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NATIONAL SUICIDE REVIEW GROUP
ANNUAL REPORT 2001
SUICIDE PREVENTION ACROSS THE REGIONS

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1. CHAIR'S FOREWORD

This report outlines the measures taken by the health boards in 2001 to prevent suicide and reduce the impact of suicidal behaviour. There were 448 suicide deaths registered in 2001 and more than ten times as many presentations for self-harm at general hospitals. Since 1997 the number of suicide deaths registered has consistently been higher than the number of vehicle accident deaths. Furthermore, a recent public health study highlights that in 1998 suicide ranked as the fourth highest cause of years of potential life lost for males.

Our approach to suicide prevention continues to balance general population strategies (education, health promotion etc.) with interventions targeting high-risk groups. In responding to suicide when it does occur, the development of support for individuals, families and communities who have been bereaved is a priority challenge nationally and locally for health boards.

This report is intended to outline the progress made by the health boards in 2001 and also the work of our national group in meeting its terms of reference. The Department of Health and Children has keenly supported our work and I hope that suicide prevention policy can be further guided by the recommendations in this report and the progress reported. Specifically, the NSRG recommends that the development of a national action plan for suicide prevention be supported, building on the work of the Task Force on Suicide and the research findings of the departments of public health of the health boards.

Given the scope of suicide prevention measures across the health boards and other sectors it has not been possible to present in-depth details of each project or intervention referred to in the report. However, it is intended that the report will act as an invitation to follow up particular projects of interest with the NSRG staff and others involved in delivering on these projects, including the many key contacts cited throughout the report.

Finally, while the statistical data reported may appear aggregated and impersonal it allows us to accurately measure the impact of suicide and create awareness of the real extent of the problem. I hope that increased awareness will influence and change negative attitudes, especially towards help seeking and coping for ourselves and for those around us who may be vulnerable.

Bernard Haddigan

Chair

2. BACKGROUND

The National Suicide Review Group (NSRG) was established in 1998 by the Chief Executive Officers (CEOs) of the health boards to fulfil a recommendation made in the *Report of the National Task Force on Suicide* (1998). This was in keeping with an earlier recommendation made by the United Nations which stated that "National Governments should establish or designate a...co-ordinating body to be responsible for the prevention of suicidal behaviour" (United Nations, 1996).

2.1 MEMBERSHIP

Mr. Bernard Haddigan (Chair), Corporate Analyst, Western Health Board

Mr. Pat Brosnan, Acting Director of Mental Health, Mid Western Health Board

Dr. Katherine Brown, Consultant Psychiatrist, Midland Health Board

Mr. Pat Byrne, Director of Nursing, Southern Health Board

Dr. John Connolly, Irish Association of Suicidology, Castlebar, Co.Mayo

Mr. Paul Corcoran, Deputy Director, National Suicide Research Foundation, Cork

Dr. Rosaleen Corcoran, Director of Public Health and Planning, North Eastern Health Board

Mr. Padraig Dalton, Senior Statistician, Central Statistics Office, Cork

Dr. Neville deSouza, Specialist in Public Health Medicine, South Eastern Health Board

Mr. Martin Farrell, Director of Nursing, Northern Area Health Board, Eastern Regional Health Authority

Ms. Sharon Foley, Director of Health Promotion, East Coast Area Health Board, Eastern Regional Health Authority (until May 2002)

Mr. Brian Howard, Chief Executive Officer, Mental Health Ireland

Mr. Paul Morris, Coroner, Clonmel, Co. Tipperary

Mr. Martin Rogan, Director of Mental Health and Addiction Services, South Western Area Health Board, Eastern Regional Health Authority

Dr. Ann Shannon, Specialist in Public Health Medicine, North Western Health Board

Dr. Emer Shelley, National Heart Health Advisor, Department of Health and Children

Dr. Dermot Walsh, Inspector of Mental Hospitals, Department of Health and Children

Staff

Mr. Derek Chambers, Research and Resource Officer

Ms. Anne Callanan, Assistant Research and Resource Officer

2.2 TERMS OF REFERENCE

- To review ongoing trends in suicide and parasuicide
- To co-ordinate research into suicide
- To make appropriate recommendations to the CEOs of the health boards

In addition to meeting these terms of reference the group has dedicated increased resources to prevention issues and is committed to the following priority objectives:

- A comprehensive review of the progress in implementing the recommendations of the National Task Force on Suicide
- An analysis of the impact of recent revisions to recording practices for suicide in Ireland (Form 104) and the formulation of recommendations in relation to this
- The formulation of a national action plan in relation to suicide prevention to be presented to the Department of Health and Children and the CEOs of the health boards before the end of 2003

Apart from sub-group meetings, the full board of the National Suicide Review Group met on four occasions in 2001 at locations throughout the country.

3. PROGRESS REPORT

3.1 INTRODUCTION

The recently launched health strategy *Quality and Fairness: A Health System for You* (2001) reaffirms the commitment to suicide prevention contained in the *Programme for Prosperity and Fairness* (2000) by stating that *"suicide prevention programmes will be intensified"*. The Department of Health and Children, the NSRG and the health boards are identified in the strategy as the agencies responsible for delivering on this action.

As suicide prevention programmes continue to be developed in line with national policy, this third annual report of the NSRG aims to facilitate the sharing of information across the health boards and other sectors. Along with reporting on the NSRG activities in 2001, for the first time the report also aims to meet a reporting requirement set out in the Health (Miscellaneous Provisions) Act, 2001. This requirement states that the Minister for Health and Children will report annually on the measures taken by health boards to prevent suicides in the previous year.

The report also includes an outline of projects supported by the NSRG with Department of Health and Children funding and a brief overview of the Irish Association of Suicidology (IAS) and the National Suicide Research Foundation (NSRF). With regard to measures taken by health boards, core initiatives are described along with key research and service developments. Furthermore, the report includes current data on the number and rate of suicides registered by the Central Statistics Office (CSO) while the appendices provide information on useful resources and contacts.

3.2 EDUCATION INITIATIVES AND INFORMATION PROVISION

The NSRG regularly provides input into education, training and strategy initiatives regionally and nationally, across a range of settings including the health boards, the community and at conferences. Much of this work is carried out in co-operation with the health board resource officers for suicide prevention and five meetings of the resource officer group were held in 2001 in order to address national issues and joint work initiatives. The resource officer group includes the NSRG staff. In addition, the resource officer of the host health board attends the NSRG working meetings.

Specifically, in 2001 the Research and Resource Officer presented information on suicide prevention at community awareness meetings in Athenry, Castlebar and Coolock, Dublin. In the area of bereavement support, a presentation was made at two of the regional launches of the National Suicide Bereavement Support Network (NSBSN), while a presentation was also made at a one-day conference, organised by the NSRF, on suicide bereavement in University College Cork in June. This one-day conference was also addressed by the Director of the Baton Rouge Crisis Intervention Centre who outlined a model of active outreach support that has since been reviewed by the health boards with the aim of further developing bereavement support services.

Input into various training and strategy development projects was also provided in 2001. For example, training sessions were delivered at a two-day workshop for the Garda divisional inspectors with responsibility for the confidential return for deaths from external causes (Form 104). In the area of strategy development, input was provided during the drafting of the Western Health Board (WHB) Regional Prevention Strategy that was adopted by the board in September 2001. In the North Eastern Health Board (NEHB) facilitation of the staff consultation process for the purposes of strategy development was provided over two days of workshops. The NEHB strategy is due for publication in 2002.

Conference participation included the delivery of a workshop during Mental Health Ireland's Annual Conference and a presentation at the IAS Annual Meeting and at a national public conference organised by Active Age. An Aware conference in Derry, a Social, Personal and Health Education (SPHE) conference in Galway and a one-day seminar organised by the Mid Western Health Board (MWHB) Suicide Steering Committee were also attended. Conjoint work was facilitated by participation on the steering group for the Barnardos project *Talking With Children Bereaved by Suicide* and on the technical working group of the National Parasuicide Registry (NPR).

From an international perspective, the Research and Resource Officer attended a meeting of the Association of European Regions (AER) Suicide Prevention Group, hosted by the NSRF in Cork. The AER is a network that facilitates information sharing between a number of partner groups across Europe. Along with the NSRF, the Resource Officer for Suicide Prevention of the Northern Area Health Board (NAHB) also participated in this network. At this meeting the *NSRG Annual Report 2000* was presented to researchers and policy makers from neighbouring European regions. A review of international best practice and policy in the area of suicide prevention is ongoing and will be completed in 2002.

Finally in the area of education and information provision, considerable resources were devoted to the dissemination of information on suicide prevention and research, both proactively and in response to various requests. Of note was the considerable practical contribution to Frontier Films during the production of the documentary *Big Boys Don't Cry,* which was broadcast during RTE's True Lives series and addressed suicide prevention issues. Overall, the NSRG responded to information requests from over 80 individuals and agencies including journalists, students and researchers.

Two newsletters were circulated during the year to a mailing list of over 50 interested individuals and organisations, while the NSRG web site was developed as a dedicated general information resource on suicide prevention issues in Ireland. The site – www.nsrg.ie - was launched in December 2001.

3.3 FUNDED PROJECTS

Since 2000 the NSRG has distributed monies received from the Department of Health and Children to suicide prevention projects around the country, with a total of £100,000 (€127,000) available for allocation in 2001.

Following a call for submissions in the national press (Irish Independent, Sunday Independent and Irish Times), 36 applications for funding were received by the group. All applications were subject to an evaluation by NSRG members utilising the following criteria:

- Sufficient background information
- Feasibility, backed up by a clear plan setting out resource requirements, deadlines, and means for evaluation
- Relevance to the *Report of the National Task Force on Suicide* (1998)
- Potential national applicability/replicability
- The existence of, or potential for, other sources of funding

Subsequently, a sub-group was convened and 16 projects were recommended for funding with the suggested level of support ranging from £1,000 to £20,000 (€1,270 to €25,400). The decision of the sub-group was endorsed at the following NSRG meeting on September 4th. The projects focused on primary prevention, crisis intervention, bereavement support and research. They are outlined below in Table 1.

3.4 PROJECT EVALUATIONS

One objective of the NSRG is to establish the efficacy of suicide prevention projects so organisations around the country can learn from the activities of others. While many of the projects that have received funding from the NSRG are ongoing, and their progress is continually monitored, detailed evaluation results from three projects are available and are briefly outlined here. These projects are in the area of primary prevention and target the following: a vulnerable adolescent group; second level students, and young people in the general population. All were selected for funding in 2000.

3.4.1 Transition to Working Life

Transition to Working Life (TWL) was established in 1997 by the Athlone Community Taskforce (ACT) to combat social exclusion by enhancing the skills of disadvantaged adolescents who are isolated from the working environment. Groups of eight to ten adolescents meet weekly with an employed adult (Working Coach) over a four-month period. Visits to employers are combined with interaction with the Working Coaches and discussions about work and education issues. An independent evaluation[1] was conducted four years after TWL was established, by which time 203 young people (53% male; 47% female) had completed the programme. Interviews and focus groups were conducted with all involved in the programme including Working Coaches and their employers.

The majority of participants reported that the TWL programme helped them, or will help them, to get work or get into further education/training courses. They reported increased confidence and hopefulness regarding work prospects, and improved understanding regarding the nature of the working world. Participating employers, schools and training centres all reportedly benefited from involvement in the programme. Regarding the future development of the course, a number of issues for consideration emerged from the evaluations. In particular, a number of respondents identified that the most vulnerable adolescents were not attracted to the programme.

Following this evaluation, it is recommended that:

- ACT address the areas identified as requiring improvement
- A long-term follow-up of the outcomes of this project is conducted
- This model is considered by other agencies around the country that deal with the issue of social exclusion among adolescents

This collaboration with employers in the local community appears to have provided the participating adolescents with important skills necessary to obtain and retain a job – an important protective factor against self-harm.

Key contact: Linda-Jo Quinn, Athlone Community Taskforce, Business Development Centre, Parnell Square, Athlone, Co. Westmeath. Tel: 0902 94555

3.4.2 Don't Get Down, Get Help Advertisement Campaign

The Midland Health Board (MHB), in collaboration with the Samaritans, initiated a cinema advertising campaign entitled *Don't Get Down, Get Help* in November 1999 to promote the Samaritans helpline. It was developed specifically to target young people who may find themselves in distress or at risk of suicide.

This campaign was externally evaluated[2] by conducting telephone interviews with 300 young people who had recently attended one of five cinemas in the midland region. When questioned, more than one third of respondents (40%) recalled the advert for the telephone helpline making it the second most frequently recalled out of more than 16 adverts. Notably, young men, who are at increased risk of suicide, were less likely than females to recall the advert. For the 40% that recalled the advert, the main message taken away was "call the helpline if you have a problem" (29%) while one in six (15%) remembered the slogan as "Don't Get Down, Get Help". The reported positive aspects of the advert were that " help is available" (18%) and "it gets its message across" (13%) while only 7% reported it as

[1] Conducted by the Dept. of Political Science and Sociology, NUI, Galway
[2] Conducted by MORI MRC

TABLE 1 PROJECTS SELECTED FOR FUNDING, 2001

Title	*Key words*	*Organisation / Project leaders*
PRIMARY PREVENTION		
Parenting: Preparing for Adolescence	6-week parenting programme	Mental Health Ireland, Midland Health Board
Mental Health Matters	Mental health resource pack; 14-18 year olds	Mental Health Ireland
In-Roads Options	Pre-employment training programme; 17-25 year old males; career guidance and counselling programme	Local Employment Service Network, Galway City Partnership
CRISIS INTERVENTION		
The Healthy Living Project	Reduce risk of parasuicide and suicide; vulnerable young people; skills-based; pilot project	Foróige, Southern Health Board
Youth At Risk Programme	Personal development programme; module-based; high-risk young men and women	Midland Regional Youth Service
Parasuicide Intervention Project	Interpersonal problem-solving; training; ongoing large scale study; high-risk group; randomised control trial	Southern Health Board and Mid-Western Health Board
BEREAVEMENT SUPPORT		
Talking with Children Bereaved through Suicide	Children's experiences; pre and post suicide; qualitative study	Barnardos
Experience of NEHB Front Line Staff	Front-line staff; survey; feelings, attitudes and behaviours following client suicide	North Eastern Health Board
RESEARCH		
Co-morbid Psychiatric Disorder in Substance Abusers	Assessment; mental health status; community-based drug service clients; high-risk	Mountview/Blakestown Community Drug Team
Suicide in the Defence Forces	Audit; suicidal behaviour; Defence Forces	Mater Hospital / University College Dublin
Implementation of Task Force in A&E	Survey; A&E nursing practice; parasuicidal behaviour	School of Nursing, Dublin City University.
Positive Mental Health in a University Setting	Review of services in a third level institution; develop training modules	Northern Area Health Board, Trinity College, Dublin
Suicidal Ideation in the Traveller Population	Suicidal ideation and suicidal behaviour; attitudes; traveller population; transient and settled populations	St. Mary's Hospital, Castlebar
Mental Health and the Gay Community – Key Issues	Service provision; mental health promotion activities; gay community	Northern Area Health Board and Gay HIV Strategies
Acculturation and Suicide in Modern Ireland	Sociocultural factors; youth psychology	Trinity College, Dublin
Life and Living in the Mid-West – The Male Population	Lifestyles; attitudes of young males; social change	Mid-Western Health Board, National Suicide Research Foundation

"depressing". Fifty five percent agreed with the statement "it makes me think" while 21% agreed with the statement "its messages are relevant to me". Eighty four percent reported that it was fairly or very effective in communicating its message.

Overall, the response to this campaign appears positive in terms of getting its message across. However, the report does not provide any parameters against which to measure the relative success of this advertisement campaign compared with others. Furthermore, those who did remember it are not compared with those who did not, thus failing to identify the reasons for recall. The factors which are likely to influence memory for the advert at a later time probably include general mental health status and concern for a close other who might make use of the service. However, these factors were not measured in this evaluation. Notwithstanding these limitations, 40% recall is encouraging and the evaluation demonstrates that this methodology may be an effective way to promote such a service for adolescents and young adults. On foot of this evaluation, the following recommendations are made:

- Other health boards who decide to adopt this strategy of advertising should further investigate the reasons for recall and non-recall
- Innovative methods of promotion should continue to be undertaken by the providers of helplines, particularly to engage and raise awareness of young men
- The means for evaluating the impact of helplines generally should be investigated by the providers of these services

Key contact: Billy Bland, Resource Officer for Suicide Prevention, Midland Health Board, Dept of Health Promotion, The Maltings, Coote St, Portlaoise, Co Laois. Tel: 0502 64513

3.4.3 Lifeskills Mindmatters: Promoting Positive Mental Health, A Programme for Post-Primary Schools

Lifeskills Mindmatters is a mental health promotion module developed for senior cycle students in post-primary schools. Unlike other health promotion modules it explicitly focuses on mental health issues and has been developed to fit into a more general lifeskills programme such as the SPHE curriculum. It is comprised of ten sessions and 15 teachers delivered a pilot programme over one academic year to 328 students in six schools. It was evaluated by the project team with the teachers and pupils in order to assess its effectiveness in improving coping and to examine their attitudes towards the module. The response regarding the content and outcome was generally positive. Teachers' feedback was used to inform the revision of materials for the following academic year. The students reported that it was interesting, that it provided them with a better understanding of mental health issues and that they were better able to deal with their problems after the course. After the programme, students were more likely than before to suggest that a teenager exhibiting signs of depression should seek help, with The Samaritans identified as one effective resource. They were also more likely to use positive coping strategies, namely, seeking instrumental and emotional social support. Furthermore, boys were more likely than before to contact a general practitioner (GP) if they were experiencing signs of depression. Also, participating students post-intervention were more likely than control students (who were not exposed to the materials contained in the programme) to recommend that depressed teenagers seek help. Interestingly, the evaluation also revealed that students' confidence in helping a peer exhibiting signs of depression decreased after the intervention. This may be because they were more aware of the symptoms of depression after the programme and of the importance of professionals in dealing with the problem. While this finding may be seen as positive in that it promotes the use of professional support, it also suggests that the module may not have developed the concept of peer support.

The NSRG recommends that agencies with responsibility for mental health promotion in schools review the full interim evaluation report of this project, which is available through the NSRG. Working together, the resource officers for suicide prevention, health promotion officers with responsibility for children, and the local SPHE co-ordinators may be instrumental in conducting such a review.

Key contact: Dr Margaret Barry, Centre for Health Promotion Studies, NUI Galway. Tel: 091 524411

3.5 PARTNER AGENCIES

Along with the NSRG there are two main national organisations working in the area of suicide prevention and research, the Irish Association of Suicidology and the National Suicide Research Foundation. Close links exist between all three organisations facilitating the meeting of their respective terms of reference.

3.5.1 Irish Association of Suicidology

The IAS is an all-Ireland association that held its inaugural meeting in 1996. The terms of reference of the association are focused on suicide awareness, education and communication issues for clinicians, volunteers, the bereaved and the wider community – thereby complementing the work of the NSRG. The 6th Annual Conference of the association took place in Cork in September 2001, with the theme *Suicide and Mental Health: What Counts? What's New? What Works?* The keynote address was made by Professor Keith Hawton, Oxford Centre for Suicide Research, who discussed the significance of psychiatric disorders in patients who have attempted suicide. The IAS and NSRG networked regularly in 2001.

Key Contact: Dr. John Connolly, St. Mary's Hospital, Castlebar, Co. Mayo. Tel: 094-42084

3.5.2 National Suicide Research Foundation

The NSRF is a multi-disciplinary research centre, founded by the late Dr. Michael Kelleher in 1995, with a strong international research and publication record. The foundation is recognised as a centre of excellence by the World Health Organisation European Network on Suicide Prevention and Research, of which the NSRF has recently been confirmed as a member. In 2001, along with organising the one-day conference on suicide bereavement in University College Cork and the meeting of the AER Suicide Prevention Group, both mentioned above (section 3.2), the NSRF continued to build its publications record. Specific research projects supported during the year included the ACE (Adverse Childhood Experience) study and the parasuicide intervention study with the Southern Health Board (SHB) and MWHB (see Section 4.4). Finally, the National Parasuicide Registry has developed as a function of the NSRF and began to yield useful information in 2001, as presented in the prototype annual report.

National Parasuicide Registry

In 2001, the National Parasuicide Registry collected data from four of the eight health regions for the full year. The areas covered were the MHB (pop: 212,000; 520 episodes recorded), MWHB (pop: 334,200; 966 episodes recorded), South Eastern Health Board (SEHB) (pop: 383,890; 1,049 episodes recorded) and SHB (pop: 563,100; 1,084 episodes recorded). Data were also collected from the NEHB from July to December (pop: 327,386; 372 episodes recorded), while data were collected from the WHB for the three months from October to December, though not for all major Accident and Emergency (A&E) departments. Finally, partial data were also collected towards the end of the year for the North Western Health Board (NWHB) and for the three boards that constitute the Eastern Regional Health Authority (ERHA).

In all health boards implementation has followed an intensive process of discussion and negotiation. Formal approval has been secured at the highest (CEO/Director) level for health boards and for individual hospitals within health boards. Appropriate clearance for ethical approval was secured through the relevant ethics committees. The first annual report of the National Parasuicide Registry will present the data collected in 2001 and will be printed in 2002, while a prototype annual report was produced in 2001 and is available through the NSRF office in Cork.

Key Contact: Eileen Williamson, 1 Perrott Avenue, College Road, Cork. Tel: 021-4277499

4. SUICIDE PREVENTION IN THE HEALTH BOARDS

In this section developments in suicide prevention across the health boards are outlined on two levels. Firstly, the structures in place are overviewed and, secondly, prevention initiatives in general are described in the context of the recommendations of the National Task Force on Suicide.

4.1 STRUCTURES

Suicidal behaviour continues to present a major public health challenge for health boards. For example, in 1998 suicide ranked as the fourth highest cause of years of potential life lost for males in Ireland, superseded only by deaths from circulatory diseases, cancers and respiratory diseases (Departments of Public Health, 2001). In the context of deaths from external causes, suicide now exceeds the number of deaths resulting from vehicle accidents (e.g. 448 suicides compared with 362 vehicle accident deaths registered in 2001; CSO figures). Furthermore, suicide and suicidal behaviour affects the health of those bereaved by suicide and the community in general while deliberate self-harm (DSH) carries a significant cost for our health services.

Given the effect that suicide is now known to have on our mortality rates and general morbidity, the health boards continue to develop structures and resources to comprehensively tackle this problem. However, boards are at different stages of developing these structures and resources. For example, following the restructuring of the former Eastern Health Board, dedicated resource officer posts for the South Western Area Health Board (SWAHB) and the East Coast Area Health Board (ECAHB) had not yet been taken up at the end of 2001. Table 2 represents a basic overview of the structures currently in place.

4.2 PREVENTION

Given the large number of suicide prevention initiatives in each health board it is not possible to comment on each one. Therefore, the following section provides examples of some of these activities within the health boards. The section is based on the key recommendations of the National Task Force on Suicide and includes measures directly undertaken by health boards and agencies from other sectors including education and justice. As the WHB regional committee suggests, there are suicide prevention initiatives a health board can deliver on and those that a health board can influence. This section is therefore outlined as follows:

- Health Board activities
- Health Board influence

4.2.1 Health Board Activities

Training

In the area of primary care, the SWAHB, along with the NSRG, is supporting the Irish College of General Practitioners (ICGP) in conducting a training project for practising GPs. This project aims to develop and evaluate the effectiveness of a training programme and information resources. Also, GP Training Units in the SHB and MHB have provided awareness training on suicide, while discussions are ongoing in the SEHB with the GP Training Unit with a view to formally establishing suicide awareness training consisting of eight 1½ hour training sessions to begin in 2002.

The SEHB has appointed a training officer specific to the area of suicide and details of this post are available from the Resource Officer (see Appendix 6.2). This training is concentrated

TABLE 2 STRUCTURES IN PLACE IN REGIONAL HEALTH BOARDS TO SUPPORT SUICIDE PREVENTION INITIATIVES

Health Board	*Resource Officer*	*Steering Committee*	*Regional Strategy*	*Additional Resources*	*Service Plan 2002*
ECAHB	To take up post Nov 2002	Not Applicable (N/A)	N/A	Provision for mental health promotion/suicide prevention officer	Yes
MHB	Feb '99; on secondment	Appointed in Nov '98; initially met 3-4 times a year; met once in 2001	Plans to develop regional strategy in line with national policy formulation	Budget contained within Mental Health Services; 1.5 liaison psychiatric nurses*	Yes
MWHB	Nov '99; on secondment	Appointed Nov '99; meets quarterly	Suicide Action Plan '99; to be replaced by Regional Suicide Prevention Strategy 2003	Designated suicide prevention budget; 1 secretary; 2 research officers; crisis nurse service; liaison psychiatric nurse service	Yes
NAHB	Moved from regional (ERHA) brief in Jan 2001; permanent from Jan 2002	May 2001; meets quarterly	3 working groups in place; consultation process initiated in Sept 2001	Designated budget; grade III clerical support; provision for liaison psychiatric nurse service	Yes
NEHB	Jun '99; permanent	'98; meets quarterly since Nov '01	Planned in 2001 for 2002 publication	Designated budget; part-time secretarial support; liaison psychiatric nurse service	Yes
NWHB	Feb '99; on secondment	Appointed in '98; aim to meet quarterly	In planning stage	No designated budget; part-time secretarial support	Yes
SEHB	May '99; permanent since Apr '01	Apr '00; meets quarterly	Adopted by the board July '99	Designated budget; training/development officer, clerical support, liaison psychiatric nurse post	Yes
SHB	Aug 2000; permanent	Appointed in 1998; meets every 6 weeks	Published in 1999	Designated budget for suicide prevention; crisis nurse service	Yes
SWAHB	Appointed January 2002	Appointed in 2002; plans to meet quarterly	Report on Suicide adopted by board 2002	Provision for mental health promotion/suicide prevention officer; clinical nurse specialist for parasuicide	Yes
WHB	July '98 on secondment	Appointed July '98; meets quarterly	Adopted by board Sept '01	Budget within Mental Health Services; part-time secretarial support	Yes

** for more information on regional service developments in A&E see Section 4.2.1*

on suicide awareness and is delivered to a range of groups, including health care personnel, based on a detailed training programme.

More generally, health board resource officers have run suicide awareness courses that aimed to enable staff to address issues relating to suicide and parasuicide in their work. These training courses have generally targeted specific disciplines such as the addiction services, psychiatric nursing staff and A&E staff, although the NAHB provides a course for multi-disciplinary groups. The NAHB also responded to requests for training from homeless services and the drugs/HIV helpline in 2001.

Directory of Social Support Services

Six health boards have produced a directory outlining social support services in their area (MHB, MWHB, NEHB, NWHB, SEHB, and WHB). These services include those that offer help to individuals in need of emotional and practical support. The WHB, with support from the NSRG, is planning to evaluate the impact of its directory in 2002.

Alternative Approaches to the Recommended Directory

The SEHB has distributed a card entitled *Help and Health For You* to each postal address in the area. This card contains information relating to local, regional and national support services. The MWHB and NWHB have produced suicide bereavement support booklets.

Helplines

The cinema campaign in the MHB *(Don't Get Down, Get Help, see 3.4.2)* is a novel approach to promoting the Samaritans helpline in the region and this approach will be considered by other boards in 2002. The SHB launched a special suicide helpline in September 2001 for anyone who is feeling suicidal or is concerned about someone else. Experienced health professionals staff the helpline and the service will be evaluated on an ongoing basis.

Concerned about Suicide Project

Health board suicide resource officers, suicide awareness co-ordinators (Northern Ireland) and the NSRG staff are frequently contacted by people concerned about suicide and felt a need for information that can allay the fears of parents, siblings and friends. In response, the *Concerned about Suicide* leaflet project was developed to highlight the risk factors around suicide and to suggest what people should do if they are concerned. The principal objectives were to create awareness of suicide warning signs, provide basic information on what to do when concerned and to encourage people to seek help.

Information contained in the leaflet includes:

- The warning signs
- Associated risk factors
- Suicide: key facts in Ireland (north and south)
- General information on self-harm and attempted suicide
- General pointers on how to respond
- Contact details for local and national helping services and agencies

The resource officers for suicide prevention and the suicide awareness co-ordinators, Northern Ireland, led the task of producing the leaflet and, as such, the project represented a successful cross-border collaboration. Prior to finalising the leaflet, a pilot distribution was undertaken in the NEHB region and in Northern Ireland, which was supported by the cross-border agency CAWT (Co-operation and Working Together). Also prior to the all-Ireland launch, an evaluation[3] of the leaflet was conducted in the University of Ulster, Coleraine with 64 undergraduate students. The pre and post assessment of these students showed that after reading the leaflet students were more likely to recognise warning signs and risk factors for suicide and were better equipped in responding to someone who may be at risk. The NAHB organised the launch of the leaflet by the Minister for Health and Children, on World Mental Health Day, October 10th 2001, while a simultaneous launch took place in Northern Ireland. Copies of the leaflet are available through each local health board (see Appendix 6.2).

Older People

The MWHB and SEHB have developed courses in depression awareness among the elderly in an effort to increase the detection and treatment of depression among this group. It is anticipated that the GP training project referred to above will also improve the detection and treatment of depression in the elderly.

Psychiatric In-patients and Suicide Risk

The WHB is developing a resource booklet for psychiatric in-patients that outlines the supports available within the hospital setting and upon discharge. A steering group has been established in the SEHB to recommend guidelines for the development of policies and procedures for suicide prevention within local services.

[3] Conducted by Carmel Clerkin, Dept. of Psychology, UUC.

Parasuicide and the General Hospital Setting

In order to assess treatment practice nationally and encourage effective service development across the country's health boards, a survey was conducted in late 2001 of hospitals nation-wide that treat patients presenting with parasuicide. Information was sought from eight of the ten health boards covering 34 hospitals. Information was subsequently obtained from another health board (SWAHB – 5 hospitals). Table 3 below summarises the service developments (apart from the standard treatment and services) in each of the health board areas.

In summary, eight hospitals employ a liaison psychiatric nurse or crisis nurse to deal with patients who attend A&E after engaging in an act of deliberate self-harm. It is expected that the same or similar services will be extended across all health board areas in 2002 and 2003.

Further developments include the funding of a research study in the School of Nursing at Dublin City University which will examine A&E nursing practice in relation to deliberate self-harm and will assess the implementation of the recommendations of the Task Force in this area. Finally, a problem-solving intervention study is currently running in the MWHB and the SHB that offers participation to clients following parasuicide and seeks to enhance their problem-solving skills and reduce repeat DSH behaviour.

Parasuicide and Public Awareness

Information and public talks on suicide given by health board or NSRG staff generally cover the broad issue of parasuicide. The *Concerned about Suicide* leaflet also covers the issue of parasuicide. A detailed audit of parasuicide was completed in the NWHB and will be used to further guide service developments in the area.

TABLE 3 A&E SERVICE DEVELOPMENTS ACROSS HEALTH BOARDS

Health Board area	*No. of Hospitals with A&E dept.*	*Service Development*
MHB	**3**	**1.5 liaison psychiatric consultation nurses in one hospital. Planning to extend to another hospital.**
MWHB	**4**	**Crisis nurse service in two hospitals, liaison nurse in 3rd hospital.**
NAHB	**4**	**Funding secured for liaison service in 1 hospital and for specialist with interest in young deliberate self-harm attenders and families in children's hospital; interviewed for liaison psychiatric nurse in another; planning to extend service in fourth hospital.**
NEHB	**5**	**Liaison psychiatric nurse for parasuicide working in one hospital.**
NWHB	**2**	**Completed regional audit of parasuicide over 11-month period.**
SEHB	**5**	**Funding secured for development of liaison psychiatric nurse role within a local service, dealing specifically with DSH.**
SHB	**8**	**1.5 crisis nurses servicing 2 hospitals. Planning to extend service to two more hospitals.**
SWAHB	**5**	**1 clinical nurse specialist dealing specifically with parasuicide presentations.**
WHB	**4**	**Liaison psychiatric nurse for parasuicide planned for one general hospital.**

Suicide Bereavement Support Services

Suicide bereavement support services are available in each health board area and are provided by both voluntary community groups and health boards. Many boards have organised training for local volunteers and/or health board staff and have established regional committees to co-ordinate local groups. The MWHB has developed an information booklet for the bereaved and offers an assertive outreach support service along with a healing programme. In the SHB a number of trained health professionals have been organised into suicide bereavement support teams to respond to communities and individuals following suicide. The NSRG plans to review the wide range of bereavement support services currently available and make recommendations to the CEOs of the health boards.

Research – Suicide in Ireland: A National Study

Following the extensive research conducted by the public health departments of the health boards into completed suicides over a two-year period, *Suicide in Ireland: A national study* was published in November 2001.

The study, co-ordinated by the NEHB, examined data on 807 suicide deaths utilising a number of sources including coroners' files, information obtained at inquest proceedings and reports from GPs and consultant psychiatrists. In analysing reports from doctors, the report provides a unique insight into the role of health services in caring for those that may be at risk of suicide and has implications for service development and prevention strategies.

Findings from previous studies are confirmed such as the frequently reported higher rate of suicide among men, the increased risk of suicide related to unemployment and the protective effect of marriage. Additional information is published regarding the most recent attendance at GPs and the mental health services and it is reported that young males were the least likely to have accessed any of the health services in the weeks preceding death. This and other findings have led to the recommendation that a Men's Health Strategy Co-ordinator be appointed in each health board. A further important finding was that one in four of those who died by suicide were known to have expressed suicidal intent. Given that a questionnaire was returned by a doctor for only 73% of cases, this may be an underestimate of all of those expressing intent and suggests that any such communication must be taken seriously. Other issues emerged relating to suicide risk and alcohol misuse, the trauma of relationship difficulties and mental illness.

The importance of this report lies, in particular, in the unique insight provided into health service usage by those dying by suicide and also by providing concrete Irish data on internationally recognised common risk factors. Furthermore, the recommendations of the study reiterate many of the key deliverables recommended by the National Task Force on Suicide and will guide future policy recommendations.

A full NSRG response to the study report, containing recommendations on the key deliverables, is available through the NSRG office or on the web site www.nsrg.ie

4.2.2 Health Board Influence

Media

Following on from the launch of guidelines on reporting suicide in the media by the IAS and the Samaritans in 2000, the SEHB and WHB held seminars in early 2001 to support the distribution of the guidelines locally. The MHB had previously held a successful local launch in 2000. The two Samaritans documents, *Suicide – Fiction and Fact* and *Signs of Suicidal Intent,* have been incorporated into the media guidelines. The media now routinely includes details of helping agencies when reporting on issues relating to mental health and suicide. The resource officers for suicide prevention regularly respond to local media requests for information on issues relating to suicide.

Voluntary and Community Sector

The WHB supported the formation of the Western Alliance for Mental Health, an initiative that aims to prevent an overlap of services and enhance co-operation. The resource officer in the NAHB has been working with a network of statutory and voluntary agencies providing counselling or support services in Community Care Area 8. Community awareness courses have been provided throughout the health boards in 2001 including the ongoing *Facing up to Suicide* course which is supported by the NAHB. Many of the health boards have trained volunteers in bereavement support and have provided subvention for local awareness and support groups.

School Setting

The MHB and NAHB officers represented the resource officers group on the sub-committee of the IAS, which looked at suicide and young people. One of the key objectives of this sub-committee has been the formulation of best practice guidelines for suicide prevention in schools and much of the consultation process was completed in 2001. These two resource officers were involved in the consultation process, which involved meeting with a number of national organisations including the National Educational Psychological Service, Irish

National Teacher's Organisation, Association of Secondary School Teachers of Ireland and National Youth Council of Ireland.

Youth Services

The SEHB, Mental Health Ireland and the five regional youth services in the south east have introduced the programme *Mental Health Matters* to the out of school sector, training 25 youth workers in the delivery of the programme. A training workshop for youth workers has been run in the MWHB that aimed to develop the participants' understanding of issues relating to youth suicide.

Coroner Service

Coroners are represented on regional steering committees as well as on the NSRG. A number of the health boards made a submission to the recent review of the coroner service and the subsequent Coroners' Rules Committee. A detailed submission to the latter committee is available to view on the NSRG web site. Furthermore, coroners have been consulted in the SEHB area regarding how best to disseminate information to those bereaved by suicide.

Gardaí

The MWHB has developed a Suicide Outreach Support (SOS) programme, which offers assertive outreach to those bereaved by suicide. The local Gardaí play a central role in the delivery of this service. Like the coroners, Gardaí are also represented on local steering groups.

Prison Service

A formal partnership has been developed between the ERHA and the prison services regarding the delivery of psychiatric services in the prisons. This partnership was reported in the review of the prison health care services in May 2001 which is available from the Government Publications Office.

Occupational Groups / Settings

Crisis response in work settings is provided by many of the health boards while the NSRF and NSRG have agreed a work plan that proposes an analysis of suicide in occupational groups. The NSRG has allocated funding to a study on suicide in the defence forces.

Method Availability

The WHB regional strategy recommends closer monitoring and restriction of harmful agricultural poisons and the promotion of the use of gun safes by all holders of firearms. Restrictions on the sale of paracetamol came into effect in October 2001 following the introduction of a statutory instrument by the Minister for Health and Children. Restrictions cover the quantity sold, point of sale and the packaging used.

Local Authority Housing

The health boards have not yet addressed this issue, relating to overcrowding and balanced allocation of housing, although the NSRG has requested the Department of Environment and Local Government to consider this area.

Central Statistics Office

The CSO continues to support and facilitate the resource officers for suicide prevention, the NSRG and the NSRF in the task of monitoring trends in suicide on a regional and national basis.

5. CURRENT STATISTICAL DATA

The classification of deaths as suicide for statistical purposes is done by the Vital Statistics Section of the CSO in Cork on the basis of information provided by the revised confidential Garda Form 104. This form is completed in respect of all deaths from external causes and includes medical evidence, information on how relevant injuries were sustained and, more recently, seeks additional information on the circumstances surrounding the death and relevant characteristics of the deceased. Furthermore, the Garda is asked whether he or she considers the death to be accidental, suicidal, homicidal or undetermined. Where the CSO is satisfied that the death is suicide it is classified as such for statistical purposes. The residual number of deaths classified as undetermined provides a measure of the validity / accuracy of a country's suicide statistics and in this respect the Irish figures would appear to be accurate relative to other countries.

The tables below present data on suicide since 1980 by age, gender, method and health board area.

TABLE 4A

Suicide, undetermined death, death by external causes, death by all causes, 1980-2001, per 100,000 total population

Year	*Suicide*		*Undetermined death*		*Death by external causes (ICD9: E800-E999)*		*Death by all causes*	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**	**Number**	**Rate**
1980	216	6.4	84	2.5	1713	50.4	33472	984.2
1981	223	6.5	72	2.1	1717	49.9	32929	956.3
1982	241	6.9	67	1.9	1630	46.8	32457	932.7
1983	282	8.0	62	1.8	1593	45.5	32976	941.1
1984	232	6.6	67	1.9	1436	40.7	32076	908.9
1985	276	7.8	65	1.8	1488	42.0	33213	938.2
1986	283	8.0	83	2.3	1539	43.5	33630	949.8
1987	245	6.9	71	2.0	1489	42.0	31413	885.7
1988	266	7.5	68	1.9	1427	40.4	31580	894.4
1989	278	7.9	92	2.6	1524	43.4	32111	914.9
1990	334	9.5	48	1.4	1502	42.8	31370	894.9
1991	346	9.8	38	1.1	1455	41.3	31305	887.9
1992	363	10.2	22	0.6	1363	38.3	30931	871.6
1993	327	9.1	19	0.5	1377	38.6	32148	902.2
1994	395	11.1	15	0.4	1447	40.5	30948	866.7
1995	404	11.2	10	0.3	1454	40.4	32259	895.8
1996	409	11.3	14	0.4	1524	42.0	31728	875.0
1997	478	13.1	30	0.8	1663	45.4	31581	862.7
1998	514	13.9	53	1.4	1801	48.6	31352	846.2
1999	455	12.2	71	1.9	1818	48.5	31683	846.1
2000*	413	10.9	37	1.0	1491	39.4	31115	821.6
2001*	448	11.7	58	1.5	1626	42.4	29812	776.6

these data relate to deaths registered in these years

The rate of death per 100,000 population is a more accurate reflection of trends than the actual numbers and the table shows that in 2001, 11.7 persons died by suicide per 100,000 population, almost twice the rate in 1980.

Putting the data in perspective, suicide accounted for more than a quarter of all deaths from external causes for the most recent five-year period, making it the second most common cause of death in this category, after accidents. The other external causes of death are homicide and undetermined. In the same period, suicide accounted for 1.5% of all deaths in Ireland.

TABLE 4B

Suicide, undetermined death, death by external causes, death by all causes, 1980-2001, per 100,000 population males

Year	*Suicide*		*Undetermined death*		*Death by external causes (ICD9: E800-E999)*		*Death by all causes*	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**	**Number**	**Rate**
1980	143	8.4	61	3.6	1118	65.4	18230	1066.7
1981	158	9.1	51	2.9	1181	68.3	18068	1044.8
1982	178	10.2	50	2.9	1123	64.3	17755	1016.9
1983	202	11.5	47	2.7	1062	60.5	18026	1026.4
1984	164	9.3	46	2.6	973	55.1	17485	989.5
1985	216	12.2	45	2.5	1019	57.5	18201	1027.7
1986	217	12.3	57	3.2	1039	58.7	18313	1034.8
1987	185	10.5	55	3.1	990	55.9	17002	960.4
1988	195	11.1	49	2.8	961	54.6	16980	965.4
1989	213	12.2	64	3.7	1049	60.1	17058	978.0
1990	251	14.4	33	1.9	1009	57.9	16828	965.6
1991	283	16.1	31	1.8	1025	58.5	16603	946.8
1992	304	17.2	19	1.1	984	55.8	16516	935.8
1993	260	14.7	15	0.8	937	52.9	17035	961.6
1994	305	17.2	11	0.6	1019	57.5	16338	921.1
1995	321	18.0	6	0.3	1025	57.3	17075	954.8
1996	345	19.2	12	0.7	1108	61.5	16672	926.1
1997	386	21.2	22	1.2	1162	63.9	16501	908.1
1998	433	23.5	35	1.9	1285	69.9	16482	896.2
1999	358	19.3	52	2.8	1283	69.0	16480	886.4
2000*	341	18.1	23	1.2	1040	55.3	15930	847.0
2001*	356	18.7	38	2.0	1151	60.3	15408	807.8

**these data relate to deaths registered in these years*

More than twice as many men died by suicide in 2001 compared with 20 years earlier. In a comparison of countries worldwide by the World Health Organisation (October 2001), death by suicide per 100,000 population among Irish men ranked 37 out of 100 countries.

One in three deaths for males from external causes are by suicide and suicide accounts for an average of over 2% of all deaths (most recent five years data). It is of note that the overall death rate shows a steady decline since the early 80s compared with the fairly steady increase in the suicide rate for males.

TABLE 4C

Suicide, undetermined death, death by external causes, death by all causes, 1980-2001 per 100,000 population females

Year	*Suicide*		*Undetermined death*		*Death by external causes (ICD9: E800-E999)*		*Death by all causes*	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**	**Number**	**Rate**
1980	73	4.3	23	1.4	595	35.2	15242	900.8
1981	65	3.8	21	1.2	536	31.3	14867	867.3
1982	63	3.6	17	1.0	507	29.2	14702	847.9
1983	80	4.6	15	0.9	531	30.4	14950	855.4
1984	68	3.9	21	1.2	463	26.3	14591	828.1
1985	60	3.4	20	1.1	469	26.5	15012	848.6
1986	66	3.7	26	1.5	500	28.2	15317	864.9
1987	60	3.4	16	0.9	499	28.1	14411	811.3
1988	71	4.0	19	1.1	466	26.3	14600	824.0
1989	65	3.7	28	1.6	475	26.9	15053	852.6
1990	83	4.7	15	0.9	493	28.0	14542	824.9
1991	63	3.6	7	0.4	430	24.3	14702	829.5
1992	59	3.3	3	0.2	379	21.2	14415	808.1
1993	67	3.7	4	0.2	440	24.6	15113	843.5
1994	90	5.0	4	0.2	428	23.8	14610	813.0
1995	83	4.6	4	0.2	429	23.7	15184	837.6
1996	64	3.5	2	0.1	416	22.8	15051	824.3
1997	92	5.0	8	0.4	501	27.2	15080	818.0
1998	81	4.3	18	1.0	516	27.7	14870	796.9
1999	97	5.1	19	1.0	535	28.4	15203	806.3
2000*	72	3.8	13	0.7	451	23.7	15185	796.6
2001*	92	4.8	20	1.0	475	24.6	14404	745.7

**these data relate to deaths registered in these years*

In comparison with Irish males, the suicide rate for females has not shown any significant increase over the past 20 years having remained relatively low. As a percentage of deaths from other causes, suicide accounts for 17.5% of deaths from external causes and 0.6% of all female deaths. A further notable comparison between the genders is the lower ratio of suicide to undetermined deaths for females (5.5:1 compared to 11:1 for the five most recent years). This may suggest that possible female suicides are more likely to be classified as undetermined. If this is so, it may be explained by the more common use of ambiguous methods of suicide by females such as poisoning (see Table 7).

TABLE 5

Total number of suicides between 1997 and 2001 (inclusive) by age group and gender. Average yearly rate per 100,000 population is also indicated

Age Group	*Persons*		*Males*		*Females*	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
00-04	0	0.0	0	0.0	0	0.0
05-09	1	0.1	0	0.0	1	0.1
10-14	12	0.7	10	1.2	2	0.3
15-19	206	12.1	165	19.0	41	5.0
20-24	355	24.2	301	40.4	54	7.5
25-29	298	23.0	262	40.5	36	5.6
30-34	233	17.9	205	32.1	28	4.2
35-39	227	17.8	178	28.2	49	7.6
40-44	225	18.7	183	30.5	42	7.0
45-49	187	16.6	144	25.3	43	7.7
50-54	173	18.5	133	28.1	40	8.7
55-59	124	16.1	98	25.2	26	6.8
60-64	100	14.5	75	21.8	25	7.2
65-69	83	13.1	57	18.9	26	7.8
70-74	45	8.0	35	14.0	10	3.2
75-79	43	10.2	30	17.0	13	5.3
80-84	18	6.5	10	9.5	8	4.6
85 +	8	4.6	6	11.4	2	1.7
Total	2307	12.7	1874	20.8	433	4.7

Note: data for 2000-2001 is based on year of registration

Overall, this table shows that, for the total population, suicide begins to rise in the late teens and peaks in the 20s. Thereafter, there is a fairly steady drop in the rate towards older age. The average number of suicide deaths in this 5-year period was 461 – slightly higher than the 448 registered in 2001.

The value of considering the data in smaller age bands can be seen in the high rates for men throughout their 20s – over twice that of 15-19 year olds. There seems to be a popular perception that those in their late teens are a particularly vulnerable group but, while this is true to a certain extent, the highest risk group clearly seems to be older males. Service developments and strategies need to take this trend into account. At present there seems to be more resources dedicated to emotional support and health promotion for younger men, perhaps because they are more easily accessed (through schools etc.). Given this increased emphasis on health promotion it may be interesting to see if the lower rate for the younger cohort (15-19 yr. olds) will persist when they are in their 20s and 30s.

Female suicide deaths in this period accounted for 19% of all suicides occurring in the state and the rate is highest in females from the mid 30s to late 60s, although the rate for younger females has risen in recent years.

TABLE 6

Suicides in each health board between 1997 and 2001 (inclusive) by age and gender. Average yearly rate per 100,000 population is also indicated

Health Board	*Age group*	*Persons*		*Males*		*Females*	
		Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
Eastern (ERHA)	**Under 15**	**3**	**0.2**	**3**	**0.4**	**0**	**0.0**
	15-24	**189**	**15.8**	**160**	**26.9**	**29**	**4.8**
	25-44	**299**	**15.3**	**250**	**26.5**	**49**	**4.8**
	45-64	**154**	**12.5**	**101**	**16.9**	**53**	**8.4**
	Over 64	**40**	**6.4**	**27**	**11.0**	**13**	**3.4**
	Total	*685*	*10.6*	*541*	*17.2*	*144*	*4.3*
Midland	**Under 15**	**1**	**0.0**	**1**	**0.8**	**0**	**0.0**
	15-24	**40**	**23.3**	**32**	**35.4**	**8**	**9.8**
	25-44	**63**	**22.8**	**53**	**37.7**	**10**	**7.4**
	45-64	**36**	**18.4**	**33**	**32.8**	**3**	**3.2**
	Over 64	**14**	**11.2**	**8**	**14.1**	**6**	**8.8**
	Total	*154*	*15.0*	*127*	*24.4*	*27*	*5.3*
Mid-Western	**Under 15**	**1**	**0.0**	**1**	**0.5**	**0**	**0.0**
	15-24	**59**	**21.1**	**52**	**35.8**	**7**	**5.2**
	25-44	**86**	**20.2**	**71**	**33.0**	**15**	**7.1**
	45-64	**55**	**17.5**	**40**	**24.8**	**15**	**9.8**
	Over 64	**14**	**7.5**	**8**	**9.7**	**6**	**5.7**
	Total	*215*	*13.6*	*172*	*21.6*	*43*	*5.5*
North-Eastern	**Under 15**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**
	15-24	**58**	**22.7**	**51**	**38.0**	**7**	**5.8**
	25-44	**62**	**14.8**	**52**	**24.7**	**10**	**4.8**
	45-64	**50**	**16.9**	**42**	**27.7**	**8**	**5.6**
	Over 64	**16**	**9.2**	**13**	**17.0**	**3**	**3.1**
	Total	**186**	**12.2**	**158**	**20.5**	**28**	**3.7**
North-Western	**Under 15**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**
	15-24	**39**	**22.6**	**36**	**40.6**	**3**	**3.6**
	25-44	**42**	**15.8**	**38**	**28.6**	**4**	**3.0**
	45-64	**36**	**17.3**	**29**	**26.7**	**7**	**7.0**
	Over 64	**8**	**5.4**	**4**	**5.9**	**4**	**5.0**
	Total	*125*	*11.9*	*107*	*20.1*	*18*	*3.4*
South-Eastern	**Under 15**	**5**	**1.9**	**5**	**2.0**	**0**	**0.0**
	15-24	**73**	**22.4**	**66**	**38.6**	**7**	**4.5**
	25-44	**107**	**20.1**	**93**	**34.7**	**14**	**5.3**
	45-64	**70**	**18.0**	**57**	**28.6**	**13**	**6.9**
	Over 64	**32**	**1.4**	**23**	**22.3**	**9**	**6.9**
	Total	*287*	*14.7*	*244*	*24.7*	*43*	*4.4*
Southern	**Under 15**	**4**	**0.6**	**1**	**0.3**	**3**	**1.0**
	15-24	**100**	**21.4**	**88**	**36.6**	**12**	**5.3**
	25-44	**162**	**21.5**	**133**	**35.2**	**29**	**3.2**
	45-64	**118**	**21.7**	**89**	**32.2**	**29**	**10.9**
	Over 64	**43**	**13.0**	**32**	**22.5**	**11**	**5.8**
	Total	*427*	*15.6*	*343*	*25.1*	*84*	*6.1*
Western	**Under 15**	**1**	**0.2**	**0**	**0.0**	**1**	**0.5**
	15-24	**75**	**25.3**	**52**	**34.3**	**23**	**15.8**
	25-44	**64**	**14.1**	**53**	**23.3**	**11**	**10.2**
	45-64	**59**	**18.6**	**51**	**28.3**	**8**	**4.9**
	Over 64	**29**	**11.8**	**26**	**23.3**	**3**	**2.2**
	Total	*228*	*12.9*	*182*	*20.5*	*46*	*5.3*
Ireland		**2307**	**12.7**	**1874**	**20.8**	**433**	**4.7**

Note: data for 2000-2001 is based on year of registration

This year average yearly rates per 100,000 population have been calculated for the eight health regions in order to allow for comparisons, which are less meaningful in the context of actual numbers. The numbers are relatively small from a statistical perspective but having calculated the average rate over a five year period some of the variability has been reduced. Broader age groups have been calculated compared with the previous table.

Overall, the highest rate is to be found in the SHB (15.6) and the lowest is in the ERHA (10.6). The national rate is 12.7 per 100,000 total population, 20.8 for males and 4.7 for females. The NSRG recommends that health boards consider the age and gender variations within their area and plan services and strategies accordingly.

TABLE 7
Method of suicide by Age Group, 1997-2001 inclusive. Percentage for age group is included in brackets

AGE GROUP	POISONING N (%)	HANGING N (%)	DROWNING N (%)	GUNS N (%)	OTHER N (%)	TOTAL N (100%)
PERSONS						
Under 15	0 (0.0)	14 (93.3)	1 (6.7)	0 (0.0)	0 (0.0)	150
15-24	71 (11.2)	409 (64.6)	48 (7.6)	70 (11.1)	35 (5.5)	633
25-44	171 (19.3)	445 (50.3)	163 (18.4)	58 (6.6)	48 (5.4)	885
45-64	116 (20.1)	217 (37.5)	180 (31.1)	35 (6.1)	30 (5.2)	578
Over 64	37 (18.9)	62 (31.6)	71 (36.2)	16 (8.2)	10 (5.1)	196
Total	*395 (17.1)*	*1147 (49.7)*	*463 (20.1)*	*179 (7.8)*	*123 (5.3)*	*2307*
MALES						
Under 15	0 (0.0)	11 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	11
15-24	35 (6.5)	365 (68.0)	39 (7.3)	67 (12.5)	31 (5.8)	537
25-44	128 (17.2)	404 (54.4)	126 (17.0)	50 (6.7)	35 (4.7)	743
45-64	79 (17.9)	189 (42.8)	126 (28.5)	32 (7.2)	16 (3.6)	442
Over 64	24 (17.0)	54 (38.3)	41 (29.1)	16 (11.3)	6 (4.3)	141
Total	*266 (14.2)*	*1023 (54.6)*	*332 (17.7)*	*165 (8.8)*	*88 (4.7)*	*1874*
FEMALES						
Under 15	0 (0.0)	3 (75.0)	1 (25.0)	0 (0.0)	0 (0.0)	4
15-24	36 (37.5)	44 (45.8)	9 (9.4)	3 (3.1)	4 (4.2)	96
25-44	43 (30.3)	41 (28.9)	37 (26.1)	8 (5.6)	13 (9.2)	142
45-64	37 (27.2)	28 (20.6)	54 (39.7)	3 (2.2)	14 (10.3)	136
Over 64	13 (23.6)	8 (14.5)	30 (54.5)	0 (0.0)	4 (7.3)	55
Total	*129 (29.8)*	*124 (28.6)*	*131 (30.3)*	*14 (3.2)*	*35 (8.1)*	*433*

Almost half of all suicides in Ireland are by hanging (49.7%) presenting an obvious challenge for suicide prevention in terms of using method restriction as a prevention strategy. The use of drowning as a method increases with age, perhaps demonstrating better swimming ability among the younger population making them less likely to drown themselves. This theory is in keeping with the Task Force recommendation regarding the introduction of swimming instruction throughout the education system as a long-term prevention strategy.

For males, hanging accounted for more than half of all suicides with drowning and poisoning accounting for 17.7% and 14.2%, respectively. Suicide by firearms is less common for males overall but accounts for 1 in 8 young male suicides (15-24yrs.) and almost as many in elderly men (11.3%, over 64 yr. olds). The NSRG endorses the recommendations of the Task Force in relation to the safe storage of firearms and scrutinising of applications for firearms.

Poisoning, hanging and drowning represent the most common methods of suicide used by females. In 2001 restrictions regarding the sale of paracetamol were introduced, thereby reducing access to a common means of female suicidal behaviour. Hopefully this will lead to a reduction of impulsive suicidal acts involving the use of paracetamol in the future.

6. APPENDICES

6.1 SUICIDE PREVENTION & AWARENESS RESOURCES

Readers are advised to contact the relevant health board for other local information and resources. If you have additional information which you feel would be of benefit to others please contact the NSRG office for inclusion in any further publications.

Publications

General

- *Concerned about Suicide* leaflet (2001). Produced by the resource officers for suicide prevention of the health boards and the suicide awareness officers for Northern Ireland.

Available in each health board from the local resource officer; contains information on the warning signs, the associated risk factors, the key facts about suicide and parasuicide, how to respond and the various agencies which offer help.

- *Journal of Health Gain* Volume 5 Issue 4 (Winter 2001/2002). Office for Health Gain.

The Office for Health Gain produces a quarterly journal / magazine on a particular health gain theme either in the area of prevention or health promotion. This issue focused on the theme of suicide prevention and copies are available from the NSRG office.

- *Suicide in Ireland: A national study* (2001). Departments of Public Health on behalf of the CEOs of the health boards.

A large-scale study of the factors associated with suicide in Ireland over a two-year period. Factors include age, gender, marital status, employment status, contact with the health services and history of self-harm. A limited number of copies of the report are available from the NSRG. Alternatively, contact the local health board.

Schools

- *Suicide Prevention in Schools: Best practice guidelines* (2002). Irish Association of Suicidology.

Provides an overview of suicide in Ireland along with guidelines for prevention, intervention and postvention in the school setting. It also provides a list of resources for schools including bereavement support groups and voluntary organisations; common myths of suicide; points to consider when informing students of a death by suicide, and a list of common student reactions and recommended staff responses. The guidelines are available from the IAS headquarters (see Appendix 6.2) at a cost of €10.

- *Mental Health Matters: A mental health resource pack* (2001). Mental Health Ireland.

A resource pack for students engaging in the Transition Year programme in schools. Aims to promote personal, social, educational and vocational development. Materials include 6 modular-based units, which are supported by a video. Available from Mental Health Ireland (Appendix 6.2).

- *A Guide for Parents* leaflet. Social, Personal and Health Education (SPHE), Dept of Education and Science and Dept of Health and Children.

Leaflet outlining the goals of the SPHE programme and discusses the role of parents in meeting these aims. Contact the SPHE Support Service regarding the SPHE programme and related publications (Appendix 6.2).

- *A Student Dies, a School Responds* (2001). Mid-Western Health Board.

A guide for post-primary schools. Aims to enhance the capacity of schools to reduce the threat of suicide and provide an effective response in the wake of a sudden traumatic death. The main sections include Managing the immediate crisis, Promoting emotional wellbeing in students, and Maintaining good practice. The appendices include practical information and resources including a sample of a letter to parents, common grief reactions in students and myths about suicide. Available from the MWHB (Appendix 6.2).

- *When Tragedy Strikes: Guidelines for effective critical incident management in schools* (2000). INTO and Ulster Teachers Union.

Contains practical advice for school staff on how to deal with tragic incidents in a way that supports students and staff. Contact the INTO (Appendix 6.2).

- *A School Journal.* North Western Health Board.

The second edition of the journal is available to senior cycle students in all post primary schools in the NWHB area. The journal aims to promote positive mental health and inform young people of services through a comprehensive services directory. Available from the NWHB (Appendix 6.2).

Youth Services

- *Dealing With Suicide: Guidelines for youth workers* (1995). National Youth Federation.

Practical guidelines for volunteers and youth workers dealing with adolescents who are at increased risk of suicide. Deals with general prevention, crisis response and post suicide intervention strategies. Currently under review.

Media

- *Media Guidelines on Portrayal of Suicide (2001).*

The Samaritans and Irish Association of Suicidology.

Guidelines for journalists on how to report sensitively on suicide in the media so that the risk of suicide for others is not increased. The issue of copycat suicide is covered along with recommendations regarding the language to be used by journalists and guidelines on factual reporting. Available from the IAS (Appendix 6.2).

Publications of the Voluntary Bodies

- *Death: Helping children understand. Barnardos.*

Aims to help adults who are faced with talking to children about death and dying. Outlines children's understanding of death at various stages of development, how to break news of death to a child, a child's reaction to death, and the nature of Sólás, a service provided by Barnardos. Available from Barnardos (Appendix 6.2).

- *Suicide in Ireland: A global perspective and a national strategy (1998). Aware.*

Contains information on epidemiology, factors associated with suicide, and recommendations regarding prevention. Available from Aware (Appendix 6.2).

Further relevant publications, including policy documents and guidelines, are available from the voluntary bodies listed in Appendix 6.2.

WEB SITES

Irish

www.nsrg.ie	National Suicide Review Group
www.ias.ie	Irish Association of Suicidology
www.survivingsuicide.com	Irish web site
www.theblackdog.net	Irish web site
www.icgp.ie/prcsuicide.html	Irish College of General Practitioners Suicide Prevention Project
www.samaritans.org	The Samaritans, UK and Ireland
www.mentalhealthireland.ie	Mental Health Ireland
www.cso.ie	Central Statistics Office
www.nsbsn.org	National Suicide Bereavement Support Network

International

www.curriculum.edu.au/mindmatters	A mental health promotion programme for secondary schools
www.wfmh.com	World Federation of Mental Health
www.afsp.org/	American Foundation for Suicide Prevention
www.health.gov.au	Australian Dept of Health and Ageing
www.uke.uni-hamburg.de/ens/	European Network for Suicidology
www.afsp.org	American Foundation for Suicide Prevention
www.who.int/whosis/statistics	World Health Organisation data
www.rochford.org/suicide	Internet Crisis Resources
www.suicideinfo.ca	Suicide Information and Education Centre, Canada
www.suicidology.org	American Association of Suicidology

World Health Organisation on-line publications

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

All are available from the WHO mental health web site:

www5.who.int/mental_health/main

Journals

- *Crisis: The Journal of Crisis Intervention and Suicide Prevention*

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

Published under the auspices of the International Association for Suicide Prevention.

Publishes articles on crisis intervention and suicidology from around the world.

Published quarterly.

- *Suicide and Life-Threatening Behaviour*

Editor-in-Chief: Morton M Silverman

Official journal of American Association of Suicidology.

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

Published quarterly.

- *British Medical Journal*

Editor-in-Chief: Richard Small

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

Published weekly.

- *British Journal of Psychiatry*

Editor-in-Chief: Greg Wilkinson

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

Published monthly.

- *American Journal of Psychiatry*

Editor-in-Chief: Nancy C. Andreasen

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

Published monthly.

Audio Visual

- *Joanne's Story* (2000). A 4-part set of training videos looking at suicide bereavement from a general perspective, the medical perspective, the role of the police and the role of the coroner. It is available from the IAS (appendix 6.2) at a cost of €19 per tape or €70 for the set.
- *The Suicide of Young People and its Impact on the Family* (2002). A 20-video training pack for anyone working in the area of suicide bereavement, including professionals, volunteers, suicide bereavement groups and bereaved individuals and families. The pack is available from Malcolm Brown Associates, 7 The Crescent, Holywood, Northern Ireland, BT18 9AY at a cost of £300 stg. It is also available on loan from the MHB and SEHB Resource Officers while a compilation/sample tape is available on loan from the NSRG.

6.2 USEFUL CONTACTS

Research and Education

- *Irish Association of Suicidology,* St Mary's Hospital, Castlebar, Co. Mayo. Web site: www.ias.ie, e-mail: drjfc@iol.ie, phone: 094-42084
- *National Suicide Research Foundation,* 1 Perrott Avenue, College Road, Cork. E-mail: nsrf@iol.ie, phone: 021-4277499
- *SPHE Support Service* (Post Primary), Marino Institute of Education, Griffith Avenue, Dublin 9. E-mail: sphe@mie.ie, phone: 01-8057718
- *INTO (Irish National Teachers Organisation),* 35 Parnell Square, Dublin 1. Web site: www.into.ie, e-mail: info@into.ie, phone: 01-8722533

Voluntary Support Services

Note: This is not a comprehensive list of voluntary support services. Local health boards will be able to provide a more detailed guide to support services available in each region

- *Aware Defeat Depression,* 147, Phibsborough Road, Dublin 7. Web site: www.aware.ie, e-mail: aware@iol.ie, phone: 01-8308449

Providing support group meetings for sufferers of depression and their families

- *Barnardos,* Christchurch Square, Dublin 8. Web site: www.barnardos.ie, e-mail: info@barnardos.ie, phone: 'CallSave' 1850 222 300
  Committed to the best interests of children and young people in Ireland, promoting and respecting their rights
- *GROW,* 11 Liberty Street, Cork. E-mail: mikewatts@tinet.ie, phone: 021-4277520
  Providing mutual help groups to allow individuals grow towards personal maturity
- *Mental Health Ireland,* Mensana House, 6 Adelaide Street, Dun Laoighre, Co. Dublin. Web site: www.mentalhealthireland.ie, e-mail: information@mentalhealthireland.ie, phone: 01-2841166
  Providing help to those who are mentally ill and promoting positive mental health
- *National Suicide Bereavement Support Network,* Community Centre, Main Street, Killeagh, Co. Cork. Web site: www.nsbsn.org, e-mail: nsbsn@eircom.net, phone: 024-95561
  Providing support and encouragement to new and existing suicide bereavement support groups and providing information to the bereaved
- *The Samaritans,* Irish Regional Office, Southern Desk Room 35, 112 Marlborough Street, Dublin 1. Web site: www.samaritans.org, e-mail: jo@samaritans.org,
  phone: 'helpline' 1850 60 90 90,
  office: 01-8781822
  Providing befriending 24 hours a day, 365 days a year to those passing through personal crisis

Resource Officers for Suicide Prevention

East Coast Area Health Board

- Mr Martin Kane, Acting Director of Health Promotion, East Coast Area Health Board, Southern Cross Business Park, Boghall Road, Bray, Co. Wicklow
  Phone: 01 201 4296, e-mail: martin.kane@erha.ie

Midland Health Board

- Mr Billy Bland, Resource Officer for Suicide Prevention, Health Promotion, Midland Health Board, The Old Maltings, Coote Street, Portlaoise, Co.Laois
  Phone: 0502 64513, e-mail: william.bland@mhb.ie

Mid Western Health Board

- Ms Mary Begley, Suicide Strategy Co-ordinator, Mid Western Health Board, St. Joseph's Hospital, Mulgrave Street, Limerick
  Phone: 061 461 454, e-mail: mbegley@mwhb.ie

Northern Area Health Board

- Ms Teresa Mason, Mental Health Promotion/Suicide Resourse Officer, Health Promotion, Northern Area Health Board, Park House, North Circular Road, Dublin 7
  Phone: 01 8823 416,
  e-mail: teresa.mason@erha.ie

North Eastern Health Board

- Mr John McGuire, Health Promotion Officer, Health Promotion Unit, North-Eastern Health Board, St Bridgit's Hospital, Ardree, Co Louth
  Phone: 041 6850660,
  e-mail: john.mcguire@nehb.ie

North Western Health Board

- Mr Tom Connell, Resource Officer for Suicide Prevention, North Western Health Board, Public Health Department, 3rd Floor, Bridgewater House, Rockwood Parade, Sligo
  Phone: 071 74750,
  e-mail: thomas.connell@nwhb.ie

South Eastern Health Board

- Mr. Seán McCarthy, Resource Officer for Suicide Prevention, South Eastern Health Board, St Patrick's Hospital, Johns Hill, Waterford
  Phone: 051 874 013, e-mail mccarthys@sehb.ie

Southern Health Board

- Ms. Brenda Crowley, Mental Health Resource Officer, Southern Health Board, St. David's Hostel, Clonakilty Hospital, Co Cork
  Phone: 087 299 5913

South Western Area Health Board

- Ms Catherine Brogan, Mental Health Promotion/Suicide Resource Officer, South Western Area Health Board, Oak House, Limetree Avenue, Millenium Park, Sallins, Co Kildare
  Phone: 045 882535,
  email: catherine.brogan@erha.ie

Western Health Board

- Mr Matt Crehan, Co-ordinator of Regional Committee for Suicide Prevention, Western Health Board, St Brigid's Hospital, Ballinasloe, Co Galway.
  Phone: 0905 48459, email: matt.crehan@whb.ie

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