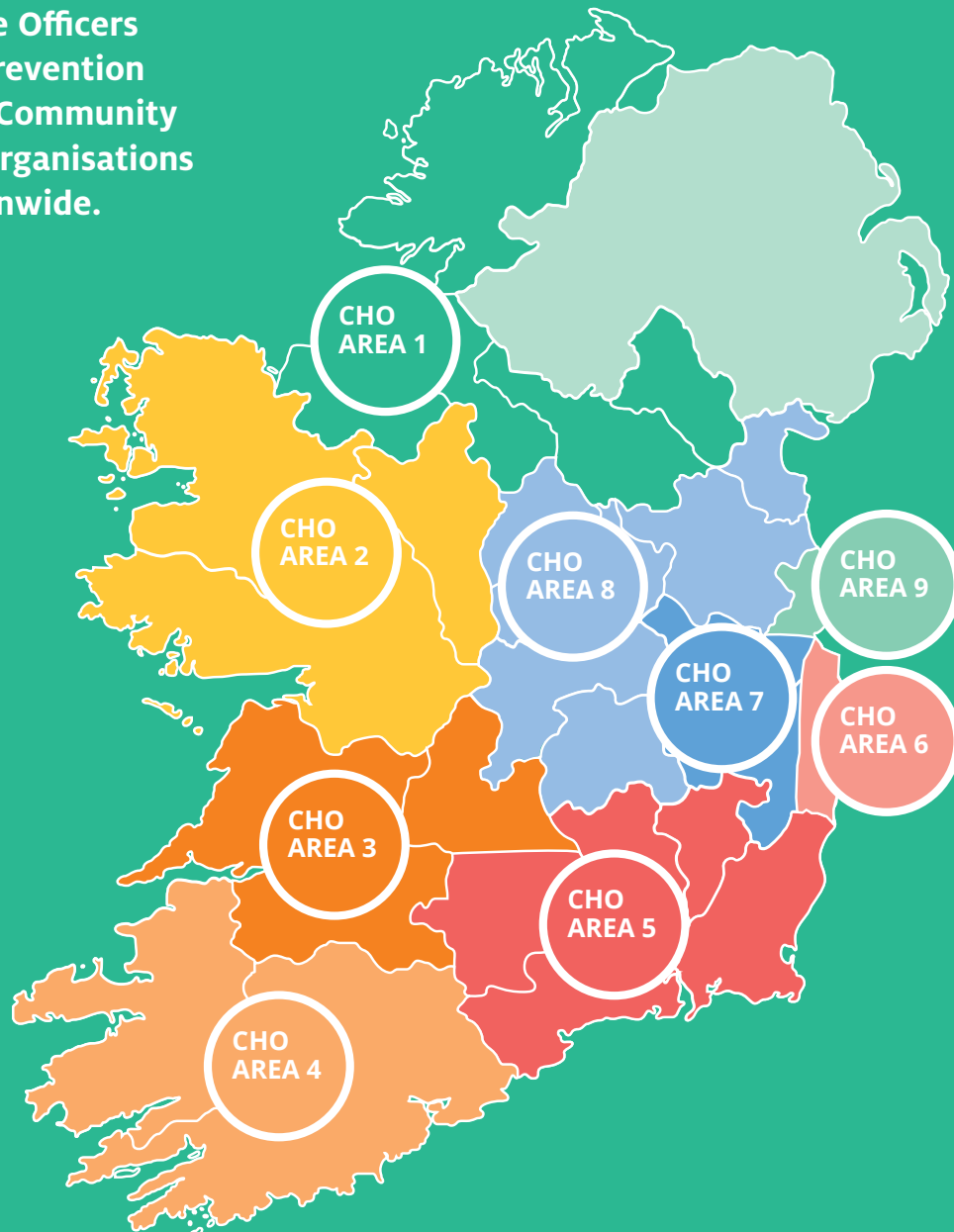
Working in Partnership

Partnership is the foundation of effective suicide prevention work in Ireland. Suicide prevention is best achieved when individuals, families, health and community organisations, workplaces, government departments and communities work collaboratively to build an infrastructure of suicide prevention and support from national through to local level.

As implementers of the *Connecting for Life* strategy, we coordinate and support the suicide prevention work of partners across the statutory, voluntary and non-statutory sector.

As part of the HSE's Mental Health Division, we rely on strong working relationships across the health services. We provide guidance to the 21 Resource Officers for Suicide Prevention around the country who are charged with developing local *Connecting for Life* action plans which reflect the national strategy.

HSE Resource Officers for Suicide Prevention work in HSE Community Healthcare Organisations (CHOs) nationwide.



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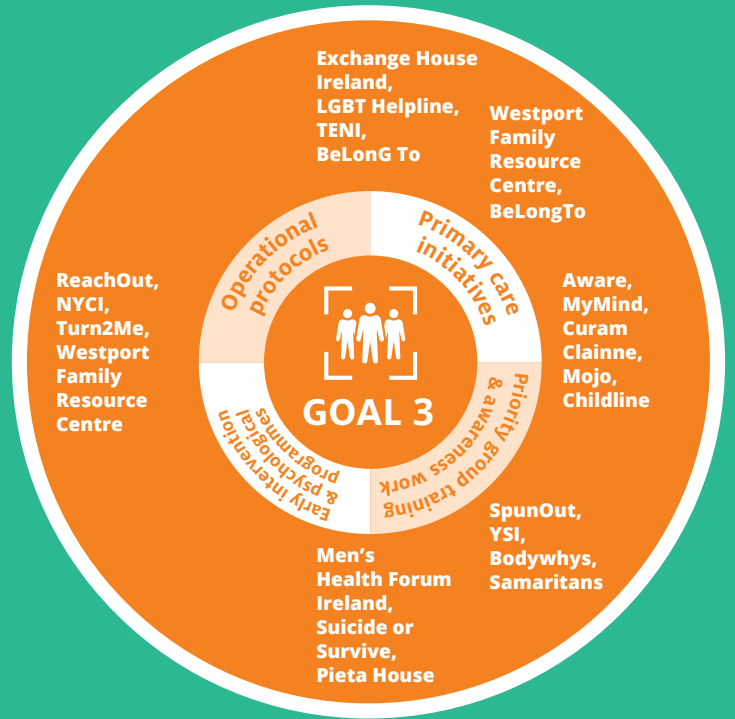
Phone: 076 6958992 **Mobile:** 087 2490835 **Email:** Sandra.taylor@hse.ie

Our Funded Partners in 2016

Many non-statutory agencies contributed to the development of *Connecting for Life*. The National Office for Suicide Prevention funds a number of agencies and projects under the strategy, particularly those that strategically align to priority groups. Two representatives of the non-statutory sector sit on the *CfL* cross-sectoral steering group. Their role is to ensure two-way communication between the sector and the cross-sector group.

In 2016 NOSP began a process to align the activity of funded agencies with each of the *CfL* actions. This infographic provides a visual representation of the significant work engaged in by funded agencies across the goals of *CfL*.





Section 2

Progress in Rolling Out *Connecting for Life*

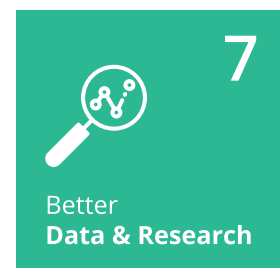
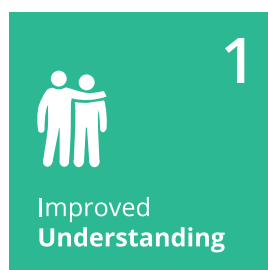


About Connecting for Life

is the current national government strategy to reduce suicide in Ireland. It is broadly acknowledged that suicide is a complex public health and societal issue. This means that the implementation of a strategy to reduce suicide requires a range of coordinated approaches across all sectors of government and society.

CfL, therefore, is a whole-of-society, cross-cutting strategy, which was developed through a comprehensive and integrated planning process. A significant number of government departments and agencies are involved in leading the implementation of the strategy at national level and numerous statutory and voluntary agencies are involved at local level.

These key elements have been brought together under seven strategic goals and 69 actions:



Connecting for Life 2 Years On

Suicide prevention is everybody's concern. *Connecting for Life* provides a national framework and action plan, which bring together the work of government departments, state agencies, non-governmental partner organisations and the community. The following pages highlight the work of the National Office for Suicide Prevention and our funded partners in implementing *Connecting for Life* in 2016.

Establishment of Implementation Structures

The role of the NOSP is central to the co-ordination and implementation of the *Connecting for Life* strategy. In 2016 recruitment for key functions to support the implementation of the strategy within the NOSP commenced, monitoring and evaluation capacity was developed, communications structures were established, with clinical support serving as a cross cutting function.

Monitoring and Evaluating (M&E) *Connecting for Life*

Monitoring is the routine tracking and reporting of priority information about the strategy: its inputs, activities, outputs, outcomes and impacts. The monitoring function of *Connecting for Life's* M&E system will use continuous processes of collecting and analysing data on specified indicators to provide key stakeholders with indications of the extent of progress and achievement of objectives & progress at any given time (and/or over time) relative to respective targets and outcomes.

Evaluation is usually understood as the systematic collection of information about the activities, characteristics and outcomes of a specific initiative or programme within the strategy, or the strategy itself, to determine its merit or worth. The evaluation function in *Connecting for Life's* is viewed as a continuously available mode of analysis that helps the

NOSP programme managers and other key stakeholders gain a better understanding of all aspects of their work - from design through implementation and on to completion and subsequent consequences. Data from the monitoring systems ultimately feeds into an overall evaluation.

The NOSP monitoring function will use a continuous process of collecting and analysing usable actionable data on specified indicators, to facilitate data-driven decision making. There are two key interrelated types of monitoring: implementation monitoring and results or outcomes monitoring. Implementation monitoring tracks the means and activities used to achieve a given outcome and outcome monitoring tracks the results or effect of the work.

Of the overall 69 actions, reported progress was as follows:

Progress Level	June 2016		November 2016	
	Actions	Proportion	Actions	Proportion
Activity planned for 2016	58	84%	63	91%
Progress achieved in 2016	59	86%	64	93%
Activity planned for 2017	53	77%	63	91%
Linking of action with agency's operational plan	36	52%	47	68%

Unusually for an outcomes focused strategy, *Connecting for Life* recognises the importance of monitoring and evaluating implementation; this necessitates the integration of data collection and evaluative thinking into the implementation of the strategy.

A range of qualitative and quantitative data collecting methods will be used throughout the lifetime of the evaluation.

A priority for the Research and Evaluation team will be to build sustainable results or outcomes focused M&E systems and incorporate them into the delivery of *Connecting for Life*.

In 2016 the NOSP submitted two progress reports to the cross-sectoral implementation group. These reports were based on the activity returns submitted by each lead agency involved in delivery of the 69 actions across the seven goals within the strategy. They highlighted the enabling structures for the strategy, progress achieved and challenges experienced.

The second report concluded that a satisfactory level of progress has been achieved in relation to development of the enabling cross-sectoral structures and processes for the strategy.

For the 69 actions in *Connecting for Life*, the table above indicates the level of progress achieved in both reporting periods in June and November 2016.

Communications

Achieving the outcomes set out in *Connecting for Life* will be a complex undertaking. Effective communication – about the strategy, the priorities, the implementation plan, and specific roles within all of these – is an essential enabler of success.

In 2016 the work of the NOSP communications team focussed on the development of dedicated communications channels for the lifetime of the strategy. The channels, including a website, social media presence, programme of events, newsletter, publications and media engagement, will be used to keep all stakeholders engaged and informed and to raise the profile of the *CfL* strategy.

Strategy Coordination, Quality and Education (SCQE) Function

The SCQE function of the NOSP will build its capacity to empower and support individuals, communities, HSE Divisions, government departments, agencies and services to implement the strategy and to ensure the outputs of these actions, services and approaches are evidence-informed, integrated and outcomes-focused.

The work of the NOSP SCQE focuses on:

- Building capacity across state agencies and communities to deliver high-quality training and education in suicide prevention.

- Informing, monitoring and co-ordinating the development and implementation of the National Training and Education Strategy (NETS).

- Providing guidance to individuals, community organisations, government departments, and health service providers on responding to suicidal behaviour.

- Providing an advisory function and overseeing the development of quality assurance frameworks including standards and guidance on suicide prevention practice for agencies funded under *CfL*.

- Advising on public health and mental health promotion initiatives and services.

- Providing strategic approaches to work on *CfL* priority groups.

- Supporting the work of local *CfL* planning groups.

Clinical Advisor Function

The task of the NOSP Clinical Advisor is to create the conditions for strategic goals 4, 5 and 6 of *Connecting for Life* to become internalised system goals and achievable objectives of the health services. The primary focus of the function is to:

- Provide clear information with regard to population-based suicide prevention measures.

- Contribute to the development of clinical effectiveness of suicide prevention interventions and post-vention activities by health and social care practitioners.

- Communicate the clinical dimensions of suicide risk and prevention and provide clinical oversight of commentary relating to suicide risk, occurrence and prevention initiatives in external NOSP communications and campaigns.

- Contribute clinical input to suicide prevention research, evidence-based approaches and programmes and evaluation initiatives.

- Promote a safety culture across the workstreams of the NOSP.

- Identify and develop relationships with key professional groups and HSE Divisions for the implementation of *CfL*.

- Develop practitioner communities & engender practice confidence.

- Identify sound of prevention measures to the clinical sector.

How We Support Implementation of CfL

- Co-ordinate the overall *Connecting for Life* strategy implementation.
- Research, evaluate and extract the learning for others.
- Knowledge transfer of the findings.
- Track and monitor the CfL strategy.
- Provide communications on suicide prevention, including the evidence emerging.
- Provide an advisory function and oversee quality assurance frameworks on suicide prevention practice.
- Develop and coordinate the implementation of the National Training and Education Strategy for CfL.
- Provide biannual reports to the National Cross-Sectoral Steering and Implementation Group.

Local Implementation Structures

CfL Action 2.1.1 states the need to

“Implement consistent, multi-agency suicide prevention action plans to enhance communities’ capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned to the HSE Community Health Organisations structure or to the HSE Community Health Organisations structures, local economic and community plans and Children and Young People’s Services Committee (CYPSC) county plans.”

There is the requirement for the preparation and implementation of local suicide prevention action plans. The establishment of local implementation structures was to support the above action.

In addition their role is to ensure:

- Joined-up management of delivery of actions, within the implementation planning framework.
- Detailed implementation planning/timelines.
- Capacity building at a community level to respond to suicide.
- Community engagement on delivery of actions, particularly those focused on CfL Goals 1 and 2.
- Accountability and reporting on the delivery of actions at a CHO level.

Key responsibility for the local plan lies within the HSE’s Mental Health Division through CHO structures and the Resource Officer for Suicide Prevention (ROSP) posts. Groups’ membership and support comprises of senior and middle management from service delivery agencies including statutory and NGO, HSE senior and middle management from key service delivery agencies, service user representatives, family/ carer representatives and families bereaved through suicide. Local implementation groups are chaired by senior CHO management.

The role of the NOSP is to:

- Provide guidance and support to the ROSPs in establishing local project structures and ensure appropriate representation on planning and working groups.
- Quality assure the process, structure, and the content of local CfL action plans to ensure alignment with the national strategy and implementation plans.
- Systematically monitor and evaluate on an annual basis, the progress of implementation of the plans.
- Resource the development of the plans.
- Provide communication support on the design and launch of plans.

See Goal 2 (pages 26-33) for highlights of activity around the country.



Goal 1

To improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing.

Objectives

- Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk and protective factors.
- Increase awareness of available suicide prevention and mental health services.
- Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups.
- Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media.

Why This Goal Matters

There is a growing national dialogue around mental health and wellbeing. However, people in Ireland remain hesitant to talk openly about their own mental health, and misperceptions about suicidal behaviour persist. The language relating to suicide and mental health is often stigmatising or misleading. Inadequate or ill-informed media reporting can add to this problem. Mental health problems are a major risk factor for suicide. By working with people and organisations across society, including the media, we can achieve a greater understanding of suicide and the factors that protect and improve our mental health and reduce stigma.

Launch of *Concerned about Suicide*

The *Concerned About Suicide* leaflet was developed by the National Office for Suicide Prevention in conjunction with colleagues in Northern Ireland as part of North South cooperation in implementing the *Connecting for Life* (Republic of Ireland) and *Protect Life* (Northern Ireland) suicide prevention strategies. The leaflet provides practical information on how to help someone who is in suicidal crisis. It focuses on keeping them safe and linking them with appropriate support.



Health Ministers Michelle O'Neill (North) and Simon Harris (South) jointly launched the North South "Concerned About Suicide" leaflet at the North South Ministerial Council meeting in Armagh in November 2016.



Launch of "Concerned About Suicide"



**#littlethings
promoted during
the 2016 All-Ireland
semi-final between
Dublin and Kerry**



#littlethings Campaign

#littlethings is the HSE's national mental health and wellbeing campaign, supported by a network of more than 30 partner organisations. The campaign aims to: change attitudes and behaviour with regard to mental health; convey that everyone will experience dips in their mental health; and inform people that there are simple, evidence-based little things they can do to help themselves and others. These little things can help us to cope, but there are also supports and services we can use if we need to.

The campaign has led to a 30% increase in calls to the Samaritans' free-to-call 116 123 helpline and driven more than 600,000 visitors to www.yourmentalhealth.ie. #littlethings has over 50,000 Facebook likes and more than 7,300 followers on Twitter.

An evaluation of the campaign in November 2016 found that:

- 73% of respondents said the ads make you think differently about feeling down.
- Over a third (38%) said that they thought more about the little things that can help your mental health.
- Over a third (35%) said they did something with the intention of looking after their mental health.
- 17% talked to a G.P. about how they were feeling.


GAA Partnership

The GAA's reach remains one of its greatest strengths when supporting health promotion messages. In August 2016, the GAA chose to promote #littlethings at Croke Park during the All-Ireland semi-final between Dublin and Kerry. The strap line "Little things can improve your game" was used.

At a special pre-event launch in Croke Park, three GAA inter-county ambassadors, Gary Sice (Galway), Alan O'Mara (Cavan) and Ashling Thompson (Cork), recorded videos highlighting the little things they do every day to maintain and support their emotional wellbeing. These were shared across social media, attracting tens of thousands of views. They were also played on the big screen to the 82,300 supporters on the match day. Croke Park was cloaked in #littlethings posters and branding, while volunteers from 54 of the GAA's 60 Healthy Clubs also participated in on-field activities before throw-in and at half time of the big game, highlighting the occasion's #littlethings theme.

The partnership received significant national media coverage, including national radio interviews on Morning Ireland, The Pat Kenny Show, and Matt Cooper's 'The Last Word', and television airtime on Ireland AM (TV3). The GAA's broadcast partners, RTE, TG4, and Sky all supported the partnership with their presenters proudly wearing #littlethings lapel badges and mentioning the partnership in their broadcasts. The Dublin and Mayo squads even wore #littlethings badges on their match-day suits for both the drawn game in Croke Park and the replay a week later.


The HSE's digital analytics of social media showed the event reached one million people.



'Send Silence Packing' saw 131 backpacks displayed at Trinity College Dublin, representing the average number of young people under the age of 30 years who die by suicide in Ireland each year.

Irish Association of Suicidology

The Irish Association of Suicidology (IAS) held its 20th annual meeting in Killarney, with over 150 delegates attending the two-day event. The Research Excellence Award continued to attract a high standard of entries and was a popular part of the programme, with a new poster category this year. The programme was lively and well received with lots of audience participation. Sessions included 'The Current State of the Evidence Base for Interventions in Community Settings', 'The Zero Suicide Initiative', and 'Post Natal Mental Health and Care in Clinical Settings'. The Michael Kelleher lecture on 'Evidence for Effective Intervention in Self-Harm' was given by Prof. Keith Hawton of Oxford University. Psychological interventions were comprehensively outlined by Dr Melanie Ryberg in a well-attended seminar section. Commemorative awards were also issued to the founding Directors: Dr John Connolly, Dr Margaret Kelleher and Mr Dan Neville.



In 2016 Headline, awarded the Irish Independent both its 2016 Overall Award and also the Headline Voice Media Award for positive media coverage of mental health and suicide related issues.

Please Talk

Please Talk empowers third-level students to talk openly about their mental health and signposts them to relevant support services. In 2016, Please Talk ran a number of initiatives including:

- A pilot programme titled 'Send Silence Packing', where 131 backpacks were displayed at Trinity College Dublin, representing the average number of young people under the age of 30 who die by suicide in Ireland each year.
- The annual 'Chats for Change' national mental health campaign where 20,000 'Chats for Change' tea packs were distributed across college campuses nationwide. The campaign attracted a high level of student engagement both in the colleges as well as through social media.
- Please Talk also supported societies from five Irish universities/Institutes of Technology to hold events to raise awareness about the importance of talking about your mental health.

Headline

Headline monitors national and regional Irish print and online media for coverage of mental health and suicide. Each article is evaluated and classified as either positive, negative or neutral coverage. Headline makes contact with journalists and editors responsible for particularly negative coverage, to draw attention to how the piece in question breaches the media guidelines. Headline also commends journalists responsible for positive and de-stigmatising work through emails and calls, but also through Headline's media awards. Headline monitored 52,945 print and online articles in 2016.

- 97.9% of all articles from all Irish titles were neutral in quality.
- 1.5% of articles were very positive, up from 0.40% in 2015.
- 0.6% of articles were deemed negative, up from 0.31% in 2015.

Throughout 2016, Headline delivered media training to media professionals and journalism students in third-level colleges across the country to ensure that current and upcoming media professionals are equipped to report on mental health and suicide in a positive and responsible way. Headline gave presentations to approximately 500 third-level journalism and media students on reporting of mental health and suicide related issues in the media in colleges including: Rathmines College, University of Limerick (UL), Mary Immaculate College Limerick, Dublin Institute of Technology, Griffith College Dublin, NUI Galway and DCU.

Headline ran four media awards: the Student Media Award (winner: Jennifer Purcell, UL), the Voice Award (winner: The Irish Independent), the Overall Award (winner: The Irish Independent) and the Regional Award (winner: The Evening Echo). These awards highlighted and praised the excellent work that is being done by media professionals and journalism students.

Facebook Reporting Tool

Social media has increasingly become a part of our day-to-day lives, with people sharing personal details daily with their friends and followers. While many use their social media platforms to showcase life events, there are many more still who use social media to communicate their feelings when they're having a tough time. In September 2016, Facebook launched a new safety tool in partnership with Samaritans Ireland. The tool provides resources, advice and support to people who may be struggling with suicidal thoughts. It also offers support to their concerned friends and family members.

People can flag any troubling posts to Facebook teams working around the world, 24/7, who then review any posts of concern that are highlighted. They are prioritised and help options and resources are sent to those suspected of being in distress.

How it works:

If someone on Facebook sees a friend post concerning content such as a direct threat of suicide or self-injury, they are encouraged to report this post using the arrow at the top right of the post. A drop-down menu will provide a range of options to the reporter. They can choose to:

- Reach out to the friend they are concerned about.
- See information about how to support the person.
- Report any troubling content to Facebook.

Teams working around the world, 24 hours a day, seven days a week, review these reports and those who may need help are offered support and resources the next time they log on to Facebook. In addition to encouraging the person in crisis to connect with Samaritans, the tool also offers suggestions of reaching out to a friend and provides tips on how they can work through their feelings.

See Change in Your Workplace Programme

In 2016, See Change continued to work with various organisations on the six-step 'See Change in your Workplace' pledge programme, which supports employers and employees to create an open workplace culture around mental health.

The programme includes a half-day 'See Change in your Workplace' workshop, 38 of which were delivered in 2016. Organisations that signed up to the pledge in 2016 include: Abbott Diabetes Care Donegal, Bank of Ireland, Ballymun Regional Youth Resource, Boots, Eurofins, KBC Bank, Property Registration Authority, Provimi Ireland and SITA.

Young Social Innovators

Through its programmes and activities, Young Social Innovators (YSI) empowers and supports young people to realise their potential as social innovators, giving them the skills and confidence to tackle social issues facing them, their communities and wider society. Research carried out in 2016 showed that the engagement of students in social innovation itself helps to build resilience and empower young people.

In 2016, YSI's flagship Social Innovation Action Programme engaged 6,635 young people and 303 educators from 211 schools and organisations nationwide. This programme sees young people carry out projects that promote debate, discussion and awareness of mental health.



YSI alumni with Diana Bunici at YSI launch event (January 2016)

CAST Film Festival (Caring About Society Together)

CAST Film Festival is an on a? youth-led social innovation created by a YSI team in 2011, which has grown to become an established national film festival. The festival provides a creative outlet for teams of young people to challenge, present and communicate their thoughts on mental health through the medium of short film.

In 2016, with support from the NOSP and Young Social Innovators, 1,800 young people were directly engaged in the creation of short films, with 12 awards, in a range of categories, being presented to teams at a gala evening.

The overall CAST Significant Impact award was presented to Lucan Community College for their short film entitled 'Positivity Man'.

YSI 2016 Mental Health Challenge Winners: Mercy Secondary School, Mounthawk, Tralee, Kerry





Goal 2

To support local communities' capacity to prevent and respond to suicidal behaviour.

Objectives

- Improve the continuation of community-level responses to suicide through planned, multi-agency approaches.
- Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, sporting organisations).
- Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations.

Why This Goal Matters

Well-structured and co-ordinated community-based initiatives can translate into protective benefits for families and individuals, which contribute to reduced risk of suicidal behaviour. An empowered community can respond to the needs of its members and protect them in difficult times and can sustain these positive effects over time. The work of and partnership formed amongst HSE Resource Officers for Suicide Prevention and non-statutory organisations is crucial in ensuring this goal is met.

Local Response to Suicide

When a death by suicide occurs, the HSE typically plays a significant role participating in, or co-ordinating, local responses. Such responses can involve HSE Mental Health Services, Resource Officers for Suicide Prevention, primary care professionals and psychologists working closely with clergy, gardaí, first responders and a whole range of community liaisons, workers and bereavement services. Working together, it is possible to provide tailored support to communities and individuals affected by suicide, and respond to the very specific needs identified in a particular area. The need for support after suicide often extends beyond the immediate (0-24 hours) and reactive (up to 1 week) periods, to the months and years thereafter.

Local responses to suicide may include the provision of:

- Immediate practical help and support.

- Helpful information on suicide grief, reactions and risks.

- Guidance on local media coverage and responsible reporting.

- Signposting to existing services, such as helplines.

- Psychological services (specialised and pro-active).

- Bereavement support (specialised and pro-active, with an emphasis on community liaison support).

- Fast-track referral to specialist clinical services.

Resource Officers for Suicide Prevention

In 2016, 21 HSE Regional Resource Officers for Suicide Prevention supported each of the HSE's nines (CHOs) (Community Healthcare Organisations) around the country. The Resource Officers for Suicide Prevention are key to building community capacity to respond to suicide and also lead the development of the *Connecting for Life* local action plans, in consultation with local statutory, non-statutory and community groups.

Development of *Connecting for Life* Local Action Plans

In 2016 work around the country focused on the development of local *Connecting for Life* action plans.

The main focus in 2016 for many counties was setting up the cross-sectoral, interagency planning groups and developing and implementing the local engagement/consultation process to inform the local plans. The work was led by the local interagency *Connecting for Life* planning groups at either county or CHO level. The NOSP supported this through the provision of a range of guidance documents developed from the preparation of the *Connecting for Life* Donegal plan and on-the-ground support as required to the Resource Officers for Suicide Prevention (ROSP). Staff members from NOSP were available as needed to support the ROSPs as the work progressed. A key part of the NOSP's work was to ensure that an approach of continuous improvement was used and the lessons learned from those counties further into the process were shared effectively across the country. NOSP also commenced the development of the *Connecting for Life* Quality Assurance Process, which now serves as the overarching document to guide the preparation of the local plans. It is expected that all local plans will be complete and launched by the end of 2017.

Highlights from Around the Country

- *Connecting for Life* Donegal was launched in 2015. In 2016 the Services and Community Implementation groups met several times and the Implementation Steering group met twice. In 2016 Donegal County Council in association with the HSE held the first *CfL* Donegal Conference. The aim of the conference was to build connections and share good practice in suicide prevention and to continue to engage with the community of stakeholders to support and encourage implementation.
- *Connecting for Life* Wexford was launched on 14th of January 2016 as an initial step in the development and implementation of local suicide prevention plans in CHO 5, South East. The full report on the evaluation of the self-harm intervention programme was also launched on the day.
- CHO 5 was involved in a number of public health promotion/suicide prevention events throughout the year, including: a two-day Mental Health and Suicide Awareness Conference in Dungarvan, Co. Waterford in February 2016; the 'Building the Capacity of the School Community' event for 350 school staff in Carlow in August; the launch of #littlethings across Waterford City and County (with over 20 partner organisations); a #littlethings-themed seminar in Waterford in November (attended by over 300 members of the community); the Annual Memorial Service for the South East held in Christchurch Cathedral, Waterford, for those who have lost a loved one.
- CHO 6 continued to support Woodlands for Health Dún Laoghaire and Wicklow Woodlands for Health, which offer weekly walks for users of local mental health services. An evaluation of the initiative found that participants improved their mood by 75% and sleep by 66%; in addition, their thoughts of suicide declined by 82%.
- Roscommon Suicide Bereavement Liaison Service held a conference on suicide prevention and postvention. The conference offered attendees the opportunity to earn about understanding the suicidal mind in the context of prevention, and postvention measures in the aftermath of suicide and the often complicated bereavement process. This conference was used as a platform to launch the new Suicide Bereavement Resource Pack for County Roscommon. An updated protocol on a coordinated response to suicide bereavement was also launched.
- The Kerry team supported a number of workshops in conjunction with key partners including: An SOS Wellness workshop, which took place in Waterville; a #littlethings workshop in partnership with GROW for persons that access the service; and an information workshop on self-harm with HSE CAMHS & HSE Adult Mental Health services).
- In Cork, #littlethings campaign material was used at a range of different events, including: Community Work Department Coffee Morning, a workshop for Citizens Information Service staff and volunteers, 'Messages in the Water' positive mental health event and 'Blessing of Pets' in Beara Peninsula, West Cork. The Cork team supported the development of Lighting the Way West Cork ? An information resource for people bereaved through suicide.
- CHO 8 supported Dundalk Positive Mental Health Week, a week-long series of events, including an art exhibition, 'Drawing Your Attention to Mental Health'. CHO 8 also supported Longford Youth Mental Health Initiative, a collaboration between the key statutory, community and voluntary organisations to respond to and enhance youth mental health in Longford. The group developed a co-ordinated plan: *Response to Youth Sudden Death in Longford* which aims to strengthen relationships with existing services and support the family and peers of the deceased.



Delegates at the first Connecting for Life Donegal Conference



The launch of Connecting for Life Wexford



Charlie Burke, Coillte, and Ita Kelly, HSE, Woodlands For Health, Wicklow



Elizabeth McGuckin (Dundalk Counselling Services), Derek Pepper (Regional Development Officer, Shine) and Dr Sandra Okome (Resource Officer for Suicide Prevention) at the 4th Annual Dundalk Positive Mental Health Art Exhibition.



Students at the University of Limerick opening the Freshers' Week packs.



Dr Siobhán Ní Bhriain, David Slevin (CEO) and Colette Herra (Family Carer Volunteer) promoting the Green Ribbon Campaign at Tallaght Hospital.

- Laois Sports Partnership and the HSE worked with 11 GAA clubs in County Laois to establish 'Responding to Critical Incident' plans. The clubs used the national template which has been developed by the GAA in partnership with NOSP. The plans were launched at a special 'Coping with a Critical Incident' event in October 2016. The event was well attended, with over 30 clubs and organisations represented, nine of whom went on to develop and implement a critical incident plan for their own Club.
- In 2016, the Eden Programme was delivered for the first time in the west of Ireland, in two centres: Galway City and Castlebar town. The Eden Programme is a 26-week psychoeducation programme, specifically for adults (over 18s), who have made a suicide attempt or who are experiencing suicidal thoughts. Suicide or Survive (SOS) and the HSE in CHO 2 collaborated to support the delivery of this programme. Another phase of the programme is planned for 2017.
- A collaborative IT project is being undertaken between NUIG (IT and Psychology Departments), Reachout.com and HSE staff in CHO 2 (Resource Officer for Suicide Prevention and Primary Care Clinical Psychologist). Work is ongoing to explore the use of mobile health technologies in suicide prevention and develop a mobile device.
- A series of public events took place in Sligo and Leitrim to mark World Mental Health Week. Supported by the HSE's Resource Officer for Suicide Prevention and Mental Health Ireland, these events included training events, workshops, public talks, walks and music and sporting events. The events also promoted the 'Five Ways to Wellbeing', namely, Connect, Be active, Take notice, Keep learning and Give.
- As part of Freshers' Week in Limerick, packs, including #littlthings messaging were distributed to 5,300 students across the University of Limerick, Limerick Institute of Technology and Mary Immaculate colleges in September 2016. The local team also supported a HSE Mid-West Health & Wellbeing day, which was attended by over 400 HSE staff members from across the Mid-West.
- CHO 9 developed a Suicide Contagion Response Plan, a multi-agency plan for preparing and responding to critical suicide incidents and contagion risk. The plan outlines the role that the HSE and partner organisations will play in responding to risk of suicide contagion in Dublin North City and county, in an effective, appropriate and coordinated manner. The Plan is designed to support rather than replace local community response. It will be rolled out in 2017.
- In CHO 7, in May 2016, HSE South West Mental Health and Tallaght Hospital (AMNCH) ran a series of activities to promote the Green Ribbon Campaign. Events included a talk on 'Happiness' and stand in Tallaght Hospital with information on local services promoting mental health.
- 2016 saw the continuation of the long established interagency approach to suicide prevention in Kildare West Wicklow. Activity during the year included: the co-ordination and delivery of suicide awareness and understanding self-harm training; the provision of guidance in relation to suicide prevention to local community organisations; the co-ordination of supports and services to communities who have been bereaved as a result of suicide through the Community Response Plan to Suspected Suicide in Kildare West Wicklow; and the promotion of the #littlthings campaign across the community and particularly within the priority groups set out in *Connecting for Life*.



The National Family Resource Centre (FRC) Suicide Prevention and Mental Health Promotion Project.

Participants in ASIST training, Mullaghmatt, Co. Monaghan.



Supporting Sporting Clubs to Support their Communities

The GAA's relationship with the National Office for Suicide Prevention (NOSP) continued to broaden and develop during 2016, with safeTALK training remaining a priority for the Association.

With a view to helping and supporting clubs to be in a position to respond appropriately and adequately to tragedies, NOSP supported the launch of the GAA's *Critical Incident Response Plan* in 2015. In 2016, this was called into action on 40 occasions. Unfortunately, a large percentage of these were-suicide related, as clubs and counties sought support in the aftermath of the death of a member. Considering this demand in 2016, the Community & Health Department started work on a training module to better encourage the proactive development of critical incident response plans at club and county level. It is hoped this will be completed and made available to all GAA units in late 2017.

Westport Family Resource Centre

The National Mental Health Promotion Project for Family Resource Centres is fully funded by the National Office for Suicide Prevention. This project has been in operation since 2011 and is hosted by Westport Family & Community Resource Centre.

The aim of the National Family Resource Centre (FRC) Suicide Prevention and Mental Health Promotion Project was to support FRCs in promoting best practice in relation to suicide prevention and the promotion of positive mental health. The overall objectives of the project are:

- To promote the suicide prevention code of practice and to facilitate implementation through training for FRC staff and volunteers.
- Develop a national policy framework for mental health promotion between the FRC programme, Tusla and the HSE.

An evaluation conducted by Keenaghan Research and Communications in October 2016 indicated that the project has successfully met its objectives. It showed that 80% of FRCs had either adopted or were in the process of adopting the Code of Practice and also found evidence of best practice in project management and implementation.

Building Empowered Communities through Training

The National Office for Suicide Prevention is the national coordinating body of suicide prevention training programmes in Ireland. NOSP has established a national structure to support the delivery of training across the country, comprising of local teams of trainers led by a local coordinator.

In 2016 approximately, 6,500 individuals completed safeTALK training and 2,500 completed the ASIST training.

- **SafeTALK** is a half-day training programme which is suitable for anyone who wants to help prevent suicide and to become suicide-alert. Participants learn to identify and provide practical help to people with thoughts of suicide.
- **Understanding Self-Harm** is a one-day programme targeting the general population, community caregivers and frontline health and social care staff.
- **ASIST (Applied Suicide Intervention Skills Training)** is a two-day interactive workshop in suicide first-aid. It is suitable for anyone who wishes to become an ASIST-trained caregiver and has an interest in learning how to intervene and help prevent the immediate risk of suicide. ASIST trains participants to reduce the immediate risk of suicide and increase the support for a person at risk. It helps them seek a shared understanding of reasons for suicide and reasons for living.
- In 2016, NOSP commenced work on the development of new online suicide prevention and awareness education modules.

Bringing a Community Together: Suicide Prevention Training in Mullaghmatt, Co. Monaghan

Monaghan resident Kristina Silaj speaks of family members who have died by suicide and of her own experience of depression and attempt to end her life. Kristina was affected by the news of suicides in her local area and describes the inhabitants of Mullaghmatt as ‘forgotten people’ but was unsure how she could help.

One day a colleague brought a leaflet on the safeTALK training into the staff kitchen. This prompted Kristina to get in touch with the local Resource Officer for Suicide Prevention, Emer Mulligan, and to set up a training workshop for her workplace and local community. Once news spread within the community of the training opportunity there was a lot of interest in it. They saw the training as a way of bringing the community together: “Everyone wants to help each other to get stronger and ‘come out of it,’” she recalls.

A group of around 25 local people completed the three-hour safeTALK training. The feedback on the training was very positive, with participants happy to have a positive way forward and an awareness of how to talk about suicide. Some of the group wanted to gain the skills to be able to intervene and went on to complete the ASIST training.

Kristina would encourage anyone to do the safeTALK training. “It makes you alert to possible signs that people are thinking about suicide, such as changes in their behaviour. You never know who you could help,” she says.



Goal 3

To target approaches to reduce suicidal behaviour and improve mental health among priority groups.

Objectives

- Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.
- Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.
- Enhance the supports for young people with mental health problems or vulnerable to suicide.

Why This Goal Matters

While Ireland's overall suicide rate is among the lowest in the OECD, particular demographic groups have consistently been shown by both national and international research evidence to have an increased risk of suicidal behaviour. These include young people aged 15-24, people with mental health problems of all ages, people with alcohol and drug problems, people bereaved by suicide and prisoners.

There are other groups with potentially increased vulnerability to suicidal behaviour where the research evidence is either less consistent or limited. These include asylum seekers, refugees, migrants, sex workers and people with chronic illness or disability. Further research is required for these groups, and these risk groups may change over time. While there is significant overlap between many of the groups, it is important to note that even within a group where there is increased risk, only a minority will engage in suicidal behaviour.

Connecting for Life Priority Groups

Goal 3 of the Strategy focuses specifically on groups of the population where there may be an increased risk of suicide and self-harm. As part of the development of *CfL*, a Research Advisory Group was established to review the available Irish and international evidence in relation to the risk and protective factors for suicide and self-harm. From this group, a list of potential priority groups vulnerable to suicide and self-harm in Ireland was constructed. These priority groups have now been categorised based on existing evidence.

In the final quarter of 2016, the NOSP undertook a process to align non-statutory funded organisational activity to the actions of the *CfL* strategy. The process also sought to explore and identify innovation and examples of existing good practice across programmes and projects that could inform future development of targeted approaches to reduce suicidal behaviour and improve mental health among priority groups.

The NOSP also contributed to the Dept of Justice and Equality *National Traveller and Roma Inclusion Strategy 2017-2021*.

CfL Priority Groups

Strong Evidence In Place	Further Research Needed
People with mental health problems/ Mental health service users/ People who repeatedly self harm Young people Traveller community LGBTI population Homeless people Occupational groups (e.g. Healthcare workers) Prisoners People with alcohol and drug problems	<i>Victims of domestic violence</i> <i>Middle-aged men</i> <i>Middle-aged women</i> <i>Economically disadvantaged people</i> <i>People bereaved through suicide</i> <i>People with chronic health problems</i> <i>Asylum seekers/Refugees/ Migrants/Sex workers</i> <i>Victims of clerical, institutional, sexual or physical violence</i> <i>People living in isolation</i>

National Suicide Research Foundation (NSRF) Research

In 2016 the NSRF contributed to the following research on priority populations:

- An evidence brief on suicide and self-harm among the Traveller population.

- A research proposal on the long-term impact of clerical child sexual abuse on mental and physical health and social functioning of survivors.

- A systematic review of psychosocial treatments for self-harm among adults.

- A study on repetition of self-harm and associated factors among homeless people, based on data from the National Self-Harm Registry Ireland.

- An HRB Partnership Award application involving TCD and Alcohol Action Ireland, which aims to examine Ireland's health and social burdens associated with alcohol misuse and abuse in a systematic and timely manner for delivery of better policy and practice - ongoing.

- An evidence brief on self-harm, public holidays and the association with alcohol misuse and abuse.

- A major publication on the protective effects of physical activity on anxiety, depression and wellbeing.

- A publication based on data of the Suicide Support and Information System on risk factors associated with suicide among young people.

- A publication based on data from the National Self-Harm Registry Ireland on repeated self-harm and associated risk factors in children, adolescents and young adults.

- Research into cyber bullying in young people.

In March 2016, former President Mary McAleese launched the *LGBTIreland Report* which details the findings of Ireland's largest ever study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) people in Ireland. The study was funded by the NOSP, co-commissioned by BeLong To Youth Services and GLEN and undertaken by a team at Trinity College Dublin, led by Professor Agnes Higgins.

The research found that LGBTI young people still face considerable barriers to good mental health, including bullying at school, fear of rejection and discrimination, harassment and violence and negative attitudes and stereotypes. Some of the findings show higher levels of self-harm and suicidal behaviour among LGBTI teenagers, as well as worrying levels of severe and extremely severe stress, anxiety and depression. Being LGBTI in itself doesn't increase the risk of poor mental health. It's the experience of being bullied, being rejected or being harassed because you are LGBTI that leads to higher levels of self-harm and attempted suicide.

Compared to the *My World National Youth Mental Health Study*, LGBTI young people in this study had:

- 2 times the level of self-harm

- 3 times the level of attempted suicide

- 4 times the level of severe/extremely severe stress, anxiety and depression

Findings also suggest that the majority of LGBTI people's coping strategies are also a cause for concern. All cohorts of the LGBTI sample demonstrated high mean scores on avoidant coping strategies. Given the rates of mental health difficulties and self-harm identified in this study, it is critical that well-being initiatives, with a strong emphasis on raising awareness and education on positive coping strategies be instigated and tailored to the distinct needs of LGBTI young people.



In March 2016, former President Mary McAleese launched the LGBTIreland Report.

BeLong To

BeLong To Youth Services is the national organisation supporting lesbian, gay, bisexual and transgender young people in Ireland. The organisation also provides training to professionals who work with young people, advocacy, campaigning, and a specialised LGBTI youth service with a focus on mental and sexual health.

In 2016, there were 31 LGBTI youth groups in BeLong To's National Network of youth groups. The National Network assists mainstream youth services and LGBTI communities to develop specific youth projects for lesbian, gay, bisexual and transgender young people.

BeLong To also runs a wide range of groups in Dublin to meet the diverse needs of LGBTI young people, including a group for young trans people, a group for 13-17-year-old LGBTI youth, and a group for parents of LGBTI children.

BeLong To members attending Dublin Pride 2016.



Exchange House Ireland

Exchange House Ireland National Traveller Mental Health Service is a Traveller-specific service to improve mental health and overall wellbeing and reduce the likelihood of suicide within the community. The service aims to address inequalities that Travellers may experience by working with individuals, families and communities and service providers, deepening understanding, improving referral pathways and aiding on-going recovery. The service supports and delivers culturally appropriate programmes through a partnership approach with service users, local Traveller organisations and statutory, voluntary and community-based mental health services.

The National Traveller Mental Health Service is fully funded by the HSE's National Office for Suicide Prevention.

Men's Health Forum in Ireland (MHFI)

During 2016, The Men's Health Forum in Ireland (MHFI) received funding from the NOSP to undertake the third, and final, year of the 'Engaging Young Men Project' (EYMP). The main focus of this work throughout 2016 was upon rolling out the workshops (developed in 2015), supporting facilitators, and evaluating the impact of the programme.

By December 2016:

- 39 workshops had been organised in all parts of Ireland.
- 569 people had participated in the workshops.
- A diverse range of practitioners had been part of the workshops, including community workers, youth workers, sports coaches, teachers, health promotion personnel, public transport staff, family workers, nursing and social care students, counsellors, staff in third-level institutions, Traveller support workers and mental health teams.

An independent evaluation of this initiative highlighted the efficacy of this model, and made recommendations for the future.



Mojo South Dublin

Quote from participant:

"I've never felt so welcome in a place I've never been before, I'll definitely come back. The lads here are here for me, there's no drinking here or any of that stuff, it's just somewhere to go, have a bit of crack and be a part of something."

SOS
Programmes
Team.



Mojo South Dublin

Mojo is a programme for men who are affected by unemployment and/or the recession and who are finding it difficult to cope. The programme aims to motivate the participants to make positive changes to their lives, by providing a training programme that focuses on developing their resilience to their current situation and offering them support to access local services that can help them to return to work or education. Mojo is based on national and international research that highlights the correlation between mental health challenges, unemployment and suicide.

In 2016, Mojo South Dublin's work included the following:

- Delivery of three 12-week Mojo programmes to 35 participants.
- Working with men in distress, linking vulnerable men into appropriate services.
- Delivery of four shorter-term mini Mojo programmes.
- Providing support to the Men's Sheds initiative and to the development of the Mojo Listens programme.
- Engaging Traveller men with the Mojo programme.

MyMind

MyMind, the Centre for Mental Wellbeing, provides affordable mental health services across four centres nationally. MyMind also offers the option of psychological assistance via online therapy sessions. In 2016, MyMind Online provided 362 appointments, and responded to 4,266 email queries and 1,630 chats (work time: 8788:06 hours).

MyMind believes access to support at the earliest emergence of a mental health difficulty is a crucial element of a national strategy for suicide prevention. Continued support from the NOSP enables MyMind to support priority groups, such as low-income clients, the immigrant community, students, adolescents and those with chronic illnesses, to access to services when they need them.

Suicide or Survive (SOS)

SOS works to break down the stigma associated with mental health issues and ensure that those affected have access to quality recovery services that are right for the individual. All work is externally evaluated and feedback from participants provides evidence of extremely positive outcomes and impact from the programmes.

In 2016, Suicide or Survive:

- Delivered 39 Wellness Workshops attended by 1,016 people. The online Wellness Workshop was accessed by 89,000 people.
- Ran 25 WRAP mental wellness self-management programmes attended by 304 people, including in Wheatfield and Cloverhill prisons.
- Supported 48 people who had thought about or attempted suicide through the Eden programme.
- Supported six prisoners through the first POWER mentoring programme in Wheatfield Place of Detention.
- Piloted a new Supporters Programme for people supporting family members / friends / work colleagues / members of their community who are struggling with their mental health.
- Ran an online Christmas campaign to promote the online Wellness Workshop and app. The campaign was a huge success, with upwards of 1.3 million separate people viewing the posts. This amounted to 1 in 3 people over the age of 18 in Ireland.



Goal 4

To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

Objectives

- Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.
- Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide.
- Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.

Why This Goal Matters

A person vulnerable to suicidal behaviour requires easy access to a continuum of support in accordance with his or her needs at a particular time – from a sensitive response to a disclosure of distress to crisis management or appropriate referral, psychotherapeutic interventions or longer-term support. Transition points between services need to operate under widely understood protocols, ensuring the person is guided through a supportive network of assistance and that the work of statutory and non-statutory service providers enhance and complement each other. In some geographical areas there are clusters of services and supports for certain groups, while in other areas there are service gaps. What is more, the response to the person in distress may vary according to the type and location of the service. The foundations of a sustained approach to preventing and reducing suicide and (especially repeated) self-harm are consistently available services and integrated care pathways, across both statutory and non-statutory services.

Development of Dialectical Behaviour Therapy (DBT) Services

A national roll-out of DBT across all mental health services is on-going as part of the *Connecting for Life* goal to provide evidence-based interventions for targeted populations (high-risk individuals with repetitive self-harm). In 2016, a further seven teams completed their intensive training and began the rollout of their DBT programmes.

Analysis of data received from DBT participants attending programmes in Cork, Dublin, Galway, Kerry, Kildare, Meath, Roscommon, Sligo, Tipperary, Waterford and Wexford shows:

- A reduction in the frequency of self-harm behaviours for adult and CAMHS participants from when they began the DBT programme until 6 months post programme completion.
- Reductions in the use of health service resources, e.g. reduction in emergency department attendances, reduction in the number and the duration of psychiatric inpatient admissions.
- Reductions in quality-of-life-interfering behaviours (e.g. depression, hopelessness).
- Increases in skill usage, leading to improvements in quality of life.

Approximately 20 therapists began an advanced training programme to further enhance their skills so they could support their team's effective implementation of the model. The DBT Team also delivered training as part of the 'Family Connections programme', a 12-week intervention for families of those with emotional dysregulation and persistent self-harm.

A pilot project, DBT STEPS-A, which taught emotion regulation and resilience skills to Transition Year students in eight in Cork, completed its first year of delivery in June 2016. This age cohort currently has the highest rates of self-harm presentations nationally. Analysis of data from this project is on-going, with a report to be issued in 2017.

Members of the National DBT Office also presented preliminary outcome data on several aspects of the national roll-out of DBT and associated interventions in Ireland at the Society for Dialectical Behaviour Therapy conference in London and at the European Society for the Study of Personality Disorders annual conference in Vienna. Copies of these presentations are available at: www.dbt.ie.

Aware

With the support of NOSP funding, Aware delivered 78 Life Skills programmes based on the principles of CBT to over 1,800 adults in 2016. The programmes were delivered in 16 counties throughout the year. There was clear evidence that for a significant number of the whole population and specified priority groups (those with a clinical diagnosis of depression and bi-polar) the programmes have improved the mood of participants.

Testimonials from Life Skills programme participants:

"Getting to grips with what is happening in my body, because I understand the thoughts I have and why I react or feel the way I do, has really helped me get control of my life and my mood."

"The difference this made to my life and how much it helped so quickly was really surprising to me."

"These skills will stay with me forever and I am keen to pass on what I know to help others around me."

Bodywhys

Bodywhys is the national voluntary organisation supporting people affected by eating disorders, including family and friends.

In 2016 NOSP funding supported the delivery of the PiLaR (Peer Led Resilience) programme, a 4-week programme to family members which addresses the fundamentals of understanding eating disorders, as well as providing structured help and support on the specific obstacles, difficulties and challenges of supporting a person with an eating disorder through the recovery process.

Benefits of the programme, as identified by families:

"On discovering my child had an eating disorder to find a course that had answers in my darkest hour was a godsend. After week 1, I was already better equipped to cope and more positive moving forward."

"To realise that the eating disorder is controlling my daughter and not the other way around, to hear that it is not my fault."

"The course was something my husband and I could share and try to be together in supporting our daughter. It gave me a clear insight into eating disorders and how best to approach."

"Very clear, concise, non-judgemental, positive"

Childline

The Irish Society for the Prevention of Cruelty to Children operates Childline, which is a free confidential listening service that is available 24 hours a day, 365 days of the year. The service is for children and young people up to the age of 18. In 2016, Childline answered 385,673 calls to the phone service and had a 6.5% increase in contacts to the online service, with 19,582 conversations via text and chat.

In 2016, with NOSP funding, the ISPC developed "You're Not On Your Own," an ad promoting the Childline text service as a source of support when you are feeling down. The campaign ran at Dublin airport and across schools nationwide.

Pieta House

Pieta House provides free crisis intervention services to those experiencing suicidal ideation or engaging in self-harm behaviour. In 2016, NOSP funding enabled the delivery of 3,830 crisis intervention counselling sessions nationwide, and targeted support for 614 clients in Pieta House outreach centres in Ballyfermot, North Dublin, Roscrea and Tallaght.

Overall in 2016 Pieta House reported:

- A 15% increase in high-risk clients, an 11% increase in medium-risk clients, and a 10% drop in low-risk clients attending the service.
- A notable increase in clients from Cork, Kerry, Meath and Waterford.
- Our clients ranged in age from 5 to 85, with the median increasing from 27 to 28 from 2015 to 2016.
- An increase in clients aged 18-24 and a spike in attendance of men aged 25-44.



ReachOut

With the help of core NOSP funding support, youth mental health service ReachOut Ireland was proud to host the fourth Technology for Wellbeing International Conference in Dublin in September 2016. The conference featured a mix of research presentations, service overviews (both corporate and NGO) and policy developments.

In 2016 ReachOut Ireland also ran the 'Note to Self' campaign, a postcard-based intervention and engagement tool. Participants write a positive, affirming message to their future self on a postcard, which ReachOut Ireland sends to them in the post at a random future date. 'Note to Self' was held on 21 higher education campuses across Ireland. In the last quarter of 2016, two youth network members from Maynooth University made a video about the 'Note to Self' campaign. The video was mentioned on Good Morning America and received over four million views on their Facebook page.

Samaritans

Samaritans Ireland continued to provide a space for people who are struggling to cope to talk about whatever is troubling them. Calls to the Samaritans helpline remained at the levels seen since the launch of free-call number in 2015, with 50,000 answered calls per month, or a total of 600,716 calls for the year. The cost of these calls was supported by the telecom industry, with NOSP funding going towards the operation of the telephone system. Samaritans continued to provide an after-hours service to callers to other helplines, namely, Aware, LGBT. Helpline, Carers Association, Cura and Shine.

In June 2016, Samaritans Ireland, with the Irish Prison Service, hosted its first prison conference to highlight the value of the Prison Listener Scheme. The Prison Listener Scheme currently operates in ten Irish prisons, with over 90 listeners providing a round-the-clock service to their peers in prisons. This is an invaluable role, and studies show that prisoners are more likely to discuss issues with their peers than with members of staff.



Volunteers facilitating 'Note to Self' Writing Workshops at Letterkenny IT (left), UCD (right) and an article on the Journal.ie about the "Dear future me" video (centre).

Irish students' mental health video seen by over four million people in America

ABC's *Today* show Good Morning America showed clips of the video during an interview with Michael Rubin
 Oct 23rd 2016, 9:38 AM 23,209 Views 4 Comments f Share 538 t Tweet e Email 6

TWO IRISH MEDIA students have created a mental health awareness video which has been aired on ABC's flagship show Good Morning America.

The short film, 'Dear Future Me', got young people to write down and list the good things about themselves.



SpunOut.ie

SpunOut.ie provides high-quality information to young people online, particularly targeting those at risk of self-harm and suicide with signposting to appropriate services. SpunOut.ie had its busiest year ever in 2016, with 936,378 people visiting the site for information, up 8% on the previous year. In 2016 SpunOut.ie also won a number of awards for their work including: 'Best Web Only Publication' at the Web Awards 2016 and 'Best Use of Technology for Good' at the Irish Internet Association Net Visionary Awards 2016.

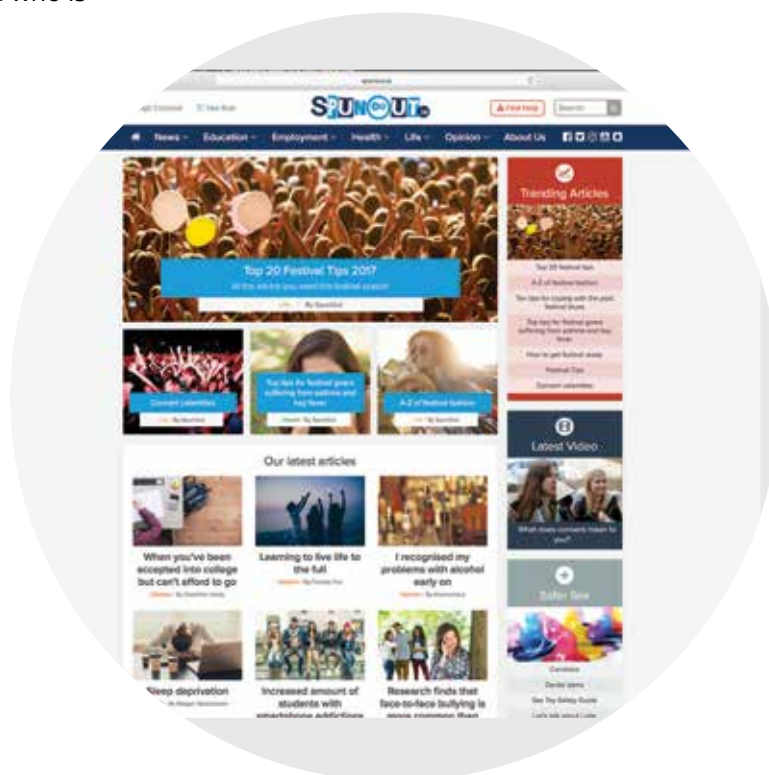
In 2016, the organisation ran a number of call-to-action campaigns including 'Know Self-Harm' and 'Know Anxiety'. The #KnowSelfHarm campaign aimed to challenge the common myths and misconceptions that exist about self-harm so people could better understand it. The campaign educated young people about ways to manage their self-harm, including healthier ways of coping, and signposts to how and where people can get help. The campaign was featured on RTÉ news bulletins and across all youth radio stations. In 2016, SpunOut.ie also produced a number of videos explaining the supports provided by other NOSP-funded services including Pieta House and Jigsaw, as well as videos such as 'What can I do if I'm feeling suicidal?' and 'How to help a friend who is self-harming'.

Turn2Me

Turn2me is an online support community, providing peer and professional online mental health services to adults via PC, laptop or mobile device. Turn2me provides a three-tiered approach to supporting mental wellbeing, including self-help, peer support and professional support, such as online counselling.

In 2016, 498 applications were received from Irish residents for online counselling sessions. Over 250 online support groups were facilitated on topics such as anxiety, depression, stress management, suicidal thoughts and feelings and general mental health issues. Turn2me offered free online counselling to Irish residents in the 25-60 age bracket, with an almost 14% increase in male users in the first half of 2016.

In 2016 Turn2me completed Phase One of the development of their eMental Healthcare Platform. The new site incorporates a user management system that allows for the efficient management, delivery and monitoring of services in a scalable manner to futureproof service delivery. In addition, this new platform can be licensable to other organisations to deliver similar services online.



Irish College of General Practitioners (ICGP)

The NOSP funded a joint project by the ICGP and Caredoc examining the referral pathways of patients with mental health issues to general hospital or their GP. The main aim of the study was to examine the referrals pathways of patients with mental health issues to general hospital or their GP to ascertain the frequency and uptake of advice.

The main findings of the study:

- Over a one-year period, there were 3,844 out-of-hours presentations where the patient presented with a physical complaint that had a mental health component or with a mental health issue, based on keyword search.
- Among these consultations, depression was noted in 54.7% of consultations, anxiety in 36.8%, risk of or threatening suicide in 34.8% and psychiatric condition in 31.7% of consultations.
- Overall, 9.3% were referred by the out-of-hours GP for follow-up to a hospital emergency department (ED) or were advised to attend their own GP.
- Those attended the out-of-hours GP with suicide attempt/ideation, self-harm or erratic/irrational behaviour were more likely than other groups to be referred for follow-up.
- During phase 2, over a six-month period, a total of 104 patients who were advised to attend their GP or ED following their consultation with the out-of-hours GP were tracked. Twenty-seven patients were referred back to their GP. Follow up calls to the GP revealed that 44.5% did not attend. Seventy-seven patients were referred to the hospital services, of whom 37.7% did not attend.

The Suicide Bereavement Liaison Service

The Suicide Bereavement Liaison Service provides a prompt and proactive community-based supportive approach to anyone bereaved by suicide. Liaison Officers are available in each area to contact or visit with families and groups, provide assistance in accessing therapeutic services, or even just to talk with someone locally about what has happened. Liaison Officers work collaboratively with gardaí, first responders and local agencies alike.

In July 2016, Pieta House took over the delivery of the HSE-funded bereavement services for those affected by suicide. These services included counselling, a liaison service linking those affected by suicide with the agencies and supports they need, and a Freephone 24/7 helpline (1800 247 247) and text service for people in crisis, bereaved by suicide or concerned about another. Pieta House answered over 11,700 calls for help and 4,300 texts from July to December 2016.

The Mayo Suicide Bereavement Liaison Service

In 2016 the Mayo Suicide Bereavement Liaison Service (MSBLS) provided support to 52 families bereaved by suicide and a further 242 people affected by suicide in the workplace or community. When a suicide occurs a liaison worker is made available to those affected. The liaison worker offers a suite of support options, including a peer-support service provided by people who have personally been bereaved by suicide.

In 2016, the MSBLS, in conjunction with the Council of Priests in the Archdiocese of Tuam and family members of those affected by suicide, compiled a booklet to help priests in their pastoral care of the suicide bereaved. This included guidelines for use at homilies delivered during the funeral services and core messages and attitudes that might be conveyed.



Goal 5

To ensure safe and high-quality services for people vulnerable to suicide.

Objectives

- Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.
- Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.
- Reduce and prevent suicidal behaviour in the criminal justice system.
- Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention.

Why This Goal Matters

Supporting people through a time of distress can be difficult work; therefore, agencies need to have good practice guidelines, clear care protocols, appropriate training and supervision mechanisms. By ensuring the quality and standard of both statutory and funded non-statutory health and social care services and strong governance and accountability structures, service users and providers are protected, and the professionalism and safety of the service response are enhanced. All services must promote an ambition for recovery, restoring the individual's independence built on self-worth and self-belief.

Development of National Standards

Goal 5 of *Connecting for Life* aims to ensure safe and high-quality services for people vulnerable to suicide. The development and implementation of standards for suicide prevention governing service quality is an objective outlined in Goal 5 of *Connecting for Life*.

In 2016, research was commissioned to align the draft standards with the HIQA Safer Better Healthcare standards and the HSE Best Practice Guidance for Mental Health Services to ensure the standards are evidence based and to recommend an evidence-informed model for implementation and monitoring.

National Education and Training Strategy

Evaluations of individual suicide and self-harm awareness, prevention and postvention training programmes have found that training can have an impact on knowledge, attitudes and skills. Training and education are also widely recognised as pivotal in shaping and supporting good practice among health and social care professionals.

Under *Connecting for Life*, the National Office for Suicide Prevention has specific responsibility for the coordination of the National Education and Training strategy.

As part of the development of the training strategy, the NOSP identified a suite of standardised training programmes in suicide prevention, intervention and postvention which can be offered as stand-alone programmes or in combination, depending on individual needs. These programmes include general training for community groups and more specialised training for frontline staff in addiction services, emergency departments and mental health and social care services.

Working with the Garda College, Templemore

Part of the NOSP's training and education strategy is to support large organisations to build up their own internal capacity to deliver suicide prevention training to their staff.

This 'cascade' model has become embedded into the new training programme for the trainee and probationer gardaí in the Garda College, Templemore. Six in-house safeTALK trainers and eleven internal ASIST trainers are now in place. By 2021 it is anticipated that one third of the Garda force will have completed safeTALK and ASIST training.

An evaluation of the initiative found that ASIST and safeTALK had positive impacts on participants' attitudes, knowledge, skills and confidence to deal with an individual who may be suicidal. (Gardaí who participate in community workshops are not included in this figure.)

Here are some participant comments:

"From the whole training, the most important aspect for me was the asking the question if somebody is thinking about suicide. Before the ASIST programme, I would have thought that this was very blunt. I thought that you were not supposed to step into that. After doing it, I realised that you have to ask it and be straightforward."

"The benefits you get from it are unreal. I thought it was brilliant, because you are looking out for these signs (of suicide). You know the signs to look out for now and you are not afraid to say what you should be saying."

"It gets people talking. Like, we have all spoken about it (suicide) since the course and it makes you more aware to ask people if they are thinking about suicide. We are okay saying it now, but you have to get used to saying it."



Goal 6

To reduce and restrict access to means of suicidal behaviour.

Objectives

- Reduce access to frequently used drugs in intentional drug overdose.
- Reduce access to highly lethal methods used in suicidal behaviour.

Why This Goal Matters

Restricting, where practicable, access to means of suicidal behaviour has been consistently shown to be effective in reducing suicidal behaviour across countries and settings. Implementation of strategies to restrict means can occur at national level, via legislation and regulations, and at local level, for example, by improving safety at locations where people frequently attempt or complete suicide. This also includes exploring additional interventions for the most frequently used methods of suicide within the Irish context.

Media Guidelines for the Reporting of Suicide and Self-Harm

There is strong evidence to support the theory that graphic media reporting of suicide can lead to contagion and copycat behaviour. Samaritans Ireland, in partnership with the Irish Association of Suicidology (IAS), produces the *Media Guidelines for the Reporting of Suicide and Self-Harm*. These guidelines are designed to encourage and support responsible reporting and portrayal of suicide in the media and remind journalists of the key role they play in suicide prevention.

Headline was set up in 2006 to promote responsible and accurate coverage of mental health and suicide-related issues within the Irish media. In 2016 a number of high-profile suicide-related cases attracted extensive media coverage. Some were in breach of the Samaritans guidelines on the reporting of suicide.

The Headline team responded to an article on a murder suicide which included inappropriate images of where the incident occurred. In response, the media outlet removed the images from the online story and added in Samaritans helpline information. Headline also responded to coverage of a 12-year-old YouTuber live streaming. The article was removed from a number of influential online media outlets.

NSRF Research

During the course of 2016, National Suicide Research Foundation (NSRF) researchers were involved in a number of projects with the primary objective of reducing and restricting access to means of suicide and self-harm.

- The NSRF conducted research into frequently used drugs in intentional drug overdose.
- The NSRF and HRB have agreed to conduct comparative research into the frequently used drugs in intentional drug overdose with non-fatal and fatal outcomes.
- The NSRF contributed to an international peer review paper, which provided consistent evidence on the effectiveness of measures restricting and reducing access to lethal means in reducing suicide.



Goal 7

To improve surveillance, evaluation and high-quality research relating to suicidal behaviour.

Objectives

- Evaluate the effectiveness and cost-effectiveness of *Connecting for Life*.
- Improve access to timely and high-quality data on suicide and self-harm.
- Review (and, if necessary, revise) current recording procedures for death by suicide.
- Develop a national research and evaluation plan that supports innovation aimed at early identification of suicide risk, assessment, intervention and prevention.

Why This Goal Matters

Responsive, cost-efficient and effective suicide prevention services depend on the widespread availability of robust data – data on the types of services and interventions that are effective in reducing or preventing suicidal behaviour, on the groups most vulnerable to suicidal behaviour, on trends in suicidal behaviour in Ireland and on key risk and protective factors. Improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context, having real-time and better integrated data surveillance systems for suicidal behaviour and accelerating the transfer of research findings into practice are fundamental to the success of *Connecting for Life* and other suicide prevention policies and practices.

Using Coronial Data to Further Understand Fatal Self-harm

In 2016 the NOSP engaged the Health Research Board (HRB) to conduct a feasibility study to collect data on all deaths in 2015 for individuals with risk factors for self-harm for whom a closed coronial file was available. This was carried out using the existing methodology and logistics of the National Drug-Related Deaths Index (NDRDI).

The NDRDI is an epidemiological database, maintained by the HRB, which records all deaths due to drug and alcohol poisoning, and all deaths among drug users and those who are alcohol dependent. The main source of data for the NDRDI comes from closed coronial files in all coroners' districts in Ireland. The Index was established in 2005 as a result of an action in the relevant National Drugs Strategy.

The NDRDI already records data on deaths by suicide where the fatality meets the NDRDI inclusion criteria: positive toxicology for illicit drugs, and/or has a history of drug use, and/or alcohol dependent, and/or drugs or alcohol. The Index records a comprehensive amount of information on each fatality including: demographics, medical history, risk factors around drug use, toxicology, verdict and cause of death. Other agencies, such as the Road Safety Authority, have successfully partnered with the NDRDI to use its existing methodology, logistics and expertise to collect their specific data from the coronial files. As the database and protocols have already been developed, and relationships with all coroners established, the partnership approach is the most cost effective and efficient way to collect data from the coroners. This is because partners need only to fund the additional nurse researcher's time to collect the extra data.

Analysis of Behaviour of Callers to Samaritans Ireland Helpline

In 2016 NOSP funded a project to analyse caller behaviour from three years of anonymised telephone data from the Samaritans Ireland helpline. The research was conducted by a team of psychology and computer science researchers from Ulster University who used cluster analysis techniques to identify 'types' of callers from machine learning algorithms exploring the data.

Preliminary results highlight some key clusters which are very strong at predicting call volumes. The analysis also reveals the huge impact of the launch of the free-to-call service. The results will enhance the Samaritans' understanding of the needs of the callers and the organisation's ability to customise the service accordingly.

National Suicide Research Foundation (NSRF)

In 2016, the NSRF co-ordinated 23 research projects in the area of suicide, self-harm and related mental health issues including the evaluation of intervention and prevention programmes for suicide and self-harm. The NSRF evaluated projects such as the Suicide Support and Information System Psychological Autopsy Model in collaboration with the Donegal Mental Health Service, and the HRB 5-year research programme: *Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services*.

They also worked with the WHO on a practice manual for establishing surveillance systems for suicide attempts and self-harm, based on the National Self-Harm Registry Ireland. This resulted in a first collaborative publication with WHO in June 2016.

Section 3

Suicide Mortality and Self-harm in Ireland



Suicide: Facts and Figures

In Ireland, suicide was a **criminal offence** until



1993



In 2014

486

people died by suicide



399

males and **87 females** died by suicide in **2014**



Men are 4 times

more likely to die by suicide than **women**

The **highest suicide rate** is among those aged **45-54**. This trend is the case since 2010.

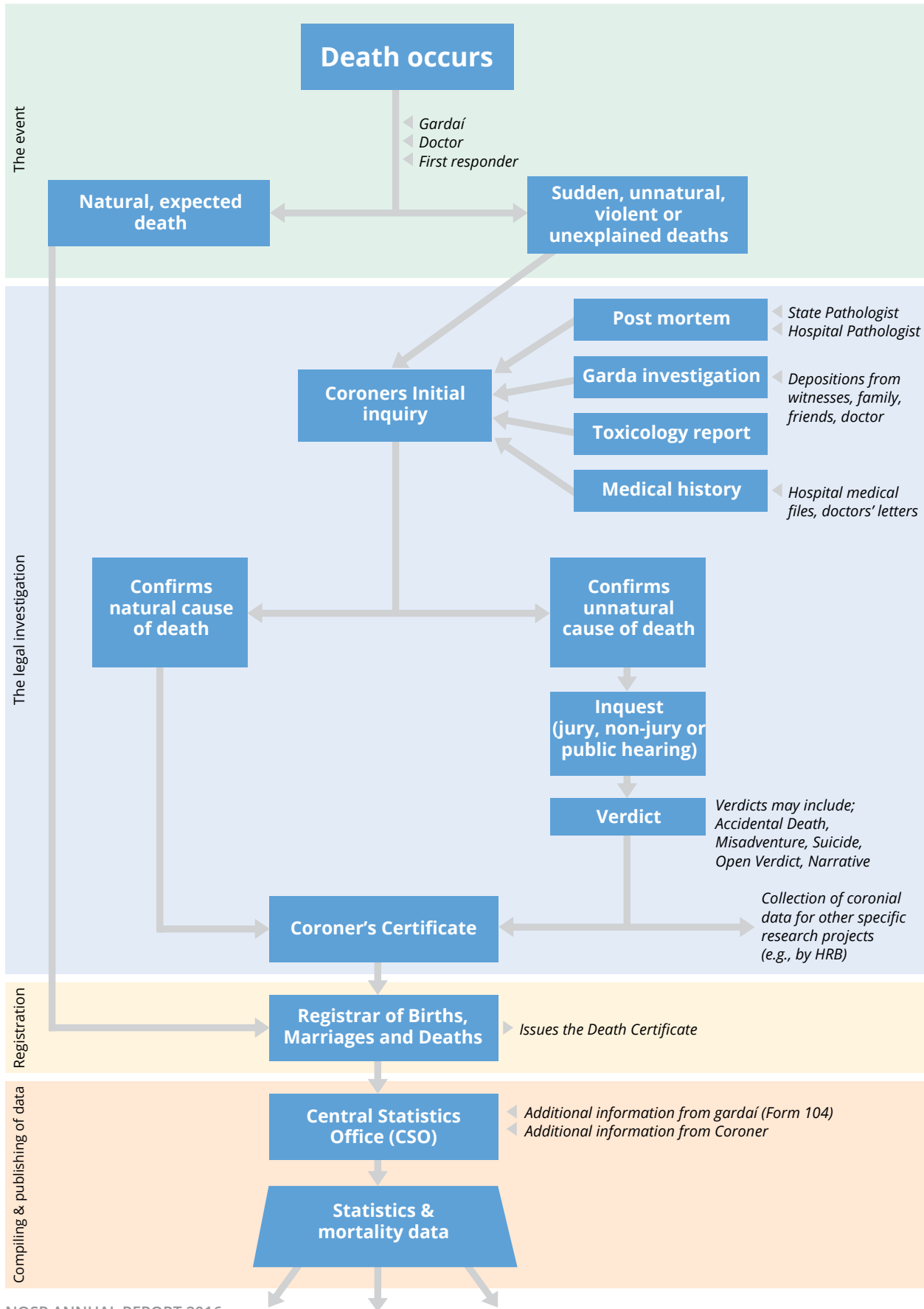


From 2007-2014 hanging was the most common method of suicide

72% of people died by this method

Irish Cause of Death Statistics System

In Ireland suicide is a legal verdict which is recorded by a Coroner if he/she finds evidence of death by suicide, 'beyond reasonable doubt'. The Coroner is a death investigator tasked under statute with investigating all sudden, unexplained, violent and unnatural deaths.



Suicide and Self-harm

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

Suicide and Self-harm in Ireland

A note relating to the data presented:

The Central Statistics Office (CSO) provides mortality data in two forms: (i) year of registration data and (ii) year of occurrence data. In this report, we focus on 'year of occurrence' data, as this information is more comprehensive and allows for year-on-year comparison. At the time of writing, 2014 is the most recent 'year of occurrence' data available. Data for 2015 and 2016 is also included, but this is provisional, due to the data-collection process in Ireland.

The CSO publishes national mortality data, including data on deaths by suicide. It is likely that a proportion of the deaths classified as undetermined are also deaths by suicide, but it is not possible to estimate this at present.

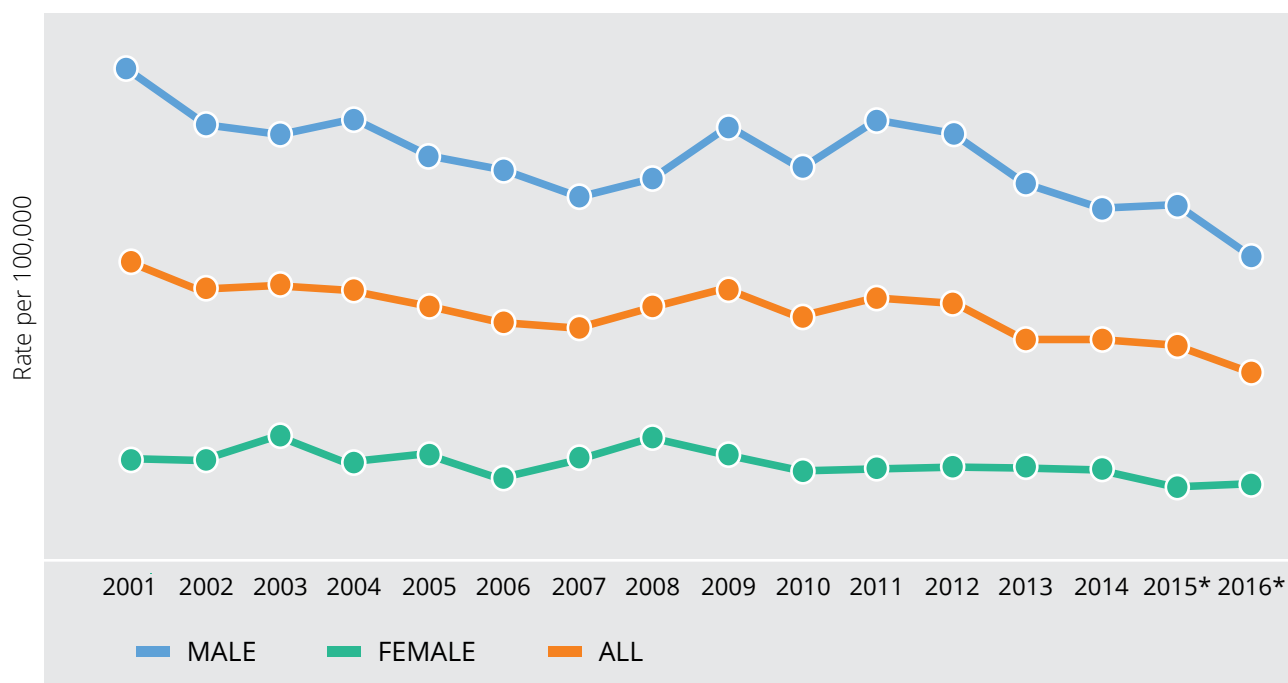
Self-harm statistics in Ireland are gathered by the National Self-Harm Registry Ireland, which reports annually on Irish statistics relating to self-harm. These reports are based on data collected on persons presenting to hospital emergency departments as a result of self-harm. Since 2006, all general hospital and paediatric hospital emergency departments in Ireland have contributed to the Registry. You can download the latest report on the incidence of self-harm in Ireland from www.nsrif.ie.

Incidence of Suicide in Ireland, 2001-2016

There were 486 deaths by suicide in Ireland in 2014, representing a rate of 10.5 per 100,000. 399 (82.1%) of these were men. This high male-to-female ratio is a constant feature of deaths by suicide over the years, as can be seen in the figure below.

The increase observed between 2007 and 2012 can be wholly attributed to an increase in the male rate of suicide. More recently, data from 2012-2014 suggest a levelling-off of this rise. Furthermore, provisional data for 2015 and 2016 suggest a further downward trend. However, this pattern should be interpreted with some caution, as data for 2015 and 2016 are provisional.

Suicide rate per 100,000 by gender, 2001-2016



*Note: Figures for 2015 and 2016 are provisional and subject to change

Numbers and rates of suicide and other causes of death, 2005-2016

Year	Suicide		Undetermined		Deaths by external cause***		All deaths	
	Number	Rate**	Number	Rate**	Number	Rate**	Number	Rate**
2016*								
Males	318	13.8	21	0.9	921	39.9	15499	670.8
Females	81	3.4	9	0.4	423	17.9	14891	630.1
Total	399	8.5	30	0.6	1344	28.8	30390	650.2
2015*								
Males	375	16.4	51	2.2	1020	44.6	15150	661.7
Females	76	3.2	17	0.7	419	17.9	14802	631.0
Total	451	9.7	68	1.5	1439	31.0	29952	646.2
2014								
Males	399	17.5	40	1.8	1097	48.1	14897	653.4
Females	87	3.7	13	0.6	433	18.6	14355	616.1
Total	486	10.5	53	1.1	1530	33.2	29252	634.5
2013								
Males	391	17.2	41	1.8	1064	46.8	14958	657.8
Females	96	4.1	15	0.6	427	18.4	14546	627.2
Total	487	10.6	56	1.2	1491	32.5	29504	642.4
2012								
Males	445	19.6	36	1.6	1142	50.3	14945	658.5
Females	96	4.1	18	0.8	435	18.8	14241	614.9
Total	541	11.8	54	1.2	1577	34.4	29186	636.5
2011								
Males	458	20.2	40	1.8	1211	53.3	14492	637.7
Females	96	4.1	27	1.2	482	20.8	13964	603.1
Total	554	12.1	67	1.5	1693	36.9	28456	620.2
2010								
Males	405	17.9	54	2.4	1198	54.1	14334	646.8
Females	90	3.9	29	1.3	462	20.5	13627	604.4
Total	495	11.1	83	1.9	1600	37.1	27961	625.4
2009								
Males	443	20.0	52	2.3	1236	55.7	14727	664.1
Females	109	4.9	22	1.0	490	21.9	13653	609.1
Total	552	12.2	74	1.7	1726	38.7	28380	636.4
2008								
Males	386	17.5	64	2.9	1215	55.1	14457	655.3
Females	120	5.4	19	0.9	506	22.8	13817	623.6
Total	506	11.4	83	1.9	1721	38.9	28274	639.8
2007								
Males	362	16.7	87	4.0	1252	57.7	14391	662.8
Females	96	4.4	32	1.5	507	23.4	13726	633.1
Total	458	10.6	119	2.7	1759	40.5	28117	648.0
2006								
Males	379	17.9	68	3.2	1180	55.6	14065	688.5
Females	81	3.8	16	0.8	484	22.8	13883	655.3
Total	460	10.8	84	1.9	1664	39.2	27948	671.9
2005								
Males	382	18.5	93	4.5	1239	60.1	14412	699.0
Females	99	4.8	41	2.0	506	24.4	13848	668.3
Total	481	11.6	134	3.2	1745	42.2	28260	683.6

* Figures for 2015 and 2016 are provisional and subject to change ** All rates are crude, based on 100,000 population

*** This includes suicides and undetermined deaths as well as accidents and homicides

Rates of Suicide in Ireland by Gender and Age, 2001-2016

The majority of people who die by suicide in Ireland are male. In 2014, for both males and females, the highest rates of suicide were observed among 45-54 year-olds (28.2 per 100,000 and 6.9 per 100,000, respectively).

The lowest rates of suicide were recorded among those aged 65 years and over – a rate of 17.0 per 100,000 for males and 2.2 per 100,000 for females.

Male suicide rates per 100,000 population

	All	15-24	25-34	35-44	45-54	55-64	65+
2001	22.4	27.7	37.2	29.9	28.6	26.5	17.2
2002	19.9	27.6	34.4	22.2	22.8	23.1	16.9
2003	19.5	29.5	22.7	30.6	23.3	24.3	14.0
2004	20.2	27.1	28.0	28.5	29.4	22.9	13.2
2005	18.5	25.6	26.8	24.9	25.8	21.6	10.4
2006	17.9	27.5	23.5	21.4	24.1	21.1	14.2
2007	16.7	23.7	23.5	19.5	20.9	16.6	16.3
2008	17.5	22.2	25.3	22.7	24.6	21.2	12.1
2009	20.0	24.4	26.6	31.5	26.6	26.9	12.6
2010	17.9	24.0	20.5	28.8	28.9	23.3	7.3
2011	20.2	26.7	27.0	28.2	32.3	25.1	12.8
2012	19.6	21.1	25.1	27.7	32.3	28.3	14.7
2013	17.2	16.1	19.9	21.6	31.4	27.1	16.8
2014	17.5	23.4	24.4	22.6	28.2	18.0	17.0
2015*	16.4	21.5	24.2	23.6	24.2	18.1	14.3
2016*	13.8	14.7	17.0	19.2	22.8	21.0	11.4

* Figures for 2015 and 2016 are provisional and subject to change

Female suicide rates per 100,000 population

	All	15-24	25-34	35-44	45-54	55-64	65+
2001	4.7	5.1	4.4	6.8	8.5	10.7	1.6
2002	4.6	4.7	6.8	5.3	8.0	6.3	3.2
2003	5.5	5.0	6.0	7.0	9.5	9.9	5.2
2004	4.3	2.9	5.2	6.5	7.7	7.4	3.5
2005	4.8	6.4	6.8	4.3	7.5	6.2	4.3
2006	3.8	5.1	3.6	4.6	6.2	6.5	2.7
2007	4.4	4.8	5.1	6.4	9.4	5.3	1.9
2008	5.4	8.1	4.6	6.5	9.2	8.4	4.9
2009	4.9	4.1	5.3	7.9	7.2	6.8	4.4
2010	3.9	3.6	4.7	5.3	6.0	8.4	2.1
2011	4.2	5.6	7.0	6.1	5.9	5.2	1.0
2012	4.1	5.8	5.3	6.0	7.1	5.6	1.3
2013	4.1	3.5	6.6	5.4	7.7	4.2	3.6
2014	3.7	4.3	5.6	5.0	6.9	4.1	2.2
2015*	3.2	3.6	5.0	3.5	5.2	5.7	2.2
2016*	3.4	2.8	4.9	4.8	5.4	5.5	2.7

* Figures for 2015 and 2016 are provisional and subject to change

Rates of Suicide in Ireland by Geographical Area, 2004-2016

There was variance in suicide rates by geographical region over the period 2004-2016. The table below provides information on the rates by county, from 2004-2016. The suicide rates based on the most recent data available were highest in Limerick City, Roscommon and Cavan.

Suicide rate by county, 3-year moving average, 2004-2016

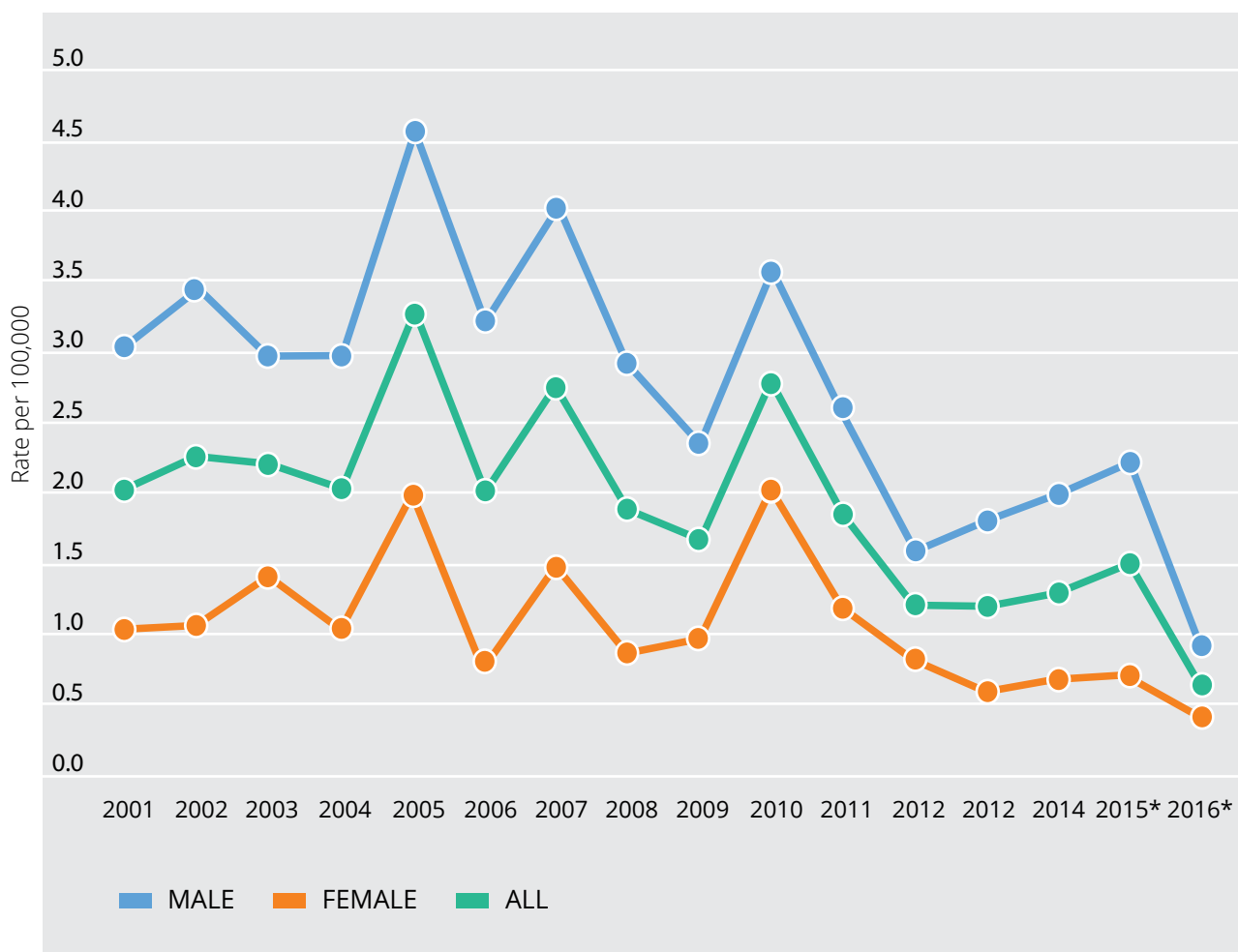
3-year moving average	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015*	2014-2016*
<i>Carlow</i>	17.0	19.9	17.4	14.5	11.7	12.3	11.6	15.2	16.3	16.3	15.0
<i>Cavan</i>	19.3	18.5	16.7	14.9	12.0	10.2	10.0	14.0	16.0	17.1	15.5
<i>Clare</i>	12.6	12.2	12.8	14.3	11.6	11.1	10.3	14.2	15.4	15.6	14.0
<i>Cork City</i>	17.9	18.6	19.3	19.3	19.2	17.7	18.6	15.9	15.9	11.3	12.4
<i>Cork County</i>	12.8	12.5	13.1	13.3	13.5	13.5	11.9	11.8	10.1	10.7	10.4
<i>Donegal</i>	10.4	9.7	10.1	10.9	9.6	8.0	6.4	8.9	9.4	10.4	10.9
<i>Dublin City</i>	11.3	11.0	10.3	10.4	10.4	10.8	11.0	10.5	9.4	7.9	6.9
<i>Dun Laoghaire</i>	5.6	5.9	6.5	7.3	7.9	7.3	7.1	7.0	6.5	4.8	2.2
<i>Fingal</i>	6.1	4.7	5.2	6.3	6.7	6.0	5.6	5.2	5.3	4.9	3.9
<i>Galway City</i>	8.7	5.5	7.5	8.7	8.8	11.0	9.8	12.1	11.2	14.0	12.2
<i>Galway County</i>	11.3	12.1	10.6	10.9	12.5	13.1	13.6	13.3	13.4	14.4	12.9
<i>Kerry</i>	11.3	9.9	9.5	12.6	15.4	18.1	19.1	16.7	16.1	13.3	15.1
<i>Kildare</i>	10.6	11.4	11.4	11.4	10.3	10.5	10.9	11.8	11.9	11.6	11.0
<i>Kilkenny</i>	10.1	11.4	11.5	10.9	9.6	11.2	11.8	11.8	11.1	11.7	12.3
<i>Laois</i>	8.8	10.4	11.6	10.9	13.5	16.5	16.9	12.3	8.2	6.1	7.2
<i>Leitrim</i>	23.4	13.1	8.9	10.9	14.9	16.8	15.6	12.5	9.4	9.5	9.7
<i>Limerick City</i>	16.4	14.1	12.4	10.8	11.9	16.6	21.4	26.0	27.2	23.7	17.2
<i>Limerick County</i>	10.7	10.1	8.6	10.8	11.4	13.3	14.0	12.4	10.2	9.7	8.5
<i>Longford</i>	15.2	12.6	10.5	9.2	7.9	8.7	7.6	9.3	10.9	10.8	9.9
<i>Louth</i>	9.3	8.6	11.1	11.6	12.8	12.9	14.0	12.7	11.9	8.2	8.4
<i>Mayo</i>	11.1	13.8	12.8	12.8	11.5	13.3	15.4	14.6	15.1	11.1	11.1
<i>Meath</i>	11.1	7.5	9.3	10.8	10.9	8.3	7.5	8.8	9.2	9.1	8.5
<i>Monaghan</i>	10.9	10.0	9.8	11.3	12.2	10.5	13.1	13.1	16.5	13.9	13.0
<i>Offaly</i>	12.8	11.8	13.7	14.7	17.6	16.1	16.0	12.5	11.6	8.9	9.2
<i>Roscommon</i>	12.7	17.6	15.5	11.9	11.1	10.5	11.4	10.9	14.5	17.2	16.2
<i>Sligo</i>	13.2	8.7	6.9	7.3	10.3	11.3	11.8	9.8	9.3	7.3	8.5
<i>South Dublin</i>	10.2	8.4	8.6	8.2	8.2	9.5	8.8	9.4	7.5	8.4	6.6
<i>Tipperary North</i>	19.1	14.7	14.8	14.8	14.7	14.6	9.9	14.0	12.6	14.5	11.3
<i>Tipperary South</i>	10.5	11.1	12.0	14.1	14.3	14.6	14.2	13.4	13.4	13.0	11.4
<i>Waterford City</i>	11.5	9.3	9.2	13.1	11.1	14.1	10.8	9.3	5.0	2.1	2.8
<i>Waterford County</i>	16.6	11.9	13.0	13.2	15.1	12.4	11.4	9.9	12.3	15.1	15.1
<i>Westmeath</i>	12.7	13.6	12.1	14.4	14.9	14.0	13.2	11.6	9.6	9.1	8.6
<i>Wexford</i>	13.6	15.7	13.5	13.9	12.5	14.8	17.8	17.8	17.0	12.7	13.1
<i>Wicklow</i>	13.4	11.7	10.3	9.3	10.6	11.5	10.2	8.3	7.2	8.8	9.7
<i>Ireland</i>	11.6	11.0	10.9	11.3	11.4	11.7	11.6	11.5	11.0	10.3	9.6

* Figures for 2015 and 2016 are provisional and subject to change

Deaths of Undetermined Intent

There are indications that deaths of undetermined intent may include 'hidden' cases of suicide. However, it is not yet clear which proportion of undetermined deaths involve probable suicide cases. The figure below shows an overview of undetermined deaths per 100,000 by gender and total confirmed rates for Ireland, 2001-2016.

Rates of undetermined deaths per 100,000 by gender and total rates for Ireland, 2001-2016



* Figures for 2015 and 2016 are provisional and subject to change

Incidence of Self-harm in Ireland

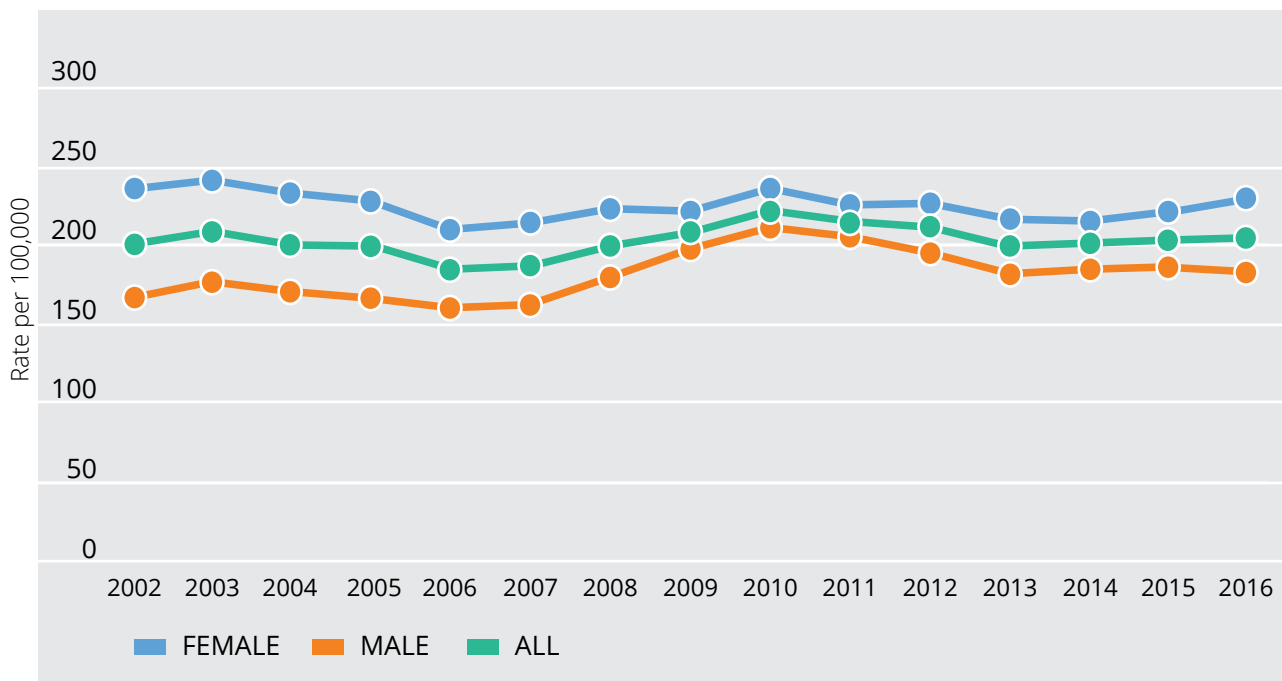
Self-harm includes the various methods by which people intentionally harm themselves. The Irish statistics presented here are collated by the National Self-Harm Registry Ireland, and you can download the latest reports at www.nsrif.ie.

Trends in Self-harm by Gender in Ireland, 2002-2016

In 2016, the Registry recorded 11,485 presentations to hospital due to self-harm nationally, involving 8,909 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital following self-harm in 2015 was 206 per 100,000. Thus, there was a 1% increase in the age-standardised rate from 2015, however, this increase was not statistically significant. In recent years there were successive decreases in the self-harm rate between 2011 and 2013, and essentially no change between 2013 and 2015. The rate in 2016 was still 10% higher than the pre-recession rate in 2007.

Between 2007 and 2010 there was an increasing trend in the rate of self-harm in Ireland, with a 19% increase overall during this period. The largest increase was seen among men, where the rate went from 162 per 100,000 to 211 per 100,000 (+30%). There was a less pronounced increase in the female rate during this period, with a 10% increase observed. While overall the female rate of self-harm in Ireland is consistently higher than the male rate, the gender gap has been narrowing in recent years, with the female rate of self-harm 24% higher in 2016 (229 vs. 184 per 100,000).

Rates of self-harm by gender, 2002 – 2016



Rates of Self-harm by Gender and Age

The highest rate of self-harm is in the younger age brackets. In 2016 the highest rate for women was among 15-19 year-olds, at 763 per 100,000. This rate implies that one in every 131 girls in this age group presented to hospital in 2016 as a consequence of self-harm. The highest rate for men was among 20-24 year-olds, at 516 per 100,000, or one in every 194 men. The incidence of self-harm gradually decreased with increasing age in men. This was the case to a lesser extent in women, as their rate remained stable, across the 30-54 year age range.

In 2016, the only significant change in the rate of hospital-treated self-harm by age was among women aged 25-29 years, where the rate increased by 17% from 289 to 339 per 100,000.

Rates of Self-harm by Region, 2016

There was widespread variation in the male and female self-harm rate by city/county of residence. The male rate varied from 104 per 100,000 for Roscommon to 402 per 100,000 for Cork City. The lowest female rates were recorded for Monaghan (152 per 100,000), with the highest rates recorded for Limerick City residents at 493 per 100,000. Relative to the national rate, a high rate of self-harm was recorded for male and female city residents and for men living in Donegal, Carlow, Tipperary South and Sligo and for women living in Leitrim, Carlow, Offaly and South Dublin.

Nationally, the incidence of persons presenting to hospital with self-harm was 291 per 100,000 for residents of urban districts, which was nearly twice (87%) the incidence rate of 155 per 100,000 among residents of rural districts. In particular, high rates of self-harm for both men and women were recorded in Cork City and Limerick City.

Repetition of Self-harm, 2016

Repeated self-harm is a significant risk factor for suicide. Therefore, those who present with repeat acts of self-harm are a significant target group for suicide prevention. Appropriate aftercare is critical in reducing rates of subsequent suicide in this population cohort.

8,909 individuals were treated for 11,485 self-harm episodes in 2016. This implies that more than one in five (2,576, 22.4%) of the presentations in 2016 were due to repeat acts, which is similar to the years 2003-2009 and 2013-2015 (range: 20.5-23.1%).

Of the 8,909 self-harm patients treated in 2016, 1,330 (14.9%) made at least one repeat presentation to hospital during the calendar year. This proportion is within the range reported for the years 2003-2015 (13.8-16.4%). At least five self-harm presentations were made by 143 individuals in 2016. They accounted for just 1.6% of all self-harm patients in the year, but their presentations represented 9.7% (n=1,118) of all self-harm presentations recorded.

For further information please refer to the most recent report from the National Self-Harm Registry Ireland, available at www.nsrif.ie

Section 4

Financial Information



Financial Overview 2016

NOSP's overall budget for 2016 was €11.87 million, in line with the 2015 allocation and a 20% increase on 2014 levels. This allocation has been committed and will be reflected in the full year cost of services, including those initiatives commenced in 2016.

In 2016, over half of our budget (€6,338,194) was invested in frontline services and organisations working in the area of suicide prevention and mental health promotion. This represents a 19% increase on 2015 funding to partner agencies. All funded activity contributes to actions under *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020. 2016's increase in funding is spread across a broad spectrum of agencies and services supporting:

- Intervention & bereavement support services
- Families & communities
- Therapeutic supports
- Priority groups as identified in the *Connecting for Life* strategy
- Research
- Other agencies covering all demographics

In 2016 the NOSP budget was also invested in the #littletings communications campaign and the Yourmentalhealth.ie website. Just under 8% of the budget was allocated to the procurement and delivery of suicide prevention and self-harm training programmes to community groups and frontline health and social care workers. A further 10% was also invested in local activities and the development of local *Connecting for Life* action plans around the country.

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

Summary of overall expenditure

	2015 €	2016 €
Grants to agencies	5,311,951	6,338,194
Communications projects	1,563,801	1,271,977
Non-grant expenditure (office expenses, salaries, etc)	959,005	787,391
Training programmes	848,739	850,784
HSE funded programmes / Community Resilience Fund	770,083	1,145,177
Regional liaison & suicide prevention services	790,000	790,000
Total	10,243,579	11,183,523

Funded Agencies 2016

	2015 €	2016 €
Aware	95,000	297,500
BeLonG To	192,000	233,401
Bodywhys	22,000	28,760
Community Creations / SpunOut.ie	104,800	95,000
Console (Until July 2016)	485,997	340,511
Curam Clainne - Mayo Suicide Liaison Project	102,059	63,541
Exchange House Ireland	200,002	350,000
GAA	50,004	90,317
GLEN	105,000	107,777
Irish College of General Practitioners	62,056	55,517
Irish Men's Sheds	54,109	0
ISPCC / Childline	246,002	200,000
Lifford Clonleigh Family Resource Centre	113,784	80,000
Men's Health Forum	52,500	17,489
Mental Health Ireland (Mojo Project)	0	155,141
Mojo Project - Dodder Valley	70,267	0
Mojo Project - Kildare	89,640	0
MyMind	72,400	155,500
National Suicide Research Foundation	836,002	836,000
National Youth Council of Ireland	39,000	2,970
Nurture	60,000	89,089
Pieta House	651,702	1,335,989
ReachOut Ireland (formerly Inspire Ireland Foundation)	210,124	261,217
Samaritans	611,805	585,000
South Dublin County Partnership (Mojo Project)	0	42,570
Shine	236,997	267,000
Suicide or Survive SOS	197,500	251,464
The Irish Association of Suicidology	60,000	60,000
Transgender Equality Network Ireland	47,000	79,000
Turn2Me	83,198	97,200
Westport Family Resource Centre	60,503	77,741
Young Social Innovators	100,500	82,500
Total	5,311,951	6,338,194

Our Team in the National Office for Suicide Prevention 2017

Mr. Gerry Raleigh	Director (until August 2017)
Mr. John Meehan	Assistant National Director Lead - NOSP (from September 2017)
Ms. Susan Kenny	National Lead for Strategy, Quality and Education
Ms. Paula Skehan	Finance and Freedom of Information Officer
Ms. Fidelma Morrissey	Administration Officer
Ms. Sharon Nolan	PA to Director
Mr. Hugh Duane	Research Assistant
Ms. Brid Casey	Resource Officer for Suicide Prevention
Dr. Gemma Cox	Research and Evaluation Manager
Dr. Justin Brophy	Clinical Advisor
Ms. Sarah Woods	Communications Manager
Dr. Anita Munnelly	Research & Data Officer
Mr. Ciarán Austin	Content Development Officer
Ms. Adèle FitzPatrick	PA to Dr. Justin Brophy
Ms. Bernie Carroll	Resource Officer for Suicide Prevention (until March 2017)

Other members of the NOSP Team in 2016 included:

Ms. Paula Forrest	Senior Executive Officer
Ms. Kahlil Coyle	Communications Manager
Ms. Anna Lally	yourmentalhealth.ie Manager

Acknowledgements

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- The HSE Mental Health and Communications Divisions

- Department of Health

- HSE Resource Officers for Suicide Prevention

- The NGO, voluntary and statutory organisations that contributed to this report

- The Central Statistics Office

- The National Suicide Research Foundation

- Brian Farrell, Dublin District Coroner emeritus

Note: This document is available to download on www.nosp.ie and www.connectingforlifeireland.ie

8 Things that Everyone Needs to Know about Suicide Prevention in Ireland

<p>1 Preventing suicide is possible</p>	<p>We believe that with the right help, support or intervention at many different stages suicide is preventable. However, evidence shows that no single action will prevent suicide. It requires a combination of a number of strategies in place at population-based, community-based and individual levels. <i>Connecting for Life</i> brings together 12 key elements which are proven to help reduce suicide:</p> <ul style="list-style-type: none"> • Stigma reduction and mental health awareness campaigns • Responsible media reporting • Reduced access to and attractiveness of lethal means • Data collection systems to identify at-risk groups • Whole-school approach to mental health promotion • Gatekeeper training for community organisations • Training of first responders and frontline staff • Evidence-based practice approaches for the treatment of psychological symptoms • Early identification, assessment, treatment and referral • Good access to services, including ED, mental health • Support for those bereaved by suicide • Continuing aftercare for those leaving inpatient and outpatient services.
<p>2 Suicide is no longer a criminal offence</p>	<p>As a nation we have struggled to talk openly about suicide and suicide was only decriminalised in 1993.</p>
<p>3 Suicide is a legal ruling</p>	<p>Suicide is a legal verdict which is recorded by a Coroner if he/she finds evidence of death by suicide, 'beyond reasonable doubt'. It is widely recognised that this is a high legal standard, not always reached.</p>
<p>4 Suicides have devastating affects</p>	<p>Deaths by suicide have a devastating impact on family members, friends, colleagues, neighbours and the surrounding community.</p>
<p>5 Suicide is everyone's business</p>	<p>The success of <i>Connecting for Life</i> depends upon the collective impact of many different government, NGO and community partners. Thirty three government departments and agencies have made commitments as part of the strategy. Some of the leading suicide prevention and mental health NGOs are also funded by the HSE's National Office for Suicide Prevention.</p> <p>Implementing local, multi-agency suicide prevention plans to enhance community capacity to respond to suicides will be key to the success of the strategy. Twenty one local suicide prevention plans across the entire country will be in place by the end of 2017.</p>
<p>6 There are specific groups of people at higher risk of suicide</p>	<p>Suicide happens in all groups in society, but some groups have higher rates than others. Such priority groups identified within the strategy include, young men, the Travelling community and the LGBTI community.</p>
<p>7 There are specific factors that increase the risk of suicide</p>	<p>The strongest identified predator of suicide is previous episodes of self-harm. Mental health problems and substance misuse also contribute to many suicides. Compared with people bereaved through other causes, those bereaved by suicide have an increased risk of suicide.</p>
<p>8 You can help keep someone safe</p>	<p>If you are concerned about someone you should:</p> <ol style="list-style-type: none"> 1. Let the person know you are concerned about them 2. Ask if they are thinking about suicide 3. Listen and understand 4. Take all threats seriously 5. Get professional help and call 999 if it is a crisis 6. Look after yourself.

For information on support services please visit: www.yourmentalhealth.ie

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Health Service Executive



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