Suicide Prevention in the Community

Connecting, Communicating, Caring

A PRACTICAL GUIDE
Second Edition

Connecting for Life

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A PRACTICAL GUIDE

Written by: Mary O'Sullivan, in collaboration with the Health Service Executive (HSE), and other statutory, voluntary and community groups working in suicide prevention in Ireland

Edited by: Eithne Tiernan

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Dedication

To all those,
known and unknown,
who have helped
to prevent suicide.

Contents

Acknowledgements

This book is the result of a collective effort made possible by many people working together. It was revised and updated by Mary O'Sullivan, Resource Officer for Suicide for Suicide Prevention, Health Service Executive (HSE) West North West, with huge support received and numerous contributions made by individuals and groups in the HSE and other organisations.

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Many HSE colleagues from other departments, as well as colleagues working in other state, voluntary and community groups provided information about their service or organisation, including details of their role. They also gave descriptions of supports and training they offer, along with various initiatives and research studies they have carried out. Numerous resource materials have been included which have not only been developed here in Ireland, but also in many other countries around the world.

I am especially grateful to Eithne Tiernan who provided invaluable support in the editing and organisation of the content of this book.

Finally, I would like to acknowledge all those involved in helping to prevent suicide in their community, those in paid roles, as well as volunteers and those with lived experience of suicide. Over the years, I have seen first-hand the enormous time, energy and effort people have invested in making their communities safer from suicide, as well as in supporting those bereaved by suicide.

A more detailed list outlining those who contributed or provided input for each of the chapters in this book can be seen on pages 322 to 325.

Our responsibility for this guide

We have done everything we can to make sure that the information in this guide is accurate and of a high quality. If there are any mistakes we will correct them in the next publication or online. We mention many organisations and services. This does not necessarily mean that we endorse them. This is a reference document.

Introduction

"Prevention of suicide cannot be accomplished by one person, organization or institution alone; it requires support from the whole community. The community contribution is essential to any national suicide prevention strategy. Communities can reduce risk and reinforce protective factors by providing social support to vulnerable individuals, engaging in follow-up care, raising awareness, fighting stigma and supporting those bereaved by suicide".[1]

Following a death by suicide, communities often struggle to know what to say and do. Although they often want to do something to support the bereaved and prevent anyone else from going through a similar experience, it can be difficult to know how to help. Some people may be reluctant to engage in suicide prevention activities due to fear or lack of knowledge. This guide is designed to help and encourage communities who want to get involved by building awareness and understanding. It promotes consistent and safe messages, and provides information on how to respond to suicide in a balanced and sensitive way.

Suicide Prevention in the Community: A Practical Guide was originally published in 2011. This updated version is designed to guide both established suicide prevention groups and those that are thinking about setting up. The focus is on providing core foundational knowledge for people interested in suicide prevention by sharing good practice, learning from experience about what works well, and making sure that a "do no harm" approach is taken. The information provided is based on current best practice, which continues to grow and develop throughout the world.

While the messages contained in this book are for the general community, ways in which to support specific priority groups are also explored. The various settings in which people engage, for example, schools, workplaces and sports clubs are outlined, with a strong emphasis placed on the importance of organisations and groups working together. Real case study examples of activities, initiatives and services being carried out across the country are provided.

Suicide has many causes and a number of strategies are needed at national, community and individual level to help prevent it. This book recognises this, while also acknowledging the huge goodwill and strong volunteering spirit that exists throughout Ireland in communities. It aims to highlight the good work being done by many dedicated people, to share and build on this learning for the future, and to promote a strong message of hope.

Mary O'Sullivan
Resource Officer for Suicide Prevention, Galway City and West/South Co. Galway, HSE West North West

1 World Health Organization. (2018). Preventing suicide: A community engagement toolkit, p. 02. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/bitstream/handle/10665/272860/9789241513791-eng.pdf?sequence=1&isAllowed=y

1

Understanding suicide and suicide prevention

Understanding suicide and suicide prevention

"If new plans, ideas and actions were rolled out in local communities at the same time as nationally, the impact would be far greater and therefore more successful in raising awareness and prevention".[1]

This chapter will describe key facts about suicide, explain how to recognise warning signs and how to respond. It introduces Ireland's national strategy for suicide prevention, Connecting for Life,[2] and explains one key suicide prevention goal – reducing access to ways to die by suicide.

1.1 Understanding suicide

In communities across Ireland, there is a growing national conversation about mental health-related issues, including suicide.[3] However, over the years, many myths and wrong information have influenced individual beliefs and ways of thinking about suicide. It is important that people can separate myths from facts so that they can support someone who is feeling suicidal. This will also allow people to look at suicide in a way that is more open, understanding and compassionate towards others.

1 Submission reference number 102, as part of the consultation and engagement process for the development of Connecting for Life. Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p.41. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

2 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

3 As above.

Table 1.1: Common misunderstandings about suicide[4]

Myth	Fact
People who talk about suicide don't do it	Most people who die by suicide have told someone that they do not feel life is worth living or that they want to die. It is important to always take someone seriously if they talk about suicide. By helping them to get the support that they need could save their life.
Talking about suicide plants the idea in someone else's head	Asking someone directly about suicide shows that you are concerned about them and it gives them permission to tell you how they are feeling. People who are suicidal often say that it is a big relief to be able to talk to someone about it.
Once a person has made up their mind there is nothing you can do to stop them from dying by suicide	Most suicidal people have mixed feelings. They are torn between a desire to live and a desire to die. They do not want to die, but they do not want to live the life that they have. With support, it is possible to learn how to stay safe, get through the crisis and to see an alternative other than suicide.
Suicide happens without warning	Most people who die by suicide have used words or actions to indicate that they were thinking of suicide beforehand to other people. It is important to be aware of what these warning signs might be, to look out for them and know how to respond if concerned.
Suicide happens to other people	Suicide could happen to anybody, from any walk of life. However, some individuals from specific groups are more at risk of suicide. If you see someone showing warning signs of suicide, don't brush it off, reach out to them instead and involve others, if needed.

4 Adapted from: HSE. (2010). Reaching out: Awareness training on suicide prevention in Ireland. Dublin: HSE.

Table 1.1: **Common misunderstandings about suicide** (Continued)

Myth	Fact
Only those with mental health problems[5] die by suicide	People consider suicide for many different reasons. Mental health problems do not automatically lead to feelings of suicide. Similarly, not all people who die by suicide have been diagnosed with a mental health problem. Other life stressors and experiences may instead bring on suicidal thoughts. In thinking that only those with mental problems die by suicide, people may miss an opportunity to help someone.
If you seek help for someone thinking of suicide, they may be angry with you and resent you afterwards	While some people may be angry and resist help at first, for most people it is a relief to be able to share how they are feeling with others. You may feel that you will lose their friendship if you take action. However, not taking action may have more long-term negative consequences. It is also important to know when to involve others and to seek professional support, as well as when to step back to look after yourself. Most people are grateful afterwards for receiving help.
People who die by suicide are selfish	Most people who consider suicide may not want to die, but they want to end their suffering. During this time they may not be thinking of themselves at all. In fact, it may be that they care so much about the people in their lives that they feel they have become a burden on them. They may think that others would be better off without them. The best way to help someone feeling this way is to listen without judgement. If they are worried that you will think that they are selfish, they may be less likely to reach out to you for support.

5 These are conditions like depression, anxiety, eating problems or psychosis. Sometimes these problems are noticeable as the person is engaging in self-harm or feeling sad, worried and stressed, and this is lasting for a longer period of time. HSE Child and Adolescent Mental Health Services. (2022). Child and adolescent mental health services (CAMHS). https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/

1.2 Risk factors for suicide

It is rare that one risk factor or cause alone leads a person to consider suicide. More often, it is a response to a mix of different situations and circumstances going on in a person's life. The cup analogy[6] explains that suicide is often the result of a build up of different things that a person has not been able to recover from:

> *There is a cup sitting on a table. It is so full; it is rounded at the top. One or two drops of water are added to the cup and it spills over. What caused the water to spill? We want to blame the last one or two drops, but in an empty cup it would not spill.*
>
> *It was not the water in the cup prior to the drops being added, because if left alone, it would not have spilled. It was a combination of all the drops of water in the cup that came before and the last one or two drops that caused the water to spill.*
>
> *In a person's life, the water in the cup is symbolic of all the hurt, pain, shame, humiliation and loss not dealt with along the way. The last couple of drops symbolise the "trigger events", "the last straw", the event or situation that preceded the final act of taking one's own life. Often we want to blame the trigger event, but this does not make sense to us.*
>
> *Like the water, these events all by themselves would not cause someone to end their life. It is the combination of everything in that person's life not dealt with and the last one or two things that caused our loved one to lose hope.*
>
> *For us, we must find a way to pour out the water along the way. This may be through talking it out, writing it out, sometimes yelling it out, whatever works for you. We must learn to deal with our pain in a way our loved one could not.*

Table 1.2 on the following page outlines some of the things that can put people at risk of dying by suicide. They are broken down into individual, social and cultural factors, as well as situations people may find themselves in.[7]

Not everyone experiencing these problems will go on to end their lives by suicide, as each individual will respond to them in a different way, and the complex way in which all these things affect one another is not yet fully understood. However, what is known is that the more of these things that someone experiences, the higher their risk of suicide. Research also shows that some specific groups of people are more vulnerable to suicide[8] and these are discussed in greater detail in Chapter 5.

6 Bolton, I. (1983). In: Regional Suicide Resource Office, HSE South. (2011). Loss and bereavement by suicide: Effective grief and bereavement support handbook, p.23. Waterford: HSE.

7 Adapted from: Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p.21. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

8 As above.

Table 1.2: Individual, social, cultural and situational risk factors for suicide[9,10]

Individual	Social and cultural	Situational
• Previous suicide attempt • Mental health problem • Substance misuse • Hopelessness • Sense of isolation • Lack of social support • Aggressive tendencies • Impulsivity • History of trauma or abuse • Acute emotional distress • Major physical or chronic illnesses and chronic pain • Family history of suicide • Genetic and biological factors, for example, family history and brain function	• Stigma associated with help-seeking behaviour • Barriers to accessing health care, mental health services and substance misuse treatment • Certain cultural and religious beliefs (for example, the belief that suicide is a noble resolution of a personal dilemma) • Exposure to suicidal behaviour, for example, through the media, and the influence of others who have died by suicide	• Job and financial losses • Relationship or social losses, for example, relationship breakdowns or bereavement • Easy access to lethal means • Local clusters of suicide that have a contagious influence • Stressful life events • Legal problems • Bullying

9 Adapted from: Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p.21. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

10 Centers for Disease Control and Prevention. (2022). Risk and protective factors. https://www.cdc.gov/suicide/risk-factors/?CDC_AAref_Val=https://www.cdc.gov/suicide/factors/index.html

1.3 What are the warning signs to look for?

The following table (Table 1.3) lists some of the warning signs that indicate someone may be thinking about suicide. The more warning signs there are, the higher the risk. Some of these signs can be associated with everyday behaviour and may not be a source of concern. Some people might show none of these signs or only show them in very subtle ways, but still feel suicidal. On the other hand, others might show some of these signs but are coping alright. It can be different for everybody so it is important to treat each person and their circumstances as individual and unique.

Some people may not display all their warning signs to the one person, but instead show one sign to one person and another to someone else. This highlights the importance of family, friends and colleagues having joined up conversations so as to help to piece together what is going on for that person at that time. Sharing these concerns and information can help to understand what a person may be going through, and this can be a first step towards talking to them and encouraging them to seek the support that they may need.[11]

Creating greater awareness among communities about these warning signs helps to empower them and ensure that they are better prepared to support those in a suicide crisis. Raising awareness is never about making any one individual or group feel guilty about having missed the signs to indicate that someone was thinking of suicide, as with hindsight, or looking back later things may be clearer. Instead, suicide intervention training[12] can help by building capacity in communities so that people are more empowered, alert and prepared to help others in the future. This is in line with Goal 2 of Connecting for Life (see Section 1.5 for more information).

11 Connecting for Life Cavan Monaghan. (2020). World suicide prevention day webinar, 10th September.

12 These programmes teach participants how to recognise risk and how to intervene to prevent the immediate risk of suicide. For more information, see Chapter 7.

Table 1.3: Suicide warning signs[13,14,15]

Many suicides can be prevented. By offering hope, support and encouragement, you may help someone to want to keep living.

Behaviour that shows someone may be at risk of suicide	• Becoming isolated • Sudden changes in mood or behaviour • Drug or alcohol misuse • A suicide attempt • Self-harm • Difficulties in school or at work	• Sudden calmness after a period of depression or low mood • Dropping out of activities • Disinterest in usual activities • Sleeping or eating difficulties • High-risk behaviours, such as driving a car at high speed
Physical signs that someone may be at risk of suicide	• Neglecting their appearance • Neglecting personal hygiene, or clothing, or both • Persistent physical complaints, such as chronic pain • Weight loss or weight gain due to appetite loss or gain • Tired or finding it difficult to concentrate due to change in sleeping pattern	
Feelings that someone may have if they are at risk of suicide	• Depression • Hopelessness • Helplessness	• Being a burden to others • Failure • Trapped • Feeling life is meaningless • Emotional pain • Great guilt or shame
Thoughts someone may have if they are at risk of suicide	• Gloomy, negative thoughts • Unable to find solutions to problems • Very self-critical	
Recent loss or some other cause	A person may be particularly vulnerable at a specific time or event such as: • anniversaries • a life change • change in financial circumstances • a trauma or a loss	

13 HSE National Office for Suicide Prevention. (2020). Would you know what to do if someone told you they were thinking of suicide? Dublin: HSE. https://www.healthpromotion.ie/media/documents/HSP00955.pdf

14 HSE National Office for Suicide Prevention. (2020). Responding to a person in suicidal distress: A guidance document for public-facing staff or volunteers. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/responding-to-a-person-in-suicidal-distress-a-guidance-document.html

15 National Institute of Mental Health. (2022). Warning signs of suicide. https://www.nimh.nih.gov/health/publications/warning-signs-of-suicide

Table 1.3: Suicide warning signs (Continued)

Very specific warning signs that someone is at risk of suicide

Thinking or talking about death or suicide	Talking about:	• dying • disappearing or going away • funerals • suicide methods • other types of self-harm • Listening to songs with a suicidal theme • Drawing or writing about suicide • Change of language, such as saying words like “if” not “when”
Putting things in order	• Tidying up affairs (like arranging wills, childcare, care of pets or deleting social media accounts and so on) • Giving away prized possessions	

1.4 What to say and do?

Things to avoid saying, what is helpful to say and why[16,17]

Language can have a very powerful impact. While it can take time to change the way people talk about suicide in their community, each person can start by being aware of the language that they use and becoming a champion for bringing about this change.

The following are words or phrases to avoid when talking about suicide, suggestions of what to use instead and why.

Note: Care should always be taken when describing a death as “by suicide”. It may take time for the exact cause of any particular death to be properly established.

People who have been bereaved may also be sensitive about using the word “suicide”. They could be reluctant to assume or say that their loved one’s death was by suicide, or they may not yet know or understand all the facts and circumstances, especially in the early days after a death. Take the lead from the person who is affected by the death in your community.

16 Everymind.org.au. (2021). Suicide prevention, understanding suicide, language and suicide. https://everymind.org.au/understanding-mental-health/suicide-prevention/understanding-suicide/role-of-language-and-stigma

17 Centers for Disease Control and Prevention. (2011). Self-directed violence surveillance: Uniform definitions and recommended data elements. https://www.cdc.gov/suicide/pdf/self-directed-violence-a.pdf

Table 1.4: Use of language

Instead of	Use	Why?
To commit or committed suicide	To die by suicide Ended their own life	To avoid associating suicide with crime or sin
Completed suicide	Died by suicide Ended their own life Took their own life	To avoid presenting suicide as achieving a desired outcome
Successful suicide	Died by suicide Ended their own life Took their own life	To avoid presenting suicide as a desired outcome
Unsuccessful suicide	Attempted suicide Made an attempt on their life	To avoid glamorising a suicide attempt or normalising it
Suicide epidemic	Concerning rates of suicide or a number of deaths by suicide	To avoid promoting inaccurate information or being sensational
Suicide is a permanent solution to a temporary problem	It is better to say, "I know that life isn't easy, but I will be there for you to help you to deal with your problems".	It communicates that a person's problems are temporary, which may not always be the case or, at the time, the person may not feel like they are. It appears to judge people by suggesting that they are overreacting to a passing problem. Acknowledge the person's pain as real and that you will help them to find a way to make life worth living. It also incorrectly suggests that suicide is a solution to a problem.

Table 1.4: Use of language (Continued)

Instead of	Use	Why?
Saying, "Don't do something stupid" when referring to suicide	It is better to encourage the person to talk about how they are feeling and to ask a direct question about suicide.	This is not helpful advice to give as those who have gone through this experience have said that hearing this can be interpreted as, "They think that I am stupid". Often this is happening within a context where the person is already feeling worthless, hopeless and finding it difficult to go on. These words are unhelpful as they reinforce these negative feelings and can make the person feel like a failure.
Suicide prevention is everybody's responsibility	It is better to state instead that, "Suicide prevention is everybody's business". Raising awareness among communities will encourage help-seeking and a more compassionate response to those in distress.	A person cannot be responsible for another's actions. While it is really important to support someone who is thinking about suicide and help them to see that there are other options, we cannot take responsibility for their decisions or actions.

For more information, see:
Talking about suicide: A guide to safe language
https://rosesintheocean.com.au/talking-about-suicide/

What to do if you are worried about someone

If you are worried about someone, it is important to:[18,19,20,21]

- Show that you care – start the conversation by saying, for example, "I've noticed some differences in you lately and I'm wondering how you are?"
- Ask the person a direct question, for example, "Are you thinking about suicide?" This is the only way you can know for sure if they are doing so and asking will not put the idea into their head (see Chapter 7 for information on training programmes that can help). Thoughts of suicide generally develop slowly over a long period of time and after a series of difficulties in life. By asking this question, you can let someone know it is ok for them to talk openly about suicide. You are also acknowledging the person's distress and giving them an opportunity to talk about what is happening in their life. If the answer to the question is, "Yes" – that they are thinking about suicide – try not to panic.
- Stay calm and confident, and, most importantly, remember your main aim is to ensure the person at risk remains safe and that they get the help they need.
- Seek support if you are in doubt and call for professional help if you need it.

You can get professional help through:

- your family doctor (GP)
- the out-of-hours doctor service
- hospital Emergency Department

(See also Chapter 6 for other information on pathways to care).

18 Adapted from: HSE. (2010). Reaching out: Awareness training on suicide prevention in Ireland. Dublin: HSE.

19 New South Wales Ministry of Health. (2013). Conversations matter: When someone is thinking about suicide. https://everymind.imgix.net/assets/Uploads/Whensomeoneisthinkingaboutsuicide.pdf

20 Polihronis, C., Cloutier, P., Kaur, J., Skinner, R. & Cappelli, M. (2020). What's the harm in asking? A systematic review and meta-analysis on the risks of asking about suicide-related behaviors and self-harm with quality appraisal, Archives of Suicide Research. Doi: 10.1080/13811118.2020.1793857

21 HSE National Office for Suicide Prevention. (2020). Responding to a person in suicidal distress: A guidance document for public-facing staff or volunteers. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/responding-to-a-person-in-suicidal-distress-a-guidance-document.html

Table 1.5: Ten key steps to help keep someone safe[22,23]

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.	Remove anything that could be dangerous.
6.	Don't leave the suicidal person alone.
7.	Be positive and point out choices.
8.	Don't promise confidentiality.
9.	Get professional help and ring 999 or 112 if someone needs urgent help.
10.	Look after yourself.

1.5 Supporting someone who is feeling suicidal

"Be patient. Be hopeful. Be there".

"Ask them – 'what is the most helpful thing I can do for you'?"

"Don't forget to take care of yourself too".

These are some examples of things people with lived experience related to a suicide attempt said when asked: "If you could give one message to another person who is supporting someone who has attempted suicide, what would it be?"[24]

22 Adapted from: HSE National Office for Suicide Prevention. (2020). Would you know what to do if someone told you they were thinking of suicide? Dublin: HSE. https://www.healthpromotion.ie/media/documents/HSP00955.pdf

23 Adapted from: HSE National Office for Suicide Prevention. (2017). 8 things everyone needs to know about suicide prevention in Ireland. Annual report 2016, p.69. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-annual-report-2016.pdf

24 Mental Health Commission of Canada. (2018). Toolkit for people who have been impacted by a suicide attempt, p.15. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2019-03/suicide_attempt_toolkit_eng.pdf

A previous suicide attempt is the largest single factor to indicate future suicide risk and death by suicide.[25] However, is important to remember that there are many reasons why people consider suicide. Some people who have previously attempted suicide may not do so again as the presence of protective factors may reduce this risk.[26]

Supporting someone who is thinking of suicide or who has attempted suicide can be very difficult. Some people make repeated attempts and this can be very distressing. While those involved, for example, family members, carers or friends can play a hugely important role, the closeness of the relationship, emotional blocks and many other factors can sometimes make it harder for them to read and heed the warning signs. They may find it difficult to see what is happening and to be able to talk to the person. Wanting to keep things inside the family network, lack of knowledge of support options and previous bad experiences of services are some of the reasons that can result in families not reaching out for support.[27]

A suicide attempt by a family member can also place a huge strain on carers. It can have an emotional impact, in that they may feel overwhelmed, worried and on edge. It can also impact on them from a social point of view, in that they may give up many other activities in order to fulfil their caring role. This can affect their own mental health.

Suicide risk and older people

In Ireland, rates of suicide and self-harm decrease with increasing age. When comparisons are made between suicide rates among older people (85+ years) in European countries, Ireland is one of the countries with the lowest rates.[28] Similarly, self-harm rates are lowest in older people when compared with other age groups.[29] However, it is also important to be aware that older people have a higher risk of suicide after an episode of self-harm.[30]

A suicide attempt by an older person is more likely (if repeated) to lead to death than for younger people. This is due to the fact that older people are generally more frail, have poorer physical health and they are more likely to live alone.[31]

25 Life in Mind, Australia. (2022). People who have experienced a suicide attempt. https://lifeinmind.org.au/about-suicide/contributing-factors-to-suicidal-behaviour/previous-suicide-attempt

26 As above.

27 Owens, C., Owen, G., Belam, J., Lloyd, K., Rapport, F., & Donovan, J. (2011). Recognising and responding to suicidal crisis within family and social networks: Qualitative study. British Medical Journal, 343. https://www.bmj.com/content/343/bmj.d5801

28 HSE National Office for Suicide Prevention. (2024). Suicide and self-harm data. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/suicide-and-self-harm-data/

29 National Suicide Research Foundation. (2025). National self-harm registry annual reports. https://www.nsrf.ie/findings/reports/

30 National Institute for Health and Care Excellence. (2022). Guideline. Self-harm: Assessment, management and preventing recurrence. London: National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/ng225/resources/selfharm-assessment-management-and-preventing-recurrence-pdf-66143837346757

31 Beeston, D. (2006). Older people and suicide. West Midlands, UK: Care Services Improvement Partnership, West Midlands Development Centre.

Other common suicide risk factors are what are known as the “5 Ds” of late life suicide. These are:

- depression (that may be untreated) which shows the strongest link to suicide
- disease (physical illness, especially having a diagnosis of two or more illnesses)
- disability (for example, needing assistance to carry out daily living activities)
- disconnectedness (for example, social isolation, loneliness, feeling like a burden)
- deadly means (access to dangerous substances, for example, medication)[32]

There is evidence to suggest that suicide in old age is less impulsive and more likely to be thought out, but when older people do act, they tend to use more dangerous methods. However, the likelihood of greater planning creates more opportunities for others to be able to intervene and offer them support. Family, carers and friends should take any warning signs regarding suicide or a suicide attempt in an older person very seriously.[33]

There is also strong evidence to show that identifying and treating depression is a very important factor in preventing suicide in older people.[34] Depression can often get confused with or covered up by other medical or physical health problems.[35] There may also be a myth that suicide and attempted suicide only affect young or middle-aged people. Dispelling this myth is important as it raises greater awareness in families and communities about the importance of looking out for the signs of depression and suicide in older people.[36] This creates opportunities to intervene and offer support. It is also important to reflect upon what is socially valued in modern society, for example, being wealthy, employed, independent, healthy and young. These things may be absent from an older person’s life and, as a result, they may be more likely to experience what is known as social devaluation.[37]

What families and carers can do

There are many things that families and carers can do to support someone who is thinking of suicide or who has attempted suicide.

32 National Association of State Mental Health Program Directors. (2018). Weaving a community safety net to prevent older adult suicide. Virginia, USA: National Association of State Mental Health Program Directors.

33 De Leo, D. & Giannotti, A.V. (2021). Suicide in late life: A viewpoint. Preventive Medicine, 152(Pt 1), 106735. https://doi.org/10.1016/j.ypmed.2021.106735

34 Beeston, D. (2006). Older people and suicide. West Midlands, UK: Care Services Improvement Partnership, West Midlands Development Centre.

35 National Association of State Mental Health Program Directors. (2018). Weaving a community safety net to prevent older adult suicide. Virginia, USA: National Association of State Mental Health Program Directors.

36 Troya, I. (2020). Understanding self-harm in older adults: An interview with Dr. Isabela Troya. https://stormskillstraining.com/2020/07/10/understanding-self-harm-in-older-adults-interview/

37 Beeston, D. (2006). Older people and suicide. West Midlands, UK: Care Services Improvement Partnership, West Midlands Development Centre.

- Be proactive. People with suicidal thoughts may believe they cannot be helped. Encourage them to get help and support them in doing so. Encourage them to keep attending supports and services and to put into practice what they have learned at them.
- Help to build protective factors by, for example, encouraging positive lifestyle changes, such as exercise and a healthy diet.
- Make your home as safe as possible by removing things such as alcohol and extra medications (see Section 1.8).
- Watch out for any new signs of suicidal thinking. Keep a copy of your family member's safety plan[38] (if there is one, and they are willing to share it), so you know what steps to take to keep them safe. One element of this plan is to identify things that can bring on or worsen the situation, as knowing what may lead to a suicidal crisis can be really useful. It can also be helpful to support the person in managing the things that can stir up negative emotions, including where to get support when these are present or are likely to be present in their lives. Encourage them to keep numbers to hand of people and places they can contact for support.
- Family dynamics can change. For example, the siblings of a young person who has attempted suicide may be affected, as well as the parents. They could feel afraid, responsible in some way for what has happened or that their own needs are overshadowed at a time of distress in their home. Good communication is more important than ever at this time.

Self-care

It is really important that family members and carers look after their own needs, if they are to be able to continue to support their relative. This is not selfish, but rather an acknowledgement that providing this support can take its toll. It is important to know when carers have reached the limits of what they can give at any one time.

What communities can do

People in the community can play an important role in providing support outside of the family or carer unit. Carers may feel very isolated at this time. This may be because they do not feel that they can leave the person that they are supporting. Other carers may be concerned about how people in the community would view or react to hearing about a person's suicide attempt (and any mental health problems) and withdraw from society as a result. It is good for them to be able to talk to the right person at the right time. Having someone that family members or carers can connect with, open up to and confide in may support their own mental health and wellbeing. Others in the community may also provide resources or supports that may be helpful now or in the future.

38 A safety plan is a plan that a person can create with others (for example, a health professional, family and friends) and use to help them to remain safe if they are feeling suicidal.

1.6 Understanding self-harm

Self-harm describes "the various methods by which people 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".[39] Suicidal intent is the seriousness of a person's wish to die by suicide. Some examples of self-harm methods include cutting, burning, biting, hitting, pulling out hair or taking an overdose of drugs.[40]

Common misunderstandings can shape how people view self-harm and they can arise because it is poorly understood. Being able to separate myths from facts can help to raise awareness, reduce stigma and ensure that people are more likely to respond in a helpful way when someone turns to them for support. See Table 1.6 for some facts to debunk the myths about self-harm.

Table 1.6: Common misunderstandings about self-harm[41,42]

Myth	Fact
Self-harm is a suicide attempt	While a relationship exists between self-harm and suicide, they are different in terms of the intent that lies behind them. In most cases, self-harm is a survival strategy or a way of staying alive rather than an attempt at ending life, whereas with suicide the person has a direct intent to die. However, some people who have died by suicide have engaged in self-harm before their death. This is one of the many reasons why self-harm must be taken very seriously, as death can occur by accident. Repeated self-harm is also a risk factor for suicide.
Self-harm is attention-seeking behaviour	This is often not the case, as most self-harm is actually hidden and many who engage in this behaviour feel shame, do not tell anyone and have difficulties asking for help. Self-harm is an expression of emotional pain and attention is often not the motivator for this behaviour.

39 Department of Health & HSE. (2015). Connecting for Life, Ireland's national strategy to reduce suicide 2015–2024, p.5. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

40 HSE National Office for Suicide Prevention. (2019). Self-harm and young people: An information booklet for parents and concerned adults. Dublin: HSE. https://www.healthpromotion.ie/media/documents/HSP00635_Self-Harm__Young_People.pdf

41 The Recovery Village. (2022). 11 Common myths about self-harm. https://www.therecoveryvillage.com/mental-health/self-harm/self-harm-myths/

42 Durham County Council. (2020). Self-harm: Guidance for school based staff. Durham: Durham County Council.

Table 1.6: Common misunderstandings about self-harm (Continued)

Myth	Fact
Self-harm is a phase that young people will grow out of	Saying that someone will grow out of it dismisses or minimises self-harm. Suggesting that it is just a "phase" indicates that it is not being taken seriously and this could further add to the person's distress. Some people self-harm once or occasionally, while others do it on a regular basis. It can be habit forming. Self-harm can go on for years, where people use this as one way of dealing with problems as they arise. Part of the recovery process involves learning other ways of coping with their emotional pain and with difficult situations.
People who self-harm do not feel the pain	Everybody has a different pain threshold. Those who engage in self-harm do feel pain, but they may experience it differently to those who do not self-harm. Self-harm can release endorphins (chemicals that are naturally produced to cope with pain), which can improve mood. The physical pain they feel may be offset by the emotional relief that it gives them. Dissociation can also occur when a person can separate themselves from their body and the world around them. This can help them to be able to tolerate the pain when engaging in self-harm.

Risk factors for self-harm

A number of risk factors are linked to self-harm. These include:

Age and gender

Data is collected every year by the National Suicide Research Foundation on those presenting to hospital Emergency Departments following all methods of self-harm, excluding accidental overdoses. It shows that the peak rates recorded are for females aged between 15–19 years and males aged 20–24 years.[43] Males and females in these two age groups were also found to be at highest risk of repeated self-harm. Self-cutting was the most common method used.[44] Repeated self-harm is also a significant risk factor for suicide.[45]

[43] National Suicide Research Foundation. (2025). National self-harm registry annual reports. https://www.nsrf.ie/findings/reports/

[44] Bennardi, M., McMahon, E., Corcoran, P., Griffin, E. & Arensman, E. (2016). Risk of repeated self-harm and associated factors in children, adolescents and young adults. BMC Psychiatry, 16(1), p. 421. Doi: 10.1186/s12888-016-1120-2

[45] HSE National Office for Suicide Prevention. (2014). Report of the research advisory group for the national framework for suicide prevention strategy. Dublin: HSE. https://www.lenus.ie/handle/10147/582379

The following are risk factors for self-harm in adolescents:

Table 1.7: Risk factors for self-harm in adolescents[46]

Females	Males
Individual	
• Substance misuse, including alcohol and drug misuse • Sexual abuse and physical maltreatment • High levels of depressive symptoms • Problems related to sexuality • Sleep problems	• Substance misuse, including alcohol and drug misuse • High levels of anxiety • High levels of impulsivity • Problems related to sexuality • Sleep problems
Social	
• Self-harm by friends and family members • Difficulties in making or keeping friends • Problems with parents	• Self-harm by friends and family members • Difficulties in making or keeping friends
Situational	
• Bullying and cyberbullying	• Bullying and cyberbullying • Problems with school work

Area level factors

In Ireland, rates of self-harm can vary from region to region. Highest rates are recorded in urban, densely populated areas. Research also shows that there is a strong link between self-harm and the level of deprivation in an area, in particular, social and economic aspects, such as lack of employment and education. Areas that have poor social connections show

[46] Arensman, E. (2017). Self-harm and suicide: Associated risk factors and evidence based interventions. Wales' First International Suicide and Self-Harm Symposium. https://www.nsrf.ie/wp-content/uploads/2021/06/Lecture-Symposium-Cardiff-Prof-Ella-Arensman-22-09-2017.pdf

higher rates of self-harm. The effects of deprivation are also more significant for those aged under 40 years and for men.[47]

Why do people self-harm?

There can be many reasons why people self-harm and these can change over time. Sometimes people may be unsure as to why they do it. The "8 Cs of self-harm" is used to help get a better understanding of why it happens. These eight reasons are:[48]

- **Calming and comforting**
  Self-harm can temporarily relieve built-up tensions, ease emotional pain and bring a sense of calm or self-soothing.
- **Control**
  It can be a way to feel in control for those who believe that they have little power or control over their lives.
- **Coping and crisis intervention**
  Self-harm can be used as a way of coping or continuing to function when faced with a crisis event or difficult situation.
- **Cleansing**
  It can be used as a way to "cleanse" the body by getting rid of feelings of shame and guilt, or as a form of punishment for things they think they have done wrong in the past. For those who have experienced abuse, it may be seen as a way of "cutting out" the person who has abused them.
- **Confirmation of existence**
  Some people who self-harm say that it helps them to feel more alive and linked in with others. It proves that they can feel something, even if it is pain.
- **Creating comfortable numbness**
  Self-harm can make some people feel numb or to "zone out" and this allows them to escape from the world in which they are living and retreat into a place where their feelings cannot be felt.
- **Chastisement**
  It can be used as a form of punishment for those who feel self-hatred. It is similar to cleansing, but focuses more on the negative things that are happening in the present rather than the past.

47 National Suicide Research Foundation. (2019). Evidence brief: The association between self-harm and area-level factors. https://www.nsrf.ie/wp-content/uploads/2021/06/Evidence-Brief-Area-Level-Factors-July-2019-Final.pdf

48 Sutton, J. (2007). In: HSE National Office for Suicide Prevention. (2014). Understanding self-harm: A handbook for healthcare professionals, parents, teachers and youth workers who may have direct contact with people who self-harm. Dublin: HSE.

- **Communication**
  Self-harm is a way of communicating feelings and emotions to others that the person may find difficult to put into words.

A cycle of self-harm can develop, see Figure 1.1. This shows how people initially experience negative emotion, which can lead to feelings of tension and then to self-harm. While this can have positive effects in the short term, the person then feels shame and guilt, which can stir up more negative emotions, leading to the cycle of self-harm continuing. Understanding this cycle and finding other ways to cope can help to break it.

Figure 1.1: The self-harm cycle[49]

49 Durham County Council. (2020). Self-harm: Guidance for school based staff, p.4. Durham: Durham County Council.

What are the warning signs to look for?

It can be difficult to know if someone is engaging in self-harm, as it can remain hidden. The fact that it may not always come to the attention of family members, health services or others means that it is harder to know the true extent of it.

Table 1.8 lists some of the warning signs to look out for:

Table 1.8: Warning signs of self-harm[50]

Physical signs
• Having many, unexplained and frequent cuts, scratches, bruises and scars, which may be in the same area of the body • Covering up their body, even in warm weather, and avoiding certain activities, such as swimming • Signs to indicate hair pulling
Emotional signs
• Emotional distress, becoming withdrawn and not speaking to others • Low self-esteem, self-loathing and wanting to self-punish • Depression • Substance misuse

50 HSE. (2022). Signs of self-harm. https://www2.hse.ie/conditions/mental-health/self-harm/self-harm-types-and-signs.html

What to say if you are worried about someone

Self-harm has a huge impact on people's day-to-day lives. The reaction that they receive when they disclose this to others can affect whether they go on to seek help and to recover. Many may be worried:[51]

- that they would not be taken seriously
- about what others would think of them
- that no one would understand why they had done it, or would be able to help them
- that self-harm, the only coping strategy that had been keeping them going, might be taken away from them

Things to avoid saying, what is helpful to say and why

In the same way as when talking about suicide, it is important to use sensitive language that is free of stigma when discussing or writing about self-harm. Table 1.9 sets out some of the language that is helpful to use and why, as well as phrases that are best avoided.

Table 1.9: Use of language[52,53,54]

Instead of	Use	Why?
Self-harmers	People who self-harm	This is an example of person-centred language that puts people first. It is more respectful and shows that a person is much more than their behaviour. Self-harm may be a way in which some people cope, but it is not who they are.

51 Mental Health Foundation. (2012). The truth about self-harm: For young people and their friends and families. London: Camelot Foundation and Mental Health Foundation. https://www.mentalhealth.org.uk/explore-mental-health/publications/truth-about-self-harm

52 HSE National Office for Suicide Prevention. (2022). Language and suicide. https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/language-and-suicide/language-and-suicide.html

53 Nielsen, E. (2017). What's in a word? The language of self-harm and suicide (and why it matters). http://www.powertopersuade.org.au/blog/whats-in-a-word-the-language-of-self-harm-and-suicide-and-why-it-matters/6/6/2017

54 The University of Nottingham. (2019). It's okay to talk about self-harm. https://www.asklion.co.uk/kb5/nottingham/directory/advice.page?id=S0gK6RqZrZk

Table 1.9: **Use of language** (Continued)

Instead of	Use	Why?
Deliberate self-harm	Self-harm	The word "deliberate" may give an unhelpful message, as it implies that self-harm is a premediated and wilful act. Sometimes the extent to which the behaviour is "deliberate" or "intentional" is not always clear. In some cases, it can be spontaneous and compulsive, with little awareness or conscious thought. Using this language is also seen as judgemental.
Superficial self-harm	Self-harm	This is also regarded as being judgemental by appearing to be dismissive. It is important to remember that whether medical care is needed or not is not an indicator of the level of distress a person may be feeling.
"You have yourself to blame" **"You are being selfish"** **"That's disgusting"** **"You should stop"**	Start the conversation by saying, "I've noticed that…". Listen to understand rather than to fix. Ask open questions and be led by the person, for example, "Do you want help finding information or someone to talk to about this?"	Personal attacks and labels are unhelpful, as is telling the person what to think or do. It is also oversimplifying the situation to tell them to stop. This can be difficult to do so. The person needs to be supported to replace their unhealthy coping behaviours with healthier ones so as to break the self-harm cycle.

What to do if you are worried about someone

Discovering that someone is engaging in self-harm can be very emotional for a parent, carer or friend. They may feel shocked, embarrassed, ashamed, guilty and confused.[55] They may also feel like they are "walking on eggshells". Here are some tips that may be of support if you are worried about someone:

Table 1.10: **Tips for supporting someone who is engaging in self-harm** [56,57]

What is helpful	What to avoid
• Do try to manage your emotions. This will help you to talk to the person in a calm way. • Do ask a direct question as to whether they are feeling suicidal. • Do encourage them to get support and as early as possible, including dealing with any immediate medical concerns. The GP is often the first step to take when reaching out for support. It is important to go to the GP or to the hospital if the person needs medical attention. They can treat any physical injury but can also recommend any further assessment. The person may need immediate help for an injury or overdose. • Do educate yourself about self-harm. • Do recognise that self-harm may be the one way they have of dealing with their problems and asking them to give it up can be frightening, without first learning and practising other ways of coping. • Do try and be as open as possible with the person so that they can freely discuss their thoughts and feelings. • Do look after yourself.	• Don't panic and jump to conclusions about why the person is engaging in self-harm. Ask them, don't make assumptions. • Don't ignore or dismiss your concerns. Pretending it does not exist will not make it go away and it also reinforces the shame and secrecy associated with self-harm. • Don't try to force them to stop, as this could make things worse. • Don't promise confidentiality.

55 Orygen, The National Centre of Excellence in Youth Mental Health. (2015). Myth buster: Self-harm, Sorting fact from fiction. Australia: Orygen. https://www.orygen.org.au/Training/Resources/Self-harm-and-suicide-prevention/Mythbusters/Self-Harm/Orygen_Self_Harm_Mythbuster?ext

56 As above.

57 HSE National Office for Suicide Prevention. (2019). Self-harm and young people: An information booklet for parents and concerned adults. Dublin: HSE. https://www.healthpromotion.ie/media/documents/HSP00635_Self-Harm__Young_People.pdf

What can help?

There are steps to take, as well as interventions and supports to help those who engage in self-harm to make other choices over time. These include the following:

Understanding self-harm patterns

Learning to recognise the things that give a person the urge to self-harm can be helpful. This includes keeping a diary of what leads the person to self-harm, for example, by looking in more detail at:[58]

- when it happened
- what was happening at the time
- what the person was thinking
- how they felt
- what they did

Once a person becomes aware of patterns then they can begin to work out ways to change this.

Identifying distractions

Identifying distractions until the urge to self-harm has passed is another technique to consider using. Different distractions work for different people and sometimes the same distraction will not always work every time.[59]

For more information on distractions, depending on the type of emotion that a person is feeling at that time, see: https://www.mind.org.uk/media-a/5783/self-harm-2020.pdf

For other suggestions, see also: https://spunout.ie/category/mental-health/self-harm/

Delaying self-harm

This technique recognises that a person may have an urge to self-harm. Its aim is to try to help the person not to act on them straight away and instead wait until these urges and their emotions become less strong.

58 Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. (2020). Self-harm: An NHS self help guide. Cumbria, Northumberland, Tyne and Wear: NHS Foundation Trust.

59 Mind. (2020). Self-harm. London: Mind. https://www.mind.org.uk/media-a/5783/self-harm-2020.pdf

Making a hope box

Putting together a box containing things that can ground a person, which they can access really quickly, may be of help. It can include items such as:

- touch – fidget spinners
- memories – to recall positive ones, for example, of places or a pet
- smells – for grounding, such as peppermint or lavender to relax
- music – ideally calming music
- breathing technique exercises
- positive affirmation cards – cards with uplifting quotes

For more information, see: https://www.youtube.com/watch?v=61c-3mLXljk

Other interventions

Some of the interventions recommended for self-harm include:[60]

- developing a safety plan (see Chapters 6 and 8), which should be agreed by the person, those involved in their care and support, and others who may need to be involved
- structured, person-centred talking therapies, for example, cognitive behavioural therapy[61] and dialectical behavioural therapy[62]

60 National Institute for Health and Care Excellence. (2022). Guideline. Self-harm: Assessment, management and preventing recurrence. London: National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/ng225/resources/selfharm-assessment-management-and-preventing-recurrence-pdf-66143837346757

61 Cognitive behavioural therapy looks at the way in which people's thoughts, emotions and behaviours are linked and how they affect one another. Its aim is to help people to change the way in which they deal with problems. https://www2.hse.ie/wellbeing/mental-health/therapies-talking-and-self-help/talking-therapies.html

62 Dialectical behavioural therapy is an evidence-based programme which aims to help people with ongoing mental health difficulties in managing intense emotions. https://www.hse.ie/eng/services/list/4/mental-health-services/dbt/dbt/

1.7 Suicide prevention in Ireland: National strategy

Activities to prevent suicide in Ireland increased after suicide was decriminalised (no longer against the law) in 1993. Since then, our understanding of suicide and what works in terms of its prevention has continued to grow. A wide range of initiatives have been put in place to promote positive mental health, as well as to support people at risk of suicide and those bereaved by suicide. Suicide prevention in Ireland up to 2014 was guided by Reach Out, the first national suicide prevention strategy. The National Office for Suicide Prevention was set up in 2005 within the Health Service Executive (HSE) to oversee the implementation, monitoring and coordination of Reach Out.

Connecting for Life, Ireland's national strategy

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015–2020 (now running until 2025) was launched in 2015: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

As part of the development of Connecting for Life, a consultation process was carried out to hear a wide range of views, including service providers, the general public, those affected by suicide, community and voluntary organisations, government departments and state bodies. The strategy was due to end in 2020, but was extended to 2025 to build on the work already taking place and allow government departments and communities to continue to work together to address suicide.

The vision in Connecting for Life is "an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing".[63] Connecting for Life takes an evidence-informed approach to suicide prevention. Research findings, skills and knowledge gathered from work on the ground and the views of those with lived experience of suicide are taken into account. This ensures that real and measurable benefits are delivered in a way that offers value for money. Within the HSE, the National Office for Suicide Prevention is responsible for supporting, monitoring and coordinating the implementation of Connecting for Life at national level (see Chapter 6 for more information on its role). Connecting for Life Implementation Plans have been developed which set out the important milestones to reach within a specific time frame for all the actions listed in the strategy: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting-for-life-implementation-plan.html

Research shows that no single action alone will prevent suicide. Instead, a number of different approaches need to be in place nationally, locally within communities and by individuals themselves. Connecting for Life takes into account the evidence that shows the most promise in terms of what works in reducing suicide in Ireland. Based on this information, it sets out key actions to take under the following seven goals:

Goal 1: To improve the nation's understanding of, and attitudes to, suicidal behaviour,[64] mental health and wellbeing.

Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.

Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

Goal 5: To ensure safe and high quality services for people vulnerable to suicide.

Goal 6: To reduce and restrict access to means of suicidal behaviours.

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

Local suicide prevention plans

As well as the national strategy, ten local Connecting for Life Suicide Prevention Action Plans have been developed across the country. These plans recognise the important role that communities and local structures can play. Their aim is to empower and support individuals and communities to respond to suicide so that more people can get the help that they need at the right time and place. The plans are led by the HSE Mental Health Services and coordinated by HSE Resource Officers for Suicide Prevention (see Chapter 6 for more information on their role).

63 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p.ix. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

64 Suicidal behaviour describes a broad range of behaviours relating to suicide, which can include thoughts of suicide, self-harm, attempted suicide and death by suicide.

Table 1.11: 8 Things that everyone needs to know about suicide prevention in Ireland[65]

1. Preventing suicide is possible	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. Connecting for Life brings together 12 key elements which are proven to help reduce suicide: • 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 Emergency Department and Mental Health • Support for those bereaved by suicide • Continuing aftercare for those leaving in-patient and out-patient services
2. Suicide is no longer a criminal offence	As a nation we have struggled to talk openly about suicide and suicide was only decriminalised in 1993.
3. Suicide is a legal ruling	Suicide is a legal verdict which is recorded by Coroners if they find evidence of death by suicide, "beyond reasonable doubt". It is widely recognised that this is a high legal standard, not always reached.

65 Adapted from: HSE National Office for Suicide Prevention. (2017). 8 things everyone needs to know about suicide prevention in Ireland. Annual report 2016, p.69. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-annual-report-2016.pdf

Table 1.11: 8 Things that everyone needs to know about suicide prevention in Ireland (Continued)

4. Suicides have devastating affects	Deaths by suicide have a devastating impact on family members, friends, colleagues, neighbours and the surrounding community.
5. Suicide is everyone's business	The success of Connecting for Life depends upon the collective impact of many different government, non-government organisations 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 non-government organisations are also funded by the HSE's National Office for Suicide Prevention. Implementing local, multi-agency suicide prevention plans to enhance community capacity to respond to suicides is key to the success of the strategy.
6. There are specific groups of people at higher risk of suicide	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 Traveller community and the lesbian, gay, bisexual, transgender, intersex+ (LGBTI+) community.
7. There are specific factors that increase the risk of suicide	The strongest identified predictor 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.
8. You can help keep someone safe	If you are concerned about someone, see Table 1.5: Ten key steps to help keep someone safe.

1.8 Suicide prevention in the community: Reducing access to ways to die by suicide

Research shows that reducing access to ways to die by suicide is one suicide prevention strategy that is known to work (Goal 6, Connecting for Life).[66] If someone who is feeling suicidal does not have immediate access to a dangerous location, substance or another method, they will need extra time to find an alternative. The suicide crisis might pass in the meantime, or it may give family, friends or others a chance to intervene and to offer support.

Reducing access in public places

Four types of interventions have been found to work in locations where people are known to take their lives. These are:[67]

1. Restricting access to that location by putting physical barriers in place.
2. Changing the public image of the site by discouraging memorials and floral tributes being placed there and encouraging responsible reporting in the media. For example, it is best not to use the term "hotspot", as it may appear to trivialise suicide, encourage further suicides at that site or give the area a bad name. It is more helpful to instead use the term "frequently used location". (See Chapter 2 for more information on memorials and Chapter 9 for reporting by the media).
3. Increasing the likelihood of an intervention happening by improving surveillance in the area and ensuring more people in the community are suicide alert and have the skills to intervene should they come across someone at risk.
4. Encouraging help-seeking by placing signs with information about supports and services at frequently used locations. Care should be taken regarding the number of signs used and where they are placed. Thought should also go into making sure the signs are visible to someone thinking of taking their own life, while at the same time that they do not have unintended consequences by drawing people to the area who wish to die by suicide.

Local Authorities work with other partners, for example, the Gardaí, Water Safety Ireland and the HSE to consider what practical measures can be taken to restrict access and to reduce risk factors in public locations.

For more information, see: **Preventing suicide in public places: A best practice toolkit**
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/preventing-suicide-in-public-places.html

66 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

67 Public Health England. (2015). Preventing suicides in public places: A practice resource. London: Public Health England. https://www.gov.uk/government/publications/suicide-prevention-suicides-in-public-places

What can communities do?

These findings highlight that communities can play a role in reducing access to the means of suicide by being aware of good practice and what works in terms of suicide prevention. They can also encourage others to attend suicide intervention training to build their confidence and skills in reaching out and offering support to those living in or visiting their local area.

Other initiatives to reduce access to means

Community groups may wish to promote other initiatives that reduce access to means. One such example is the Disposal of Unused Medication Properly (DUMP) campaign, see case study below, which has been organised in some areas.

1.9 Case study examples

Case study 1: The Disposal of Unused Medication Properly (DUMP) campaign

What is the DUMP campaign?

Unused or out-of-date medicine can pose a danger in the home. They can build up for a number of reasons, for example, medicine that is not used because an illness is no longer a problem, not finishing a course of antibiotics or someone on large amounts of medication due to an ongoing illness. The DUMP campaign sets out to address this problem by offering a free service to dispose of unwanted medicines. It has been successfully run in some areas over the years. It is usually organised by the HSE, working with community pharmacists, and is often supported by Local Authorities.

How does it work?

The DUMP is a free service. It encourages people to remove medicines that they no longer need or use from their homes and bring them to their local pharmacy so that they can be disposed of safely and properly. The campaign runs over a set time period in specific areas or across a county. It is promoted in a number of different ways, for example, through local media and by putting posters in GP surgeries, health centres, post offices, libraries, Garda stations, schools and shopping centres.

How can it be of help?

This campaign can help in four ways:

1. **Preventing overdose**
   Research from the National Suicide Research Foundation shows that drug overdose

is the main way people self-harm in this country.[68] This campaign can help to reduce access to ways of engaging in self-harm or dying by suicide.

2. **Reducing the number of accidental poisonings**
   Brightly coloured medications or liquids can easily be mistaken for sweets or drinks by children or other vulnerable people. Restricting access to drugs reduces the risk of accidental poisoning.

3. **Preventing inappropriate sharing of medicines**
   It is important that medicines are taken as directed by the person for whom they were prescribed and only that person. Sharing or not completing courses of medication may cause illness, injury or even death. In the case of antibiotics, this can result in not all bacteria being destroyed and more resistant bacteria surviving and multiplying. This makes it harder to prevent and treat infections because fewer antibiotics will work.

4. **Reducing damage to the environment**
   Unwanted medicines can often be dumped with other household waste, flushed down the toilet or poured down the sink. These methods of disposal can seriously harm the environment as products end up in landfill, soak into the soil and enter our food chain and water supply.

The results of DUMP campaigns run so far have been very encouraging. The high level of returns of medicine shows that there is public demand for this campaign. A study published in the Irish Pharmacist found that over seven out of ten returns were due to either medicine cabinet clear-outs or because the medicines were unused or unwanted.[69]

This campaign gives communities the opportunity to work together to dispose of out-of-date or unused medicines. It also raises awareness of the dangers of storing large amounts of medicine in the home, particularly for children or other vulnerable people, as well as advising on how medicines can be stored correctly.

As trusted health advisors, community pharmacists also play an important role in maintaining and improving people's health by providing reliable advice and information to the public.

[68] National Suicide Research Foundation. (2025). National self-harm registry Ireland. https://www.nsrf.ie/registry/

[69] O'Driscoll, D., Ryan, J., Brogan, C. & Henman, M. (2009). The DUMP campaign. Irish Pharmacist: Special Report, 5(11), 19–22.

Case study 2: Eden Programme: Rediscover hope

"I believe this programme has changed my outlook on life. I want to live. I want to make life better for my kids and search out happiness and positivity" (Eden participant).

Background information:

The Eden Programme was developed by a charity called Suicide or Survive (SOS). It was first run in 2007. Since that time many programmes have been delivered in Dublin and Kildare, and also in Galway, Mayo and Roscommon, in partnership with the HSE.

The HSE National Office for Suicide Prevention is funding the delivery of this programme. Three fully independent evaluations have been published by Dublin City University, with the third focusing specifically on the online version of the programme. A service evaluation is also being carried out by the National Suicide Research Foundation.

What is the Eden Programme?

Eden is an educational programme with a therapeutic element. It runs one morning a week (midweek) for 26 weeks as a closed group with between 14 and 16 participants per programme.

It aims to provide participants with an opportunity to:

- explore their own experiences
- acquire tools to monitor and manage their own wellness
- develop a range of supports to meet their individual needs

The ultimate aim of the programme is to support participants to move away from suicide as an option of choice in times of crisis.

Who delivers the programme?

Two qualified and trained facilitators deliver the programme. It can be run either fully face-to-face or fully online.

Who can attend?

Eden is for adults (those 18 years of age or older, with no upper age limit) who have attempted suicide or have had suicidal thoughts. It is offered to those who are open to attending a group and who are motivated to bring about change in their lives. It is expected that participants have access to other therapy and supports to make sure that they have the space and time to work through issues that come up for them on the programme.

Places are limited.

Participants self-refer and all of those who apply are invited to a holistic interview to explore whether the programme can meet their needs.

"I experienced hope for the future, there is one" (Eden participant).

For more information and/or to register your interest in the programme:

https://suicideorsurvive.ie/programmes/eden-programme/ or call 1890 577 577.

Resources

Video of the Eden Programme
https://www.facebook.com/SuicideorSurvive/videos/eden-our-pioneering-suicide-prevention-programme/295891591139599/
This is a short video describing the Eden Programme.

Independent evaluation of the SOS Eden Programme
https://suicideorsurvive.ie/wp-content/uploads/2019/05/Independent-Evaluation-of-the-SoS-Eden-Programme-Final-Version.pdf
This report describes the research design, aim, methodology, key findings and recommendations from the evaluation carried out by Dublin City University in 2014.

Report on the evaluation of the online Eden Programme: "It's the same but different"
https://suicideorsurvive.ie/wp-content/uploads/2022/07/DCU-Evaluation-of-Online-Eden-2021.pdf
This evaluation was also completed by Dublin City University in 2021. It examined the acceptability (relevance and perceived benefits) of the online Eden Programme across three sites.

With the right help, support and intervention at many different stages suicide is preventable.

Resources and further reading

1.10 Suicide prevention: International examples

Preventing suicide, a global imperative
https://www.who.int/publications/i/item/9789241564779
In 2014, the World Health Organization (WHO) published this report. It provides a global knowledge base on suicide and actionable steps for countries to move forward in suicide prevention.

National suicide prevention strategies: Progress, examples and indicators
https://apps.who.int/iris/handle/10665/279765
Published by the WHO in 2018, this provides examples of progress made, as well as examples and indicators chosen when implementing national suicide prevention strategies.

For information on suicide prevention strategies:

- In Northern Ireland (Protect Life 2), visit: https://www.health-ni.gov.uk/protectlife2
- In Scotland (Creating Hope Together), visit: https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/
- In Wales (Talk to Me 2) and Draft Suicide and Self-Harm Prevention Strategy 2024-2034: https://www.gov.wales/draft-suicide-and-self-harm-prevention-strategy
- In England (Suicide Prevention Strategy for England), visit: https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028

1.11 Recording of suicide in Ireland

In Ireland, the Coroner, who is usually a doctor or solicitor, investigates the cause of sudden, unnatural, violent or unexplained deaths, including suicide deaths. The Gardaí notify the Coroner's Office of these deaths. A post-mortem or examination to discover the medical cause of death is carried out. An inquest or official enquiry into the cause of the death is held in public.

After the inquest, the Coroner issues a certificate, so that the death can be registered by the Registrar of Births, Deaths and Marriages. The Registrar then forwards this information to the Central Statistics Office. It records the number of deaths that occur every year, including deaths by suicide. As well as information from the Coroner, this classification is based on additional information gathered from the Gardaí on a form known as Form 104 (see Figure 1.2 outlining this process).

There is usually a delay of up to two years by the time figures are published by the Central Statistics Office due to a number of reasons, for example, getting medical reports and holding inquests. It provides information at three different stages:

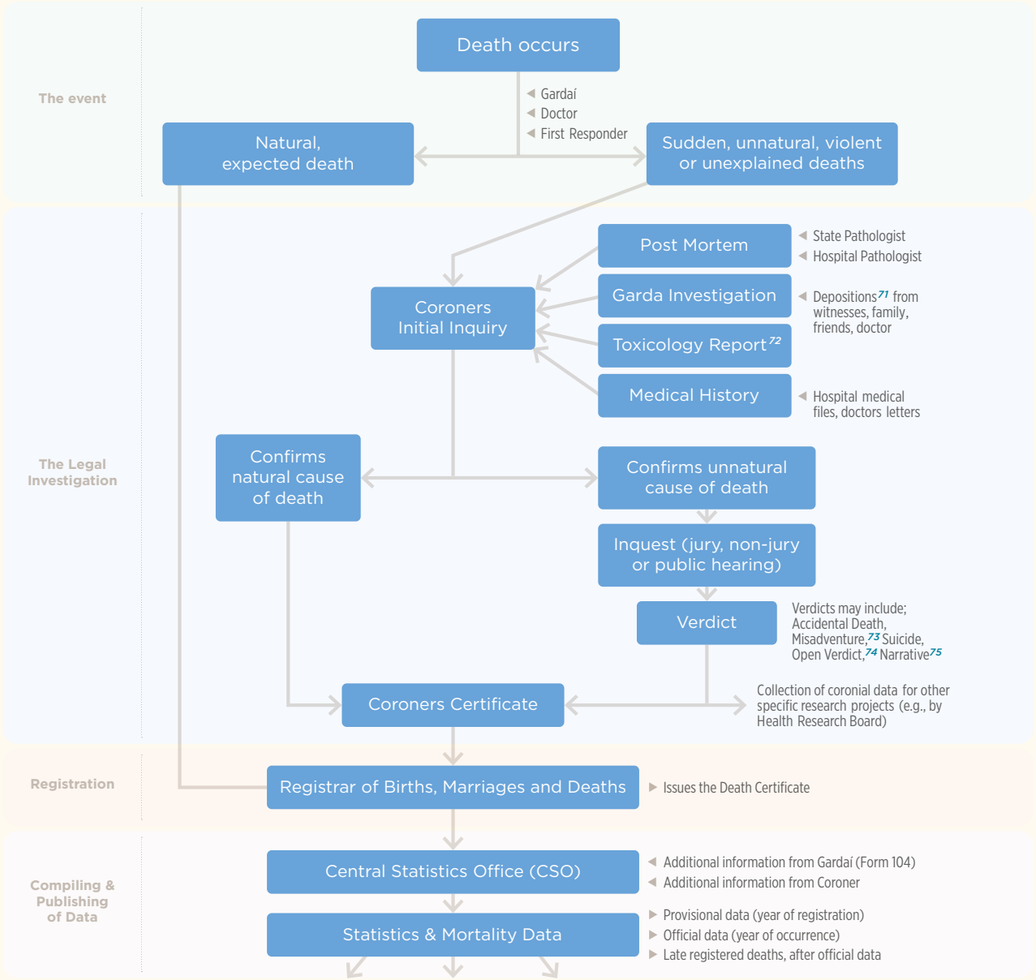
1) Provisional figures on the number of deaths by suicide by the year in which the death was registered.

2) Official figures on the number of deaths by the year of occurrence.

3) Late registrations, which include deaths by suicide in the years in which the Central Statistics Office have already published year of occurrence data.

More data on deaths in Ireland can be found on the Central Statistics Office website at: www.cso.ie and on the Central Statistics Office Data Dissemination Management System: https://data.cso.ie

Figure 1.2: Recording of suicide in Ireland[70]



70 HSE National Office for Suicide Prevention. (2017). Annual report 2016, p.54. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-annual-report-2016.pdf

71 Deposition: This is a statement made by a witness under oath.

72 Toxicology report: This is a report that gives details of the type of substance(s) and approximate amount a person has taken.

73 Misadventure: An accidental death not due to crime or negligence.

74 Open verdict: The evidence does not fully or clearly explain the cause and circumstances of the death.

75 Narrative verdict: It sets out the facts about a death in more detail.

1.12 Resources for families and carers

HSE Donegal Mental Health Services: Donegal mental health services family/carer information pack
https://www.nsrf.ie/findings/leaflets/
This pack has been developed to give family and carers answers to key questions when a family member is admitted to the mental health unit.

Mental Health Ireland: Mental health and family caring: Supporting the supporters
https://www.mentalhealthireland.ie/resources/
This booklet provides information for families on how to look after their own wellbeing, while caring for a person living with a mental health challenge.

1.13 Self-harm

Education and Training

For more information on training programmes on understanding self-harm, see Chapter 7.

Model of care

HSE National Clinical Programme for Self-Harm and Suicide Related Ideation Model of Care
https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/ncpsh-model-of-care-by-chapters/
This provides a framework to improve services for all who self-harm or with suicide-related ideation who present for support.

Resources

Visiting your general practitioner: A guide for young people with lived experience of self-harm and suicidality
https://www.birmingham.ac.uk/documents/college-les/psych/imh/visiting-your-general-practitioner-final.pdf
This is to help guide young people when preparing to talk to their GP about self-harm and suicidal experiences. It was developed by the University of Birmingham in the UK, working in partnership with young people.

Youth mental health lab
https://www.ucd.ie/psychology/research/researchcentresandlaboratories/youthmentalhealthlaboratory/youthmentalhealthlabstories/
This is a HSE National Office for Suicide Prevention funded research project on parents' information needs in relation to adolescent self-harm. It is being carried out by the School of Psychology in University College Dublin. It includes webinar recordings.

They have also published a report:
A blueprint for providing resources to parents of adolescents who self-harm
https://researchrepository.ucd.ie/handle/10197/13131

Supports

Pieta
Pieta takes a non-judgemental, strengths-based approach and can offer up to 12 sessions of free counselling, depending on need.
For contact details, see: https://www.pieta.ie/contact/

Self-Harm Intervention Programme (SHIP)
The Self-Harm Intervention Programme (SHIP) is a service available through the HSE in South East Community Healthcare (Waterford, Wexford, Carlow, Kilkenny and South Tipperary). It is a dedicated counselling service for people aged 16 years and over who are experiencing self-harm and/or suicidal ideation. It is not a crisis service so it is unsuitable for those who are at immediate risk. Access to the service is by referral from a relevant healthcare professional.

This service model was independently evaluated in 2015:
Responding to self-harm: An evaluation of the Self-Harm Intervention Programme
https://www.hse.ie/eng/services/list/4/mental-health-services/national-counselling-service/selfharmreport.pdf

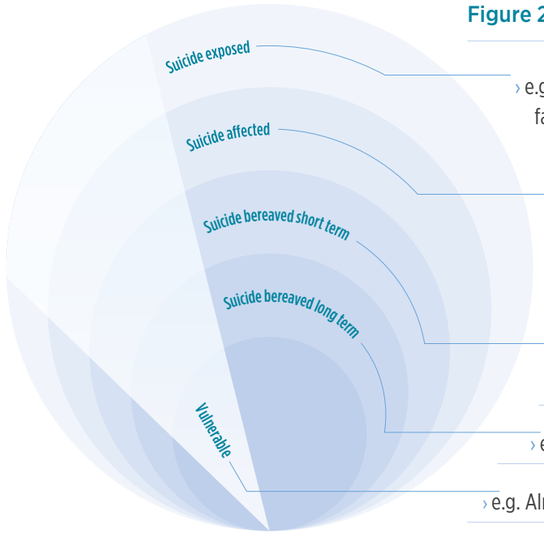
2

Grief after suicide: Community response

Grief after suicide: Community response

After a death by suicide, it can be very difficult for those who are left behind to manage their feelings and grief. The wider community may also be exposed to or affected by a death by suicide (see Figure 2.1). This is known as collective grief, where the death of someone is felt by a group of people living in a particular area. Communities can play a very important supportive role by building a better understanding of grief and common reactions following a death, as well as by knowing how to provide support.

Figure 2.1: Range of individuals who may be affected by suicide[1]



1 Hawton, K., Lascelles, K., Husband, D., John, A. & Percy, A. (2019). Identifying and responding to suicide clusters: A practical resource. London: Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf Adapted from: Cerel, J., McIntosh, J.L., Neimeyer, R.A., Maple, M. & Marshall, D. (2014). The continuum of "survivorship": Definitional issues in the aftermath of suicide. Suicide & Life-Threatening Behavior, 44(6), 591–600. Doi: 10.1111/sltb.12093

2.1 Understanding grief after a death by suicide

Sometimes those bereaved by suicide feel they are denied the usual supports because the death was by suicide. Families may feel that others may judge them harshly or blame them because their family member died by suicide. Other families might cut themselves off from society because they feel embarrassed or find it hard to deal with what has happened. People going through such experiences need to be supported in a sensitive way.

Everyone will grieve in their own way and in their own time. Some of the more common reactions that people experience following a death by suicide include shock, anger, guilt, depression and fear. These feelings may be combined with a search for unanswered questions, such as:

- *"Why did they do it"?*
- *"Why didn't I see it coming"?*

Grief may also show in a physical way and the bereaved person may:

- be unable to sleep or eat properly
- get headaches
- find it difficult to concentrate
- feel low

Grief comes in waves. The feelings and emotions of loss can occur for the bereaved person at any time or any place.

Shock

Most people affected by suicide feel shock as a first reaction, along with physical and emotional numbness. This is a temporary way to block out the pain of what has just happened, and it allows the person time to take in the facts. It can also help people to cope in the initial days following the death.

Anger

There is a strong sense of feeling that it is unfair when a life is cut short. Anger is a natural reaction to the hurt and rejection the person might feel. People may show their anger, or they may hide it.

They might be angry with:

- the person who has died
- themselves
- another family member
- a friend
- a healthcare professional
- a higher power, such as God

Guilt

When someone dies by suicide, those left behind may feel guilty and blame themselves. Families and friends rack their brains trying to think of what clues they may have missed or how they might have been able to prevent the suicide. This self-blame includes thinking about:

- things they said or didn't say
- their failure to express love or concern
- things they planned to do but never got around to

Sometimes it is hard to recognise the signs even though they may seem obvious looking back. This might be because the concerned person was too close to the situation at the time.[2] It is important to remember that the death of their loved one by suicide is not their fault. They should not judge their actions on what they know now, as they may not have had that information then.

Fear

Many people find grief frightening. Families or the wider community may also fear that if one person dies by suicide, perhaps others will also think about doing so.

Other responses

Other responses following a death by suicide include feelings of:

- rejection
- betrayal
- being left behind or abandoned
- shame
- embarrassment

[2] HSE National Office for Suicide Prevention. (2020). Would you know what to do if someone told you they were thinking of suicide? Dublin: HSE. https://www.healthpromotion.ie/media/documents/HSP00955.pdf

For more information, see:

You are not alone: Support for people who have been bereaved by suicide
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/national-suicide-bereavement-support-guide.html
With the support of the HSE National Office for Suicide Prevention, this guide has been put together by a small group of people who have been bereaved by suicide and HSE Resource Officers for Suicide Prevention. It aims to provide helpful information on things those who have been bereaved in this way may be feeling, as well as giving practical suggestions on further help and support in the weeks, months and years ahead.

2.2 How people grieve and when to get help

There is no one "right" way to grieve. Each person is unique, and they will grieve in different ways. Research has shown that there are two different styles at either side of a grieving scale. One is known as intuitive grief. Those who are intuitive grievers show outward signs of their grief.[3] They are more likely to talk about their loss and openly show their emotions and tend to seek out others who have been through a similar loss as a way of helping them to express their emotions.

On the other end of the scale, instrumental grievers experience grief in a different way. They usually keep their emotions under control. This might seem to be cold and unfeeling, but this is a healthy response for them. They channel their energies into problem-solving or perhaps by volunteering for an organisation that was meaningful for the person who has died. They seek out social support from others to talk about problems they are having due to their loss, such as financial concerns, or to tell stories about the person who has died.

Intuitive grievers "feel" the grief and instrumental grievers "do" the grief. While one grieving style might be stronger in one person than another, most people grieve in a blended way in that they use a mix of "feeling" and "doing" coping styles. Knowing this can help people to feel less judged about the way they are grieving. It can also help in finding out what type of support would better suit each individual's grieving style and where this is being offered.

[3] HSE National Office for Suicide Prevention. (2019). A workshop for professionals and key contact people providing support to those bereaved through suicide. Dublin: HSE.

When is it time to get help?

It is important that others in the community know the signs of complicated grief following a death by suicide and what can help. The sadness of losing someone you love never fully goes away. It is normal following a loss to feel a wide range of feelings as described above. However, as time passes, the intensity of these emotions should ease. If a person is not feeling better over time, or the grief is getting worse or they cannot seem to move through their grief and are stuck in it, this may mean that they are experiencing complicated grief. It can affect people in a number of ways: physically, for example, by being more at risk of getting sick; mentally, for example, becoming depressed; and socially, for example, developing relationship problems. A death that is sudden or traumatic, such as a suicide, is more likely to lead to complicated grief, as those affected may have greater difficulty in making sense of their loss. Trying to search for meaning after a death is something some people do to help them to cope.

For more information on complicated grief, see:

https://hospicefoundation.ie/i-need-help/i-am-bereaved/coping-with-loss/when-grief-gets-stuck-2/

This includes a Ted Talks video by Dr Susan Delaney, Irish Hospice Foundation:
https://www.youtube.com/watch?v=4GDTbtePHUU

See also Section 2.9 on signs to look out for in young children, teenagers and adults.

Depression

Loss can lead to clinical depression. This is more than feeling down or unhappy for a few days. It is feelings of sadness or hopelessness going on for at least two weeks, which are interfering with the person's day-to-day life. If these signs are present, then it is important to look for help from the family doctor (GP).

For more information on clinical depression, see:

https://www2.hse.ie/conditions/clinical-depression/

2.3 How can communities help? Psychological first aid

Research shows that psychological support, known as psychological first aid, can help people who have experienced a traumatic event. This approach offers a set of skills that help communities care for their families, friends, neighbours and themselves by providing basic psychological support after traumatic events. In these situations, it is recommended that supports should promote a sense of:

- safety
- calmness
- personal strength
- strong community bonds
- people being connected to each other
- hope

Psychological first aid also:

- provides an understanding of common symptoms and responses associated with traumatic events
- promotes active listening
- informs people of available supports and resources
- helps people to regain a sense of control by being able to help themselves

It is not professional counselling or something that only professionals can offer. Everyone can play an important role. It is being there to listen to people, without them having to describe in detail or analyse what has happened or put pressure on them to talk about their feelings or responses to the event.[4]

Community-based psychological first aid aims to help individuals and communities during difficult times, including following a death by suicide.

Here are some suggestions of things that may help to support someone in your community who has been bereaved by suicide:

[4] World Health Organization. (2016). Psychological first aid for all: Supporting people in the aftermath of crisis events. Geneva: World Health Organization. https://www.who.int/publications/i/item/psychological-first-aid

Offering practical support

Grief is physically tiring. Offering practical support to people who are grieving can be a great help. For example, bringing them a cooked meal or offering to pick up or drop off children. At a time of high stress it is easy to lose or forget things. It may be helpful to gather and store useful information, for example, leaflets, booklets and so on, and produce them again at a later time.

Communities can also help a grieving family by supporting them through events like, for example, the Coroner's inquest. Showing sensitivity and compassion can be of help, particularly at this time, given the public nature of inquests and the fact these hearings may be reported in the newspapers.

Offering emotional support

The shock of a sudden unexpected death through suicide is emotionally very hard for loved ones, neighbours, work colleagues and the community. At this time, it is important for individuals, families and communities to be gentle and kind to each other. Give each other time to heal, be there to listen and call someone if you need to talk.

It helps for grieving families to feel they are not being judged. It is also important to remember that many people have a natural ability to cope with difficult life situations and be aware that they may need time on their own to process their thoughts and feelings.

Awareness of hidden losses and hidden grief

Hidden loss and grief is known as disenfranchised grief. Sometimes people might be denied the usual practical and emotional support that is offered after a bereavement. This can happen when a loss cannot be openly acknowledged, for example, for fear of judgement or blame in the case of suicide. It might also happen when family, friends and communities do not recognise the relationship to the bereaved, such as extra-marital affairs, lesbian, gay, bisexual, transgender (LGBTI+) relationships or ex-spouses and ex-partners. Sometimes a bereaved person is not supported when society does not think that they are able to grieve. For example:

- people with disabilities
- people with mental health problems
- the very young
- the very old

It is important for communities to be aware that the ripple effect of suicide can affect many people in different ways, with some being more obvious, while others are hidden.

Cultural differences

Ireland has become home to people of many different nationalities and cultures. People from different cultures might have different customs and ways of dealing with death. Showing respect for these differences can help family members to cope with the death of a loved one.

For more information, see:

An outline of different cultural beliefs at the time of death
https://www.lmrpcc.org.au/health-care-workers/resources/
This looks at different religious beliefs about death, funerals, burial and afterwards.

2.4 Bereavement support

It can be helpful for people to work through their feelings in their own way and in their own time. Some people will deal with their grief privately, with the help of their close family and friends. Others might want to look for support outside of the family.

The Irish Hospice Foundation has developed a layered adult bereavement care framework (see Figure 2.2).[5] Its aim is to guide those working with or supporting those who are bereaved by setting out the different needs they may have, the supports and services that they may wish to avail of and the knowledge and skills those providing these supports and services would need to have to do so in a safe and appropriate way. This framework also shows that three other factors affect people's experience of bereavement. These include:

- their social networks and supports, such as family, friends, neighbours, work colleagues and people in the wider community
- the circumstances of the death, for example, if it was sudden or unexpected, like a suicide or any other previous experiences of loss the person might have
- the length of time since the death took place and how their needs may change over time

Suicide Bereavement Liaison Service

The Suicide Bereavement Liaison Service was first developed in Mayo in 2012 and over time it has grown and expanded to be available throughout the country. It is a free service, which is fully funded by the HSE National Office for Suicide Prevention. The service is run and managed by three different non-government organisations in the community: Pieta, the Family Centre in Castlebar, Co. Mayo and Vita House, in Roscommon Town, Co. Roscommon.

5 Irish Hospice Foundation. (2020). Adult bereavement care pyramid: A national framework. Dublin: Irish Hospice Foundation. https://hospicefoundation.ie/wp-content/uploads/2021/02/Adult-Bereavement-Care-Framework-Pyramid-Booklet.pdf

What does the service offer?

Suicide Bereavement Liaison Officers deliver the Suicide Bereavement Liaison Service. They operate at Level 2 of the Bereavement Care Pyramid (see Figure 2.2) and can offer:

Information, advice and signposting

This service offers guidance, information, and practical and emotional support immediately after a suicide or at any stage when a person feels the need to talk to someone about this very difficult experience. It is available regardless of when the death has taken place. Those using it may wish to find out about how to access services that best fit their needs and to discuss what has happened with someone who is outside their usual networks. They may also have questions to ask about some of the difficult issues that they are facing, for example, concerns about how other family members are dealing with the death. The Suicide Bereavement Liaison Officer can offer advice on any concerns or reactions that family members or the wider community may be experiencing.

Flexible support

Every situation is different, and the Suicide Bereavement Liaison Service aims to take this into account when supporting those accessing it. The service is tailor-made and can offer one-to-one or family support sessions in the home or in any place that people feel comfortable. This can also include telephone support.

What is outside the scope of the service?

- Suicide Bereavement Liaison Officers are fully qualified counsellors or therapists and work in an organisation that runs a counselling service. They do not provide counselling as part of the Suicide Bereavement Liaison Service. However, anyone bereaved by suicide who links in with the service can be signposted to other supports, including counselling, if it is appropriate.
- Suicide Bereavement Liaison Officers are generally flexible in the hours that they work and respond to requests for support as quickly as possible. However, they usually work part-time, for example, two or three days a week and during office hours.
- Suicide Bereavement Liaison Officers cover a specific geographical area. However, they are well-connected with colleagues working in other areas and have a good knowledge of supports in place in other parts of Ireland.

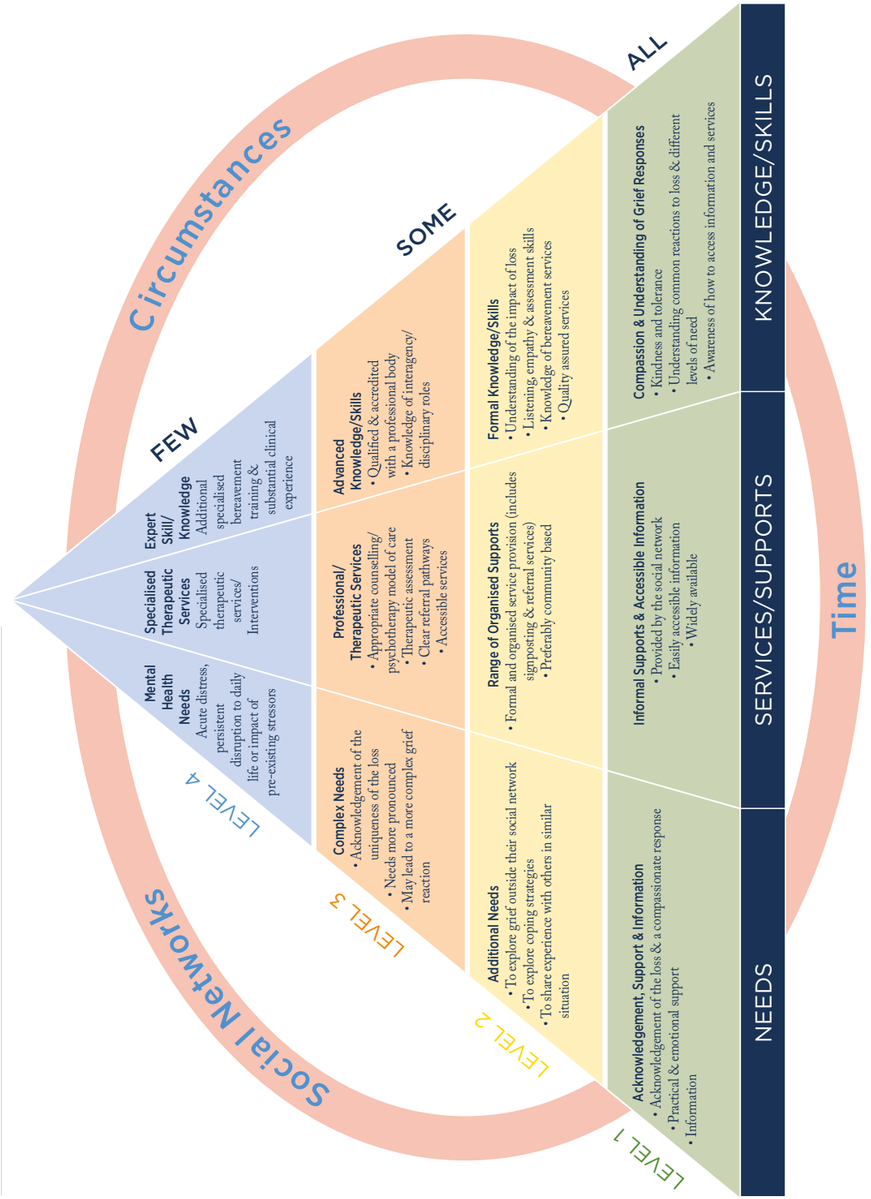


Figure 2.2: Adult bereavement care pyramid [6]

[6] Irish Hospice Foundation. (2020). Adult bereavement care pyramid: A national framework. Dublin: Irish Hospice Foundation. https://hospicefoundation.ie/wp-content/uploads/2021/02/Adult-Bereavement-Care-Framework-Pyramid-Booklet.pdf

Who can use this service?

The Suicide Bereavement Liaison Service is available to individuals, families, friends, relatives and colleagues of a person who has died by suicide. It is available at the request of an individual, family or group. First responders working in the community, such as Gardaí, clergy, GPs or funeral directors also actively promote it.

How can this service be accessed?

For more information on how to contact the service in your area, see:

Pieta: https://www.pieta.ie/how-we-can-help/bereavement-support/suicide-bereavement-liaison-service/

Mayo: Family Centre, Castlebar, Co. Mayo: https://www.thefamilycentre.com/

Roscommon: Vita: http://vitahouse.org/roscommon-suicide-bereavement-liaison-service/

Resources

Materials were developed for an online information campaign called #HereForYou by the HSE, Kildare Youth Services, Kildare Children and Young People's Services Committee, Irish Hospice Foundation and the Irish Childhood Bereavement Network.

This video describes the Suicide Bereavement Liaison Service by Pieta: https://www.youtube.com/watch?v=UYvrD8dnylQ

This video describes the suicide bereavement supports available through the Family Centre, Castlebar, Co. Mayo: https://www.thefamilycentre.com/suicide-bereavement-support

Suicide bereavement support groups

While some people who are bereaved by suicide may benefit from attending general bereavement support networks, others may prefer to join a suicide bereavement support group. This was highlighted in one Irish study which found that those bereaved by suicide felt that their reactions were better understood by others in a group who had experienced a similar loss.[7]

Suicide bereavement support groups have formed throughout the country as a support specifically for those who have been bereaved by suicide. At these gatherings, bereaved people come together and try to make sense of their experience of grief. Support groups give people a chance to share their grieving experiences.

[7] Begley, M. & Quayle, E. (2007), cited in Griffin, E. & McMahon, E. (2019). Suicide bereavement support: A Literature review. Cork: National Suicide Research Foundation. https://www.nsrf.ie/wp-content/uploads/2021/04/suicide-bereavement-support-a-literature-review-april-2019.pdf

These groups provide a safe space to talk about fears and concerns outside of the family network and to explore grief in whatever way makes sense to the individual.

The groups help people to learn how to live with their grief by giving them an opportunity to share:

- information
- skills
- knowledge
- coping strategies

For more information on supports, see:

Section 2.4, Case study 1: Healing Untold Grief Group (HUGG)

www.anamcara.ie provides monthly general bereavement support group meetings for parents in the community throughout the country

www.yourmentalhealth.ie information on mental health supports available by phone, online and in person

Understanding the role of counselling

Counselling is not the same as talking to a friend. It involves discussing worries and feelings with a trained therapist who listens and helps the person to find ways to deal with these emotional issues. While there is still much to learn about what helps people after a suicide loss,[8] one common belief is that most people who have been bereaved will benefit from counselling. However, research shows that a number of factors need to be taken into consideration for counselling to work well. These include:

1. **When counselling is offered**
   Studies have been carried out on the timing of availing of formal supports. There may be a window of time that is not too soon or too long after a death when those who are grieving are ready to benefit most from counselling. Interventions offered too soon may not work as well or can be less helpful.[9] They also run the risk of pathologising (treating as abnormal) a normal response to a difficult life event. Immediately after a death, it may be better to focus on building the strength and resilience of the individuals involved to be able to cope with the situation. On the other hand, those who recognise that they need support and actively seek therapy at an earlier stage have reported better outcomes.[10]

[8] Stanford, R., Cerel, J., McGann, V. & Maple, M. (2016). Suicide loss survivors' experiences with therapy: Implications for clinical practice. Community Mental Health Journal, 52, 551–558. Doi: 10.1007/s10597-016-0006-6

[9] Jordan, J.R. & Neimeyer, R.A. (2003). Does grief counselling work? Death Studies, 27, 765–786. https://doi.org/10.1080/713842360

[10] Stanford, R., Cerel, J., McGann, V. & Maple, M. (2016). Suicide loss survivors' experiences with therapy: Implications for clinical practice. Community Mental Health Journal, 52, 551–558. Doi: 10.1007/s10597-016-0006-6

2. How counselling is offered

Care must be taken in terms of how counselling is offered. Unrequested referrals to a counsellor or services getting involved without an invitation from the grieving person or family could make their grief response appear to be a problem or prevent them from accessing information or supports from their own networks or community.[11]

3. What is offered

Research has shown that there is no benefit in routinely referring people to counselling because they have experienced a loss.[12] Providing a common therapeutic approach to all those who are grieving, regardless of their symptoms, was found to be no more effective than the passage of time.[13] However, for those who are experiencing complicated grief, there is a greater chance they will respond well to formal supports and counselling, particularly people showing high levels of depression or post-traumatic stress symptoms. Research also shows that counselling appears to be most beneficial when carried out by a therapist who is specifically trained in the area of grief. However, more studies need to be done to understand the different therapeutic approaches and contexts that are most effective.[14] The quality of the relationship between the therapist and service user is also another key factor in leading to better outcomes.[15]

4. Experience of counselling before the death

An individual's experience of counselling before the death by suicide of their loved one may also impact on their attitude and openness to re-engaging in this type of support afterwards.[16]

Overall, it would appear that taking a common approach to bereavement care is not appropriate. Instead, informal supports, together with formal supports, where necessary, can help to meet different needs.

11 Aoun, S.M., Breen, L.J., White, I., Rumbold, B. & Kellehear, A. (2018). What sources of bereavement support are perceived helpful by bereaved people and why? Empirical evidence for the compassionate communities approach. Pallative Medicine, 32(8), 1378–1388. doi/10.1177/0269216318774995

12 Stroebe, W., Schut, H. & Stroebe, M.S. (2005). Grief work, disclosure and counselling: Do they help the bereaved? Clinical Psychology Review, 25, 395–414. https://doi.org/10.1016/j.cpr.2005.01.004

13 Stanford, R., Cerel, J., McGann, V. & Maple, M. (2016). Suicide loss survivors' experiences with therapy: Implications for clinical practice. Community Mental Health Journal, 52, 551–558. Doi: 10.1007/s10597-016-0006-6

14 As above.

15 HSE Mental Health Services. (2021). Model of care: Adults accessing talking therapies while attending specialist mental health services. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/talking-therapies-moc.pdf/1000#:~:text=The%20Model%20of%20Care%20applies,care%20and%20funded%20partner%20organisations

16 Stanford, R., Cerel, J., McGann, V. & Maple, M. (2016). Suicide loss survivors' experiences with therapy: Implications for clinical practice. Community Mental Health Journal, 52, 551–558. Doi: 10.1007/s10597-016-0006-6

2.5 Memorials

A memorial is "any act of remembrance following the death of a loved one… It might be in the form of placing flowers, cards, balloons or other tokens, an organised event such as a walk, run or cycle, or the creation of a book of condolence".[17] Memorials are one way in which bereaved individuals and communities can express their grief. However, it is important that careful planning and consideration is given to ensuring that those who have died by suspected suicide are remembered in a safe and fitting way. The guidance set out in this section aims to support individuals and communities to do so in a manner that reduces the likelihood that vulnerable people in their community will be negatively impacted.

Public memorials

Some communities may feel that there is a need to create a memorial or to organise memorial activities. However, before doing so, here are some of the benefits, as well as some of the risks to consider.

Benefits of memorials

Memorials may be one way in which bereaved individuals and communities can express their grief. They can provide a forum to try to make sense of the death or to remain connected with those who have died through meaningful objects or rituals. This may help people to cope with their loss. Working together to plan a memorial can also be of support to some people in a community following a death by suspected suicide.

Potential risks

While it is not the intention, the potential exists for some memorials to have a negative impact or to cause distress. It is often difficult for loved ones and the wider community to understand why some memorials for those who die by suspected suicide are not a good idea when people who die in other ways are often memorialised. However, it is important to remember that constant reminders, glorification or glamorisation of a suspected suicide or suicide death might have the effect of making it seem attractive to others.

Guidelines for communities when considering a public memorial or memorial activity

As a community group, being familiar with the following guidelines is helpful when considering a memorial or memorial activity. This can ensure that before any efforts are made in your community to begin to plan or create any type of memorial, the following

17 Public Health Agency. (2018). Advice for communities, groups and schools on public memorials following a sudden death that is a suspected suicide, p.2. Belfast: Public Health Agency. https://www.publichealth.hscni.net/publications/advice-communities-groups-and-schools-public-memorials-following-sudden-death

essential aspects have been considered:

- the impact it might have on the bereaved family
- the impact on other vulnerable people
- the risk of drawing attention to a particular location[18]

Community groups can play an important role in explaining to others any possible negative impacts or highlighting any unintentional consequences that could arise from these activities.

Here are memorials or memorial activities to avoid and why, as well as approaches that have been recommended, which are based on research evidence (see Table 2.1).

Table 2.1: Memorials and memorial activities [19,20,21]

Do	Why?
Consult families before organising any activity or event Make sure to discuss any suicide prevention awareness activities or events planned for the locality with the families of the person or people who have died by suspected suicide.	• This will allow the family to express how they feel about such activities. • It will help to make sure that activities are respectful of the bereaved family's religious or cultural beliefs. • It will allow a discussion to take place on the time frame in which any agreed activities will be carried out. • If the family wishes to have a permanent memorial, it provides an opportunity to advise them that it is better that this is placed at a private location, such as the family home, and not in a public area. • It will help to focus the community on supporting grieving family and friends.
Book of condolence It is important to speak to the family before opening a book of condolence.	• It allows people to express their sympathy and solidarity with the family following the death. However, agreement with the family should be reached on how long it will remain open and where it will be stored in the long term.

18 Public Health Agency. (2018). Advice for communities, groups and schools on public memorials following a sudden death that is a suspected suicide. Belfast: Public Health Agency. https://www.publichealth.hscni.net/publications/advice-communities-groups-and-schools-public-memorials-following-sudden-death

19 As above.

20 Department of Education and Skills. (2016). Responding to critical incidents: NEPS guidelines and resource materials for schools. Dublin: Department of Education and Skills. https://www.gov.ie/en/service/5ef45c-neps/#critical-incidents

21 Irish Hospice Foundation. (2021). Grief in the workplace: Responding to suicide. A guide for employers. Dublin: Irish Hospice Foundation. https://hospicefoundation.ie/wp-content/uploads/2021/11/Responding-to-Suicide-A-Guide-for-Employers.pdf

Table 2.1: Memorials and memorial activities (Continued)

Do	Why?
Choose activity-focused memorials The following are some recommended activity-focused memorials: • Fundraising for local or national suicide prevention, mental health and wellbeing organisations • Volunteering for a local mental health organisation or helpline • Annual memorial walks • Promoting or supporting healthy reading schemes in local libraries	These activities help to raise public awareness of: • suicide • mental health issues • support services They also help to: • channel people's energy into a constructive action that is good for their mental health • unite the community at a difficult time See Chapter 3, Section 3.4 for additional information on fundraising activities.
Remembrance services These include, for example, annual ceremonies of light offering support to those who have lost loved ones to suicide.	• They provide an opportunity for those who are bereaved by suicide to gather together to remember their loved ones. • They can also help to raise awareness of how the risk of further deaths by suicide in a community can be reduced. This can be done by promoting support services, as well as by building a sense of hope. For more information on running events safely, including organisers being available to offer support before and after the event, see Chapter 3, Section 3.9.
School memorials: Plan ahead Include a policy statement on memorials as part of a school's critical incident response plan, in line with National Educational Psychological Service (NEPS) guidelines.	• It will help the school Critical Incident Management Team to stick to school procedure, rather than being driven by intense emotion following a suspected death by suicide of a student or staff member. • It will ensure that specific factors relevant to a suspected suicide are taken into consideration as part of the planning process. • It helps to ensure that a consistent approach is taken.

Table 2.1: Memorials and memorial activities (Continued)

Do	Why?
Workplace memorial activities The following activities are recommended, in line with the Irish Hospice Foundation guidelines on responding to suicide in the workplace: • Writing collectively to the family of the person who has died • Fundraising for a local charity • Using other opportunities to remember the person who has died, for example, birthdays or anniversaries	• These activities can be done in a way that is respectful of the wishes of the family, as well as work colleagues. They are based on best practice and informed by the learning and insights of those with lived experience and service providers working in this area. • Activities should be kept simple and participation by work colleagues should be optional.
Promote self-care Encourage those involved to take care of themselves and to also look out for others.	• Grief and loss can affect people in different ways. Encourage those planning and attending a memorial activity to practice self-care. It is also important that they "check in" with one another in the days and weeks leading up to it or afterwards and access supports and services, if required.

Avoid	Why?
Temporary memorials (also known as spontaneous memorials) The following are not recommended at or near where the person has died: • personal messages • objects (including ambiguous ones, such as soft toys) or small tokens, such as pictures, flowers or candles • balloon releases	• For safety reasons, messages would need to be monitored on an ongoing basis and this is unlikely to be feasible. • People who view these memorials can differ in terms of age and potential vulnerability. As a result, the messages and objects may be interpreted by people passing these locations in different ways. This could have unanticipated impacts, for example, ambiguous objects could bring back memories or past negative experiences that some people may associate with them. • Viewing should be a choice not a daily occurrence.

Table 2.1: Memorials and memorial activities (Continued)

Avoid	Why?
Permanent memorials The following are not recommended at or near where the person has died: • shrines or statues • plaques • park benches • planting a tree This also includes other settings, such as a school or workplace.	• They act as a constant reminder of the person who has died, and people can differ in how they react to these memorials – some take comfort, while for others it may be a cause of distress. • Evidence has shown that marking a public place where someone has died by suicide with a permanent memorial can impact on other people who may be considering suicide. It can lead to increased suicidal behaviour. These memorials may encourage others to take a similar action at this location. • Memorials should be located in an area that offers a choice to visit, for example, a private area, and viewing them should not be a daily occurrence for passers-by of varying ages and potential vulnerabilities.
Dedications in honour The following are not recommended: • dedications at sporting events (see also Chapter 4, Section 4.6) • dedicating memorial activities in honour of the person, such as dances and community events • creating clothing such as t-shirts or sports tops with the name and/or picture of the person who has died	• While the intention is to honour the person who has died, these dedications may have a negative impact on vulnerable people. They can cause further distress and increase the likelihood of others dying in the same way. • They can glamorise and glorify suicide. • They act as a constant reminder of the person who has died. This can make the grieving process even harder, as they can bring up old feelings of grief and sadness, including for those who are coping well with the death.

Communities can play a very important supportive role by building a better understanding of grief and common reactions following a death, as well as by knowing how to provide support.

Online memorials

An online memorial is a profile that is set up to remember someone after they have died. Following a death, including death by suspected suicide, they can have both a positive and negative impact on those bereaved, including family members, friends and wider communities.

Advantages of online memories

While digital connections differ from physical ones, they can also provide an opportunity to connect with others and to receive support. For those who take comfort in being able to remember the person who has died, technology can provide a way of continuing that bond. It allows people to stay connected with them, as well as to give and receive support through the online community. Technology has also been able to provide new or expand already existing ways of remembering and grieving those who have died, including those who are geographically distant from one another. It also offers a voice to others, for example, friends who might feel more marginalised at traditional rituals.[22]

Disadvantages of online memorials

Some people may be unhappy with an online memorial for a number of reasons. Firstly, some may feel distressed at seeing what they would consider to be private expressions of grief being posted in public. It may also create uncertainties about who is entitled to grieve, especially among young people. Young people close to the person who has died may feel angry when they see those they regard as less close posting messages about the person.[23] Viewing negative comments or getting unexpected reminders about the person who has died may not help some people who are going through the grieving process. It can sometimes lead to feelings of loss of control over the identity and information being shared on the person who had died.[24]

Guidelines for communities when considering online memorials

As a community group, it is important to be aware of and distinguish between online communications that carry the risk of heightening emotions and those that are useful in helping to raise awareness and provide comfort and support. Here are some guidelines when thinking about setting up an online memorial, as well as some advice to give family members on what to do with social media accounts when a person has died.

22 Scourfield, J., Evans, R., Colombo, G., Burrows, D., Jacob, N., Williams N. & Burnap, P. (2020). Are youth suicide memorial sites on Facebook different from those for other sudden deaths?, Death Studies, 44(12), 793–801. Doi: 10.1080/07481187.2019.1614109

23 Hawton, K., Hill, N.T., Gould, M., John, A., Lascelles, K. & Robinson, J. (2020). Clustering of suicides in children and adolescents. The Lancet Child & Adolescent Health, 4(1), 58–67. Doi: 10.1016/S2352-4642(19)30335-9

24 Scourfield, J., Evans, R., Colombo, G., Burrows, D., Jacob, N., Williams N. & Burnap, P. (2020). Are youth suicide memorial sites on Facebook different from those for other sudden deaths?, Death Studies, 44(12), 793–801. Doi: 10.1080/07481187.2019.1614109

Setting up an online memorial

Before setting up an online memorial, it is important to consider the following:[25]

- Make sure that close friends and family are aware that an online memorial is being set up.
- Decide who you want to see the page.
- Have some ground rules on the page. Make sure they are clear for all to see, so that those who access it follow the "terms of use" set out.
- Be realistic about the commitment needed when creating or managing an online memorial page.

It is also important to decide how long to leave the memorial in place.

Running the page safely

Here is some guidance on how to run the page safely:[26]

- Check that the language being used is safe.
- See also Chapter 8 for guidelines on safe and sensitive posting.
- Manage posts and comments by regularly checking the page. This may include moderating the comments (screening for inappropriate content) before they are made public or removing comments that may be upsetting to others.[27]
- Consider the information being shared, including avoiding sharing personal details about the person who has died.
- Include a list of mental health supports and services, including those that are available 24/7.
- Encourage regular promotion of resources and information that can be of support to those who are bereaved.

Those developing and monitoring the page need to consider their own self-care needs, especially if those posting to the online memorial are in distress.

25 Samaritans. (2022). Remembering friends or family who have died by suicide in a safe way online. https://www.samaritans.org/ireland/about-samaritans/research-policy/internet-suicide/online-safety-resources/remembering-friends-or-family-who-have-died-by-suicide-in-a-safe-way-online/

26 As above.

27 Moderators use their judgement, based on guidelines, to decide what information is approved or what should be removed from online media. There are three types of moderation: pre-moderating, which is removing content before it goes live; post-moderating, which is removing comments immediately when they go live; and reactive moderating, which relies on the community to report inappropriate content. Chambers, D. & Murphy, F. (2015). Technology, mental health and suicide prevention in Ireland: A good practice guide, p.31. Dublin: ReachOut Ireland. https://www.lenus.ie/handle/10147/623896

What to do with social media accounts of someone who has died

When someone close has died, it might be difficult for family members to know what to do with their social media accounts or pages. There are different options available.
For example, depending on the social media platform, they may choose to:

- request content from the account of the person who has died
- ask questions about their account
- memorialise, remove or deactivate the account

"Memorialising" an account usually means that the account will still be there to visit or post messages to, but will be made more private, so that only people who knew the person who has died can find it.

Some bereaved families find it comforting to leave social media accounts of their loved ones who have died as they are. However, others might find this difficult, challenging or upsetting. It is important to remember that people in the wider community may be grieving too, and might be vulnerable themselves, in ways that may not always be known to others.

It can be difficult to get the balance right – between what could be comforting and reassuring, and what could be upsetting or harmful – for family and close friends, and for the wider community.

It is important to think about what the impact of taking action with a person's accounts might be, as well as the impact of not taking action. The family does not always need to make a decision straight away – it may be helpful for others to support them by taking some time to read up on the different options available, and talking with other friends or family about all the benefits and risks.

- Information on what happens to a person's social media account when they have died, and what options are available to friends and family members, can be found in the "Help Centre" of the relevant social media platform.
- **You are not alone: Support for people who have been bereaved by suicide** (HSE) gives more information on taking care of practical matters – including online - after a person has died by suicide:

  https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/national-suicide-bereavement-support-guide.html

Ongoing review

There is a need to continue to review memorial practices that were carried out in the past in light of new evidence regarding their benefits and risks. There is always an opportunity to change ways of doing things that are no longer viewed as safe or sensitive.[28]

28 Public Health Agency. (2018). Advice for communities, groups and schools on public memorials following a sudden death that is a suspected suicide. Belfast: Public Health Agency. https://www.publichealth.hscni.net/publications/advice-communities-groups-and-schools-public-memorials-following-sudden-death

2.6 Case study examples

Case study 1: Healing Untold Grief Groups (HUGG)

Background information

Every 40 seconds someone in the world dies by suicide.[29] Research shows that as many as 135 people may be affected by a single death by suicide. In addition, between 15 and 30 people can be severely affected by a suicide.[30] Taking the more conservative figure of 15 people implies that there are 6,315 people each year who need some level of suicide bereavement support.

Due to the complicated legacy of suicide, those recently bereaved are ten times more likely to die by suicide themselves. Furthermore, a study by the National Suicide Research Foundation indicated that there were also higher levels of cardiovascular disease, post-traumatic stress, chronic obstructive pulmonary disease, diabetes, physical pain and GP visits by the suicide bereaved, when compared to non-bereaved.[31]

What does this service offer?

Healing Untold Grief Groups (HUGG) is a national charity, led by volunteers, who provide support to anyone over 18 years bereaved by suicide in Ireland. HUGG began with a single peer support group in Dublin in 2017. This planted a seed, which has since grown into HUGG, a charity with a mission to make a difference in the lives of those devastated by the loss of a loved one to suicide.

For this reason, HUGG is committed to extending its reach and providing hope and healing to the thousands of people affected by a suicide in Ireland, through in-person and online support.

HUGG is different. All its services are delivered by volunteers who themselves have been bereaved by suicide. This gives everyone who connects with the service reassurance that this pain and loss is understood. HUGG root all its policies in its core values of empathy through lived experience, respect for all, courage in raising awareness and advocating for change. It collaborates with professionals and works alongside other organisations - while always promoting inclusion and transparency, and aiming to deliver the highest possible quality of service for its users.

29 World Health Organization. (2019). Suicide: One person dies every 40 seconds. https://www.who.int/news/item/09-09-2019-suicide-one-person-dies-every-40-seconds

30 Cerel. J., Brown, M.M., Maple, M., Singleton, M., van de Venne, J., Moore, M. & Flaherty, C. (2019). How many people are exposed to suicide? Not six. Suicide and Life-Threatening Behavior, 49(2), 529–534. Doi: 10.1111/sltb.12450

31 Spillane, A., Larkin, C., Corcoran, P., Matvienko-Sikar, K., Riordan, F. & Arensman, E. (2017). Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: A systematic review. BMC Public Health, 17, 939. Doi: 10.1186/s12889-017-4930-3

HUGG's ambition is to provide peer support, where needed, to any adult bereaved by suicide in Ireland. Moreover, those bereaved by suicide can find comfort, healing and a restoration of hope through the support of others who understand this grief.

For more information, see:

www.hugg.ie or email: info@hugg.ie for further details on HUGG groups and how to find support.

You can also leave a message on 01 513 4048 and connect through social media channels X: @huggireland Facebook: @healinguntoldgriefgroups Instagram: @huggireland

How peer support can help:
#HereForYou campaign and video on HUGG
https://www.youtube.com/watch?v=iCmusrBymr0&t=3s

Case study 2: HSE Galway, Mayo and Roscommon: Alliance of organisations offering suicide bereavement support

Background information

A network of services offering support to those bereaved by suicide was set up by the HSE in 2000. This group is made up of organisations offering a range of supports in Galway, Mayo and Roscommon.

The group is drawn together by the HSE Resource Office for Suicide Prevention and meets four times a year. Those involved see the importance of coming together to share information, offer support to each other and identify common training needs.

What does this group do?

Some examples of the work the group has done include:

- Developing a user-friendly leaflet which highlights the suicide bereavement supports available and how to access them in Galway, Mayo and Roscommon. This leaflet is available in English, Irish and Polish: www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/local-action-plans/suicide-bereavement-support-services-gmr.pdf
- Holding a self-care day to take time out as a group to learn and practice wellbeing and self-care skills.
- Taking part in other relevant training programmes, such as the workshop developed by the HSE National Office for Suicide Prevention on Supporting People Bereaved Through Suicide in the Community, where members in Galway, Mayo and Roscommon have been trained to offer this programme in response to an invitation from communities seeking support following a death by suspected suicide.
- Making sure that the voice of those bereaved by suicide is heard by being one of the groups taking part in a focus group to inform the development of the Connecting for Life, Galway, Mayo and Roscommon Suicide Prevention Action Plan.
- Inviting others involved in suicide bereavement support, nationally and locally, to attend meetings, for example, to hear of work going on in other parts of the country or to explore ways to make supports more suitable for those from different cultures.

For more information, see:

For further details on the work of the alliance of suicide bereavement support organisations, contact the Resource Office for Suicide Prevention in Community Healthcare West: https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/

Resources and further reading

2.7 Children's understanding of death

The way in which children grieve depends on their age, stage of development, personality and their understanding of death. While some children may be too young to fully understand death, they are never too young to feel what is going on around them.

The approach we can take when talking about death with children will depend on their level of understanding in four main areas. These are that death is:

- permanent and irreversible
- final and all body functions stop
- inevitable, as it happens to all living things
- caused by many different things[32]

Some children will be more or less mature than others of a similar age in the way in which they process information about death. This will influence how best to speak to them about it. The following is a broad guide on children's concepts of death, broken down by different age groups:

0–2 years

Babies and toddlers do not understand death. However, they do respond to separation when they sense that someone close to them is gone. It can help them to feel more secure by sticking with a routine and giving them lots of cuddles and familiar toys.

[32] Healthychildren.org. (2021). How children understand death and what you should say. https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/How-Children-Understand-Death-What-You-Should-Say.aspx

2–5 years

Children of this age do not fully understand what "died" means, that death is permanent and that it will happen to everyone. They may confuse it with going to sleep. They may think that they caused the death. It is important to reassure them that they are not to blame. It can also help to tell them what has happened in a clear and honest way over and over again to help them to understand the death.

5–8 years

While children of this age gradually begin to understand that death is permanent, they may still not know that all body functions have stopped. It is important to explain that when someone dies, they do not eat, drink or breathe anymore. They can ask very direct questions at this stage. It can help to show and teach them how to use words to name and express how they are feeling. It can also help to express their grief through play and other activities.

8–12 years

By this stage, children understand that death is final and that it happens to everyone. This may cause them to worry about their own death and those close to them. Children of this age need honest and clear information; otherwise they may fill in the gaps in their knowledge using their imagination. They need to be given opportunities to talk about their feelings and worries.

12–18 years

While teenagers have an adult understanding of death, they may also have their own views and beliefs about it. They may struggle with the wide range of emotions, thoughts and mood changes they may be feeling at this time as a result of the death, while also trying to behave in the same way as their peers. Listen to them and encourage them to talk about their feelings. Acknowledge the finality of suicide and let them know there is no problem so big that help cannot be provided to assist with it.

2.8 How parents and educators can talk to children about the deaths of others, including other children

It can be difficult to know what to say to your children about what has happened following the tragic death of others, including other children. Here are some ideas on how to do this:

1. Protect young children from disturbing details

Preschool and young children should generally be protected from the details and especially any images of tragic or disturbing events. One way, for example, to protect them from this is to wait until they are in bed before watching the news on the television or listening to it on the radio.

2. Answer questions according to their age

When children do hear about the event, it is important to listen and to answer their questions according to their age and ability to understand. Sometimes a distraction might be enough for a young child, who might innocently ask: "How did those children die"? It might be appropriate to simply distract them by saying: "That happened far away, you don't have to worry about that".

With an older child, it might be appropriate to give them more information about the circumstances, especially if they ask direct questions. Certainly, with older children and teenagers who are very much aware of the event and already discussing it with their peers, it is important to raise the topic directly with them and see what they think and feel.

This is your chance to communicate to them about handling troubling issues. The key is to first ask what they think and feel and then share your own thoughts: "It is very tragic what happened, it is a pity the person involved did not contact someone for help before doing this". This can open important conversations about safety and seeking help when in distress.

3. Watch for your child's emotional reaction

Whatever you communicate, watch carefully for your child's emotional reaction to it. Some children are very matter-of-fact and move on quickly after a few details. For others, this information might worry them, so it is important that you encourage them to talk some more and then to be very reassuring and supportive.[33]

[33] Adapted from: Article by Dr. John Sharry, social worker and founder of Parents Plus charity. Published with permission from author. Sharry, J. (2014, September 6). How to discuss the deaths of other children with your own, Irish Times.

2.9 When to get support

Here are some signs to indicate that extra support may be needed:

What to watch for with young children

Young children are generally protected by their parents from negative life events outside of the family. They will be sensitive to the depth of family feelings if their family has been directly affected by suicide. They are likely to show that they are worried through behaviour such as:

- wetting the bed
- waking up at night
- having difficulty getting to sleep
- going back to earlier behaviours, such as wanting a soother

If this is the case for your child and you can comfort them, don't worry too much. However, if the symptoms persist, get advice from a health professional.

What to watch for with teenagers

As a parent, you may need to seek some professional advice about how best to help your teenager if you feel that they:

- have become very withdrawn
- are talking a lot less than is usual for them
- are not mixing with friends
- appear to be constantly angry
- are talking about death or dying

What to watch for with adults

Here are some reasons why an adult might decide to look for extra help following a bereavement.

The bereaved adult:

- is tense and confused most of the time
- feels a sense of emptiness or exhaustion
- has nightmares or cannot sleep

- feels overcome by thoughts and feelings such as guilt, anger or rejection
- wants to share their grief but has no one to talk to
- keeps themselves busy all the time to avoid feeling, for example, working all the time
- cannot control their anger or bitterness about the loss
- shows a change for the worse in their smoking, eating or drinking habits
- relies more on medication
- has thoughts of dying or is thinking about suicide

2.10 Resources to support children bereaved or affected by suicide

Leaflets

Helping teenagers to cope after a traumatic event: A guide for parents or carers
https://www.hse.ie/eng/services/list/3/emergencymanangement/psychosocial/helping-teenagers-to-cope-after-a-traumatic-event.pdf
Developed by HSE, this leaflet provides information on common reactions of young people to trauma, how parents can help and where both parents and young people can seek further support.

Talking to children about domestic violence murder-suicide
www.gcfv.georgia.gov/support-survivors-murder-suicide
This fact sheet outlines how to talk to children about murder-suicide.

Books

Irish Childhood Bereavement Network
www.childhoodbereavement.ie
Supported by the Irish Hospice Foundation and Tusla, this network acts as a hub for those working with bereaved children, young people and their families. It provides a list of books on childhood bereavement, including on traumatic death.

Safe Harbour
Safe Harbour is an illustrated story book for children who have been bereaved by suicide. It will empower parents or carers to have difficult conversations safely with their child around this sensitive topic. Safe Harbour has been developed by bereavement experts, professionals and people with lived experience. Two storybooks are available – Book A in which the child's father dies and Book B in which their mother dies. They are accompanied by a Helpful Guide for Parents and Carers, which outlines how parents or carers can practically use these books.
For more information, see: https://www.childhoodbereavement.ie/safeharbour/

Suicide bereavement resource guide: For parents, carers and professionals supporting children and young people bereaved by suicide
https://greater-manchester-bereavement-service.org.uk/wp-content/uploads/sites/8/2023/08/LUNA-resource-guide-GM.pdf
The Luna Foundation in the UK has developed this guide. It lists a range of books for children of different ages, situations and needs.

Winston's Wish
https://www.winstonswish.org/supporting-you/supporting-a-bereaved-child/suicide-bereavement-support/
This UK charity provides specialist support to bereaved children, young people, their families and professionals supporting them. Their website contains a wide range of information, guidance and resources on how to talk to children and young people about suicide and support them following the death by suicide of someone close to them.

One example is:
Beyond the Rough Rock: Supporting a child who has been bereaved through suicide
https://shop.winstonswish.org/collections/books/products/beyond-the-rough-rock
This book offers practical advice for families following a death by suicide. It aims to give parents and professionals the confidence to involve children in discussions. It contains practical activities for families trying to cope with what has happened.

2.11 Resources to support adults bereaved or affected by suicide

Finding the words: How to support someone who has been bereaved and affected by suicide
https://supportaftersuicide.org.uk/resource/finding-the-words/
This guide gives pointers on how to reach out to support someone who has been bereaved by suicide.

First hand: Making sense of lasting emotions and memories of the suicide of someone you didn't know
https://suicidebereavementuk.com/wp-content/uploads/2023/04/First-Hand-Booklet.pdf
This UK resource is for anyone affected by being at the suicide of someone they did not know.

Lighting the way: An information resource to support people who are bereaved through suicide, Cork
https://www.healthactionzone.ie/lighting-the-way/
Four booklets for the Cork area (North, South, East and West Cork) have been published. They contain useful information about the range of supports that can be accessed in the community in the aftermath of a suicide.

Suicide support and information
http://suicidesupportandinformation.ie/
This website was developed by the National Suicide Research Foundation with funding from the Health Research Board. It provides evidence-based information on bereavement following suicide and responding to people at risk of suicide.

Supporting parents after bereavement: Living with no surviving children
www.anamcara.ie/wp-content/uploads/AC_NoSurvivingBooklet_2020.pdf
This leaflet offers ways that some parents who had lost their only child or children have found helpful to get through this difficult time.

2.12 Resources to run an online suicide bereavement campaign in the community

#HereForYou campaign information sheets and videos
These resources were developed for an online information campaign on a range of topics outlined below. Each link includes a video of a talk on the topic and information sheets. They were developed by the HSE, Kildare Youth Services, Kildare Children and Young People's Services Committee, Irish Hospice Foundation and the Irish Childhood Bereavement Network.

How peer support can help
https://drive.google.com/drive/folders/1-fW0nc-fop9Kr-BigpTtk7P8Ej4kx3aD

Suicide bereavement
https://drive.google.com/drive/folders/1iQSdrx2OWQxvb-txlNldEKPmcD3Jzsxv

Supporting bereaved parents
https://drive.google.com/drive/folders/1lwdJDzO9_KWbT9Du3lGFm6dIbRyRw4Zl

Supporting families and communities through bereavement
https://drive.google.com/drive/folders/1R_JUj80VC-qQBp7N0IAkPEA8EB_saowv

Talking to your child about suicide
https://drive.google.com/drive/folders/11dDih-pC_J1hTxhCEg49muvh8dOW7e-8

Teenage grief
https://drive.google.com/drive/folders/1rrDR24ZdunH5KztWMdRWKx6N17V3k465

Understanding and coping with grief and loss
https://drive.google.com/drive/folders/1Kg0Ij57T4_8tbpr_tcoYvNPLgyr47jDT

2.13 Suicide bereavement reports

AfterWords: A survey of people bereaved by suicide in Ireland
https://www.nsrf.ie/wp-content/uploads/2022/10/Suicide-Bereavement-Survey-report_digital.pdf
The findings from this first-of-its-kind Irish study published in 2022 provide valuable insights into the experiences of people bereaved and affected by suicide. Over 2,400 people took part in the survey. It highlights the important role families, friends and community gatekeepers play in providing informal support, while also offering information and encouragement to seek further help. The study was carried out by the National Suicide Research Foundation and HUGG, with funding provided by the HSE National Office for Suicide Prevention.

Improving suicide bereavement supports in Ireland
https://www.lenus.ie/handle/10147/627064
This report sets out ten action areas which aim to improve suicide bereavement supports and services and to make sure that they continue to be provided. It was published by the HSE Mental Health Operations and National Office for Suicide Prevention in 2020.

From grief to hope
https://suicidebereavementuk.com/wp-content/uploads/2020/11/From-Grief-to-Hope-Report.pdf
In 2020, Suicide Bereavement UK published this report which looks at the impact that suicide has had, at both a personal and professional level, on those affected. They also specialise in suicide bereavement research, focusing on improving care for those bereaved by suicide.

3

Setting up a community group for suicide prevention

Setting up a community group for suicide prevention

"We are only just beginning; we hope that we can make a lasting impact on the conversation surrounding mental health in our community. We feel passionate about removing the veil of secrecy and fear that surrounds mental health problems. Really, we just want people in our community to feel less alone and where possible encourage them to reach out for the help they deserve. We are grateful for the opportunity it gives us to reach more people, and hopefully make the world a better place in some small way".[1]

As suicide is a community[2] health problem, local communities are very important places where suicide prevention measures and responses following a suspected suicide can be put in place. When a suspected suicide occurs in a local community, those affected may find themselves wanting to help but are not sure how or where to begin. These are normal responses in the aftermath of such an event.

There may be a call to action or a mobilisation of people, where they come together to seek to restore a sense of safety and control in their community. As a result, they may be motivated to start new suicide prevention initiatives, including the setting up of a local suicide prevention community group or support service. This reflects the huge goodwill, interest and concern in communities following a suspected suicide.

However, the learning from similar work carried out in the past has been that before starting out on this process, it is essential that those involved ensure certain measures are put in place.[3] Great care must be taken so that any actions in response to suicide are safe and do not cause any further hurt or pain to those affected or increase the risk of further suicide.[4] New initiatives should not overlap with existing ones to avoid inefficient use of resources and the creation of confusion among the public about the different types of supports that are available. Instead, new community groups should address any gaps in the supports currently available or build on the strengths of those already in existence.

While there are a number of common steps all community groups have to take when setting up or continuing to operate, the main focus of this section will be on how these specifically relate to the suicide prevention aspects of their work. Following a death by

1 Quote from a newly established community group at the time based in Connemara, the "Community of Wellness" group, who received the Garda Youth Awards in October 2021. This award recognises the good work young people aged between 13 and 21 years are doing in the community.

2 In this chapter the term "community" is used to describe those who live in an area. For information on online communities, see Chapter 8.

3 HSE Resource Officers for Suicide Prevention Learning Community of Practice. A learning community of practice is a group who share a common interest and, through their interactions with one another, seek to learn how to carry out their work more effectively.

4 Kutcher, S. & Szumilas, M. (2008). Youth suicide prevention. Canadian Medical Association Journal, 178(3), 282–285.

suspected suicide in an area, existing community groups may put additional measures in place to support those affected. This section will guide them in continuing their work, as well as showcasing examples of initiatives that have been carried out around the country.[5]

3.1 Setting up a community group – from idea to action

Suicide prevention is most effective when it involves a whole community and is implemented over a long period of time.[6] Bringing people together and building strong relationships helps to make communities safer from suicide. A suicide prevention community group can be described as a group of committed people who "plan and coordinate activities that address the needs and priorities of the local community".[7] They generally fall into the category of a non-complex or Type A organisation, in that all activities are carried out by volunteers, and they do not have any paid workers (see Table 3.1).[8] They do not do any clinical or counselling work. New groups are usually specifically

5 The focus of this chapter is on community groups. Many different suicide prevention supports and services are in place, including those providing suicide intervention (when a person is feeling suicidal or engaging in self-harm) or suicide bereavement support. Best practice guidance for national organisations that are funded by the HSE National Office for Suicide Prevention were published in 2019: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/best-practice-guidance-for-suicide-prevention-services-2019.pdf Their aim is to support these organisations to deliver high-quality suicide prevention services that are based on strong evidence (see Section 3.5). The HSE is also in the process of developing best practice guidelines for smaller organisations providing supports and services in the area of suicide prevention.

6 Suicide Prevention Australia. (2014). Communities matter: A toolkit for community-driven suicide prevention (A resource for small towns), Consultation Version 1.0. Sydney: Suicide Prevention Australia.

7 As above, p.30.

8 Charities Regulator. (2021). Charities governance code: Complex and non-complex charities, p. 6. Dublin: Charities Regulator. https://www.charitiesregulator.ie/media/2225/complex-and-non-complex-charities.pdf

set up to address suicide-related issues. Existing community groups may take on this kind of work, as well as other projects they are already involved in, for example, a local Lions Club (see case study example in Section 3.7), a Mental Health Association: https://www.mentalhealthireland.ie/mental-health-associations/, or a Thrive Community (an international movement that promotes positive mental health by supporting communities to work together to find ways to look after their mental health and wellbeing): https://www.mentalhealthireland.ie/thrive-ireland/ (see Table 3.2 for description of suicide prevention community groups).

Table 3.1: Characteristics of non-complex and complex charities[9]

Characteristics of a **non-complex** charity	Characteristics of a **complex** charity
Locally focused but may have a national remit	Has a national remit and may undertake some international or overseas work
Narrow or focused scope of activities	Broader scope of activities i.e. provides a number of services
Does not provide services to vulnerable adults or children	Deals with or provides services to vulnerable adults or children
Low levels of annual income or expenditure	Significant levels of annual income or expenditure
The majority of income comes from one source e.g. one state funder or members of the public	Key funding sources are generally split between public fundraising, local and national government funding, grants and trusts
Does not employ staff or has a small number of employees	Has a significant paid workforce, or a paid chief executive officer
Generally run by a small number of volunteers	Has a significant number of volunteers or members
Does not have significant assets	Owns significant assets such as cash, real properties or investments

9 Charities Regulator. (2021). Charities governance code: Complex and non-complex charities, p.6. Dublin: Charities Regulator. https://www.charitiesregulator.ie/media/2225/complex-and-non-complex-charities.pdf

Table 3.2: Description of suicide prevention community groups

Type of organisation	**Type A:** No paid staff, run entirely by volunteers ✓ **Type B:** Small number of staff, trustees have managerial and sometimes operational responsibilities **Type C:** Has a board that focuses on governance, with staff carrying out managerial and operational roles
Level of service	**Level 1: Societal wellbeing, resilience and safety** Mental health information and resources that are freely available to all the population, for example, www.healthpromotion.ie ✓ **Level 2: Self-help** Tools and information that encourage you to learn how to help yourself, for example, using apps ✓ **Level 3: People-to-People Support** One-to-one or group support, including peer support ✓ **Level 4: Primary care and voluntary care services** Community-based professional services, for example, GP and counselling services **Level 5: HSE specialist mental health services in community settings** Community mental health services for children and adolescents and adults **Level 6: Severe and enduring needs** Mental health services, including residential services
Primary role	**Suicide prevention specific:** New groups ✓ **Wider role - suicide prevention is one aspect:** Existing groups ✓

Why are community suicide prevention groups set up?

Many studies have shown that when communities are better connected and more empowered, they are more likely to be healthy places in which to live. Developing strong networks and supports where people look out for one another has been found to have a positive impact on health and wellbeing.[10,11]

Following a death by suspected suicide, community groups can form out of a sense of common concern which can often lead to common action. Some of the main aims of these groups are to:

- Learn more about how to support vulnerable individuals, families and groups in the community.
- Raise awareness of mental health, wellbeing and suicide prevention resources, supports and services.
- Create a sense of hope and strength among people in the community at a time of great distress.
- Seek to prevent further deaths by suicide by recognising that people from all walks of life can play a role in suicide prevention.
- Develop a coordinated and effective local community plan of action.

What helps suicide prevention community groups to work well?

Suicide prevention community groups are more likely to work well when they:

- Respond to an identified need in the area.
- Use available knowledge, experience and evidence of suicide prevention activities, initiatives and programmes that have been found to work well.
- Use well-researched and effective practices that are based on the most up-to-date evidence to respond in a safe, sensitive and balanced way.
- Make sure that their activities are in line with national and local policies, for example, with the goals and actions set out in:
  Connecting for Life, Developing a community response to suicide: A resource to guide those developing and implementing an inter-agency community response plan for incidents of suspected suicide, particularly where there is a risk of clusters and/or contagion
  https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/community-response-to-suicide.pdf and other relevant plans, including those listed in Chapter 4.

10 Friedli, L. (2009). Mental health, resilience and inequalities. Denmark: World Health Organization. https://www.researchgate.net/publication/265497628_Mental_Health_Resilience_and_Inequalities

11 Public Health England. (2015). A guide to community-centred approaches for health and wellbeing. London: Public Health England. https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches

- Link in with state and other voluntary and community groups already working in this area to avoid duplication.
- Make good use of available resources.
- Are run by members of the community who are prepared to work hard as a team and invest time and energy on a voluntary basis.

Questions to ask before you set up a group

Before setting up a suicide prevention community group in your area, it is very important to first ask the following questions:

- Has a similar community group or voluntary organisation already been set up in the area or in a nearby area? Are they doing the things listed in the last section to help them to work well? If this is the case, then it may be better to team up with them rather than setting up a new group.
- Have you contacted the local HSE Resource Officer for Suicide Prevention?
  It is best to make contact at an early stage to discuss your idea and they may be able to assist you.
- Has advice and feedback been sought from other service providers in the area, for example, mental health services, suicide support services or state services, such as the Gardaí, Local Authority, education?
- Are there enough people in the community who are ready to form a group, willing to work hard together and make a long-term commitment?

If there are not enough people available, then it may not be a viable option to establish a group at this time. In the meantime, it may be more realistic to do short-term initiatives or team up with an existing group or organisation to do a specific piece of work (see Section 3.3).

If you do decide to go ahead and form a community group, be careful to recognise the work that may already be taking place in relation to suicide prevention in your area. While there will always be more work to be done, it is important that any messaging about beginning a new group does not undermine what other organisations have been doing over many years (for example, see case study example of the work being carried out by Family Resource Centres in Section 3.7). Suicide prevention might not be the main focus of some of these organisations, or they might not have traditionally been associated with these activities. However, these organisations may be doing important work in this area, for example, workplaces, credit unions and community pharmacies.

3.2 How to form a community group

As you begin to set up a community group in your area, it is best to focus on two key areas:

- Putting clear guiding principles in place
- Carefully considering and structuring your plan of action

Guiding principles

The following principles should shape and guide the work you plan to carry out in your community:

1. Become a learning community

You can help to bring about meaningful change in your community by sharing and learning from one another. This includes taking part in suicide prevention training, ensuring that the work you do is based on suicide prevention research, and evaluating your work on an ongoing basis.

Suicide prevention training programmes approved by the HSE National Office for Suicide Prevention provide different levels of training, including general awareness, alertness skills and intervention skills. The level of training an individual may need depends on their role in relation to suicide prevention.

It is important to note that while attending HSE National Office for Suicide Prevention approved suicide prevention training programmes is clearly very important, completing training alone is not enough in itself to indicate that a service is being run well. All organisations also need to have organisational governance and, if relevant, clinical governance in place to run safe and effective services. Organisational governance describes the structures and processes an organisation has put in place to make sure that it is accountable, fair and managed well. Clinical governance ensures that healthcare services are of a high standard and meet the needs of their service users.

For more information, see Chapter 7 and **HSE Connecting for Life: National Education and Training Plan:** https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/

2. Do no harm

Make sure that activities you organise do no harm to those involved before, during or after they are complete. This includes members of your own suicide prevention community group, as well as the wider community. Consider some of the possible risks for members who join your suicide prevention community group and how they can be reduced, for example:

- **Establish clear boundaries**
  It is important that the group, as well as individual members within it, know the boundaries in terms of what support you can safely offer to others in your community. This means that you need to know when it is time to involve others with the right skills, training and expertise so that a person at risk can be offered safe and appropriate care and support. Making sure to keep your information up to date will help you to be able to signpost others to suitable, high-quality supports and services. For more information, see Chapter 6.

- **Self-care**
  Self-care means looking after your mental and physical health by taking the time to do the things that you enjoy or that make you feel good. This will help to sustain you in this work. Recognising the benefits that peer support can offer is another way in which group members can support one another.

- **Follow best practice for people with lived experience**
  People with lived experience of suicide may wish to become involved in a suicide prevention community group. They are people who "have experienced suicidal thoughts, survived a suicide attempt, cared for someone who was suicidal, been bereaved by suicide, or have been touched by suicide in another way".[12] It is recommended that someone who has experienced a suicide waits at least one year before making a commitment to getting involved in suicide prevention initiatives. Similarly, the HSE National Office for Suicide Prevention advises that recently bereaved people wait twelve months before taking part in suicide prevention training.[13] It is also recommended that those who have made a suicide attempt wait to become involved in these activities for at least six months. While waiting does not downplay how passionate a person might feel about highlighting awareness of suicide in their community, it allows them time to work through their own personal experiences or to grieve their loss. It is possible that getting very involved in a group or attending intensive training on suicide prevention before people are ready might delay their healing process.[14]

  For more information, see:
  Lived Experience Network: Thinking about your personal readiness to be involved
  https://mhaustralia.org/general/thinking-about-your-personal-readiness-be-involved-suicide-prevention

12 Suicide Prevention Australia. (2014). Lived experience network: Thinking about your personal readiness to be involved. https://mhaustralia.org/general/thinking-about-your-personal-readiness-be-involved-suicide-prevention

13 HSE National Office for Suicide Prevention (2021). National education and training plan: Quality assurance framework (QAF). Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/quality-assurance-framework.pdf

14 You are not Alone Working Group. (2021). You are not alone: Support for people who have been bereaved by suicide. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/national-suicide-bereavement-support-guide.html

- **Consider the impact on bereaved families**
  It is important to take the feelings of bereaved families into consideration when you set up the group. This may include recently bereaved families, as well as those who have experienced a loss many years ago. It might be helpful to let them know in advance of any public meetings or activities you are planning. It is always important to highlight that the group is responding generally to the problem of suicide, but at the same time you need to understand and acknowledge the intense significance your work will have for particular families. When describing why you set up or why you are embarking on a particular plan of work, do not identify any one specific death in your area as the reason for doing this.

3. Plan for the long term

A suspected suicide in the community is a particularly traumatic event. Emotions may spur communities into action. While many people may express an initial interest, a long-term commitment is essential to the survival of your group. It is important to think and plan ahead by developing a more long-term plan of action. This should focus on what steps your community can take over time to reach the goals that they have set. These should tie in with the local Connecting for Life Suicide Prevention Action Plan for your area (see Chapter 1).

4. Do not lose heart

Forming a group is a difficult process. It takes energy, enthusiasm, a lot of hard work and great team effort to achieve your goals – so do not become discouraged if the development of your community group does not go as planned. The process of building a group can be as useful as what it actually does. This includes agreeing on the shared values (for example, showing respect and not judging others) that you as a group hold and putting them into practice in your community.

It is also important not to lose heart if, despite all your hard work, other suicides happen in your community. Remember, suicide is a complex issue, and for this reason, it can sometimes be difficult to measure all the good work being done.

Developing a plan of action

When deciding how best to structure your local community plan of action, it is important to carefully consider the following aspects:

What key steps need to be taken?

These are some key steps to take when setting up a suicide prevention community group. Before calling public meetings or becoming active as a group, it is important to get the basics right.

1. Form a core team

Working with like-minded people from various backgrounds is a great way to bring a wide range of resources, skills, contacts, knowledge and energy to the group. While community groups differ, members usually include representatives from state and voluntary groups, as well as community leaders. In most cases, group members offer their time and expertise on a voluntary basis.

Core teams often include:

- Clergy or religious leaders
- Community representatives or local leaders
- Gardaí
- Health professionals (for example, doctors, public health nurses and mental health workers)
- Local businesses (for example, employers or businesses that often have a social role, such as postal workers, publicans, taxi drivers, hairdressers and vets)
- Local support agencies (voluntary or community groups in the area, for example, community development projects and Family Resource Centres)
- Sporting organisations, for example, members of the local GAA club
- People with lived experience of suicide or mental health problems
- Teachers
- Youth workers

While members of your group should be aged 18 years and older, you may be able to get input from those under 18 years through other ways. There are some structures already in place to hear the voice of young people. For example, there are 31 youth councils across the country called Comhairle na nÓg (www.comhairlenanog.ie) that are run through the Local Authorities. They give young people and children an opportunity to get involved in the development of local services and policies. Another example is youth advisory panels, which are made up of young volunteers who share their insights on how services can be improved for young people.
See for example: www.jigsaw.ie/get-involved/youth-advisory-panels-at-jigsaw/ and Chapter 5, Section 5.6, Working with young people.

2. Agree main purpose and objective

The core team should agree what the main purpose of the group should be. This is known as a mission statement. It is very important that this statement accurately describes the work that your group has agreed to carry out. The team should also decide what the group will be called, and you may wish to design an accompanying logo.

The core team should also set objectives, which describe what you want to achieve as a group in the short term, as well as in the medium to long term. It is important to work these aspects out from the start so that you are all united in a shared vision.

Community groups should be clear that their role involves signposting to supports and services rather than in their actual delivery. Services can only be offered safely by those with appropriate qualifications, training and experience, and by organisations with strong governance.[15]

3. Structure the group

Take time to develop terms of reference for your group. They set out the working arrangements that will help you to plan and support the work. Decide who will carry out the different roles in your group, for example, chairperson, secretary, treasurer and communications officer. Be clear about what these roles involve. Setting up small subgroups for specific pieces of work can also help to progress and deliver on key actions, for example, when organising a specific event. The learning from other groups is that if the work is "regarded as the baby" of one individual then it all may fall to them. All members need to work as a team if a group is to succeed.[16] While you may need to set up a fundraising coordinator role further down the line, it is best to wait until you are more firmly established as a group. As time goes on, it is important not to let fundraising become the sole focus of your group.

Find out about how to apply for charitable status and what legal structure best suits the activities you plan to carry out. For more information, please see Chapter 3, Section 3.10.

4. Agree meeting arrangements

Work out where (online or face-to-face) and how often you will meet, as well as the length of these meetings. It is important to strike a healthy balance and be realistic about what you can achieve. While you may need to meet more often at the early stages, meeting too often can place too many demands on volunteer members.

5. Agree communication methods

Decide how best to communicate with one another, as good communication is key. This includes communicating internally with other group members, as well as externally with the wider community and other community and voluntary groups. Setting up dedicated email addresses rather than using private contact details for communication purposes establishes clearer boundaries around this work. (See Chapter 8 for more information on social media).

15 The experience of other groups that have set up in the past is that it is generally not advisable to set up a phone service for the public or to secure premises. These need time, expertise and people to run safely, as well as costing money, and are difficult to sustain over time by a group of volunteers. Similarly, it is better not to set up a website unless you have the technical skills and time to continue to maintain and update it.

16 Carmichael (2018). Setting up a new community, voluntary or charitable organisation, p.2. Dublin: Carmichael.

Develop a policy on confidentiality which should include:

- Not sharing any information on sensitive issues outside the group without getting permission to do so, for example, private information shared by members of the group with lived experience of suicide, which includes the person themselves or those they are supporting.
- Not sharing any information publicly (verbally, in writing or through videos posted on social media) that would identify or highlight the issues raised by any individuals who have sought the support of your community group or where community group members have approached individuals offering them support. This includes revealing too much information about public places where people have attempted or died by suicide. Not only would this undermine trust in your group, but it is insensitive to those in need of support. For more information on confidentiality and its limits, see Chapter 6.
- While events surrounding deaths by suspected suicide can often be widely spoken about in a community, in considering the needs of bereaved families it is best to depersonalise information so as not to identify or discuss any individual situations when describing the work of the group.

Be aware that General Data Protection Regulations (GDPR)[17] apply to any processing of personal data. It is important to put any data protection requirements in place that apply to your group.

6. Develop links with organisations/individuals in your community

While new groups are finding their feet, some may decide to begin by working under the umbrella of an existing voluntary or community organisation in the area with a broad interest and expertise in mental health, suicide prevention and community development. This will give them time and space to work out what they need, while in the meantime taking advantage of the support structures, policies, local knowledge and credibility this organisation has already established in the area.

Other links to consider include:

- **Public Participation Network (PPN)**
  It may be helpful to link in with the Public Participation Network (PPN) in your local area. Set up and supported by Local Authorities, there are 31 PPNs around the country. They provide a structure through which organisations and groups working

17 This law came into effect in May 2018. It sets out key principles on the collection and processing of personal information on individuals.

in the community, voluntary, environment and social inclusion areas can present and represent the views and wishes of their communities. For more information, see: www.gov.ie/en/policy-information/b59ee9-community-network-groups/#how-ppns-work

- **Local role models**
  Sometimes local role models, such as well-known and respected people in the community, are invited to lend their support to promoting the work and messages of community groups (for example, a local sporting hero might help to attract interest from young people). When choosing your role model, make sure they can relate to your selected audience and that they have a real understanding of the issues you want to address. It is also important that they are clear about their role so that their involvement creates a meaningful impact. There cannot be a conflict of interest with any other activities they are involved in.

- **Local businesses**
  Developing partnerships with local businesses is another useful way to promote your message. Building these relationships can help to get information out to more people in your community.

- **Shine Ambassadors**
  Another option is to enlist the support of an ambassador who is part of the Shine Ambassador Programme. It is a partnership of Irish organisations working together to end mental health stigma. Ambassadors are a group of people with lived experience of mental health difficulties, who use their story to put a face and give a voice to this issue. Their goal is to bring about real and lasting change to the way we think and talk about mental health. Ambassadors receive training and ongoing support through Shine to be able to carry out this role. For more information, see: www.shine.ie (Chapter 4).

7. Do your research

Suicide prevention community groups in other areas
Look at suicide prevention community groups in other areas. Find out about how they were set up, what suicide prevention initiatives they are carrying out, what has worked well and why, as well as what has not worked out well and why.

Be thorough in your research – link with people who are involved in the existing groups. Ask questions. Has their work made an impact on the community? How? Why? What other key aspects should be considered? Remember, even though the initiatives may work well in one community, the local issues and needs of your own community may be different.

Understand the needs of your community
Find out and understand the needs of your local community. You can formally assess what they are by using statistics and surveys, for example, an assessment tool has been developed to measure community readiness for change, which is the degree to which people are prepared to take action. This can range from not having any awareness of suicide prevention to having a high level of community ownership. This assessment tool can help to work out the next steps to take to increase a community's capacity for suicide prevention. For more information, see: https://www.samhsa.gov/sites/default/files/tribal_tta_center_2.3.b_commreadinessmanual_final_3.6.14.pdf

Informal assessments can also be carried out through public discussions, focus groups and local media. You may be able to use information that has been gathered by other organisations in the area, including data gathered when developing local Connecting for Life Suicide Prevention Action Plans, as well as other organisations' annual plans. Another example is the **Rapid Assessment and Community Response to Suicide and Suspected Suicide in Dublin South** which was carried out to understand the range of factors that may affect suicidal behaviour in a community: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/rapid-assessment-report.pdf

What services or initiatives are already available?
Find out what services or initiatives are available locally. These may have already been mapped out by other services in the area. This will help to identify any available support or training and identify any gaps in the local services.

For more information on priority groups, see Chapter 5, and how suicide statistics are gathered, see Chapter 1, Section 1.11.

8. Evaluate

It is important to review the activities of your group to see what is working well, what is not working well and what changes you can make to support your future work. When setting up a group you should consider how you will evaluate whether you are achieving the goals that you set for yourselves.

For more information, see:

Evaluating community projects: A practical guide
https://www.jrf.org.uk/evaluating-community-projects-a-practical-guide
This gives a step-by-step guide on how to evaluate a community project.

My journey: Distance travelled tool
www.gov.ie/en/publication/8dee88-my-journey-distance-traveled-tool/
This tool is designed to measure soft skill areas, as well as change over time.

9. Other considerations

Use of imagery
Care should be taken in the type of imagery used in suicide prevention materials. For example:

- Images of water and trees
- Locations where people have taken their own lives
- Images of people in despair

For more information, see:
HSE: Connecting for Life brand guidelines booklet
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/connecting-for-life-brand/

Talking about suicide: Language and imagery guide
https://rosesintheocean.com.au/talking-about-suicide/

Use of personal information
Following the death of a loved one by suicide, some families in their desire to prevent others from going through a similar experience may become involved in suicide prevention activities. As a result, personal information on the person who has died by suicide may be shared with the public. This might include their name (for example, setting up an organisation based on their name or dedicating a website to them), photographs or life story details.

While the intention is that these actions be of support to others, this may not always be the case after a death by suicide, as these public displays of private memories can impact on the wellbeing of others.[18] Some reasons to explain this include:

- They may unintentionally glorify the death to other vulnerable people.
- Viewing pictures or names of those who have died may act as a constant reminder of their loss.
- They may overexpose the family and friends of the person who has died. They may regret this later, but feel unable to draw back from their actions.
- They may alienate other family members or friends who do not agree with remembering their loved one in this way.

Before starting out on this process, the key thing is to reflect on is what this activity is hoping to achieve and consider how it can be done in a safer way. An alternative approach would be not to individualise or personalise activities. It might be better to work with others to build on an existing support service or initiative.

[18] Bell, J., Bailey, L. & Kennedy, D. (2015). "We do it to keep him alive": Bereaved individuals' experiences of online suicide memorials and continuing bonds. Mortality, 20(4), 375–389, http://dx.doi.org/10.1080/13576275.2015.1083693

3.3 What can your group do? Examples of community suicide prevention initiatives

Suicide prevention is a complex area. However, it is important to acknowledge the good work that many community groups have done in Ireland over the last number of years. Here are some examples of community suicide prevention activities:

Information

Immediately following a death by suspected suicide, many community groups want to send out clear messages:

- of support – "there is help out there"
- of unity – "we can respond in a positive way together"
- of compassion – "this community cares"
- of hope – "we can find ways to create hope in our community"

As a first step, groups have developed their own local credit-card sized support cards or used existing ones available through the local HSE Resource Office for Suicide Prevention in their area. These list safe supports and services, including those that are available out-of-hours and 24/7. These have been widely distributed to:

- health settings – health centres, GP surgeries, pharmacies
- businesses – shops, hairdressers, workplace settings
- social settings – churches, pubs, nightclubs, sport clubs
- local media
- the online community
- homes in the community

It may also be helpful to distribute other information on how to support those who may be thinking of suicide or those who are bereaved by suicide. These are available on www.healthpromotion.ie. Some examples include:

Concerned about suicide leaflet
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/concernedaboutsuicide.pdf

Would you know what to do if someone told you they were thinking of suicide?
https://www.healthpromotion.ie/media/documents/HSP00955.pdf

Responding to a person in suicidal distress: A guidance document
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/responding-to-a-person-in-suicidal-distress-a-guidance-document.html

Reporting social media content that promotes suicide
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/reporting-social-media-content-v1.pdf

You are not alone: Support for people who have been bereaved by suicide
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/national-suicide-bereavement-support-guide.html

If you have been bereaved by suicide
https://www.healthpromotion.ie/media/documents/HSP01305.pdf

At this time, it is also helpful to promote mental health wellbeing and self-care messages, for example, those already developed as part of mental health campaigns (see Chapter 4, Section 4.1).

Support

Sometimes people wish to come together to discuss the impact of the death or deaths in their community. Small, well-organised public gatherings provide an opportunity to:

- offer and receive support
- provide information on looking after yourself during this difficult time
- get advice on what to look out for and what to say and do if you are worried about someone else
- offer practical advice and help, through a question-and-answer session
- put "faces to names" – to meet those who provide services in the area

See also Chapter 2, Section 2.3 for more information on this way of offering support, which is known as psychological first aid.

To run this type of event in a safe and structured way, see guidelines on holding a mental health event (see Chapter 3, Section 3.9).

In the weeks and months following a death by suspected suicide in your area, it is a good idea to continue to link in with other service providers in your area to work out how best you can support your community together. Some communities, for example, hold remembrance services at particular times of the year. Sometimes those bereaved by suicide may wish to attend a suicide bereavement support group (see Chapter 2, Section 2.4).

Education and training

Another option may be to consider organising a HSE National Office for Suicide Prevention workshop on Supporting People Bereaved through Suicide in the Community (see Chapter 7 for more details). However, it is not advisable to offer suicide intervention training to grieving community members immediately after a death or deaths. This type of training is probably not what they need at that time, as it can be too difficult to be hearing about helping others with thoughts of suicide, when the person they know (and love) has died. Perhaps after a year or more, they will be ready and willing to take part.[19]

Ongoing education, training and development are important because they help to build knowledge and skills within a community. Offer education and training programmes to as wide an audience as possible. You should also focus on specific individuals or professional groups who work directly with more vulnerable people in your community.

3.4 Fundraising

Fundraising must be done in a way that there is no conflict of interest between the health messages being promoted and the way in which the money has been gathered. In the same way, those receiving funding must be open and accountable regarding the way in which the funds are being spent. When applying for and receiving government funding or funding from other sources, the guidelines and obligations put in place by the funders must be adhered to. This section will provide key information relating to funding for suicide prevention initiatives in the community.

The Charities Act

The Charities Act came into law on February 2009. It aims to:

- make sure people are made responsible for what they do
- protect against abuse of charitable status
- increase public trust and confidence in charities

Some of the main aspects of the act include:

- setting up a Charities Regulator (established on 16th October, 2014) to support best practice and to make sure that the charity sector complies with the law
- setting up a Register or list of charities – all charities in the state must register and are then asked to provide key information

19 HSE National Office for Suicide Prevention. (2021). National education and training plan: Quality assurance framework (QAF). Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/

- submitting an Annual Activity Report to the Charities Regulator which describes activities and financial matters in relation to the last 12 months

The Charities Regulator has developed a Charities Governance Code that all Irish charities must implement from 2020 onwards. This code sets out six principles, as well as core standards that must be met when putting these principles into action. Larger or more complex organisations have to put additional best practice standards in place.

The six principles are:

- advancing charitable purpose
- behaving with integrity
- leading people
- exercising control
- working effectively
- being accountable and transparent

The Charities Regulator has also issued guidelines for charitable organisations on fundraising from the public.

Any community group seeking charity status or who already has charity status will have to comply with the Charities Act.

For more information, see Chapter 3, Section 3.10.

Considerations when seeking funding from funding bodies

The following are general points to consider when applying for funding:

Choose funding body carefully

Before you apply, it is worth examining carefully which funding bodies you should apply to. Some funds are very small, but the amount of work involved in the application may be substantial. This could be a difficult undertaking if your team is small or there is no one person designated to that role. Sometimes funding is provided to an organisation for a particular initiative, rather than for its day-to-day costs or core work. Delivering this initiative may put an extra strain on already scare resources rather than being of direct benefit to ongoing activities. In this situation, it might be better to source funding for more sustainable day-to-day supports.

Take note of whether the funding is available just for one year or more. If the funding is small or only a once-off payment, think about how this will work for your project in the long term. Once-off funding may not be a sustainable funding source and it is important to consider the impact this may have.

Meeting the criteria

Funding providers set out criteria that must be met for a funding application to be successful. If your application does not clearly show that you have met these criteria, then you are less likely to receive funding. For example, some funders will ask that you work closely with a particular population or priority group in your community.

Be prepared

Do not apply for money before you are ready. Be clear about:

- what you want to do
- why you want to do it
- what you want to achieve
- how you want to go about it

Work out:

- what resources you need
- what exactly you need to apply for
- how you will spend the money you get

Be realistic

Be clear and realistic about any conditions or requirements you might have to meet if you are granted funding. Consider how meeting those requirements will affect:

- your group
- your project
- the priority group you wish to work with

Sometimes funding options become available, however, the deadline to submit an application and/or to complete the work is very tight. While the prospect of receiving funding may initially seem appealing, in reality, for some groups it may be too difficult to deliver on what is needed in such a short space of time.

Stick to your plan

Be careful not to change your group's plans to fit in with the conditions of funding that might be imposed by the funders or simply because funding is available for a particular type of initiative. This may lead you away from your mission statement or core objectives or into an area that other groups are already working in, leading to duplication.

Supporting information

Funders often look for information such as annual reports, accounts or examples of the group's work and activities. Ask yourself if you have the documents you need for your application.

Most funders will ask for a short report in the year after giving out the funds. This report should show how the funds were spent and if they were spent on the purpose for which they were intended.

Applying to government bodies

If you are making an application for funding to government bodies in relation to mental health promotion, mental health services or suicide prevention, it is important to remember the following:

Align with government policy

Your application should reflect the goals and objectives set out in national and local government policies, for example, suicide prevention funding applications should be in line with Connecting for Life: Ireland's National Strategy for Suicide Prevention.

Demonstrate good practice

Your application should show that, in terms of suicide prevention and mental health promotion, you know about:

- good practice guidelines
- the current evidence base – in other words, that you are up-to-date and well-informed about the issues

Understand key learning experiences

Your application must show a knowledge and understanding of key learning experiences from other similar programmes or initiatives in other parts of Ireland or internationally.

Your application should demonstrate a proven need or impact. It should outline the evidence for your proposal and how you intend to evaluate and monitor proposed activities, outcomes or outputs, in line with best practice.

It should also build on and add value to initiatives and services already going on at local level rather than overlap with them or duplicate them. You should communicate, coordinate and collaborate with existing groups.

Other financial considerations

It is important to show that your organisation has a good track record in managing projects. Your application should also demonstrate value for money. Funders may want you to show that the project is sustainable by letting them know how you plan to fund it once the money they have provided has been spent. Some will ask that matched funding from another organisation is also available. Government funding streams typically do not support projects that are for-profit, private or commercial operations.

Organisations in receipt of state funding should make this information publicly known. It is also important to know that fundraising activities need to be declared as part of an organisation's financial governance.

Considerations when sourcing funding through other means

Choose carefully where to seek funding

Consider partnerships with individuals, companies or groups, local or national that do not conflict with your values, mission statement, aims and objectives.

As part of their corporate social responsibility business model, some companies donate money to various charities. However, care must be taken when choosing them. Government or health services may not find it appropriate to support projects that receive sponsorship or funding from companies whose products and interests conflict with the health and wellbeing of the population.

Under the Public Health (Alcohol) Act 2018 (Section 16) it is against the law for alcohol companies to sponsor events where it is mostly children taking part or events that are aimed particularly at children:
www.hse.ie/eng/services/list/1/environ/alcohol-legislation.html

Avoid conflict of interest

There should not be a conflict of interest between how you raise money and the health messages you wish to promote. It is best to avoid fundraising events that contribute in any way to risk factors for suicide, for example, events that promote or support alcohol or gambling. Instead, choose activities that promote health, including those that are creative, artistic or involve physical exercise. These guidelines apply to both face-to-face and online activities.

A personal conflict of interest should also not arise for individual members of a community group and the funding activities that they are involved in.

Considerations when providing funds to other voluntary and community groups

Some individuals, community groups and organisations (for example, workplace, sport and social clubs) fundraise to support specific charities on a once-off or annual basis. If you choose to offer financial support to suicide prevention projects run by a voluntary or community group, it is important that you agree with and are happy with its:

- aims
- public image
- potential public health impact

You need to be clear about how your association with the group fits with your own overall principles, mission, vision and priorities.

Credibility

You need to be sure about the project's status and reliability and that the group has a good track record. You could do this by finding out about other projects they have been involved with in the past.

Funding destination

If the group or agency works at both national and local levels, you need to know whether the funding you provide will be absorbed into national funds or ring-fenced for local projects. You may express a preference that any money raised within your own community is solely used to be of benefit locally.

Skills

You need to be sure that the group has the knowledge and skills to deliver mental health promotion and suicide prevention projects that are safe, ethical and evidence-based – in other words, that evidence exists to show that the approach the group is taking is the right one. Ensure that the people working in the organisation have an appropriate level of experience, training and understanding of the area.

Information and feedback

The group needs to give you good information and feedback about how your finances were used. They can do this by providing a detailed report on how the funding was spent.

3.5 Best practice guidance for suicide prevention services: Organisations funded by the HSE National Office for Suicide Prevention

In 2019, Best Practice Guidance for Suicide Prevention Services: Working Together for High Quality Services was published. The guidance was co-produced by the HSE National Office for Suicide Prevention with the support of HSE colleagues and non-government organisation partners, including service users. It sets out the key quality and safety principles for organisations that are funded by the HSE National Office for Suicide Prevention involved in the delivery of suicide prevention services.

The guidance is in line with Goal 5 of Connecting for Life, Action 5.1.1 to "develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure",[20] as well as the HSE Best Practice Guidance for Mental Health Services.[21]

What is the purpose of the guidance?

The guidance is designed to ensure that services preventing suicide and supporting individuals, families and named supporters are:

- based on evidence and best practice
- person-centred, recovery oriented and responsive to the needs and expectations of people using the service
- transparent and accessible to all people using the service
- safe, with any potential risks identified and managed
- reflective of current mental health, quality and safety policy and agenda
- in line with relevant standards, regulations and legislation
- subject to high standards of management and governance
- subject to structured monitoring and review, to promote continuous quality improvement

20 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p.47. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

21 HSE Mental Health Services. (2017). Best practice guidance for mental health services: Supporting you to meet regulatory requirements and towards continuous quality improvement. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-guidance/best-practice-guidance/documents/

Who is the guidance for?

The guidance has specifically been designed to be used by organisations that are funded by the HSE National Office for Suicide Prevention delivering suicide prevention services, including services providing:

- health promotion
- early intervention and prevention
- targeted suicide prevention for high-risk individuals
- crisis support and ongoing intervention for people experiencing suicidal thoughts and behaviour
- suicide prevention for communities or groups at risk of suicide
- support for individuals or groups affected by suicide
- suicide prevention interventions aimed at the whole of the population

These suicide prevention services may be delivered in a variety of ways (see Chapter 6), such as:

- information and education
- to individuals, groups and population-wide
- support groups for people affected by suicide
- helplines providing crisis support and information
- online services aimed at raising awareness and information about services
- acute services dealing with crisis situations
- crisis and ongoing counselling and therapy

Phased implementation of the guidance began in July 2019, supported by the HSE National Office for Suicide Prevention.

How can the guidance help communities?

The guidance can support communities by:

- raising awareness among service users, their families and carers of the features to indicate that a HSE National Office for Suicide Prevention-funded service operates in line with best practice
- being able to signpost to organisations funded by the HSE National Office for Suicide Prevention that offer safe and high-quality services for people vulnerable to suicide

- having the capacity to be adapted in the future to include other organisations operating in the area of suicide prevention beyond those that are currently funded by the HSE National Office for Suicide Prevention

For more details, see: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/best-practice-guidance-for-suicide-prevention-services-2019.pdf

3.6 Closing a group

Having run for a number of years, suicide prevention community groups may decide to wind down their activities. This can happen for several reasons:

- The original purpose and goals that the group set have been met.
- Some members of the group may have to draw back because of other commitments in their lives and there may not be enough other team members to continue with this work in the community at the time.
- Other supports and services may have been set up in the community since the group started and they may now be able to carry out this work.

Steps to take when closing a group

There are actions that need to be taken when winding down a suicide prevention community group. These are:

- Talk to other groups or organisations that may be able to able to continue to carry out elements of this work, for example, promoting supports and services.
- Plan how you are going to communicate this news in your community. Understand that people may be upset but explain to them why this is happening and the measures you have put in place to continue with some elements of the work.
- Remember to celebrate all that you have achieved as a group, share your learning and acknowledge the positive change you have brought about in your community, for example, more people knowing where to reach out for support and more people trained in suicide intervention skills.
- There are also practical things to do when closing a group, for example:
  - Notifying the Charities Regulator
  - Notifying funders (if relevant)
  - Disposing of assets or funding and closing bank accounts
  - Complying with GDPR requirements
  - Closing social media accounts and website (if relevant)

Note: There is a need to update information on supports and services on an ongoing basis as contact details may change, or when new services are set up or others close. As a result, it is important to remove materials, for example, posters or wallet cards that may be circulating in the community that do not contain accurate or up-to-date information. It can take a lot of courage for some people to reach out for help, so it is important, having decided to do this, that they have the correct details on how to contact their chosen service.

For more information, see this practical guide to help charities that are closing, which was developed by The Wheel (Ireland's national association of non-profit organisations):

Guidance on winding up a charity
https://www.wheel.ie/advice-guidance/governing-your-organisation/winding-up-charity

3.7 Case study examples

Case study 1: Jobstown community: SafeTALK Project

Background information

There were a high number of suicides in the Jobstown community in South Dublin and people living in the area were feeling a sense of helplessness. This led local community leaders to come together to respond, beginning first by running SafeTALK training (see Chapter 7 for more information), so that residents in the area would learn how to recognise when people have thoughts of suicide and connect them to suicide first aid resources.

What is this project?

Local community leaders in Jobstown wanted to let others know who was trained in SafeTALK in their area. They decided that producing a video would be a good way to do this. One of the key messages in the video is that no resident in distress would be further than five minutes away from someone who was "Safe to Talk to".

A separate video was made with bar staff in the Tallaght area who had taken part in SafeTALK training. This was done specifically to be of support to a large number of men in Jobstown who had not been linked in with services, but who could access appropriate supports having spoken to their local SafeTALK trained bar person.

Those who have attended SafeTALK have also set up a WhatsApp group to communicate with one another and to provide peer support to each other.

Who is involved?

People who were SafeTALK trained in Jobstown gave of their time voluntarily to take part in the video. It has helped to put a face to people in the community who have completed this training, as well as to show they are from all genders, ages and backgrounds, so there

is someone for everyone. Some examples of those involved in the video are local bar staff, coaches from football teams and boxing clubs, youth services, the parish centre and so on.

Local people are giving their time to actively listen and support others in their community who may be thinking about suicide. In recognition of their work, this project won the Dublin People Volunteer of the Year Award and the Healthcare Centre's National Community Mental Health Award in 2019.

The local HSE Resource Officer for Suicide Prevention is providing advice and support.

How has it helped?

This project has made a huge impact by increasing the number of people in distress seeking support within their own community. As it was led and developed by the local community itself, supports are more easily accessible as they are not only available at certain opening hours. People can reach out for support in an environment that they feel comfortable to talk in and with someone they know from their own community. The number of community members trained to provide a listening ear to others in the Jobstown area has increased.

There has also been a large decrease in the number of suspected suicides in the area.

What are the next steps?

In recognition of the hugely positive effects this project has had, funding was provided by the HSE National Office for Suicide Prevention to develop more videos. These show the impact that this project has had on the community volunteers involved, as well as those who have sought their support. A scalability study has also been commissioned by the HSE National Office for Suicide Prevention to inform further videos nationally. Funding has been given by the National Office for Suicide Prevention to do this project in Wicklow, Kildare, Ballyfermot, North Clondalkin and with the Traveller community in Tallaght. This project shows that the best support for communities can be within communities themselves.

For more information, contact:

The local Resource Officer for Suicide Prevention
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/

Resources

It's safe to talk to me video:
https://www.newsgroup.ie/its-safe-to-talk-to-me-tallaght/

It's safe to talk to me, bar staff video:
https://www.youtube.com/watch?v=02bPqsZjOas

Impact of the project in the community
https://www.youtube.com/watch?v=NNdw2wt_o-w

Case study 2: Lions Clubs Ireland suicide prevention activities

Background information

Lions Clubs' engagement in suicide prevention first began in 2004 with the Feather Project. This was a small card on display in many shops at a cost of €2. It had space on which to write a short friendly message to give to someone, and the card also came with a small lapel badge.

In 2009, contact was made with HSE Resource Officers for Suicide Prevention. As a result of these discussions, 90 Lions Clubs have worked to support their local communities in the Republic of Ireland to organise suicide intervention ASIST and SafeTALK training programmes (see Chapter 7).

Lions Clubs have:

- Undertaken the distribution of 40,000 small cards with helpline contact details. These cards are available on the Lions Club website, with a copy suitable for smartphones.
- Spent €200,000 on suicide prevention throughout the island of Ireland. They have also assisted local organisations with costs of running suicide prevention projects.
- Organised ASIST and SafeTALK training in conjunction with the HSE.
- Set up and maintained a Facebook page for online suicide prevention training.

Case report

It was 10am when "Mary", who had attended a SafeTALK workshop three weeks earlier, was walking along a street in her local town when she noticed a person in distress. Initially she passed by, then remembering her training she returned to talk to this person. At first Mary got little or no response, but she then succeeded in opening a conversation.

The person was going through a difficult period at the time in their life. Approximately one hour later, following their conversation, Mary contacted a member of the person's family, who came to talk and to support them.

This is an example of an effective intervention.

Lions Club contact details

Web: www.lionsclubs.ie/service/suicide-prevention/
Facebook: Suicide Prevention Training. Lions Clubs Ireland
Contact: Pat Connolly, email: SuicidePrevention@lionsclubs.ie

Case study 3: Family Resource Centre Mental Health Project: Promoting best practice in relation to suicide prevention and positive mental health

What is this project?

The Family Resource Centre Mental Health Project was set up in 2011 to promote positive mental health. It provides education, training, support and best practice guidance to staff, volunteers and voluntary boards in all Family Resource Centres across the nine Family Resource Centre regions in the country. The project seeks to make a positive impact on staff mental health and the mental health of the communities they support. It is funded by Tusla and the HSE National Office for Suicide Prevention.

How can it help?

The Family Resource Centre Mental Health Project has four key areas of work:

- Promoting social connectedness
- Promoting community resilience
- Providing pathways to care
- Combating stigma

As part of this work, a Code of Practice for Suicide Prevention in Family Resource Centres was developed, and updated in 2025. It provides guidance for staff members, volunteers and members of voluntary management committees on how to identify warning signs and support people who contact a Family Resource Centre and are feeling suicidal. A number of training programmes have also been developed on how to use the Code of Practice.

The project recognises the importance of the mental health of staff in Family Resource Centres and provides a number of self-care programmes for them. This training helps participants to identify their own needs and gives them tools for self-care.

For more information, contact:

Family Resource Centre Mental Health Project
Ballinfoile Castlegar Neighbourhood Centre
Headford Road
Galway
Email: support@frcmentalhealthpromotion.ie
Website: www.familyresourcementalhealth.ie

Resources

Here are examples of posters and booklets:
https://www.familyresourcementalhealth.ie/our-posters

Working together to prevent suicide poster
This poster lists the warning signs, as well as things you can do to support someone thinking about suicide.

My little toolkit of self-care practices
This toolkit aims to provide some tools that can support you on your self-care journey.

Building healthy habits booklet
This booklet aims to provide you with information on different wellbeing topics and practices that you can adopt to help increase your overall wellbeing.

Bringing people together and building strong relationships helps to make communities safer from suicide.

Resources and further reading

3.8 Use of HSE branding

What is branding?

Simply put, a brand is a service's promise to its customer. It says who you are, who you want to be and what the public thinks of you. A brand can build confidence and trust.

In the case of the HSE, branding includes its logo, where specific font sizes and colours are required, along with the style of imagery used. As the HSE brand is well-known and recognisable, it can be used to help to signpost people to trusted services and reliable information. It is also a mark of reassurance to the public and a clever way to promote services.

Who can use the HSE logo?

The HSE logo can be used by all HSE services. Other third party services or programmes funded by the HSE can also ask for permission to use it. These include organisations funded by the HSE under Sections 38 or 39 of the Health Act, 2004 and who are partner organisations working with the HSE on programmes or marketing campaigns. Use of the logo should end automatically once the funding arrangement has ceased.

How can the HSE logo be used?

The guiding principle is that the HSE logo is used well and only by other organisations whose goals and values are in line with those of the HSE. It is also a sign that these services and activities follow best practice in general and also in relation to suicide prevention.

Sometimes, as part of their funding requirements, organisations may be asked to include a funding acknowledgement statement, for example:

- This [activity/service] is funded and supported by the HSE
- We are in a position to offer our [name of initiative] to the community because of our funding from [name or names of sources]

This is a good way to let others know that the HSE has funded and is supporting a service or activity.

Funded organisations may seek permission to use the HSE logo for:

- Once-off use, for example, when running a specific event in partnership with the HSE
- For ongoing use as set out in their funding arrangements or work plan
- For a specific project or piece of work rather than the entire service being provided by the organisation

The following are examples of some of the ways in which the HSE logo may be used:

Table 3.3: Examples of use of HSE logo

Stationery	Letterheads, business cards, emails
Publications	Reports, research, booklets, brochures, training resources, press releases
Websites	Websites and social media communications
Signage	Buildings, windows, reception areas, pull-up banners, public areas, media campaigns
Presentations	On PowerPoint presentations and handouts at events

Note: The HSE logo should be displayed on any printed materials where a service is more than 20% funded by the HSE.

Who can give permission to use the HSE logo?

Approval must be sought before the HSE logo can be used by any third party service or activity funded by the HSE. This may be granted once the HSE has been given a copy of the materials on which it is being used, as well as details of other partners involved, other sources of funding and expected outcomes from the initiative. The logo cannot be changed in any way.

For more information on how to seek permission, contact:
The HSE Communications Division
www.hse.ie/communications

Use of the Connecting for Life logo

As part of Connecting for Life Strategy, the HSE has created a brand identity symbol for use by partner organisations supporting its delivery. This logo is a good way in which to link all the different activities that are part of the strategy.

A tagline has also been added to the Connecting for Life symbol to show local partnerships, for example, the name of a region or county, such as, Connecting for Life: Midlands, Louth and Meath.

The logo is also used for public health campaigns, for example, www.yourmentalhealth.ie, as well as in other HSE areas, for example, Mental Health Services, Mental Health Engagement and Recovery and Mental Health Operations.

Materials containing the Connecting for Life logo should be discussed and approved by the HSE National Office for Suicide Prevention before being used. Email: info@nosp.ie

For more information, see:
Visual identity guidelines for HSE and funded agencies
https://www.hse.ie/eng/about/who/communications/branding/

Connecting for Life branding guidelines
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/connecting-for-life-brand/
These guidelines explain how the logo should be used. For example, the logo should remain the same shape, the guidelines should be followed in terms of where the logo should be located on materials (usually top left), and the colours or font cannot be changed.

Using other organisations' logos

Permission should always be sought before using any other organisation's logo. Other funding organisations may also ask as one of the conditions of funding that acknowledgements and logos are included on publicity materials.

3.9 Guidelines on running mental health events, including discussing the issue of suicide

These guidelines aim to be of practical benefit to those planning to hold a mental health event, including when suicide is one of the topics being discussed. They highlight the importance of understanding the impact these events can have on the audience and the need to put safety measures in place so that they can be run in a safe and structured way for all involved. One-to-one conversations allow people to explore and clarify mental health and suicide issues, whereas in larger groups it can be more difficult to know how people are responding to or interpreting the information being presented.
For these reasons, it is important to consider the following aspects to make sure that these discussions are helpful, based on accurate information and help the people who attend to feel more empowered.

Pre-planning

Being well-prepared beforehand is key to running a successful mental health event. Here are a number of practical steps to consider:

Linking with others

It is important to link in with other organisations and groups before running an event to seek their advice and support, for examples, HSE Resource Officer for Suicide Prevention, Mental Health Ireland Development Officer and so on.

You may also wish to contact your local Volunteer Centre. These centres match individuals and groups who want to volunteer with organisations that are seeking volunteers to help them to carry out particular activities. Ideally they should have attended suicide prevention training. For more information, see: www.volunteer.ie

Deciding on the topic

It is helpful to choose a theme for your event, as it gives it a focus and the audience will be aware of the issues you plan to cover beforehand. Think about the topic you wish to discuss and what aspects of it you would like to address. Discussing an issue that your community has identified that they would like to learn more about is a good starting point. If you decide to talk about a particular mental health issue, consider its likely emotional impact. Choosing a theme with a wellbeing or wellness focus will ensure that the content will be suitable for a wider audience.

Similarly, there should be a clear purpose when holding an event to talk about suicide, for example, to raise awareness of the issue and to promote supports and services. Care should be taken in the language used and discussion of methods of suicide should be avoided. Instead, the key focus should be on encouraging help-seeking.

Identify your audience

Decide on who you would ideally like to reach when hosting this event. If you wish to invite all age groups, then it is important to focus on a health promotion or wellbeing topic.

Recently bereaved families

It is generally recommended that families affected by suicide avoid attending public meetings on suicide shortly after they have been bereaved. Instead, individual or family support should be offered to them, if appropriate. However, it is important to let them know that the event is taking place in the community.

Over 18s only at public meetings on suicide

The audience for public meetings addressing the theme of suicide should be over 18 years.

Finding suitable speakers

Choose speakers who have knowledge of the topic you are addressing and that you can be sure they will talk about these issues in a safe and considered manner, for example, those with expertise in the mental health or health promotion area, community development or suicide prevention.

Inviting a high profile or well-known speaker (from within your own community or a national figure) will no doubt increase the number of people interested in attending, but make sure they are echoing the key messages you wish to promote. The cost involved, if speakers require a fee, is another factor to consider.

Sometimes inviting a key speaker from one specific sporting organisation, religious group, support service and so on may shape the type of audience you will attract, so ideally it is best to invite someone who will appeal to a broader audience. It may be difficult to identify a speaker who appeals to both a younger and older audience, so perhaps you may wish to consider two speakers if you want to attract a wider age span.

If you invite someone to speak about their own lived experiences, make sure that they are personally and emotionally ready to do so. Over the years, many people have spoken afterwards about how difficult and potentially exposing this can be, so ensure that anyone speaking in a personal capacity is in a good place and has the necessary skills and supports to do so. Also, be aware that stories about dangerous lifestyles can encourage the behaviour they were designed to prevent by creating heroes or heroines of the people whose stories are being told.

The person chairing the event should have the capacity to manage challenging situations or emotional responses in a sensitive manner, while also creating an atmosphere where people feel comfortable, safe and respected.

If there is a group work or group discussion element to your event, ideally there should be two facilitators in each group with the training and skills to be able to manage sensitive issues.

When should it be held?

Work out the best time to run an event of this nature, for example, what night of the week or time of the day or evening would best suit the audience you would like to attend. It is always better to run an event mid-week, as there are more services open and available afterwards if anyone is seeking to avail of them. It is also important to find out if other events are planned around the same time as it may clash with yours or you may both be seeking to attract the same audience.

Sorting out practical issues

Choose a venue that is:

- comfortable
- accessible (for wheelchair users and in terms of public transport)
- big enough

There should be no conflict of interest between the venue you choose and the health messages you wish to promote.

All face-to-face events should be organised in line with the most up-to-date public health advice.

If members of the deaf community are attending, arrange for interpreters to be present. It is advisable to link with the interpreters in advance so that they are familiar with the content of the event and to discuss how they would like to work with the speakers. In terms of the venue, be mindful of the “visual noise” if there is patterned carpet on the floor. It may be hard on the eyes of deaf attendees and may need to be covered.

Providing healthy food and drinks

Building in tea-breaks and allowing time after the event will provide the space for any personal issues that may arise to be addressed outside of the group gathering.

Healthy Ireland (a government initiative which aims to improve health and wellbeing) has developed guidelines.

Healthy Ireland: Healthy meeting guidelines
https://assets.gov.ie/7609/f29effefbb3748608ed45c56fb78687d.pdf
These guidelines offer practical suggestions on providing healthy food choices and in relation to physical activity to make meetings more productive.

The HSE has also developed general guidelines for providing healthy food and drinks at these types of events.

HSE: Nutrition standards for food and beverage provision for staff and visitors in healthcare settings
https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/healthy-eating-at-work/

Guidance on alcohol at community events

Alcohol is one of the key issues impacting on the health and wellbeing of communities. The harm generated from someone's drinking goes beyond the individual and affects families, communities, schools, hospitals and wider society. Research shows that people who drink a lot of alcohol are particularly vulnerable to developing mental health problems. Alcohol has also consistently been related to increased risk of self-harm and suicide, particularly among young males experiencing depression.[22,23,24] (See also Chapter 5, Section 5.2).

Communities can play their part in reducing alcohol-related harm by ensuring that events that they are involved in organising are not facilitating the promotion and availability of alcohol. This will help change social norms around alcohol and challenge attitudes and beliefs about alcohol consumption and intoxication. Communities can lead by example in having alcohol-free events and creating environments that are supportive of people's health and wellbeing.

Providing information

Always have a full list of up-to-date supports for your area printed and available at your event. You may also wish to provide other leaflets and handouts, as appropriate, for example, information available from www.healthpromotion.ie

Providing information in plain English will make it easier for those who have some reading difficulties.

It may also be helpful to provide resources in a language other than English. For example, the Concerned about Suicide leaflet is available in Polish and the Yourmentalhealth.ie A4 poster is available in Irish. See: www.healthpromotion.ie

Organising information stands is another way to promote supports and services. It is a great way for people attending the event to meet the people running services in an area. You may wish to invite those listed on your resource materials that you have reason

22 O'Dwyer, C., Mongan, D., Doyle, A. & Galvin, B. (2021). HRB overview series 11: Alcohol consumption, alcohol-related harm and alcohol policy in Ireland. Dublin: Health Research Board.

23 Health Research Board. (2024). Factsheet–Alcohol: The Irish situation. Dublin: Health Research Board. https://www.drugsandalcohol.ie/24954/

24 AskAboutAlcohol. (2022). Get the facts about alcohol. Dublin: HSE. www.askaboutalcohol.ie

to believe offer safe services. For example, state run services, voluntary or community services that are state funded or funded specifically by the HSE or Tusla, organisations that are members of accredited bodies, or accreditation bodies themselves. You can reduce the number of potential stands by inviting people who have good knowledge of different supports and services.

Evaluating the event

You may also wish to put together an evaluation sheet to seek feedback and the views of those attending the event.

Organising supports

It is good practice to identify a few people on the organising team who are available at the event to talk on a one-to-one basis with anyone who needs support around any of the issues being discussed. Ideally, a quiet room should be made available to do so, if required. Those invited to take on this role should have some training or skills to offer this type of support. This can include having:

- attended a suicide intervention skills training workshop, for example, ASIST
- good listening skills, for example, being a Samaritans volunteer
- a background in counselling or therapeutic work

It is important that volunteers have a clear understanding of their role and its limitations to make sure that the event is a positive experience for all. They are not expected to take on an ongoing supportive role afterwards for those attending the event. Instead, they are like a first aider, where they are ready to listen and provide encouragement so that the person they are talking to feels confident about seeking further help or support. Meeting in advance can help to prepare, including discussing how to address frequently asked questions.

Think about the ratio of organisers and supporters to the numbers you believe will attend and make sure not to spread yourselves too thinly. If possible, identify and arrange that a support service (ideally one that is already based in the community and involved in organising the event) be available for attendees to link in with if new issues come to light for them in the days following the event.

Promoting the event

Work out ways on how best to promote your event, including issuing a press release to the local media, using social media, word-of-mouth and so on. Try to think of creative ways to reach those who may benefit from attending.

Running the event

Here are some things to bear in mind during the event:

- Set the ground rules from the beginning by discouraging people from sharing very personal or distressing experiences in public and instead encouraging them to talk to event volunteers during or afterwards. Make sure to announce at the start of the event where these volunteers are located (usually at the back of the room) if anyone would like to talk to them.
- If you plan to have a Question and Answer session at the end, you may wish to invite people to think about and write down their questions on sheets of paper provided. These can be gathered at the main interval and read through so that those replying to the questions are better prepared. This also helps to make it safer in terms of the content being discussed.
- If members of the deaf community are attending, remember to build in extra breaks throughout the event (eye-breaks) for the comfort of deaf participants, as well as for the interpreters.
- Organisers should remember to keep an eye out for one another during the event, as well as those who are attending. Creating a strong sense of being part of a team is important, especially when supporting those who are going through a tough time, experiencing mental health difficulties or who have been affected by suicide.

For more information, see:

Conversations matter: Resources for discussing suicide
https://conversationsmatter.org.au/resources/group-discussions-about-suicide-prevention/
Developed by New South Wales Ministry of Health (2013), this is a fact sheet outlining key points when holding group discussions about suicide prevention.

Mental health month event starter kit
www.mentalhealthmonth.wayahead.org.au/starterkit/
Way Ahead, an Australian charity, developed this starter kit. It offers practical advice on planning mental health events. It also contains an event worksheet to help you to plan your event, which includes a mind map and mind flow chart.

Post-event review

It can be helpful for organisers to get together after the event to:

- discuss how things went
- review any written evaluations that were completed
- acknowledge the hard work that goes in to organising these events so that they run smoothly

It is also important to build on the learning when organising other events in the future.

Online events

Some events may be run online instead of in person. This means that some of these guidelines need to be adapted. For example, instead of booking a room, some organisers may enlist the services of a virtual events company to help with the technical side of things, if they do not have these skills themselves.

The storage of personal data in line with GDPR is an important consideration, as an event cannot be organised unless people register by sending in their details. However, only information that is needed for registration purposes should be collected. Consent should be given if the event is being recorded.

One of the advantages of recording is that the event may be viewed by a wider audience. It may also be accessed by those who would normally be unable to attend events in person, due to transport problems or for other reasons.

Care should be taken when raising the issue of suicide at online events as the same support structures as described above may not be available when hosting an event virtually.

When hosting events on broader mental health topics, moderators need to be available to chat directly with those who post comments or ask questions. It can help to prepare a list of answers to frequently asked questions beforehand so that these responses can be easily shared, if needed.

Information can also be shared virtually with attenders about supports and services or afterwards in a general follow-up email.

See guidance provided above in relation to alcohol at mental health events.

Other events

The topic of suicide may also be discussed and portrayed in other ways, for example, through drama, television and films. While it would be very difficult to influence the date of release of national or international films or television programmes, there may be some scope regarding when specific stage events or plays are scheduled locally. The timing of when those with a theme around suicide are staged should take local circumstances into account, for example, a recent suspected suicide cluster in an area.

For more information on good practice guidelines, see:

Guidance for covering suicide and self-harm in documentaries
https://www.samaritans.org/ireland/about-samaritans/media-guidelines/guidance-covering-suicide-and-self-harm-documentaries/
Developed by Samaritans, these provide useful information for documentary researchers and producers when creating programmes on the topic of suicide and self-harm.

Guidance for portrayals of suicide and self-harm in drama
https://www.samaritans.org/ireland/about-samaritans/media-guidelines/guidance-portrayals-suicide-and-self-harm-drama/
These set out useful guidance based on evidence for those involved in producing drama pieces focusing on suicide and self-harm. They were developed by Samaritans to reduce the risk of having a negative impact on viewers who may be vulnerable.

Guidance on depictions of suicide and self-harm in drama and film
https://media.samaritans.org/documents/Guidance_on_depictions_of_suicide_and_self-harm_in_drama_and_film_FINAL_lenoVaU.pdf
These provide useful guidance on how storylines for drama, soaps and film should be portrayed. They were also developed by Samaritans.

Preventing suicide: A resource for filmmakers and others working on stage and screen
https://www.who.int/publications/i/item/preventing-suicide-a-resource-for-filmmakers-and-others-working-on-stage-and-screen
These guidelines have been developed by the World Health Organization to help those involved in television, cinema and theatre to reduce any possible harmful effect and increase the positive impact of their work when its content is focused on suicide or self-harm.

Times of the year to actively promote positive mental health messages

There is an opportunity to raise awareness of mental health issues at particular times of the year or when the community is dealing with stressful or challenging situations. Your group can build these in as part of your plan of action or when you are considering organising an event.

Some examples are as follows:

Table 3.4: Key campaign and initiative dates

Key dates and considerations	Examples
Awareness days, weeks, months are held annually, and a different theme may be chosen to focus on each year	**Hello How Are You? Campaign: 15th May** This campaign aims to invite people to reach out to each other to ask the question, “How Are You?” in a meaningful way. This can encourage open conversations about mental health and signpost to supports and services. The H.E.L.L.O. acronym stands for Hello, Engage, Listen, Learn and Offer Support. **World Mental Health Week: 10th October** The overall aim is to raise awareness of mental health issues around the world, as well as to mobilise efforts to promote positive mental health. **Shine Green Ribbon Campaign** Shine roll out an annual Shine Green Ribbon campaign, which seeks to raise awareness of mental health difficulties. The Green Ribbon is an international symbol for mental health awareness. The aim of the campaign is to get as many people as possible talking about mental health and help end mental health stigma. You do not need to be an expert to start talking about mental health or have all the answers. Sometimes the most helpful thing you can do is to let someone know you are there for them and simply listen. For more information, including how to access green ribbons, see: www.seechange.ie

Table 3.4: Key campaign and initiative dates (Continued)

Key dates and considerations	Examples
Times of the year that some people may find challenging	**November:** A month when people traditionally remember those who have died **Educational calendar:** Mock exams, exams, results of exams **Other events:** Christmas, post-Christmas stressors in January First Fortnight is an arts-based mental health charity. It organises a festival during the first two weeks of January which aims to challenge mental health stigma: www.firstfortnight.ie
Other times	Anniversaries of deaths by suicide in the local area

3.10 Guidance on forming and building a charity

Apply for charitable status
https://www.charitiesregulator.ie/en/information-for-charities/apply-for-charitable-status
All charities operating in Ireland must be registered with the Charities Regulator. This sets out the requirements and benefits of registering for charitable status and how to begin the application process.

Best practice booklet for community and voluntary groups
https://www.galwaycountyppn.ie/wp-content/uploads/2018/01/Best-Practice-Booklet-2016.pdf
Developed by Galway County Community and Voluntary Forum, this booklet outlines "all you ever wanted to know about community organisations".

Forming a charity guide
https://www.wheel.ie/advice-guidance/forming-your-organisation
The Wheel has developed a fact sheet which sets out how to form a charity. It states that any organisation which is a charity, refers to itself as a charity or creates the impression among the public that it is a charity is legally required to register with the Charities Regulator. It has also developed a governance resource book for small community and voluntary organisations.

4

Suicide prevention and mental health promotion in community settings: Focus on schools, higher education, the workplace and sports clubs

Suicide prevention and mental health promotion in community settings: Focus on schools, higher education, the workplace and sports clubs

"There is no health without mental health".[1]

There is strong evidence to show the lasting benefits of improved mental health and wellbeing on individuals, their families and society.[2] One of the ways to help prevent suicide is by working together to create communities in which people enjoy good mental health. This chapter will focus on suicide prevention and mental health promotion in the community and how community groups can support this work, as well as providing information on the following four specific community settings:

1 World Health Organization. (2022). Mental health: Strengthening our response. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

2 World Health Organization. (2013). Investing in mental health: Evidence for action. Geneva: World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/87232/9789241564618_eng.pdf?sequence=1&isAllowed=y

4.1 Strengthening mental health in communities

Strengthening the mental health of a community requires looking at ways to improve the health of individuals by increasing their resilience to be able to recover from difficult life events. It also involves lifting the barriers to achieving good mental health by reducing discrimination, inequalities and stigma. Creating a healthier community in which to live, learn and work can help to protect against suicide.

What is good mental health?

Having good mental health is more than just the absence of mental health problems. A person's mental health impacts on all aspects of their health. It shapes a person's day-to-day life, what they do, how they think, how they feel and how they cope with life's challenges.

Good mental health does not mean that a person will never feel bad or have tough times, but it can help them to cope better.[3] It involves finding the inner strength to cope with the challenges that life brings and the outer resources to help do this.

The World Health Organization defines mental health as "a state of wellbeing in which the individual realises [their] abilities, copes with the normal stresses of life, works productively and fruitfully, and makes a contribution to [their] community".[4]

Good mental health is not just about feeling happy all the time, it is:

- being able to function well in our everyday lives
- feeling fulfilled and content
- being able to build and maintain healthy relationships with others

What are mental health problems?

While mental health and mental health problems are linked, they are not the same thing. Mental health problems include conditions such as depression, anxiety, eating problems or psychosis.[5] Sometimes these difficulties are noticeable as the person is feeling sad, worried

3 Cork Kerry Community Healthcare. (2022). You and your mental health: A resource to support your mental health and wellbeing every day. Cork: Mental Health Services and Health Promotion and Improvement Department, Cork Kerry Community Healthcare and Cork Healthy Cities. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/local-action-plans/you-and-your-mental-health.pdf

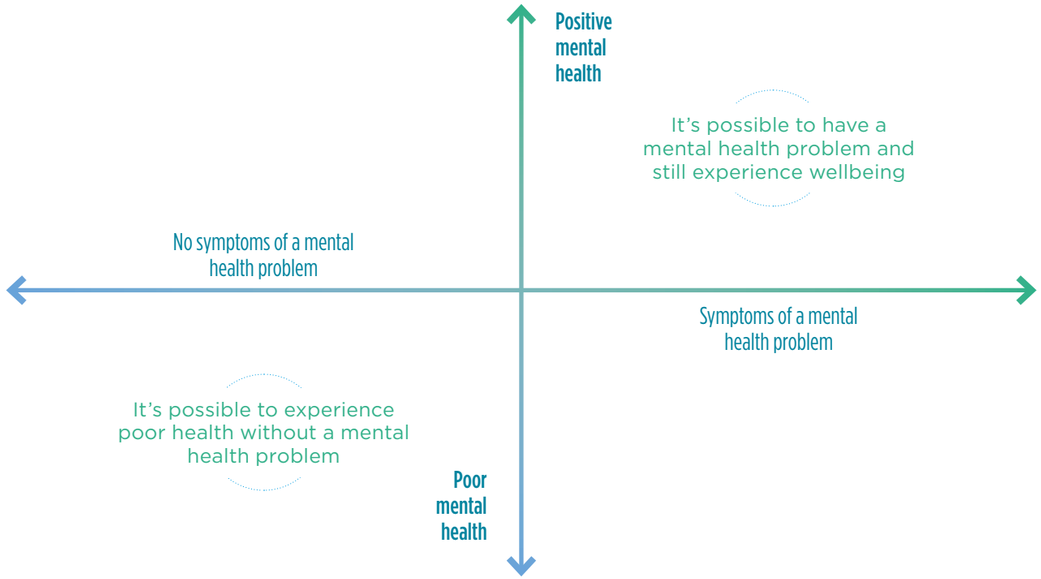
4 World Health Organization. (2022). Mental health: Strengthening our response. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

5 This is a state of mind in which delusions (believing something that is not true) and/or hallucinations (seeing things that do not exist outside the mind), with or without thought confusion, lead to distress or disruption of functioning. It is often accompanied by major changes in mood and mental functioning. It may be associated with disturbed behaviour. Adapted from: HSE Mental Health Engagement Office. (2018). Mental health services: Family, carer and supporter guide, p.26. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

and stressed and this is lasting for a longer period of time.[6] It is estimated that one in every four people will experience mental health problems at some time in their lives.[7]

In the past, it was thought that people were either mentally unwell or mentally well. Nowadays, this thinking has changed in that mental health and mental health problems are viewed as separate and distinct. A two-continuum model is used to explain this (see Figure 4.1). One line shows the presence or absence of mental health, while the other shows the presence or absence of mental health problems. It highlights that a person can have high or poor mental wellbeing, as well as severe or no mental health problems at the same time. For example, as part of their recovery journey a person with mental health problems could have developed good ways to manage them over the years, resulting in high mental wellbeing. It is also possible for a person to experience poor mental health without having a mental health problem.

Figure 4.1: Two-continuum model of mental health and mental health problems[8]



6 HSE Child and Adolescent Mental Health Services. (2022). Child and adolescent mental health services (CAMHS). https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/

7 Department of Health. (2021). Mental health. https://www.gov.ie/en/policy-information/3aa528-mental-health/

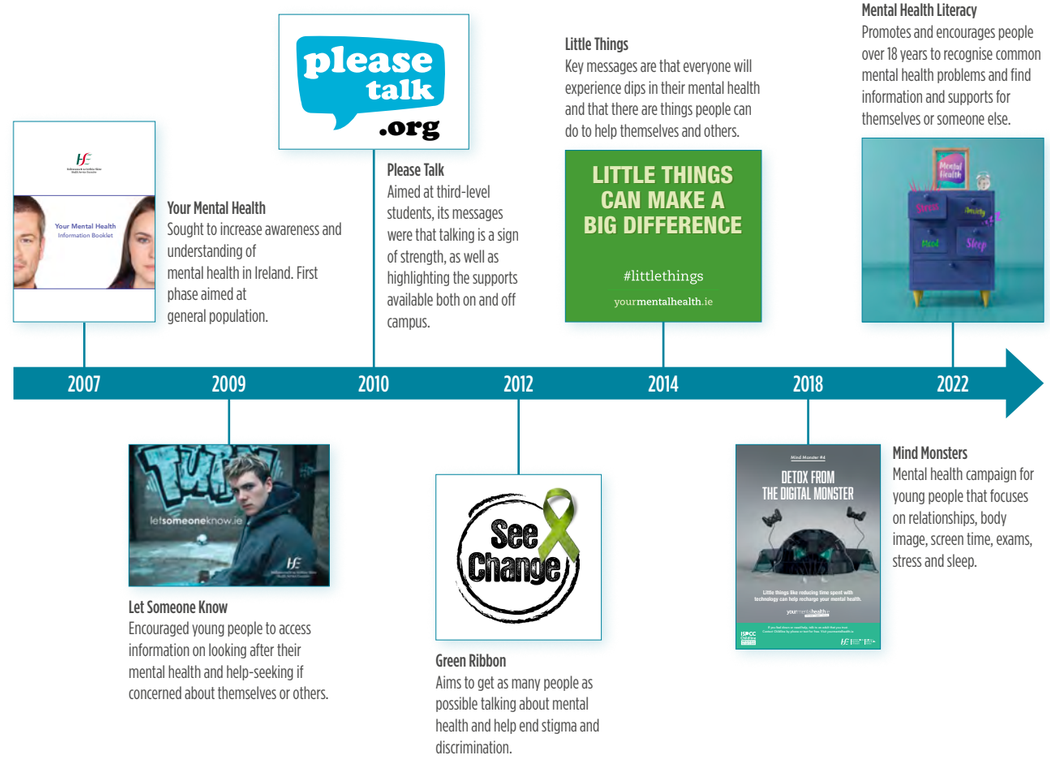
8 Adapted from: Tudor, K. (1996). Mental health promotion: Paradigms and practice. East Sussex: Routledge. Diagram of the model illustrated in: https://morefeetontheground.ca/mental-health/introduction-to-mental-health/

This model helps to create a better understanding of mental health and mental health problems. It also highlights the importance of looking at ways to support building good mental health and wellbeing in individuals throughout their lifespan, as well as across the population in communities.

Mental health campaigns

Over the years, a number of national mental health campaigns have been developed and rolled out in Ireland. These campaigns highlight the importance of people looking after their mental health in the same way that they look after their physical health. They take an "upstream" approach in that they encourage people to put measures in place to keep well and seek help. Campaigns also aim to remove the stigma related to mental health problems. Figure 4.2 outlines examples of mental health and anti-stigma campaigns that have been used.

Figure 4.2: Examples of national mental health and end stigma campaigns



The following are examples of some evidence-based approaches that have been carried out in Ireland:

The **Little Things positive mental health and wellbeing campaign**, launched nationally in 2014, is one example. It was created by the HSE's Mental Health and Communications Divisions and supported by many partner organisations. The campaign highlights that everyone goes through difficult times in their lives, and that there are some simple, evidence-based little things that we can do to help ourselves and others. These key campaign messages are shown in Figure 4.3. People are also signposted to www.yourmentalhealth.ie and Samaritans, Tel: 116 123.

Figure 4.3: Little Things campaign messages

The Little Things campaign was widely promoted using television and radio advertisements, print media, online and through social media. The television ads featured people who generously shared the experience of their own struggles with mental health and what helped make a difference to them.

An evaluation of the campaign in November 2016 found that almost three-quarters of respondents (73%) said that the ads made them think differently about feeling down, while over one third (35%) reported doing something in order to look after their mental health. This included talking to a GP about how they were feeling (17%).[9]

A **Mental Health Literacy campaign** was launched in October 2022, which builds on earlier work. It was developed by the HSE Mental Health Operations, Communications, National Office for Suicide Prevention and Health and Wellbeing teams, informed by information gathered through population-based research, a survey and focus groups. Mental health literacy is made up of many aspects, including having knowledge and beliefs about mental health problems that help to recognise, manage and prevent them, as well as attitudes and knowledge that facilitate help-seeking.[10]

This campaign is for those aged 18 years and older living in Ireland. It highlights that stress, anxiety, low mood and sleep are all related to our mental health. The campaign aims to help people to make the connection between these common mental health problems, as these signs are telling us to look after our mental health. It also provides information and resources on when and how to seek support for ourselves or others at an early stage. Key messages are being promoted through television, national and local radio, podcasts, social media, online and outdoors on bus shelters, train stations and commuter wait areas (see Figure 4.4).

For more information, see: www.yourmentalhealth.ie

Figure 4.4:
Mental Health Literacy campaign: Social media

9 HSE National Office for Suicide Prevention. (2017). Annual report 2016, p.22. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-annual-report-2016.pdf

10 Jorm, A. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. British Journal of Psychiatry, 177(5), 396–401. Doi: 10.1192/bjp.177.5.396

Note: Some mental health campaigns are designed for the whole population. Others are developed for particular audiences, for example, the Mind Monster's campaign aims to help adolescents and young adults. Care must be taken in how they are used within specific settings, as some of these more general messages may not suit particular audiences. They can act as reminders of what an individual or group of people cannot do due to their circumstances or how they differ from others. While this is clearly not the intention of these campaigns, some messages might be viewed as being patronising or dismissive by those who are really struggling with their mental health at a particular time in their lives. Therefore, consideration should be given at local level to the timing and audience with which they are used.

Pathways to Wellbeing: National Mental Health Promotion Plan 2024-2030: https://www.drugsandalcohol.ie/42436/ is Ireland's first national mental health promotion plan. It was developed by the Department of Health, working in partnership with other government departments to support the creation of a mentally healthy society. It seeks to empower and motivate individuals, and the communities in which they live, to reach their full potential and enjoy good physical and mental health and wellbeing. It also seeks to address the structural barriers to good mental health at societal level.

This plan aligns with other policies, for example, Stronger Together: The HSE Mental Health Promotion Plan 2022–2027: https://hsehealthandwellbeingnews.com/stronger-together-the-hse-mental-health-promotion-plan-2022-2027/

This is the first HSE plan developed to promote positive mental health across HSE services, together with funded partner organisations in the voluntary and community sector.
It contains three goals, which are to:

1. Increase the proportion of people who are mentally health at all life stages.
2. Reduce inequities in mental health and wellbeing.
3. Mainstream the promotion of mental health and wellbeing within the HSE and funded agencies.

Case studies are included in the plan to highlight examples of good practice.

Five ways to wellbeing

Research shows that there are five key things to do that can build resilience, improve wellbeing and lower the risk of developing mental health problems.[11] These are:

1. **Connect**
   Connecting with and building relationships with family, friends, colleagues and neighbours at home, work, school or in your local community will enrich your life.
2. **Be active**
   Being active protects our mind as well as our body. Choose an activity that you enjoy doing and that also suits your lifestyle, mobility and fitness levels.
3. **Take notice**
   Notice the beauty of everyday moments, as well as new or unusual things. This helps you to understand and appreciate what matters to you.
4. **Keep learning**
   The challenge and satisfaction of learning new things can bring opportunities and fun to our lives, as well as building greater confidence.
5. **Give**
   Helping friends and strangers can be very rewarding as it creates connections and links you and your happiness to a wider community.

Mindfulness: Living in the present

Mindfulness is another way of strengthening people's mental health. It has attracted increasing attention due to the considerable research that shows it to be effective.[12] Mindfulness is about learning to be more "present", so as to be able to pay attention to whatever is going on in the here and now. Sometimes people are not fully present because they are caught up by thoughts about the past or anxiety about the future.

Learning to become more aware of the present moment connects people's minds to their bodies, as well as allowing them to more wholeheartedly experience life in all its richness as it is right now.

A Mindfulness-Based Stress Reduction Programme has also been developed. It is a structured programme offered in a group setting, generally over eight weeks. It has been found to be of benefit for a wide range of ongoing physical and mental health problems.[13] For more information on the benefits of mindfulness, see: https://www2.hse.ie/wellbeing/mental-health/mindfulness.html

[11] New Economics Foundation. (2008). Five ways to wellbeing. https://neweconomics.org/uploads/files/five-ways-to-wellbeing-1.pdf
These evidence-based actions are widely promoted throughout Ireland, in particular, through Mental Health Ireland.

[12] Mental Health Ireland. (2022). Mindfulness: The evidence base. https://www.mentalhealthireland.ie/mindfulness-evidence-base/

[13] Grossman P., Niemann L., Schmidt S. & Walach H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. Journal of Psychosomatic Research, 57, 35–43. Doi: 10.1016/S0022-3999(03)00573-7

Woodlands for Health

A study was carried out to see how nature and the environment can help societies to achieve and restore health. It found that blue and green (water-based and natural environment) spaces in Ireland can help build a greater sense of community and connectedness with self, others and nature, while also offering important health and wellbeing benefits.[14] These findings were reported following taking part in a programme known as Woodlands for Health. This is a 12-week programme which encourages green exercise in a forest setting. It was found to be particularly good for people's mental health, as well as being of low cost to run.[15] Some of the partners involved in supporting this programme include Healthy Ireland, HSE, Mental Health Ireland, Coilte and Get Ireland Walking.

4.2 Reducing stigma in communities

What is stigma?

Stigma has been described as a sign of disgrace which distinguishes one person from another. In the context of mental health, it usually involves the use of negative labels to identify people as different. This results in the person feeling devalued, and may lead them to isolate themselves and hide their mental health difficulty.

Stigma is a significant problem for people who experience mental health conditions. It has been identified as one of the most difficult aspects of living with a mental health problem for both the person and their families.

Stigma can be understood as having two aspects: public stigma and self-stigma.

Public stigma

This includes behaviours such as:

- **Stereotyping:** Defining or labelling a person based on a generalised opinion. For example, knowing a colleague for years, finding out they have a diagnosis of a mental health problem and thinking of them differently — despite having known them prior to the diagnosis.
- **Prejudice:** Forming opinions without fully knowing the facts. For example, now knowing this colleague has a diagnosed mental health problem you believe the person is no longer capable of doing their job effectively, despite there being no change in their work.
- **Discrimination:** Treating someone negatively due to their mental health problem. For example, based on your colleague's diagnosis you now think twice before asking them for help or inviting them to take part in activities.

Self-stigma

This includes:

- **Fear:** Fear of being treated differently and where prejudice and misunderstanding can lead to a reluctance to open up. For example, "I have just been diagnosed with a mental health problem and based on how it is seen in movies, I decide not to tell anyone".
- **Beliefs:** People begin to believe something is wrong with them. For example, "I only ever hear others say people with mental health problems are violent and scary, so I start to believe them".
- **Application:** People apply this understanding to their lives and face negative impacts. For example, "Due to everything I've seen and heard about mental health problems, I have decided it's best to stay away from people and exclude myself".

What stigma feels like

It can be hard to fully understand mental health stigma and the impact of it. In order to fully grasp what stigma is, Shine (see description below) asked its ambassadors (people with lived experience of a mental health difficulty) what words they associate with stigma.

Mental health stigma feels like...

14 Health Research Institute, University of Limerick. (2020). Woodlands for health: Evaluation report 2020. Nature-based interventions and well-being: A preliminary study. Limerick: University of Limerick. https://www.mentalhealthireland.ie/woodlands-for-health-evaluation-report-2020/

15 NEAR Health. (2020). Nature and environment to attain and restore health toolkit. Wexford: Environmental Protection Agency. https://www.epa.ie/publications/research/environment--health/JS---NEAR-Toolkit-FINAL-V1.6-10ct20.pdf

What stigma looks like

Language

Mental health stigma does not discriminate; it affects everyone. The way in which people behave is where discrimination can be seen. One of the main areas stigma shows up is in our use of language. A lot of our language is learned without intention. Although the use of words such as "crazy, mad, nuts or psycho" may seem trivial and innocent, they are the building blocks of stigma.

There is always another word to use instead of words that stigmatise mental health difficulties. Here are some examples in Table 4.1:

Table 4.1: Use of mental health language[16]

What we say	What we mean
The weather is **bipolar**	The weather is **unpredictable**
What's happening is so **crazy**	What's happening is so **bizarre**
I'm so **OCD**[17] (obsessive compulsive disorder)	I'm so **specific**
Work is **mental** at the moment	Work is **extremely challenging** at the moment
It's **nuts** at the supermarket	It's **really busy** at the supermarket

People often do not carefully consider the words that they use to describe what they are talking about. When something is identified as negative and words are used such as in the descriptions above, they are most likely being related back to mental health without the person intending to do so. Language like this can be very damaging. It can create additional stigma for someone who has experienced a mental health difficulty, or has been treated in a negative way because of this.

16 Brennan, B., Mulligan, E. & Nulty, R. (2022). Stand up to stigma: Changing the language we use when talking about mental health. Kildare: See Change. https://seechange.ie/publications-2-2/

17 Obsessive compulsive disorder (OCD) usually causes a particular pattern of thoughts and behaviours. This pattern has four steps: obsession, anxiety, compulsion and temporary relief. HSE. (2022). Obsessive compulsive disorder. https://www2.hse.ie/mental-health/issues/ocd/

One thing that can be clearly seen is how people who have been diagnosed with a mental health condition become labelled by it: "He's schizophrenic", "She's bipolar",[18] "I'm depressed". The person does not identify as the condition with other health problems, so why is this done when it comes to mental health? This highlights the need to start understanding that the person is not the condition. A mental health problem is something anyone can experience; just like we all experience a wide range of emotions and behaviours.

Saying things like "You're so OCD" or "Don't be so mad" may seem like throw away comments, but they can hurt very deeply if someone feels they have been labelled because of their mental health problem.

Stigma in society

Mental health stigma can show up in a number of ways throughout society.

- **Employment** – not being offered roles, or not applying for them
- **Media** – misrepresentation of mental health problems
- **Community** – feeling shunned or excluded
- **Education** – in schools or universities, for example, being labelled as different and not offered opportunities to advance, or not being given the same support
- **Insurance** – increased difficulty in obtaining insurance, for example, life insurance or a mortgage
- **Families** – rejecting and blaming a person for their mental health condition

What can communities do?

- **Education**
  Encourage others to listen to people's lived experience with mental health problems and their recovery process.
- **Recognition**
  Listen to and recognise the contribution of people with mental health problems.
- **Language**
  Consider the language used and how a simple change will show your openness and acceptance.

18 In people "experiencing an episode of schizophrenia, the person's thinking becomes distorted, making it hard for them to distinguish reality from what is imagined. When severe, this can lead to immense panic, anger, depression, elation or over activity, perhaps, punctuated by periods of withdrawal". HSE Mental Health Engagement Office. (2018). Mental health services: Family, carer and supporter guide, p.48. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf
Bipolar is a mental health problem which can lead to extreme mood swings. These can range from extreme highs (mania) to extreme lows (depression). HSE. (2022). Bipolar disorder. https://www2.hse.ie/conditions/mental-health/bipolar-disorder/bipolar-disorder-symptoms.html

- **Encourage**
  Have conversations with friends, family members, work colleagues or people in your community about mental health.

See also this information booklet by Shine which offers a guide to understanding mental health stigma:
https://seechange.ie/wp-content/uploads/2020/04/See-Change-Wha.pdf

4.3 Suicide prevention and mental health promotion in schools

Situated in the community, schools are one of the most important settings in which to promote the mental health of young people. They provide an opportunity to reach young people during their formative years and particularly at vulnerable life stages when mental health challenges can arise. Schools are not just places to learn – they are also places for young people to grow and develop emotionally and socially.

Schools also connect young people to their communities, for example, through sport, work experience and volunteering. Building this sense of connection with and belonging to communities is one of the core strengths of schools.

This section will describe the guidelines in place to promote wellbeing in primary and post-primary schools. It will also suggest what local suicide prevention community groups can do to support the schools in their areas, focusing in particular on:

- Good practice guidelines when considering giving a talk in a school
- Sharing information on supports
- Promoting suicide prevention training
- Considering how best to be of support following a suspected death by suicide in a school

Wellbeing in schools

The Department of Education has developed a policy to support the promotion of wellbeing in primary and post-primary schools, based on national and international evidence.[19] It focuses on the whole school community, as well as groups and individual young people with identified needs. This policy recommends that schools adopt a Continuum of Support framework (see Figure 4.5), made up of three different levels. They are:[20]

- School support for all
- School support for some
- School support for few

Figure 4.5: Continuum of support

19 Department of Education and Skills. (2018). Wellbeing policy and framework for practice 2018-2025, p.14. Dublin: Department of Education and Skills. https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/

20 As above.

21 As above, p.14.

School support for all

School support for all takes a whole-school approach, extending beyond the classroom to actively promoting the health and wellbeing of the entire school community. This is achieved by putting systems and policies in place to provide a safe and supportive environment. There are four key elements involved in this process (see Figure 4.6).

Figure 4.6: Four key areas in promoting wellbeing in schools[22]

22 Department of Education and Skills. (2018). Wellbeing policy and framework for practice 2018-2025, p.16. Dublin: Department of Education and Skills. https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/

Key areas of wellbeing

1. **Culture and environment**
   The culture or shared values and beliefs held by a school, as well as the physical and social environment it has created, can help those who learn, work or visit there to feel supported physically, socially and emotionally.

2. **Curriculum (Teaching and learning)**
   Research shows that, when put in place effectively, mental health promotion programmes in schools can produce long-term benefits for young people.[23]

   Programmes that have been found to be effective include elements which:

   - promote mental health rather than the prevention of mental health problems
   - are put in place continuously and are long term – lasting more than one year
   - include changes to the whole school environment rather than short class-based prevention programmes
   - extend beyond the classroom and provide opportunities for putting the skills learned into practice

3. **Relationships and partnerships**
   Not only does the school community include students who attend the school, their parents and guardians, and the staff who work there, but it also extends to the wider community. Other state agencies,[24] voluntary organisations, sports and arts groups, community groups, local businesses and other supports and services can play a role in promoting young people's mental health and wellbeing. Partnerships and building ongoing relationships in the wider school community are an important part of promoting the wellbeing of young people as this acknowledges that it is a shared objective.

4. **Policy and planning**
   It is important that health and wellbeing is built into all aspects of school planning and practice, for example, student support structures where student support teams have a clear understanding of their roles and responsibilities in supporting young people. Policies also support this process, in particular, a school's critical incident policy.

23 Clarke, A.M., Morreale, S., Field, C.A., Hussein, Y. & Barry M.M. (2015). What works in enhancing social and emotional skills development during childhood and adolescence? A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK. A report produced by the World Health Organization Collaborating Centre for Health Promotion Research: National University of Ireland, Galway. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411492/What_works_in_enhancing_social_and_emotional_skills_development_during_childhood_and_adolescence.pdf

24 Examples of other state agency supports are: NEPS (see Chapter 6, Section 6.2 for more information); the Professional Development Service for Teachers (offering professional learning opportunities) https://pdst.ie/; Education Support Centres (providing education and training facilities for educators at local, regional and national level) https://www.esci.ie/; and the HSE Child and Adolescent Psychology Service (providing assessments, advice, psychological therapy).

A critical incident describes "any incident or sequence of events which overwhelms the normal coping mechanisms of the school".[25] NEPS recommends that schools develop a critical incident management plan so as to be prepared and better able to cope in the event of an incident happening. NEPS has developed clear guidelines on how to respond, support and plan for a distressing event of this nature. This is backed up by research which has shown that an effective response by a school during the first 48 hours is crucial. For more information on NEPS' role, see Chapter 6, Section 6.2.

NEPS guidelines contain a specific section on suspected suicide, for example, the death of a young person or a member of staff. It strongly recommends that schools take great care in the use of the term "suspected suicide". It should not be used until it has been made fairly certain that the death was as a result of suspected suicide and where parents have acknowledged this.

Mental health programmes in primary and post-primary schools

The following operate on the model where the teachers receive training and they then deliver the programmes to their students:

The **Social, Personal and Health Education** (SPHE) curriculum taught in primary and post-primary schools has become a vital way to promote health and wellbeing. SPHE is a compulsory subject in secondary schools and it is taught to every class from first year to third year. It helps students to develop the skills to learn about themselves, to care for themselves and others and to make informed decisions about their health, personal lives and social development. A new Junior Cycle SPHE curriculum was introduced in September 2023 for all first years. Resources to support the teaching of a new Senior Cycle SPHE curriculum are being developed, with plans to introduce it into schools in the 2025/2026 school year.[26]

MindOut is a twelve-session mental health promotion programme designed for young people aged between 15–18 years. It was originally developed in 2004 for senior cycle students attending post-primary schools by the Health Promotion Research Centre at the University of Galway and the HSE, with input from cross-border colleagues in Northern Ireland. Since then, it has been updated and adapted to suit the needs of the out-of-school youth sector, for example, youth organisations. It takes a positive approach to the promotion of emotional and social health. The emphasis is on the wide

25 Department of Education and Skills. (2016). Responding to critical incidents: NEPS guidelines and resource materials for schools, p.16. Dublin: Department of Education and Skills. https://www.gov.ie/en/service/5ef45c-neps/#critical-incidents

26 Department of Education. (2025). Social, personal and health education. Dublin: National Council for Curriculum Assessment. https://ncca.ie/en/junior-cycle/curriculum-developments/social-personal-and-health-education-sphe/

and varied strategies available to young people to cope with stressful or challenging situations, ranging from personal coping skills to informal networks of support and professional or voluntary support services. Findings have shown that this programme is effective in improving students' social and emotional skills development, mental health and wellbeing.[27]

Zippy's Friends is a programme designed to promote the emotional health of primary school children from five to seven years of age. This 24-week programme is taught by teachers trained in the programme. Zippy's Friends has been evaluated and it was found to improve the emotional literacy and coping skills of the children. It also leads to improved relationships in the classroom.[28]

Other evidence-based programmes include, for example, resilience and social and emotional competence programmes supported by NEPS: https://www.gov.ie/en/collection/97aa18-national-educational-psychological-service-neps-resources-and-public/#promoting-resilience-and-social-and-emotional-competence

School support for some

Some young people or groups of young people may be more at risk of developing mental health problems and may be showing early signs to indicate this. A school support for some approach involves helping to identify these concerns, along with taking appropriate action in response to them. This may include encouraging the student to become involved in community projects or out-of-school activities, for example, drama and sport. Schools also need to monitor and review the effectiveness of the interventions that have been put in place.

School support for few

Young people with more complex or ongoing needs may need additional supports, for example, those experiencing moderate to severe mental health problems, engaging in self-harm or at risk of suicide. More intensive external support is usually required from professional support services, while continuing to support the young person (on their return) within the school environment.

27 Dowling, K. & Barry, M.M. (2021). Implementing school-based social and emotional learning programmes: Recommendations from research. National University of Ireland Galway: Health Promotion Research Centre. https://www.nuigalway.ie/media/healthpromotionresearchcentre/policybriefs/HPRC-Practice-Brief_k.dowling.pdf

28 Clarke, A.M. & Barry, M.M. (2010). An evaluation of the Zippy's Friends emotional wellbeing programme for primary schools in Ireland. Summary Report. National University of Ireland Galway: Health Promotion Research Centre.

What can a local suicide prevention community group safely offer their school?

Building links between the school and the community it serves is essential in order to maximise mental health and wellbeing outcomes for young people. However, any external inputs need to be carefully integrated and complementary if they are to be effective. Here are some aspects local suicide prevention community groups need to consider when deciding whether to become involved in the following activities to ensure that they do no harm and are supportive of everyone concerned:

Giving a talk in a school

Research has consistently shown that qualified teachers working in a school are best placed to address topics of a sensitive nature, for example, mental health issues with their students. However, as part of the SPHE programme, some schools may choose to invite a visiting speaker[29] or an external provider – that is, someone who does not normally teach in the school and is not employed there. Local suicide prevention community groups may be considering engaging with schools in their area, but before doing so, here are some things to bear in mind:

Build appropriate skills and knowledge

Before engaging with a school, it is really important that members of a community group take stock of their knowledge and skills in relation to mental health promotion and suicide prevention. This includes establishing that the group can:

- provide background information on their organisation, including its mission statement, as well as showing that members have suitable training and qualifications to work with the school and young people, in particular (including child protection training, Garda vetting or any other safeguarding measures that are in place in the school for visiting speakers)
- demonstrate their understanding of the school curriculum, including SPHE
- confirm that they work in line with national policies on wellbeing and suicide prevention and in accordance with best practice
- show their knowledge of the organisation and structure of the educational system, including school policies
- demonstrate that they are familiar with local and national mental health supports and services, including service providers working in the area

[29] Department of Education and Skills. (2018). Circular No. 0043/2018. Best practice guidance for post primary schools in the use of programmes and/or external facilitators in promoting wellbeing consistent with the Department of Education and Skills' Wellbeing Policy Statement and Framework for Practice. https://circulars.gov.ie/pdf/circular/education/2018/43.pdf

Review content and delivery of the talk

The principles and content of a talk, in particular, key messages and learning outcomes must fit with the approach taken in SPHE as part of the school curriculum and tie in with work already being undertaken in this area. The content must also:

- be age and stage appropriate
- be based on a sound understanding and knowledge of mental health issues and operate on the principle of "do no harm"
- support schools to maintain a whole-school approach that embeds a positive culture of mental health and wellbeing
- encourage health promoting practices and skill development
- promote help-seeking, reduce stigma among any individuals deemed to be vulnerable and raise awareness of mental health supports and services
- build hope and optimism
- be evaluated by both students and teachers to ensure quality

A participatory teaching method should be used that gets students actively involved. Classroom teachers should remain in the classroom during the presentation, and the whole staff team should be aware that an external provider has visited the school. It is also strongly recommended that parents are consulted and informed.

Things to avoid

It is unhelpful for external providers to work with a school when:

- providing a one-off talk, as these have been found to be ineffective
- the school does not have a whole-school health promotion approach
- the talk or programme does not fit in with the school's ongoing SPHE Programme[30]

Steer away from negative health messages

Negative health messages are often used to scare people into changing their behaviours. Research shows that this strategy is not effective. Here are some examples of negative messages:[31]

[30] Department of Education and Skills. (2018). Wellbeing policy and framework for practice 2018-2025. Dublin: Department of Education and Skills. https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/

[31] O'Donnell, E. & McGeehan, L. (2003). Health promotion guidelines for health professionals visiting schools. Galway: Western Health Board.

"Forbidden-fruit" effect
Warnings to avoid forbidden substances or activities, using scare tactics or bans, can lead to deliberate defiance. Similarly, stories about dangerous lifestyles can encourage the behaviour they were designed to prevent, by creating heroes or heroines of the people whose stories were told.

The "jaws syndrome"
Some people, for example teenagers, become excited instead of frightened by negative messages. They actually seek to do more of the risk-taking behaviour.

The "speed-trap" effect
The message works but only for a short while and the person returns to the same risky behaviour as before.

Effectiveness of suicide prevention programmes

A review of what works in suicide prevention was carried out by the Health Research Board on behalf of the HSE National Office for Suicide Prevention in order to inform the development of the Connecting for Life strategy. This review found that there is a lack of evidence to show the effectiveness or ineffectiveness of school or curriculum-based suicide prevention or postvention programmes in terms of their impact on suicidal behaviour.[32] This has highlighted the need for further research to be undertaken to determine the exact impact of these programmes, and particularly to assess their effectiveness and suitability in the Irish education system.

However, what is known is that students' safety is the most important thing. Great care should be taken when deciding on programmes to be offered in a school. Programmes that aim to reduce suicidal behaviour among young people might work for some students but might have the wrong effect on others. As a result, the following is recommended:

Avoid student-focused programmes

Avoid student-focused suicide awareness or education programmes – it is not advisable to use programmes that focus on raising awareness about suicide with students. This is true whether speaking to large or small class groups. Short suicide prevention programmes with no connection to support services should also be avoided. Suicide prevention training programmes supported by the HSE are not offered to those aged under 18 years.[33]

[32] Dillon, L., Guiney, C., Farragher, L., McCarthy, A. & Long, J. (2015). Suicide prevention: An evidence review 2015. Dublin: Health Research Board.

[33] HSE National Office for Suicide Prevention. (2025). Connecting for Life: National education and training plan 2025, p.16. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-national-education-and-training-plan.html

Limit student responsibility

The programme must not encourage young people to take a high degree of responsibility for the wellbeing of their peers without appropriate support systems being in place.

Follow the guidelines on responding to conversations about suicide

If suicide is brought up for discussion in the classroom, make sure that reference to the topic is kept to a minimum and dealt with sensitively and appropriately. It would be important to find out if the young person who spoke about suicide is upset or has any concerns. Any issues of concern should be notified to relevant staff, in line with school policy.[34]

Signpost to supports and services

The programme must not raise awareness around suicide without specific and clear signposts to supports and services being in place for vulnerable students. Programme providers must also show a clear understanding of what these support services offer.

Share information on supports

Community groups can play an important role in working with schools to share information on supports and services available within the wider community.

Promote suicide prevention training for adults

Suicide prevention community groups can also actively promote suicide prevention training and education programmes for adults (over 18s) in the school community, including:

- teachers
- school-based staff
- professionals
- parents or guardians

The purpose of these programmes is to develop knowledge and skills and improve attitudes so that people may be able to identify and support vulnerable students, both within the school and in the wider community. Focusing on the adult community for this training is in line with current available best practice.[35] For more information on these programmes, see Chapter 7.

[34] Department of Education and Skills. (2018). Wellbeing policy and framework for practice 2018-2025. Dublin: Department of Education and Skills. https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/

[35] HSE National Office for Suicide Prevention. (2025). Connecting for Life: National education and training plan 2025, p.16. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-national-education-and-training-plan.html

Offering support following a suspected death by suicide in a school

Schools can be overwhelmed by the many offers of support from individuals and organisations when a critical incident occurs. However, in times of tragedy, a person who is familiar with the school, the staff and the students may be well placed to offer support in the school. During difficult times, this familiarity can be of comfort. Young people need support from the adults who know them best.[36]

Experience has also shown that a coordinated approach works best when a number of external agencies are involved in response to a suspected suicide. In this situation, it is very important that any work a suicide prevention community group gets involved in complements and supports other planned responses in the area, in the immediate aftermath and in the longer term.

Any offers of support made by a community group must be within the members' level of competency (as outlined above). This includes having the appropriate skills, training and aptitude to provide safe, sensitive and timely support. However, all adults in the wider school community can help at this difficult time by modelling calm, caring and thoughtful behaviour. This includes building a sense of:

- safety
- personal strength
- strong community bonds
- connectedness
- hope

For more information, see:

Guidance for post primary school and primary school staff - Using psychological first aid:
https://www.gov.ie/en/collection/97aa18-national-educational-psychological-service-neps-resources-and-public/#responding-to-critical-incidents

[36] Department of Education and Skills. (2016). Responding to critical incidents: NEPS guidelines and resource materials for schools. Dublin: Department of Education and Skills. https://www.gov.ie/en/service/5ef45c-neps/#critical-incidents

4.4 Suicide prevention and mental health promotion in higher education

It is important that suicide prevention groups in the community are aware of the mental health issues higher education students may face, as well as the current policies in place to support them. Developing and maintaining links between colleges and the wider community is also mutually beneficial.

Links with the wider community

In Ireland, third-level or higher education is provided by universities, technological universities, institutes of technology, colleges of education and other higher education institutes. They vary in size, ranging from 1,000 to 30,000 students. While each individual college is a community in its own right, higher education institutes also build and maintain external relationships with other local, regional, national and international communities. They also develop partnerships with state services, for example, health services and with non-government organisations. Some students may avail of mental health supports and services on offer in their third-level setting and / or in their local community. Part of the student experience involves learning from the community in which they are living. The accommodation where students spend most of their time contributes to their mental health and wellbeing, as well as building a sense of belonging.[37] On the other hand, universities can also play an important role in contributing to the local community, for example, through students engaging in volunteering activities.

The mental health of college students

College life is a positive experience for many students. A survey published in 2020 showed that almost three-quarters (74.8%) of students believe that it helps to build their knowledge, skills and personal development.[38]

While most students do well in higher education, some are more likely to develop mental health difficulties. This may be because the first onset of serious mental health problems begins between the ages of 15 and 25 years in up to 75% of all people.[39] Most full-time undergraduate students fall within this age group,[40] and for that reason they are a high-risk group. Some of the factors that may increase this risk are shown in Figure 4.7 below.

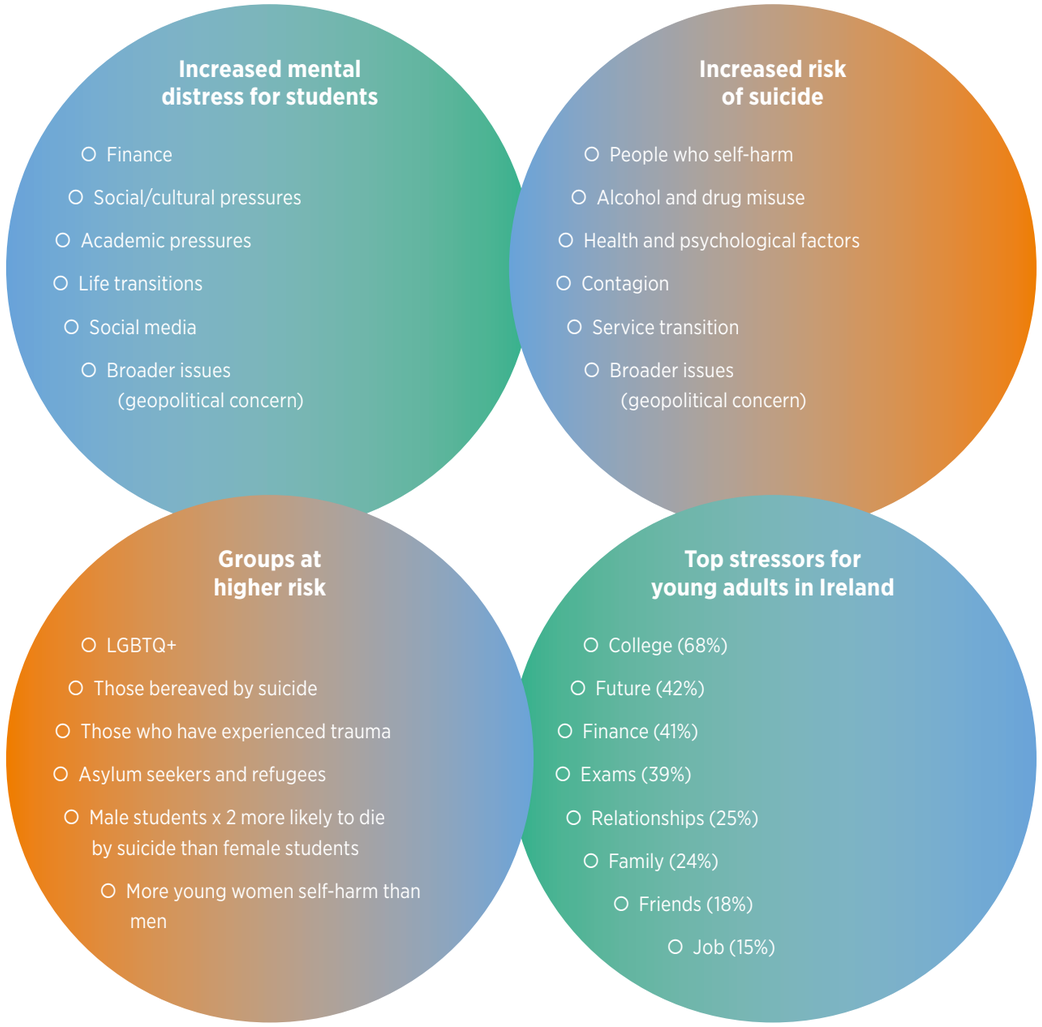
[37] Jackson, C., Long, D., Galliford Try, Brierley, A., Pratt, I., Olliff, M. & Scott Brownrigg. (2019). Impact of accommodation environments on student mental health and wellbeing. UK: Galliford Try & Scott Brownrigg. https://scottbrownrigg.b-cdn.net/media/4117/accommodation-and-student-wellbeing-report-digital_v2.pdf

[38] Higher Education Authority, Irish Universities, Technological Higher Education Association and the Union of Students in Ireland. (2020). Irish survey of student engagement national report 2020. Dublin: Higher Education Authority. https://hea.ie/assets/uploads/2020/11/Student-Survey-Digital-Report-2020.pdf

[39] Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K. & Walters, E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Archives of General Psychiatry, 62(6), 593–602. Doi: 10.1001/archpsyc.62.6.593

[40] Higher Education Authority. (2018). Key facts and figures higher education 2017/18. https://hea.ie/assets/uploads/2019/01/Higher-Education-Authority-Key-Facts-Figures-2017-18.pdf

Figure 4.7: Factors that increase mental distress, risk of suicide and groups at higher risk[41]



41 Higher Education Authority. (2020). National student mental health and suicide prevention framework, p.9. Dublin: Higher Education Authority/An tÚdarás um Ard-Oideachas. https://hea.ie/assets/uploads/2020/10/HEA-NSMHS-Framework.pdf

Mental health and suicide prevention policy

The Higher Education Authority of Ireland provides policy advice to the government on various aspects of higher education and research. Working in partnership with others, it has developed a national framework to help to address student mental health difficulties, as well as any gaps that might exist in preventing suicide in a structured and planned way. This ties in closely with the work being carried out as part of Connecting for Life at national level, as well as through local Suicide Prevention Action Plans.

This National Student Mental Health and Suicide Prevention Framework (2020) has nine themes: https://hea.ie/assets/uploads/2020/10/HEA-NSMHS-Framework.pdf

1. **Lead:** Build and support national and institutional strategies for student mental health.
2. **Collaborate:** Develop partnerships on campus and in the community with health services to support student mental health.
3. **Educate:** Build campus knowledge and skills on student mental health and suicide prevention.
4. **Engage:** Create campus communities that are connected, safe, nurturing, inclusive and compassionate.
5. **Identify:** Prioritise awareness training for all staff and students to enhance recognition and referral.
6. **Support:** Provide students with safe, accessible and well-resourced mental health support.
7. **Respond:** Ensure that institutions have the critical incident protocols required for varying levels of student mental health crisis.
8. **Transition:** Establish student supports throughout the higher education journey.
9. **Improve:** Collect and analyse data to inform measures to improve student mental health.

A guide has also been developed that sets out details on how the framework themes can be implemented: https://hea.ie/assets/uploads/2020/10/HEA-NSMHS-Framework-Implementation-Guide.pdf

Higher education is an ideal setting in which to promote, develop and support the health and wellbeing of its student and staff community. However, some students may avail of off-campus support. Therefore, a combination of internal college-based and external community-based supports is required to meet students' needs. The wider community can play an important gatekeeping role in terms of supporting students in their community who may be vulnerable.

For more information on some resources to support students developed by the Psychological Counsellors in Higher Education Ireland, see: https://www.pchei.ie/

4.5 Suicide prevention and mental health promotion in the workplace

Mental health promotion in the workplace

Mental health problems, such as depression and anxiety, are the leading cause of absence due to sickness and long-term inability to work in most developed countries.[42] Stress and mental health problems in the workplace significantly impact on individuals, organisations and society.[43] Mental health promotion in the workplace is a very important strategy in improving outcomes for individual employees, as well as for the organisation as a whole. Developing and implementing a workplace mental health policy and programme will benefit the health of employees, increase productivity for the company and contribute to the wellbeing of the community at large.[44]

Evidence suggests that an effective workplace health improvement policy should include:

- promoting the mental health and wellbeing of all staff (promoting resources for positive mental health and reducing or eliminating stress)
- offering support and assistance to workers experiencing mental health problems in the workplace
- taking a positive approach to employing and re-integrating workers with a history of mental health problems[45]

A strategic and coordinated approach to promoting the mental health of employees should be taken. This should include working with the whole organisation and in partnership with key stakeholders to ensure that mental health is built into all workplace policies and practices that focus on managing people, employment rights and working conditions.[46]

42 Joyce, S., Modini, M., Christensen, H., Mykletun, A., Bryant, R., Mitchell, P.B. & Harvey, S.B. (2016). Workplace interventions for common mental disorders: A systematic meta-review. Psychological Medicine, 46(4), 683–697. https://doi.org/10.1017/S0033291715002408

43 World Health Organization & Burton, J. (2010). WHO healthy workplace framework and model: Background and supporting literature and practices. Geneva: World Health Organization. http://apps.who.int/iris/bitstream/10665/113144/1/9789241500241_eng.pdf

44 World Health Organization. (2005). Mental health policies and programmes in the workplace. Mental health policy and service guidance package. Geneva: World Health Organization.

45 Harvey, S.B., Joyce, S. Tan, L., Johnson, A., Nguyen, H., Modini, M., & Groth, M. (2014). Developing a mentally healthy workplace: A review of the literature. University of New South Wales, Australia: A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance.

46 National Institute for Health and Care Excellence. (2022). Mental wellbeing at work: NICE Guideline [NG212]. London: National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/ng212

A Healthy Ireland National Healthy Workplace Framework 2021–2025 has been developed. Led by the Department of Health and overseen by the Department of Enterprise, Trade and Employment, this framework sets out seven high-level areas of activity to enhance the health and wellbeing of Ireland's workers: https://www.gov.ie/en/publication/445a4a-healthy-workplace-framework/

Access to health services and supports

Some workers might be afraid to admit they are experiencing mental health difficulties. They might worry that doing so would affect their job or their chances of getting promoted. Staff who need mental health supports will find it easier to ask for help if the workplace is open and supportive of people with mental health difficulties. Workers can get support from different sources. Employee assistance programmes, for example, are company-sponsored programmes that provide a range of supportive, referral, counselling and treatment services. Smaller companies and organisations might not have access to these programmes, but can link with local community mental health supports.

Priority group occupations

It is also important to keep in mind that certain occupations have higher suicide rates and might need additional supports. These include people living in communities who are more likely to work alone, for example, farmers or vets, and it also includes healthcare professionals.[47]

One example of an initiative to address this is, in March 2022, the dairy sector in Ireland teamed up with Samaritans to run a rural mental health campaign. Signs for Samaritans' Freephone number 116 123 were placed on milk tankers travelling around the countryside.

For more information on resources and supports, see:

Coping with the pressures of farming
https://www.teagasc.ie/media/website/publications/2018/Coping-with-the-pressures-of-farming.pdf
This booklet aims to promote positive mental health for isolated people living in rural areas, including farmers and farm families.

Farm and rural stress leaflet
https://www.healthpromotion.ie/products/farm-and-rural-stress-leaflet
Available from www.healthpromotion.ie, this leaflet is for farmers or those living in rural areas who may be feeling stressed or down or who are concerned about someone.

47 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

Embrace Farm's Encircle Programme
www.embracefarm.com
This programme supports farm families experiencing bereavement and loss as a result of suspected suicides, sudden trauma or fatal illness, farm accidents or serious injury resulting from a farm accident. Funded through the Department of Agriculture, Food and Marine, it provides a structured, single point of contact to access supports on emotional, financial, agricultural and legal issues.

Suicide prevention in the workplace

The best way to prevent suicide in the workplace is to use a comprehensive approach that includes these key components:

- Create a work environment that fosters communication, a sense of belonging and connectedness, and respect
- Identify and assist employees who may be at risk of suicide
- Provide suicide prevention training for staff working with vulnerable populations[48]
- Be prepared to respond to a suspected suicide[49]

For more information on preventing suicide at work, see: https://www.who.int/docs/default-source/mental-health/suicide-prevention-employers.pdf

Developed by the World Health Organization, this short guide provides information for employers, managers and employees.

Responding to a death by suicide in the workplace

Two main types of suicide bereavement situations can occur in the workplace:

1. When an employee is affected by the suicide of someone who is close to them (for example, in their personal life).
2. Where an employee or former employee or contractor dies by suspected suicide on-site or off-site.

Responding appropriately to the experience of suicide in the workplace whether it is an employee affected by suicide in their personal lives, or the death of an employee on-site or off-site, requires compassion and courage. Best practice suggests that when employers

[48] Some large workplaces may have the capacity to deliver suicide prevention training in-house, while smaller organisations may wish to team up with other groups in the wider community. Working with a more diverse participant group has the advantage of drawing in people from all walks of life with wide-ranging life experiences.

[49] Suicide Prevention Resource Center. (2022). Workplaces. https://www.sprc.org/settings/workplaces

or those in responsibility handle these situations well, there is a positive impact on other employees' reactions to the loss, as well as the long-term effect it may have on them.

The following are practical guidelines for supporting employees bereaved by suicide:

1. Be prepared (for example, ensure your organisation has a suitably developed policy on bereavement in the workplace).
2. Focus on the person who has died not on the manner of their death.
3. Reach out for support.
4. Communicate calmly. Talk to the person who is bereaved and ask how you can best support them.
5. Understand common grief reactions to suicide. For example, bereavement by suicide can bring with it prolonged and persistent questioning and intense feelings of guilt or blame.
6. Provide short-term support - bereavement first aid (acknowledge the death; validate the feelings and reactions of the employee who is bereaved; support the employee appropriately and signpost them to other supports, as required).
7. Manage the return to work.
8. Be aware that people will be impacted in different ways.
9. Provide ongoing support.
10. Know about different bereavement support needs.
11. Culture and diversity. Be aware that different cultures and groups have different approaches to death and it is important to respect these.
12. Take care of yourself.

There are effective steps that an employer or manager can take when a death by suspected suicide takes place on-site:

- Respond calmly with compassion and competence
- Form an incident team to coordinate the response
- Contact and support the family
- Communicate clearly and sensitively with employees about what has happened
- Provide support to employees, team members and anyone affected

- Reach out for help to statutory and support organisations
- Be aware of the impact on you and your team – take care of each other

For further information and guidance on how to develop a suicide bereavement policy for the workplace, see: https://hospicefoundation.ie/our-supports-services/bereavement-loss-hub/grief-in-the-workplace/responding-to-suicide-a-guide-for-employers/

Impact on the wider community

The death by suspected suicide of someone who was working in a well-known or customer-facing business or service may not only impact on fellow co-workers, but also on its service users or customers in the wider community. Deaths that occur in larger or geographically spread out organisations may also impact on a greater number of people. This highlights the importance of sharing safe, accurate and appropriate information to workers inside the workplace, as well as to outside parties, such as customers. This can help to prevent rumours spreading which could add to further distress in the community.[50] It is also helpful to circulate information on mental health supports and services to the wider community at this time.

4.6 Suicide prevention and mental health promotion in sports clubs

Sports clubs can play an important suicide prevention role in their communities by supporting the mental health of their members, promoting mental health and understanding how to respond to a suspected death by suicide. This section presents a range of examples of work undertaken in this area by sports organisations in Ireland and internationally. In addition, this section includes best practice guidelines for sports clubs following a death by suspected suicide in their community.

"It is widely known the considerable impact of sport on the mental health of the general population, young people included. This finding was recently endorsed in the My World Survey 2, the largest and most comprehensive study of youth mental health in the country. In this study, published in 2019, young people identified sport as a top coping mechanism.[51] But there's more to it than the sport - there's multi layers of influence within the club context that can also promote young people's mental health, which can often be underplayed".[52]

50 Irish Hospice Foundation. (2021). Grief in the workplace: Responding to suicide. A guide for employers. Dublin: Irish Hospice Foundation. https://hospicefoundation.ie/wp-content/uploads/2021/11/Responding-to-Suicide-A-Guide-for-Employers.pdf

51 Dooley, B., O'Connor, C., Fitzgerald, A. & O'Reilly, A. (2019). My world survey 2: National study of youth mental health in Ireland. Dublin: UCD and Jigsaw. http://www.myworldsurvey.ie/full-report

Examples from sport organisations

The GAA

"As a leading national sporting and community organisation, the GAA recognises that it can play a real and important role in supporting the emotional wellbeing of [its] members and communities".[53] The following are identified as ways of achieving this:

- Creating a culture and providing activities that support healthy bodies, healthy minds and healthy clubs.
- Helping end the stigma that prevents many people from accessing the help they so badly need in times of distress.
- Developing resources and tools that help members better understand the building blocks of positive mental and emotional health.
- Develop partnerships with organisations and charities, such as the HSE, the Public Health Agency, Samaritans and Pieta, to signpost and direct members towards in times of need.[54]

GAA Mental Health Charter
This policy or statement document aims to develop and support a culture of positive mental health in the club setting. Posters and promotional materials with key messages can be put up in a clubhouse and changing rooms. These are all available to download at: https://www.gaa.ie/my-gaa/community-and-health/mental-fitness/mental-health-charter

GAA Mental Fitness Packs
The GAA, in partnership with St. Patrick's Mental Health Foundation, launched an innovative resource designed to support the emotional wellbeing of club players and members in April 2014.

These mental fitness packs aim to destigmatise mental health by speaking to players in a sporting language familiar to them. Using the term "mental fitness" to emphasise the positive nature of our mental wellness, the packs also aim to remind the sporting community that maintaining mental fitness requires work and skill development in the same way as maintaining our physical fitness does.

52 McGovern, J. (2020). "One good coach": Supporting young people's mental health through sport. https://www.sportireland.ie/coaching/news/one-good-coach-supporting-young-peoples-mental-health-through-sport

53 GAA. (2022). Mental fitness. https://www.gaa.ie/my-gaa/community-and-health/mental-fitness/

54 As above.

The packs are available to download at:
https://www.gaa.ie/my-gaa/community-and-health/mental-fitness/

One Good Coach

In 2020, Sport Ireland Coaching collaborated with Jigsaw and University College Dublin on a new online resource called "One Good Coach™" which aims to give coaches and volunteers skills to support young people's mental health through the delivery of sport. The pilot was run by National Governing Bodies – Swim Ireland and the Irish Rugby Football Union.

The programme recognises sports clubs as key settings for youth mental health promotion and highlights that coaches can promote and support young people's mental health.

For more information, see: https://jigsaw.ie/one-good-coach-workshop/

FIFA #ReachOut

In 2021, FIFA (the International Federation of Football Association) launched the #ReachOut campaign, with the support of the World Health Organization. The campaign aims to "raise awareness of the symptoms of mental health conditions, encourage people to seek help when they need it, and take actions every day for better mental health". The campaign is supported by past and current football players to highlight the importance of increasing awareness around mental health.[55]

Training

Sports groups find it helpful to offer training and skills development to coaches and team leaders. The training helps them identify and support club members who might be at risk of suicide. It often includes suicide awareness training and suicide intervention programmes (see Chapter 7 for more information).

Good practice guidelines for sports organisations following the death by suspected suicide of a member of the club

The death by suspected suicide of a member of a sports club can have a deep impact on club members, in particular on teammates and coaches.

How a sports club or organisation responds to a death by suspected suicide depends on a number of factors including:

- how well known the person who died was to club members
- complying with the wishes of the bereaved family

[55] FIFA. (2021). FIFA launches #ReachOut campaign for better mental health. https://www.fifa.com/about-fifa/medical/news/fifa-launches-reach-out-campaign-for-better-mental-health

- how the club has dealt with past tragedies
- individual and collective capacities within the club
- whether the club has a Critical Incident Response plan in place
- the leadership shown by key club members
- media coverage of the event

Table 4.2: Sporting organisations: What to do after a suspected suicide

Do's
Acknowledge the death Acknowledge that a club member has died. Respect that some families may choose not to describe the death as a suicide. Sharing a family approved death notice will reflect the information that they wish to share. **Acknowledge a wide range of feelings** Acknowledge that individuals will experience a wide range of feelings and emotions as a result of the death (see Chapter 2, Section 2.1). • Be gentle with each other – people grieve in different ways. • The grieving process takes months and years not days and weeks. • Don't blame yourself or anyone else for the death. **Plan your response** It is helpful to assign roles to club members, for example: • calling a meeting of the club executive to plan your response • nominating one person to link with the family, ideally someone who knows them well • keeping a log of decisions made and actions taken Remember that some people may not feel able to be part of a response if they have been affected by the death. **Understand the role social media can play** For more information on how to manage social media safely, see Chapter 8.

Table 4.2: Sporting organisations: What to do after a suspected suicide (Continued)

Try to get the balance right

Try to get the balance right between continuing to do normal activities (for example, following the funeral, go ahead with scheduled matches and return to training schedules as soon as is practical), but also make allowances that motivation and morale may be low among the team.

When you first return to group training, acknowledge what has happened and that it is entirely appropriate to get back to your previous routine. In fact, doing so should help. Ensure that all team and club volunteers/officers know that the club is a safe environment in which to talk about the emotions they have been feeling.

The first match following the death of a teammate or coach can be challenging and emotional – ensure that your players/coaches/team managers feel supported in getting through this milestone. It is appropriate to ask players to be mindful of their emotions while on the pitch, especially anger.

Try not to underestimate people's natural ability to cope with difficult situations. The club and team environment can help to support this resilience building. Alcohol and other substance use may make people more vulnerable at this time. Provide an opportunity for the team to come together in a positive way, for example, for a cup of tea in the clubhouse or for a kick or puck around on the pitch. This offers an alternative to meeting in a pub.

Keep an eye out for vulnerable people

Watch out for those who are not doing well or may be at greatest risk, for example:

- brothers and sisters of the person who has died who are also club members
- close friends
- teammates
- others who may be experiencing difficult life situations at the time

These vulnerable people may need extra support, so make sure to help them to get it. Many clubs will have someone connected to them with a health or social care background, such as a mental health nurse, youth worker, counsellor or social worker. You may wish to call on this person for advice.

Take any threat of suicide seriously and ensure that the person receives help – their GP is a safe first port of call.

A death by suspected suicide in a club may sometimes lead other club members to consider suicide. If you have concerns about a club member, find a private place to talk and sensitively ask them: "Have you been having thoughts about suicide"? If they have, listen to them and encourage them to seek support. (See also Chapter 1, Section 1.4).

Table 4.2: Sporting organisations: What to do after a suspected suicide (Continued)

Anticipate sensitive dates on the calendar

Anticipate birthdays, holidays, anniversary dates and other celebratory events where the person's absence from the team will be most felt. Accept there will be times, such as these, when members of the club may benefit from extra supports.

Don'ts

Don't focus only on the positive

Do not remember the person who died by only talking about all the positive things about them. While it is important to celebrate their sporting achievements and other personal qualities, it is also crucial to talk about the loss and unknown potential that the individual might have accomplished in the future. Openly acknowledge and discuss the pain, anger and heartache their death has caused, as well as any difficulties the person might have been experiencing, for example, mental health problems.

Be careful how you pay respects

Do not do things in memory of the person such as:

- commemorative matches
- numbers on shirts
- naming a trophy
- retiring the jersey
- changing the club's social media profile photos to those of the person who has died

A guard of honour may be organised for other deaths. However, an understated approach to such tributes is recommended following a death by suspected suicide. It is important to reflect on this and engage with the family, rather than organising a guard of honour without careful thought and planning, especially if young people are involved.

Do not encourage the team to win a game, especially the first game back, for the person who has died.

Any activities that glamorise or glorify suicide may increase the likelihood of others also considering suicide. The challenge is to grieve, remember and honour the person who has died without unintentionally glorifying their death. (See also memorials in Chapter 2, Section 2.5).

Helpful short and long-term responses

After a death by suspected suicide, sports clubs have found the following short-term and medium to long-term responses helpful.

Short-term response

Right after a suspected suicide those affected often seek the following:

Information

Clubs have found it helpful to identify what supports are available from state, voluntary and community services to provide advice, support and clinical care at this time. As a result, many communities have developed local support cards outlining services available in the area.

Support

The first gathering together of the team after the funeral, for example, the first night back at training, may be a difficult time for everyone. Coaches have found it helpful to break the team up into small groups and allow some time to talk about their team member who has died. Coaches or team leaders may wish to prepare for this by thinking through the different types of issues that may be raised and how best to create a safe place to discuss these matters.

The following topics are usually addressed:

- how to support people who are grieving at this time
- looking after yourself during this difficult time
- what to look out for, say and do if you are worried about someone else

The workshop on Supporting People Bereaved through Suicide in the Community may be an option to consider (see Chapter 7, Section 7.2).

Long-term response

Proactive steps a sports club can take

The medium to long-term goal of sports groups is to increase their capacity to develop suicide prevention initiatives for the future. Examples of two areas are policies and training.

Critical Incident Response Plan

A critical incident is a situation that overwhelms an individual or an entire club's capacity to respond. A suspected suicide may or may not be deemed a critical incident, depending on some of the response factors highlighted above.

A Critical Incident Response Plan: A Guide for all GAA Units and Members when Responding to a Critical Incident was developed with leading experts in the field, the GAA's National Health and Wellbeing Committee and a number of clubs and counties that have experienced critical incidents in recent years. The GAA has made this resource available to any other sporting clubs that may benefit from it.

The aim of the guide is to help clubs:

- better understand what a critical incident is
- develop and maintain their own critical incident response plan
- follow recommended practices when supporting community responses to critical incidents to the best of their capacity
- ensure a consistency of care for all members following an incident regardless of the situation/location
- identify and access the range of national and local support services that are available to them in such circumstances

All clubs are encouraged to download and adopt this resource to meet their own needs. Engaging in this process increases a club's understanding of how to handle a situation, should it arise, and what supports to call upon. It is hoped that the club will never need to put the resource into practice, however, in the event of it being required, it will provide considerable assistance. It is available to download at: https://www.gaa.ie/my-gaa/community-and-health/community-personal-development/cirp-training

Other situations to note

Discovery of a suspected suicide on sports grounds

The following steps should be taken with the discovery of a suspected suicide on sports grounds:

- Give or ask for first aid if there is any possibility the individual may be saved or resuscitated
- Contact the emergency services immediately
- Leave the scene untouched

- Avoid disturbing any evidence
- Keep onlookers away
- Write down the names of all the staff and team members who witnessed the event or discovered the suspected suicide
- Tell the closest relative – the Gardaí usually do this

Suicide notes on clubhouses or other sports buildings

Once you become aware of the existence of a suicide note, for example, a paper note or a suicide message written on a clubhouse wall, leave it untouched and immediately tell the Gardaí.

After the personal and legal needs of the family and Gardaí are met, the club has to decide when and how best to remove a note written on a clubhouse wall. For example, one club hired a graffiti artist to work with supporters and young people to replace the note with a positive image, along with contact numbers for support services. Not only was this a positive way of expressing emotion through art for those involved from the community, but it was also of practical support by creating awareness of support services available. In this particular case, the mural they created has had a long-term impact by remaining on the club house wall for well over a decade.

Deaths by suspected suicide of famous sports people

Deaths by suspected suicide of high-profile or famous people are more likely to be copied than deaths by suspected suicide of non-famous people. It is important not to let the glamour of the individual detract from any difficulties they may have had, for example, mental health or drug problems. Responsible media coverage will help to reduce this risk. Be aware at local club and individual level of the impact an international or national sports star's death by suspected suicide can have, especially on young people who viewed them as a role model. Extra care and supports may be needed at this time.

The GAA, for example, recommend that their clubs inform their County Health and Wellbeing Committee or Croke Park of any suspected suicide that is likely to attract significant media attention to ensure that they get the support they need.

4.7 Case study examples

Case study 1: Waterford Greenway signage

Background information

The Waterford Greenway opened in March 2017. It is a 46 km off-road walking and cycling trail built on what was the old Mallow-Waterford railway line. Since then, more than 280,000 people have used this amenity every year.

What is the project?

Most national trails and walkways are sign-free zones. However, approval was given to put up signage in this location given the nature of the messages being promoted. The signage contains positive mental health messages, similar to the Little Things campaign. Readers are also signposted to two supports, the Samaritans and www.yourmentalhealth.ie The signage was developed in English and in Irish and was placed at the seven main entry points to the Waterford Greenway (see Figure 4.8).

Who is involved?

The HSE Suicide Resource Office South East was the project lead. It was supported by the HSE Communications Office and Waterford City and County Council with the design element. Waterford City and County Council translated the signs into Irish and also organised for them to be put up. The Samaritans also agreed to be part of this initiative.

How can it help?

These positive mental health messages are reaching a huge number of greenway users each year. They encourage them to think about their mental health, as well as to access support services that are available.

This project shows the benefit of different agencies working together when promoting mental health messages. It also highlights that this type of initiative can be done in similar amenities in other areas.

For further information, contact:

The local Resource Officer for Suicide Prevention South East:
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/

Figure 4.8: Waterford Greenway signage

Case study 2: Kerry Mental Health and Wellbeing Fest

Background information

One of the actions set out in Connecting for Life, Suicide Prevention Action Plan, Kerry was to organise a Kerry Mental Health and Wellbeing Fest. Similarly, holding a wellbeing festival was also an action as part of the work of the Kerry County Council Wellbeing Coordinator. A decision was taken to run the two events together and in 2018 the Kerry Mental Health and Wellbeing Fest started. It is a community-led festival with free activities available across the county.

What is the project?

The Mental Health and Wellbeing Fest is an annual event running from the Saturday before World Mental Health day (10th October) until the Saturday after. All events and activities are free for members of the public run across the whole county, online and on local radio.

Who is involved?

This initiative is funded by the HSE National Office for Suicide Prevention, Healthy Ireland and Kerry Mental Health Association. It is organised by HSE Mental Health Services and Health and Wellbeing, Kerry County Council, Jigsaw Kerry, North, East and West Kerry Development, South Kerry Development Partnership, Volunteer Kerry, Munster Technological University (Kerry Campus) and Kerry Mental Health Association. This event is facilitated by professionals and volunteers within the community (all for free).

How can it help?

The aim of this event is to encourage others to get involved in a new activity, meet new people and learn more about mental health and wellbeing, as well as the services that are in place so that everyone's mental health within communities will improve a little bit. The second aim is make sure that people know where to go and who to contact if they feel that they would like a little more support. Event activities are in line with the Five Ways to Wellbeing messages (see p.133).

For further information, contact:

Kerry Mental Health and Wellbeing Fest: kerrymhwfest20@gmail.com

Case study 3: Social prescribing

"Social prescribing can be the catalyst that helps a person take that first step in regaining control to help them get back into the driving seat of their life. Once they have embarked on that journey other opportunities become possible that can have a profound positive impact on their health and wellbeing".[56]

Background information

When GPs and other healthcare professionals refer people to other local, non-clinical community supports, this is known as social prescribing. Operating in the United Kingdom for many years, this service recognises the important role the voluntary and community sector can play alongside primary care and mental health services in supporting people's health in their community.

Social prescribing has been developed and driven from the ground up in Ireland by the community and voluntary sector, working in partnership with state bodies. Social prescribing projects were first introduced in Sligo in 2011 and Mayo (the Flourish Project) in 2012,[57] followed by Donegal in 2013.[58] Since then, the number of services available has grown to now cover 30 locations throughout Ireland.[59]

[56] Sheridan, A. (2021). Social prescribing has the potential to transform the lives of those who are marginalised and disadvantaged within communities. https://hsehealthandwellbeingnews.com/social-prescribing/

[57] Family Centre, Castlebar. (2022). Flourish. https://www.thefamilycentre.com/flourish

[58] Donegal social prescribing. (2022). Donegal social prescribing for health & wellbeing. https://parenthubdonegal.ie/services/listing/social-prescribing-letterkenny/

[59] HSE Health and Wellbeing. (2021). HSE social prescribing framework: Mainstreaming social prescribing in partnership with community & voluntary organisations. Dublin: HSE. https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-social-prescribing-framework.pdf

What is this service?

Social, environmental and financial factors impact on health outcomes. Problems such as loneliness, social isolation, poverty and sleeping difficulties have negative consequences for health.[60] Social prescribing recognises this and seeks to address people's needs in a holistic way.

Social prescribing services usually involve three elements:

1. An individual (over 18 years of age) is referred to the service by a healthcare professional, for example, their GP.
2. They speak to a link worker, who works with them over a number of sessions to assess their needs, offer support and identify ways in which to improve their health and wellbeing.
3. An agreed referral is made to a local voluntary or community group or activity. Examples can include getting involved in a sports club, men's shed, art or drama group or doing meditation.[61]

Who is involved?

In addition to the adults who are availing of the social prescribing service and the link workers, there are a number of other key partners involved in supporting its delivery. These include:

- **Funders:** This service is currently being funded from a number of different sources, for example, the HSE, the Department of Health, Healthy Ireland, Sláintecare and the voluntary and community sector.
- **Collaboration between support and service providers at local level:** Involving the rich resource of relevant organisations, community groups and services available locally helps to ensure its success. Rather than replacing them, it works to build connections, make sure that these supports are more joined up with other kinds of care and to identify any service gaps across the geographical area.[62]
- **Buy-in from referring healthcare professionals:** As social prescribing is still a relatively new concept, it is important that referrers are educated about the role and function of the social prescribing link worker, as well as the overall service. This will help to ensure that appropriate referrals are being made.

60 HSE Health and Wellbeing. (2022). Stronger together: The HSE mental health promotion plan 2022–2027. Dublin: HSE. https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-mental-health-promotion-plan.pdf

61 As above.

62 Gage, J. (2020). Get well connected: An evaluation of South Dublin County Partnership social prescribing pilot project, August 2018 to February 2020. Dublin: South Dublin County Partnership. https://sdcpartnership.ie/wp-content/uploads/2021/02/Final-SDCP-Social-Prescribing-Evaluation.pdf

- **National network:** In 2018, an All-Ireland Social Prescribing Network was set up. Its purpose is to champion social prescribing across the island of Ireland, so that it is valued, understood and sustained. This network has representatives from health services, the academic world and those working in the voluntary and community sector.[63]

The HSE has developed a framework to support the roll out of social prescribing services, so that a common approach is taken in its delivery.[64]

In 2021, the Sláintecare Healthy Communities Programme was launched in 19 community areas in Ireland in order to improve the health and wellbeing of the people in those communities. A core group of services is being offered in each area, one of which includes social prescribing.[65]

How can social prescribing help?

In 2020, an evaluation framework was developed to put the building blocks in place to evaluate social prescribing services. It identified three key outcomes for the service:[66]

- Impact on the person
- Impact on community groups
- Impact on the health and social care system

In the United Kingdom, social prescribing has benefitted participants in the following ways:[67]

- Increases in self-esteem and confidence
- Greater sense of control and empowerment
- Improvements in psychological or mental wellbeing
- Positive mood linked to a reduction in the symptoms of anxiety and depression

63 HSE Health and Wellbeing. (2022). Stronger together: The HSE mental health promotion plan 2022–2027. Dublin: HSE. https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-mental-health-promotion-plan.pdf

64 HSE Health and Wellbeing. (2021). HSE social prescribing framework: Mainstreaming social prescribing in partnership with community & voluntary organisations. Dublin: HSE. https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-social-prescribing-framework.pdf

65 HSE Health and Wellbeing. (2022). Sláintecare healthy communities. https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/

66 HSE & Department of Health. (2020). Building capacity for the evaluation of social prescribing: Evaluability assessment. Dublin: HSE and Department of Health. https://www.drugsandalcohol.ie/33243/

67 Thomson, L.J., Camic, P.M. & Chatterjee, H.J. (2015). Social prescribing: A review of community referral schemes. London: University College London. https://repository.canterbury.ac.uk/download/b4200c5d0d0b31dfd441b8efedffae2865b13569e44cb4a662898a3ed20c1092/3729872/Social_Prescribing_

Another study showed a 28% decrease in referrals to GPs and a 24% reduction in attendance at Emergency Departments following referrals to social prescribing services.[68]

The evaluations carried out so far in Ireland have also shown positive results in terms of participant health and wellbeing. Self-reported wellbeing had improved, anxiety and distress levels decreased and participants' community connectedness had increased.[69,70,71]

This was reflected in the words of one participant who took part in the evaluation: *"The connection with other people is so important – we need each other to get to ourselves".*[72]

For more information, see:
https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/social-prescribing/

Case study 4: Stigma reduction

Shine, Ireland's national mental health stigma reduction partnership

Shine coordinate Ireland's national mental health stigma reduction partnership. It seeks to open minds about mental health difficulties and end stigma and discrimination to ensure that everyone enjoys the same rights on an equal basis. Its vision is that of an Ireland where every person has an open and positive attitude to their own and others' mental health.

Shine, www.shine.ie, is a charity that supports people affected by mental health difficulties. Headline, www.headline.ie, also set up by Shine, is Ireland's national programme for responsible reporting and representation of mental health problems and suicide (for more information see Chapter 9). This work is supported by the HSE National Office of Suicide Prevention, and aligns with Connecting for Life goals.

68 Polley, M.J., Fleming, J., Anfilogoff, T. & Carpenter, A. (2017). Making sense of social prescribing. London: University of Westminster.

69 HSE. (2015). Donegal social prescribing evaluation report. Donegal: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/research/reports/donegal-social-prescribing-evaluation.pdf

70 Keenaghan, C. (2018). Review of Flourish social prescribing project. Mayo: Family Centre, Castlebar.

71 Gage, J. (2020). Get well connected: An evaluation of South Dublin County Partnership social prescribing pilot project, August 2018 to February 2020. Dublin: South Dublin County Partnership. https://sdcpartnership.ie/wp-content/uploads/2021/02/Final-SDCP-Social-Prescribing-Evaluation.pdf

72 Keenaghan, C. (2018). Communities take control of health and wellbeing. https://www.linkedin.com/pulse/communities-take-control-health-wellbeing-celia-keenaghan

The mental health stigma reduction partnership focuses its work on four main areas:

1. **Green Ribbon campaign**
   The Shine Green Ribbon Campaign is an international symbol for mental health awareness. Every year, Shine rolls out a month-long Green Ribbon campaign which seeks to increase awareness of mental health difficulties. The aim of the campaign is to get as many people as possible talking about mental health and to help end mental health stigma. To find out more about the Green Ribbon campaign, visit: www.seechange.ie/green-ribbon/

2. **Volunteer Programme**
   Shine has a Volunteer Programme that consists of Shine supporters and ambassadors. Shine ambassadors are a group of people with lived experience of mental health difficulties who share their stories to spark a national conversation. They demonstrate how to start a conversation in homes, colleges, workplaces and community-based organisations, and on social media platforms.
   To find out more about its Volunteer Programme, visit: www.seechange.ie/volunteers/

3. **Partner network**
   Its partner network consists of organisations from various backgrounds and across all sectors. Partners share common values and commit to challenging and reducing stigma around mental health through various activities.
   To learn about this partner network, visit: www.seechange.ie/our-partners/

4. **Shine Workplace Programme**
   Shine has identified the workplace as a key setting for social change around attitudes towards mental health difficulties. Its goal is to help facilitate a cultural shift in workplaces so that employers and employees feel supported and secure in starting a discussion about how mental health can affect us all.

There are six steps to the programme:

1. Workshops for line managers.
2. Policy overhaul and implementation.
3. Staff-wide mental health promotion.
4. Nominate staff champions.
5. Public engagement.
6. Become an official Shine workplace.

For more information:
To learn about the Shine Workplace Programme and the fully funded places, visit:
https://seechange.ie/see-change-workplace-programme/

You can find out more about this work or how to get involved on the website: www.seechange.ie or contact: info@seechange.ie

Personal stories
https://seechange.ie/personal-stories/
This information booklet by Shine offers a guide to understanding mental health stigma. Read people's lived experience stories of mental health difficulties to get a better understanding of how to have more open and supportive conversations.

Case study 5: Working with schools
Student support team training in Co. Kerry

Background information

This project first started in 2017 when Kerry Education and Training Board, the National Educational Psychological Service and Jigsaw identified a need to support Student Support Teams within the school community in Kerry. Each school has a Student Support Team in place to care and support all students, and particularly those who are in need of additional support to participate more fully in school. In order to link these teams with other external services, it was decided to offer Kerry post-primary school staff a three-day training programme in the area of mental health.

What is the project?

This three-day training programme aims to better equip school staff members to look holistically at mental health within their school, to identify potential mental health issues at an early stage and to be able to signpost or to make an informed referral to an appropriate service. Other topics addressed include early intervention, critical incident management and self-care, with presentations given/workshops run with both local statutory and voluntary agencies. This project is open to all post-primary schools in Kerry and it has been developed in line with national policies. Following completion of Students Support Team Training, staff are offered ongoing external group support/supervision.

Who is involved?

The following services are working together to support this initiative: HSE Mental Health Services, including Child and Adolescent Mental Health Services, Kerry Education and Training Board, National Educational Psychological Service, Tusla, Kerry Children and Young People's Services Committee, Jigsaw, Kerry Adolescent Counselling Service, South West Counselling Service and Kerry post-primary schools.

How can it help?

The aim is to help school staff to identify mental health issues at an early stage and to signpost or to make referrals to the appropriate services. Through this approach, it is

hoped that the overall mental health of students within the school community will improve.

For more information, contact:

The local Resource Officer for Suicide Prevention:
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/

See also:

Student support teams in post primary schools: A guide to establishing a team or reviewing an existing team: https://www.gov.ie/en/collection/97aa18-national-educational-psychological-service-neps-resources-and-public/

Case study 6: Higher education
Seas Suas Programme, University of Galway

"You can make a difference: Expressing empathy through bystander intervention".

Background information

The Seas Suas Programme was first introduced in the University of Galway in 2014/2015 and has been running successfully ever since, either face-to-face or online (during Covid restrictions). The programme is organised twice each academic year and usually runs over a four-week period. It is based on a bystander intervention model used in the University of Arizona. The goal of this model is to be able to recognise a potentially harmful situation and choose to safely respond in a way that can positively influence the outcome.

What is the programme?

The Seas Suas Programme is a bystander intervention skills programme that encourages participants to be more observant and proactive in identifying and helping fellow students who may be vulnerable or in need of support. It aims to develop positive attitudes toward supporting oneself and others by improving mental and emotional health, becoming aware of current and emerging issues, developing intervention skills, and building a culture of empathy and respect in the university community.

Volunteers attend a series of interactive lectures lasting two hours one evening per week over four weeks on topics such as empathetic communication, mental health, suicide prevention, alcohol and drugs use, sexual consent and internet safety/cyberbullying.

Who is involved?

The Seas Suas Programme works in partnership with students, university staff and external agencies. The Chaplaincy and Pastoral Care Centre in the University of Galway takes a lead role in developing, coordinating and delivering the programme. It is supported through the university's Student Services and Students' Union.

Speakers include HSE Resource Officer for Suicide Prevention, Mental Health Ireland Development Officer, Regional Samaritans Office, Western Region Drug and Alcohol Task Force and University of Galway staff based in Psychology and Data Analytics.

Both students and staff from many academic disciplines in the University of Galway take part in the programme.

How has it helped?

The Seas Suas Programme has helped to:

- continue to build a culture of support and care in the university's community
- encourage students to be more observant of fellow students in need of help
- learn new skills to respond safely and to gain valuable experience and knowledge
- improve the health and wellbeing of students, so that they can get the most out of their time at the University of Galway
- contribute positively to CV and future employment prospects, where participants receive the ALIVE certificate awarded by the President of the University of Galway

ALIVE (A Learning Initiative and the Volunteering Experience) was established by the university to acknowledge and support the contribution that the University of Galway students make by volunteering either at home, in Galway or within the university community itself.

Following successful completion of the Seas Suas Programme, participants are encouraged to put the aims of Seas Suas into action in a variety of ways. Volunteers contribute to a number of local and national initiatives, such as mental health promotion on campus, engaging with the work of charities or helping in peer support roles, such as the Exam Support Team.

For more information:

Email: ben.hughes@universityofgalway.ie

Reading

Brady, B., Silke, C., Hughes, B., & McGovern, J. (2022). Stand up / Seas Suas: Promoting peer awareness, empathy and helping among third level students. Pastoral Care in Education, 1–20. Doi:10.1080/02643944.2022.2054022

Suicide prevention training module for undergraduate students

For more information, see:
https://www.nsrf.ie/suicide-prevention-training-module-for-undergraduate-students/

Case study 7: The workplace Boots Ireland and Shine

"Breaking down mental health stigmas one conversation at a time".

Background information

Shine is Ireland's dedicated organisation helping to destigmatise mental health. While it is estimated that one in four people experience mental health difficulties,[73] the reality is thought to be higher. This reinforces the genuine need and importance of destigmatising mental health both within workplaces and communities.

What is the project?

Boots Ireland began working with Shine in February 2017 and became an official Shine workplace in September 2017. This involved the completion of a six-step programme including engaging with stakeholders, reviewing policy, providing workshops for line managers, mental health awareness training and in-house mental health promotion.

Shine provide advice and guidance, as well as sharing ideas and a range of resources including:

- Support of ambassadors with lived experience of mental health difficulties available to give talks to colleagues
- Workshops for line managers
- Supporting tools and booklets, for example, Mental Health and Wellbeing Guide
- Podcasts on various topics ranging from how to look after your mental health, through to discrimination and moving to social inclusion

Who is involved?

In 2018, Boots Ireland's work as an official partner with Shine was recognised by Chambers Ireland in the Corporate Social Responsibility awards in the "Excellence in Workplace, Multinational Companies" category. The company is proud to continue to work with Shine helping to destigmatise mental health.

How can it help?

Outside of the Workplace Programme, another key area of focus is the Shine Green Ribbon campaign, with over half a million green ribbons being distributed across the country each year.

[73] Department of Health. (2021). Mental health. https://www.gov.ie/en/policy-information/3aa528-mental-health/

The wearing of the Green Ribbon, which is an international symbol for mental health awareness, helps to encourage conversations on mental health by breaking down stigmas one conversation at a time. Wearing the Green Ribbon shows you are open to having a conversation on mental health.

Boots are well placed in helping to act as one of four key distribution partners. With 90 stores in local communities spread throughout the country, the Green Ribbons are available free of charge in stores[74] throughout the month in which the campaign is being run.

One of the key campaign messages is:

"No-one needs to be an expert in mental health or have all the answers, quite often the best thing you can do is let someone know you are there for them and listen".

For more information:
To find out more details on any of the services available through Shine, visit: www.seechange.ie or email: info@seechange.ie

Case study 8: Examples of mental health promotion initiatives with sports organisations

Background information

While the role sports organisations play in promoting the benefits of physical exercise is well known, such activities can also improve people's mental health in a number of ways. These include relieving stress, improving sleep and mood, building self-esteem and providing opportunities to meet people and make friends. A culture of support can also be embedded in the organisation which creates an openness to helping others and promoting members' mental health and wellbeing.

What initiatives have been developed?

The following are examples of some initiatives that have been developed in a number of areas throughout Ireland:

Laois, Offaly, Longford, Westmeath, Louth and Meath
The GAA and HSE worked together to design an A1 size outdoor sign, which was then installed in approximately 200 GAA clubs in Laois, Offaly, Longford, Westmeath, Louth and Meath. The signs listed a range of accessible service options, including phone, text and online. All the GAA County Boards agreed to display them on their club premises or pitches. The crest for each county was included, along with the "GAA we are community"

74 Subject to availability

logo provided by GAA Headquarters in Croke Park. The HSE and Connecting for Life logos were also included (see Figure 4.9, updated).

Figure 4.9: HSE and GAA health and wellbeing information boards

Galway
A similar initiative was organised in Galway City and County. The partners involved were Mental Health Ireland, Galway Sports Partnership, HSE, Healthy Galway City, Healthy Galway County, Galway Rural Development and volunteers from sports clubs and community groups. The Five Ways to Wellbeing (see p.133) messages were promoted, in addition to the supports and services listed on the signs. A communications toolkit was also designed to support the project by helping club members to promote mental health messages safely and effectively, including through social media. It was aimed, in particular, at public relations officers (PROs) (if this role exists) who have responsibility for club communications.

Donegal
Connect Mental Health is a community mental health organisation that promotes positive mental health in Donegal. In August 2020, it partnered with Text About It to become a keyword partner in the rollout of their 24/7 text service. This service provides everything from a calming chat to immediate support for people's mental health and emotional wellbeing. It offers a safe space where the person sending the text is listened to by a trained volunteer. As part of the promotion of this and other available services, Connect Mental Health partnered with the GAA, soccer and rugby clubs in Ballyshannon. Branding was placed on team jerseys, with the keyword Text DLMH 50808 call to action. Mental health packs containing a branded drawstring bag and Connect Mental Health local services and support guide were widely distributed, including Mental Health Ireland and www.yourmentalhealth.ie resources. Signage and promotion during live streaming of matches was also used.

How these initiatives can help

One of the main aims of these initiatives is to raise awareness of mental health supports and services. They also help to normalise reaching out for support and remind people that help is available. Reinforcing and embedding national mental health campaigns and messages at local level within sports clubs and community centres can help to open up conversations and reduce stigma.

For more information, contact:

Local HSE Resource Officers for Suicide Prevention:
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/

Resources

Supporting mental wellbeing in community sport
https://www.orygen.org.au/Training/Resources/Physical-and-sexual-health/Toolkits/Supporting-mental-wellbeing-in-community-sport
A suite of resources have been developed by Orygen in Australia to support the mental wellbeing of young people, including a guide to identifying the signs of mental health problems and providing practical tools to support their mental health and wellbeing.

Creating a healthier community in which to live, learn and work can help to protect against suicide.

Resources and further reading

4.8 Mental health, wellbeing and mental health problems

Leaflet

Looking after your mental health when you have financial difficulties
English: https://assets.hse.ie/media/documents/mental-health-and-financial-difficulties.pdf
Irish: https://www.healthpromotion.ie/media/documents/HSP01265GA.pdf
This leaflet explains how financial difficulties can affect your mental health.

Postcard Pack

Yourmentalhealth.ie
https://www.healthpromotion.ie/media/documents/HSP01269.pdf
This postcard describes ways to look after your mental health.

Booklets

Minding your wellbeing: Take a positive approach to your mental health
https://www2.hse.ie/wellbeing/minding-your-wellbeing-programme.html
Developed by HSE Health and Wellbeing, this resource can be used as part of the Minding Your Wellbeing Programme, which has five videos to help you to promote and maintain your mental health.

You and your mental health: A resource to support your mental health and wellbeing every day
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/local-action-plans/you-and-your-mental-health.pdf
This booklet, which was developed by Cork Kerry Community Healthcare, aims to support people to care for their mental health and wellbeing in their day-to-day lives.

Videos

I had a black dog
https://www.youtube.com/watch?v=XiCrniLQGYc
This video tells the story of overcoming depression.

Living with a black dog
https://www.youtube.com/watch?v=2VRRx7Mtep8
This video offers advice for those living with and caring for those with depression.

Other

40 Practical tips for mental health
https://www.cuidiu.ie/userfiles/file/40%20tips%20for%20mental%20health,.pdf
The Psychological Society of Ireland has compiled a list of sound, practical and evidence-based tips for mental health, wellbeing and prosperity.

Exercise and your mental health
https://www2.hse.ie/wellbeing/mental-health/exercise-and-your-mental-health.html
This information on the HSE website offers advice on keeping active to protect your physical and mental health.

4.9 Mental health promotion and suicide prevention in schools

Jigsaw's mental health supports for post-primary schools
https://jigsaw.ie/neart/
Working in partnership with the National Educational Psychological Service/Department of Education, Jigsaw provides a wide range of mental health and wellbeing resources, training and programmes for post-primary schools.

Mental Health Educate: Youth mental health educational resources for teachers and other educators
https://www.mentalhealtheducate.ie/
This website was developed by the Royal College of Surgeons in Ireland, University of Medicine and Health Sciences Department. It provides access to a range of resources on young people's mental health. While they are mainly aimed at those working in education, these resources are available to anyone with an interest in this area.

4.10 Mental health resources for sports clubs

Alcohol and Substance Abuse (ASAP) Programme
https://www.gaa.ie/api/pdfs/image/upload/ql8in4mxzsxhaqlanonu.pdf
Developed by the GAA, it aims to prevent alcohol and drug problems taking hold in clubs.

Mental health and physical activity toolkit
https://www.rethink.org/media/5333/rethink-mental-illness-physical-activity-toolkit.pdf
Developed in the UK by Mind (who provide advice and support to those experiencing a mental health problem), this toolkit aims to support and engage people experiencing mental health problems in physical activity.

Mental health and wellbeing in athletics
https://www.athleticsireland.ie/child-welfare/mental-health-wellbeing-in-athletics/
Available on Athletics Ireland's website, this resources page signposts viewers to mental health and wellbeing supports and services.

5

Suicide prevention and priority groups

Suicide prevention and priority groups

Some groups of people are at higher risk of suicidal behaviour. These have been identified in the national suicide prevention strategy Connecting for Life and are described as "priority groups". This chapter aims to provide key information to help community groups to be better informed as to how to engage with and offer support to priority groups in their area, as well as to signpost them to relevant organisations. Examples of initiatives carried out at community level are also included.

Information on the priority groups listed below has been provided in earlier chapters:

- Suicide-related (people bereaved by suicide) – Chapter 2
- Mental health-related and occupational groups – Chapter 4

This chapter will focus on the following priority groups and includes:

5.1 What is meant by "priority groups"?

National and international research shows that people in specific demographic groups can be at greater risk of engaging in suicidal behaviour. To inform the development of Connecting for Life, suicide statistics from the Central Statistics Office and data from the National Registry of Self-harm gathered by the National Suicide Research Foundation, as

well as research on the incidence of suicide in various population groups were examined to profile the groups most vulnerable to suicide in Ireland. This is now guiding the focus in terms of priority groups.

It is important to note that even where increased risk has been identified, only a small number of people will engage in suicidal behaviour. It must also be borne in mind that those within priority groups do not make up one single community, in that differences can exist between individuals within these groups.

Figure 5.1 below shows the priority groups identified in Connecting for Life.
Some individuals may belong to more than one priority group. The strategy recognises that there are other groups with potentially increased risk of suicidal behaviour where the research evidence is either less consistent or limited. It also highlights that as evidence changes the list will need to be reviewed and may need to be updated over time.

Figure 5.1: Priority groups identified in Connecting for Life[1]

Health/mental health-related groups:
People with mental health problems of all ages, those who have engaged in repeated acts of self-harm, people with alcohol and drug problems and people with chronic physical health conditions.

Minority groups:
Members of the LGBTI community, members of the Traveller community, people who are homeless, people who come in contact with the criminal justice system (e.g. prisoners), people who have experienced domestic, clerical, institutional, sexual or physical abuse, asylum seekers, refugees, migrants and sex workers.

Demographic cohorts:
Middle-aged men and women, young people and economically disadvantaged people.

Suicide-related:
People bereaved by suicide.

Occupational groups:
Healthcare professionals, professionals working in isolation, e.g. veterinarians, farmers.

1 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p.xii. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

5.2 Substance misuse and suicidal behaviour

Substance misuse describes "the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines".[2] Psychoactive substances affect how the brain works and this can bring about a change in a person's mood, thoughts, feelings and behaviour.

The World Health Organization has reported that people with substance misuse problems are more at risk of suicide. It found that one in every five deaths (22%) are linked with the use of alcohol. Being dependent on substances, such as nicotine, cannabis and heroin is also a risk factor,[3] and it is especially high for cocaine.[4] The risk is increased if substance misuse and a mental health problem, which is known as a dual diagnosis or a comorbid condition, are present in the same person at the same time.[5] However, it is important to remember that people do not need to be dependent on alcohol or drugs to experience a suicide crisis, as being intoxicated can also be a risk factor.[6]

Every year the National Suicide Research Foundation put together a registry of cases of self-harm presenting to hospital Emergency Departments. They found that in 2023 three in every ten presentations involved alcohol (38%).[7]

Why does it increase the risk of suicide and self-harm?

Alcohol and drugs can affect people in many ways, directly, indirectly and over a long period of time. People can use alcohol and/or drugs as a way to help them to deal with stress and emotional difficulties and to relieve the symptoms of anxiety or depression. Using these substances may change their mood, for example, allowing them to express their feelings when they would normally not do so. It might also allow them to talk about a grievance or sorrow that is real and deep-rooted. On the other hand, they may use substances to mask or cover up how they are really feeling. It can also allow them to avoid thinking about or facing up to a situation.[8]

2 Department of Health. (2017). Reducing harm, supporting recovery: A health-led response to drug and alcohol use in Ireland 2017–2025, p.7. Dublin: Department of Health. https://www.drugsandalcohol.ie/27603/1/Reducing-Harm-Supporting-Recovery-2017-2025.pdf

3 World Health Organization. (2014). Preventing suicide: A global imperative. https://www.who.int/publications/i/item/9789241564779

4 Kalk, N. J., Kelleher, M. J., Curtis, V. & Morley, K. I. (2019). Addressing substance misuse: A missed opportunity in suicide prevention. Addiction, 114(3), 387–388. https://onlinelibrary.wiley.com/doi/full/10.1111/add.14463

5 Department of Health. (2017). Reducing harm, supporting recovery: A health-led response to drug and alcohol use in Ireland 2017–2025. Dublin: Department of Health. https://www.drugsandalcohol.ie/27603/1/Reducing-Harm-Supporting-Recovery-2017-2025.pdf

6 Kalk, N. J., Kelleher, M. J., Curtis, V. & Morley, K. I. (2019). Addressing substance misuse: A missed opportunity in suicide prevention. Addiction, 114(3), 387–388. https://onlinelibrary.wiley.com/doi/full/10.1111/add.14463

7 Joyce, M., Chakraborty, S., McGuiggan, J.C., Hursztyn, P., Nicholson, S., Arensman, E., Griffin, E. & Corcoran, P. (2025). National self-harm registry Ireland annual report 2022-2023. Cork: National Suicide Research Foundation. https://www.nsrf.ie/findings/reports/

8 Drugs.ie. (2021). How alcohol affects mood. https://www.drugs.ie/alcohol_info/about_alcohol/how_alcohol_effects_mood/

Whatever the reason, as their tolerance of alcohol/drugs increases, they will become more reliant on them. While these substances can give people a feeling of wellbeing at first, over time they can negatively affect people's ability to problem-solve and deal with everyday difficulties. This can result in feelings of stress, anger, anxiety or depression, and this drop in mood can lead to suicidal thoughts. Substance misuse can also increase impulsivity and lack of control which can lead a person to act on their suicidal thoughts.

What can community groups do?

There are four key evidence-based actions that a community can take to help prevent and reduce harm related to alcohol.[9] These can be achieved by working with other partners, including the Local Authority, Gardaí, the Local and Regional Drug and Alcohol Task Force, the HSE, the business community and community networks, for example, sports groups and residents' associations. Key actions include:

1. **Supply of alcohol**

   This includes the empowering of local communities to advocate for and support measures such as controlling how and where alcohol is available and the advertising of alcohol.

2. **Early intervention and treatment**

   This involves making sure that people in local communities are aware of how to access treatment and are encouraged to do so at an early stage. These can be delivered by state, voluntary and community organisations.

3. **Prevention and awareness**

   This focuses on the important role information and education programmes can play in increasing people's understanding in the community of what works in terms of reducing alcohol-related harm.

Levels of prevention

There are three levels of prevention: primary, secondary and tertiary.

Primary prevention

This aims to discourage people, especially adolescents and young adults, from starting to use substances (see Planet Youth Case Study as an example of a primary prevention model).

Secondary prevention

This aims to persuade people to return to non-use of substances, which is known as a drug-free or abstinence approach, or else to help them to avoid harm, which is called a harm-reduction approach.

9 Hope, A. (2015). Research evidence to prevent alcohol-related harm: What communities can do in Ireland. Galway Healthy Cites: Galway City Alcohol Strategy to Prevent and Reduce Alcohol-Related Harm (2013–2017). https://www.drugsandalcohol.ie/24166/1/Research-Evidence-to-Prevent-Alcohol-Related-Harm.pdf

Tertiary prevention
This involves dealing with problems once they happen, preventing further harm or preventing problems from recurring once they have been successfully treated (relapse prevention).[10]

4. Monitoring and evaluation
It is important that a monitoring and evaluation system is put in place from the beginning to track progress in a community.

Use of language

The words that are used to talk about people who engage in substance misuse can sometimes be stigmatising. Here are some examples of the language that is more helpful to use and why: https://myuisce.org/wp-content/uploads/2020/01/UISCE-Stigmatising-language-and-preferred-terminology.pdf

Dual Diagnosis Programme

A Dual Diagnosis National Clinical Programme (for co-morbid mental health problems and substance misuse) is being set up by the HSE, as in many situations these conditions are likely to occur together. It also recognises that there is a clear need for those providing mental health and drug treatment services to work together in an integrated service model. This will operate on the basis that there is "no wrong door", in that those presenting will be provided with support or linked to appropriate support, regardless of what door they come through seeking help.

For more information, see:
https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/dual-diagnosis-ncp/

5.3 Lesbian, gay, bisexual, transgender and intersex (LGBTI+) people

In recent years, changes in the law have been made to help improve the lives of people in Ireland who are lesbian, gay, bisexual, transgender and intersex (LGBTI+). The "plus" represents other sexual identities and gender identities. Despite these changes, some people who are LGBTI+ still experience discrimination, harassment and exclusion. This was highlighted in an equality and discrimination study carried out in Ireland by the Central Statistics Office, which found that 18% of people aged 18 years or over reported that they had experienced discrimination in the previous two years. Highest rates were reported by one third (33.2%) of those who identify as LGBTI+.[11]

10 Morgan, M. (2001). Drug use prevention. Dublin: Stationary Office. https://www.drugsandalcohol.ie/5067/

11 Central Statistics Office. (2019). Equality and discrimination Quarter 1 2019. https://www.cso.ie/en/releasesandpublications/er/ed/equalityanddiscrimination2019/

A national study of the mental health and wellbeing of LGBTI+ people in Ireland was carried out in 2016. It found that most young people discover their LGBTI+ identity at age 12. However, they are usually 16 years of age when they come out or tell someone for the first time. The time between becoming aware of their LGBTI+ identity and telling others can be particularly stressful for young people. They often fear rejection and discrimination.[12]

This national mental health and wellbeing study also found that people who identify as LGBTI+ are at greater risk of developing mental health problems, including stress, anxiety and depression. Levels were four times higher among 14 to 18-year-old LGBTI+ young people as compared to a similar age group who had taken part in the My World National Youth Mental Health Study.[13] LGBTI+ people are also more likely to experience suicidal thoughts, attempt suicide and engage in self-harm and substance misuse. Rates of self-harm were two times and attempted suicide three times higher in 19 to 25 year olds, again when compared with participants in the My World study.[14]

A further study was carried out in 2024, examining the mental health and wellbeing of LGBTQI+ communities in Ireland, as well as public attitudes towards LGBTQI+ people. It found that they continue to experience high levels of self-harm and suicidality, with increased levels of depression, anxiety and stress. However, this study also highlighted the important role that LGBTQI+ organisations and community groups play in providing safe spaces.[15]

Guidelines on how to support LGBTI+ people

Coming out describes a process where a person reaches an understanding of themselves and tells others about their sexual orientation or gender identity. It is a not a once-off event but an ongoing life-long process. Many LGBTI+ people spend a lot of their lives coming out, as it may happen, for example, when they begin a new job or meet an old friend. It is important never to out someone without their consent, as it is a deeply personal experience that should only ever be done on the person's own terms.[16]

Some people may choose to hide their sexual identity for most or all of their lives.

12 Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F. & Smyth, S. (2016). The LGBTIreland Report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland. Dublin: Gay and Lesbian Equality Network and BeLonG To. https://www.belongto.org/support-our-work/advocacy/lgbtq-research/the-lgbtireland-report/

13 Dooley, B. & Fitzgerald, A. (2012). My world survey: National study of youth mental health in Ireland. Dublin: UCD School of Psychology and Headstrong, The National Centre for Youth Mental Health. https://researchrepository.ucd.ie/handle/10197/4286

14 As above.

15 Higgins, A., Downes, C., O'Sullivan, K., DeVries, J., Molloy, R., Monahan, M., Keogh, B., Doyle, L., Begley, T. & Corcoran, P. (2024). Being LGBTQI+ in Ireland 2024: The national study on the mental health and wellbeing of the LGBTQI+ communities in Ireland. Dublin: Belong To LGBTQ+ Youth Ireland. https://www.belongto.org/support-our-work/advocacy/lgbtq-research/being-lgbtqi-in-ireland-2024/

16 HSE South East Community Healthcare (SECH) Social Inclusion. (2020). Model of LGB awareness training and train the trainer. Waterford: HSE. https://www.hse.ie/eng/about/who/primarycare/socialinclusion/lgbti/model-of-lgb-awareness-training-and-train-the-trainer.pdf

For more information on:

Supporting someone coming out, see: https://www.belongto.org/support-for-me/advice/

Key terms and definitions, see: https://www.belongto.org/app/uploads/2023/09/Belong-To-Education-Resource-Glossary-2023.pdf

What can community groups do to support LGBTI+ people?

The "4Ps Model" outlines a way in which groups and organisations can make sure that supports and services are accessible and appropriate for LGBTI+ people.[17]
It has four parts:

- public profile
- policy
- programmes
- professional development

Public profile

This looks at the messages a group or organisation communicates to the public about LGBTI+ people, for example:

- What message does your group or organisation communicate to LGBTI+ people who are likely to engage with you? Remember that no message is communicating a message.
- How would an LGBTI+ person know that your group is LGBTI+ friendly and that it is safe to disclose their identity? One way is to display LGBTI+ friendly symbols in visible locations, for example, on resource materials, websites or in buildings. The rainbow flag is a symbol used to reflect diversity. It might also be conveyed using imagery and pictures in publications or resources. See example in Figure 5.2 developed for Galway City and County.
- How would an LGBTI+ person know that your group is open to them joining? Seeing more accepting attitudes in society and receiving support from LGBTI+ community organisations and services are some of the things that can help to be better able to cope with LGBTI+-specific stress.[18]

This public recognition marker (see Figure 5.2) is displayed in the windows of, for example, shops, businesses and community organisations to show that LGBTI+ people are welcome.

17 Association of Occupational Therapists of Ireland. (2019). LGBT+ awareness and good practice guidelines for occupational therapists. Dublin: Gay and Lesbian Equality Network & Transgender Equality Network Ireland. https://www.aoti.ie/news/AOTI-LGBT-Awareness-and-Good-Practice-Guidelines-for-Occupational-Therapists

18 Samaritans Ireland, Gay and Lesbian Equality Network & HSE National Office for Suicide Prevention. (n.d.). Supporting lesbian, gay, bisexual & transgender (LGBT) callers: An introduction for Samaritans volunteers. Dublin: Samaritans Ireland & Gay and Lesbian Equality Network. https://www.ilga-europe.org/sites/default/files/supporting_lesbian_gay_bisexual_and_transgender_callers_-_an_introduction_for_samaritans_volunteers.pdf

Figure 5.2: Public recognition marker developed for Galway City and County[19]

Policy

This looks at a group or organisation's policies in relation to equality and diversity and asks the following questions:

- Does your group or organisation have an equality and diversity policy and, if so, does it make explicit reference to LGBTI+ people to ensure that they are treated equally?
- Is there a clear procedure for dealing with homophobic, biphobic and transphobic behaviour, comments or attitudes? (Homophobic behaviour is having or showing a dislike of, or prejudice and discrimination towards, people who are LGBTI+. Biphobia describes showing a dislike of bisexual people or bisexuality. Transphobic behaviour is a fear of or showing hostility towards transgender people).
- How is this procedure made known to members of your group or organisation, as well as those who engage with you and others that you work in partnership with?

Programmes

Does your group or organisation include LGBTI+ people by:

- checking with LGBTI+ people about the design, delivery and evaluation of the support you offer?
- making sure that the support you provide is accessible and useful?
- finding out if LGBTI+ people would benefit from a specific initiative to address their needs?

19 Galway LGBTIQ+ Interagency Group. (2022). Resource pack for supporting LGBTIQ+ communities: For service providers, community groups, businesses, sports clubs & more. Galway: Galway LGBTIQ+ Interagency Group. https://www.westbewell.ie/2022/08/15/resource-pack-for-lgbti-communities/

Professional development

In your group or organisation, what work is being done to support volunteers or staff to be LGBTI+-inclusive in their work in terms of:

- becoming familiar with good practice guidelines?
- attending awareness training?
- including LGBTI+ issues as part of volunteer and staff development?

It is really important for LGBTI+ people's wellbeing and good mental health that they have the support of family – parents in particular – and friends. It is also important that they have positive experiences in communities, schools and workplaces. There is a need to continue to understand the ever-changing lives of people who are LGBTI+ and to bear in mind that they are not a homogenous group, in that their experiences and issues can vary.[20]

5.4 Ethnic minority communities

The world is made up of people from different backgrounds and walks of life. Everyone is part of an ethnic group and some people can belong to more than one. An ethnic group is a group of individuals who share common traits such as language, religion, nationality and traditions and regards itself, or is regarded by others, as distinct. Ethnic minority groups make up a smaller portion of the population in a country. Details of the ethnic groups living in Ireland are available through the Central Statistics Office, based on census data.[21]
In this section, risk and protective factors for suicide among ethnic minority groups will be discussed, as well as suggestions on how best to work with and support people from these communities.

Ethnic minorities and suicide

While some studies have been carried out to examine the mental health needs and experiences of some ethnic minority groups in Ireland,[22,23,24] few have focused specifically on suicide.[25] However, international research has found that some individuals from ethnic minority communities are at greater risk of suicide[26] and mental health challenges[27] than people from majority ethnic groups.

20 Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F. & Smyth, S. (2016). The LGBTIreland Report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland. Dublin: Gay and Lesbian Equality Network and BeLonG To. https://www.belongto.org/support-our-work/advocacy/lgbtq-research/the-lgbtireland-report/

21 Central Statistics Office. (2022). Census of population 2016: Profile 8 Irish Travellers, ethnicity and religion. https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8e/#:~:text=Those%20of%20%E2%80%9CAny%20other%20Black,were%20born%20in%20Hong%20Kong

22 Dublin City University and Cairde. (2008). New communities and mental health in Ireland: A needs analysis. Dublin: Dublin City University and Cairde.

23 Cairde and Abolish Direct Provision Team. (2019). Wellbeing and mental health in direct provision.

24 AkiDwA. (2020). Let's talk: Mental health experiences of migrant women. Dublin: AkiDwA.

Along with the factors that can affect everyone's mental health, some of the risk factors for suicide specific to ethnic minority communities can include:

- the negative impact of immigration on family life, finances and stress levels
- a lack of sense of belonging in a community due to racism[28]
- little awareness of supports and services
- mistrust of and stigma around using these supports and services[29]

Some of the protective factors can include:

- family bonds and having dependents
- religious beliefs
- having emotional support
- willingness to seek support[30]

What can community groups do to support ethnic minority communities?

Here are some suggested actions to consider taking to support those living in your community from ethnic minority groups:

1. Support participation in suicide prevention and other community groups

It is important to look at ways to create more effective partnerships with ethnic minority groups, particularly in relation to mental health. For example, are ethnic minority groups

25 Centre for Effective Services. (2021). A review of research carried out as part of Connecting for Life. HSE National Office for Suicide Prevention: Dublin. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/synthesis-report.pdf

26 Troya, M.I., Spittal, M.J., Pendrous, R., Crowley, G., Gorton, H.C., Russell, K., Byrne, S., Musgrove, R., Hannam-Swain, S., Kapur, N. & Knipe, D. (2022). Suicide rates amongst individuals from ethnic minority backgrounds: A systematic review and meta-analysis. eClinicalMedicine, 47, e101399. https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00129-8/fulltext

27 Mental Health Reform. (2021). Launch of cultural competency toolkit.

28 The Irish Network Against Racism defines racism as: "Any action, practice, policy, law, speech or incident which has the effect (whether intentional or not) of undermining anyone's enjoyment of their human rights, based on their actual or perceived ethnic or national origin or background, where that background is that of a marginalised or historically subordinated group. Racism carries connotations of violence because the dehumanisation of ethnic groups has been historically enforced through violence". Irish Network Against Racism. (2022). Understanding racism: Defining racism in an Irish context, p.2. Dublin: Irish Network Against Racism. https://inar.ie/wp-content/uploads/2020/03/UNDERSTANDING-RACISM.pdf

29 Jackson, I., Wasige, J., Moody, R.K., Opeloyeru, O., Masinde, I. & Wasige, C. (2022). Suicide prevention action plan, Action 7, Research: Experiences of adversely racialised people in Scotland related to suicide ideation. Edinburgh: The Scottish Government. https://www.gov.scot/publications/experiences-adversely-racialised-people-scotland-related-suicide-ideation/

30 Choo, C.C., Harris, K.M., Chew, P.K.H. & Ho, R.C. (2017). Does ethnicity matter in risk and protective factors for suicide attempts and suicide lethality? Plos One, 12(4), e0175752. https://doi.org/10.1371/journal.pone.0175752

represented on your suicide prevention group or other community groups in the area, and if not, why not?

Community participation also plays a very important role in helping to break down the barriers to accessing mental health supports and services. These are some suggestions to consider, while bearing in mind that there can be many differences between and within ethnic minority groups:

Mental health stigma
Different communities understand and talk about mental health in different ways. In some, mental health problems are not spoken about, or people are not as aware of the warning signs that someone is in distress. This may be due to shame or embarrassment. As a result, this can stop people from talking about mental health and suicide, or prevent them from seeking help.[31]

Research has also found that existing mental health initiatives and campaigns may be less likely to reach ethnic minority communities. They also tend to use more Westernised concepts of mental health problems which may not take other cultural influences into account in terms of the way mental health is understood. This research recommends that new approaches are taken when working with ethnic minority groups.[32]

Language
Language can also act as a barrier. If an initiative is taking place in a community where a common language other than English is spoken, then it would be important to make sure that resources are available in that language.[33]

2. Engage with ethnic minority community leaders

Linking in with leaders can help to reach communities and build capacity in ethnic minority communities to address their mental health needs.[34] In particular, spiritual and religious leaders can play an important role as individuals from some cultures may be more willing to talk to them about a mental health issue or suicide. It may be of benefit to raise greater awareness of mental health issues among these church leaders.[35]

31 Mental Health Foundation. (2022). Black, Asian and minority ethnic (BAME) communities. https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/black-asian-and-minority-ethnic-bame-communities

32 Cairde. (2015). Ethnic minorities and mental health in Ireland: Barriers and recommendations. Dublin: Cairde. https://cairde.ie/mental-health/barriers-and-recommendations/

33 Suicide Prevention Australia. (2020). Suicide prevention Australia standards for quality improvement. 1st ed. Australia: Suicide Prevention Australia. https://www.suicidepreventionaust.org/wp-content/uploads/2021/04/Suicide-Prevention-Australia-Standards-for-Quality-Improvement_V5.pdf

34 Cairde. (2015). Ethnic minorities and mental health in Ireland: Barriers and recommendations. Dublin: Cairde. https://cairde.ie/mental-health/barriers-and-recommendations/

3. Build cultural competence in your community

It is important to look at how we treat and interact with people from different ethnic backgrounds.

What is cultural competence?

Cultural competence is described as having the right knowledge and skills, as well as policies in place, to meet the needs and practices of people from different cultural backgrounds.[36] It is made up of a number elements, which include:[37]

- **Cultural awareness:** This is someone's understanding of the differences between themselves and people from other countries or backgrounds, especially differences in attitudes and values. It also involves being able to stand back and become aware of our own cultural values, beliefs and perceptions.
- **Cultural knowledge:** This involves finding out more about the traits that characterise a culture and other information that can explain why they behave in a certain way, while bearing in mind that it does not necessarily apply to every person within that culture.

  It may also be helpful to learn more about different rituals and customs, in particular, in terms of understanding how a death by suicide is viewed in different cultures.
- **Cultural sensitivity:** This is based on mutual trust and respect, as well as action. It recognises that cultures can be similar and different, without labelling them as better or worse, or right or wrong.

What are the benefits of building cultural competence in a community?[38]

There are many benefits to building cultural competence in a community. These include:

- increasing mutual respect, understanding and trust
- creating more inclusive communities for all its members
- increasing participation in the local community

35 AkiDwA. (2020). Let's talk: Mental health experiences of migrant women. Dublin: AkiDwA.

36 Mental Health Reform and Diverse Cymru. (2021). A practice guide for mental health professionals, services and staff on working with ethnic minority communities in Ireland. Dublin: Mental Health Reform and Diverse Cymru. https://www.mentalhealthreform.ie/cultural-competency/

37 Willie, C. (2021). Launch of cultural competency toolkit. Presentation on cultural competency and unconscious bias.

38 As above.

What steps can be taken to achieve cultural competency in your community?[39]

A number of steps can be taken to help achieve cultural competency. These include:

- **Carrying out a cultural audit**
  Find out more about the different ethnic minorities in your community. Ask yourselves if there are stereotypes about people from these groups and how this might affect the way in which others communicate and engage with them?
- **Defining your vision and goals for cultural competence in your community**
  What would this look like in your community? What qualities would your community have when it becomes more culturally competent?
- **Measuring if these goals have been achieved**
  This involves identifying who, what, when and how to achieve these goals and then measuring them.

5.5 Irish Travellers

Irish Travellers account for less than 1% of the population in Ireland. This community has historically experienced high levels of discrimination and poverty and it is well documented that Travellers have poorer mental health outcomes compared to any other group in Irish society.

The All Ireland Traveller Health Study: Our Geels, published in 2010, highlighted that Travellers report a higher number of days with poor mental health than the general population and frequent mental distress is more common. In relation to suicide:

- The Traveller suicide rate is six times higher when compared to the general population and accounts for approximately 11% of Traveller deaths.
- Suicide for Traveller men is seven times higher than the general population and most common in Traveller men aged 15 to 25 years.
- Suicide for Traveller women is five times higher than the general population.[40]

Similarly, a recent study found that Irish Travellers were more likely to present to an Emergency Department with suicidal behaviour than other ethnic groups in Ireland.[41]

[39] Community Tool Box. (2022). Enhancing cultural competency. https://ctb.ku.edu/en/enhancing-cultural-competence#:~:text=Increase%20members'%20effectiveness%20in%20working,of%20cultural%20aspect%20or%20background

[40] School of Public Health, Physiotherapy and Population Science, University College Dublin. (2010). All Ireland Traveller health study: Our Geels. Dublin: University College Dublin. https://assets.gov.ie/18859/d5237d611916463189ecc1f9ea83279d.pdf

[41] Kavalidou, K., Daly, C., McTernan, N. & Corcoran, P. (2023). Presentations of self-harm and suicide-related ideation among the Irish Traveller indigenous population to hospital emergency departments: Evidence from the National Clinical Programme for Self-Harm. Social Psychiatry and Psychiatric Epidemiology. https://doi.org/10.1007/s00127-023-02439-7

The following factors are considered the most common barriers restricting Travellers' access to and engagement with mental health services:

- Discrimination and racism
- Lack of trust in healthcare providers
- Lack of culturally appropriate service provision
- Lack of engagement from service providers with Traveller organisations
- Stigma attached to mental health and mental health services

In order to help to improve access to mental health services for Travellers and build cultural competence among service providers, HSE Mental Health Service Coordinators for Traveller posts recruited across healthcare regions. See Chapter 6, Section 6.3 for more information on their role.

Useful resources on Travellers' mental health can be found here:
https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/the-national-traveller-mental-health-service/

What can community groups do to support the Traveller community?

Here are some actions non-Traveller groups can do to support the Traveller community:

- Support or establish alliances with Traveller groups and name Travellers as a priority group in projects or in an organisation's strategic plans.
- Raising Traveller culture awareness should be welcomed and encouraged.
- Join/support Traveller groups during Traveller Pride Week, ethnicity celebrations, Traveller LGBTI+ parades and any Traveller event/initiatives.
- Challenge anti-Traveller attitudes and discrimination in society, at individual and organisational level, and condemn racism against Travellers on online platforms. Support stronger "hate crime legislation" (new bill published on 16 April 2022).
- Build in Traveller representation through Traveller membership on steering committees and board structures.
- Advocate for an ethnic identifier across all services which will provide data on engagement, but will also highlight if Travellers are not engaging, and if not, why and what needs to be done to ensure their participation in all groups/agencies/ community initiatives and services.

Research on Travellers' wellbeing and suicide prevention

Research was carried out to explore the views of Irish Travellers nationwide on the strategies needed to promote their mental wellbeing and prevent suicide. It was funded by Sláintecare (initiative to reform the Irish healthcare system), with the HSE National Office for Suicide Prevention administering the funds.

This research was carried out in partnership with the Traveller community, HSE employees working in the field of Travellers' mental health and researchers at the Health Promotion Research Centre at the University of Galway.

Its aims are to:

1. Explore the views of Travellers on what strategies are needed to support their mental wellbeing and prevent suicide, including timely access to mental healthcare services.
2. Examine what "culturally appropriate services" for mental health and suicide prevention would look like from Travellers' point of view.
3. Identify the main changes that are needed to improve mental health services and community actions for Travellers.

The findings of this study will be used to inform future practices in the field of Travellers' mental health promotion and suicide prevention, and will provide the basis for practical guidance to improve mental health services and community actions. They highlight a range of community supports, services and actions that members of the Traveller community view as essential in promoting and protecting their mental health and wellbeing.

For more information, see: https://www.hse.ie/eng/services/publications/mentalhealth/traveller-mental-wellness-continuum-a-qualitative-peer-research-study-of-travellers-views.pdf

5.6 Young people

"It takes a village to raise a child".

This African proverb highlights that, in addition to their immediate family, it can take many "villagers" or extended family, friends, neighbours and others in the community who care to raise a child to adulthood. They can help by providing a safe and healthy environment where children and young people can develop a sense of belonging and can grow, learn and flourish. A young person is any person between the ages of 15 and 24 years. Many studies have shown the importance of viewing young people as part of their communities rather than treating them as isolated individuals.[42] Different community connections benefit young people in various ways. This section will discuss some of the risk and protective factors for suicide in young people.

[42] Centre for Effective Services. (2021). A review of research carried out as part of Connecting for Life. Dublin: HSE National Office for Suicide Prevention. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/synthesis-report.pdf

Young people and suicide

In Ireland, one third of the population is under 25 years of age.[43] Information on our young people's mental health has been gathered in a number of ways, including through surveys. One of the largest and most in-depth of these, known as the My World Survey, has been carried out at two different time points. (My World Survey 1 was published in 2012, while My World Survey 2 was published in 2019). More than 8,000 young adults aged between 18 to 25 years took part in the My World Survey 2. Most (90%) respondents reported that they had never attempted to take their life, while 23% had engaged in self-harm without wanting to take their own life at some point.[44]

In addition to the risk factors for suicide outlined in Chapter 1, Section 1.2, other factors can increase this risk among young people. Many developmental changes are taking place during adolescence, including cognitive, emotional and motivational changes. As a result, some young people may be inclined to behave spontaneously and respond more emotionally to life experiences. This means that suicidal thoughts can sometimes escalate quickly and young people may find it difficult to communicate their distress.[45] This is also a time when young people can experience a mental problem for the first time (in up to three quarters of young people before they reach 24 years of age)[46] and this is a risk factor for suicide.[47] Young people can be more vulnerable than other age groups when affected by a death by suicide of a family member or friend, or when exposed to suicide, for example, through the media.[48] The My World Survey 2 findings show that young people reported stressors from a list of common problems, which included college work, finance, family, exams, relationships, friends, future and job.[49]

Developing strong bonds, particularly with family members, but also with other caring adults in the community can support young people's mental health and wellbeing. Having "One Good Adult" in their lives who is available to them in times of need has been shown

[43] Dooley, B., O'Connor, C., Fitzgerald, A. & O'Reilly, A. (2019). My world survey 2: National study of youth mental health in Ireland. Dublin: UCD and Jigsaw. http://www.myworldsurvey.ie/full-report

[44] As above.

[45] Robinson, J., Bailey, E., Browne, V., Cox, G. & Hooper, C. (2016). Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health. https://www.orygen.org.au/Orygen-Institute/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report?ext

[46] Kessler, R.C. et al., 2007, cited in Robinson, J., Bailey, E., Browne, V., Cox, G. & Hooper, C. (2016). Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health. https://www.orygen.org.au/Orygen-Institute/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report?ext

[47] Robinson, J., Bailey, E., Browne, V., Cox, G. & Hooper, C. (2016). Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health. https://www.orygen.org.au/Orygen-Institute/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report?ext

[48] Samaritans. (2020). Guidance for reporting on youth suicides (Ireland). Dublin: Samaritans. https://media.samaritans.org/documents/ROI_Guidance_on_reporting_youth_suicides_FINAL.pdf

[49] Dooley, B., O'Connor, C., Fitzgerald, A. & O'Reilly, A. (2019). My world survey 2: National study of youth mental health in Ireland. Dublin: UCD and Jigsaw. http://www.myworldsurvey.ie/full-report

to be a strong protective factor.[50] The My World Survey 2 found that 70% of the young people surveyed said that they had one special adult in their lives with whom they felt they could trust and share their cares and worries.[51] In providing support to a young person who is feeling suicidal, it is important to remember that they can sometimes see things differently to adults. They may not want to keep living the life they (think) they have ahead. A supportive adult takes care not to trivialise a young person's concerns. They also do not downplay their problems by suggesting they are overreacting or oversimplify the situation they are facing by saying that all their difficulties are temporary, or, that by believing so, all will be well. This is especially unhelpful if it was difficult for the young person to gather the courage to talk in the first place. Instead, a good adult creates a safe space where the young person can express their concerns without feeling shame, judgement or blame, where they feel heard and can get the support that they need.

Young people as carers

While adults can play an important role in supporting young people's mental health, in some cases the reverse is true, where young people provide care and support to family members, including those with a mental health problem. It is estimated that between 10–15% of children are living with parents with mental health difficulties at some time in their childhood.[52] This can make them more likely to develop mental health problems themselves, as well as other social, behavioural and academic difficulties. This highlights the need for this topic to be more openly discussed, as research suggests that sharing even small pieces of information with young people prevents them from internalising the distress that they may be feeling, along with helping them to make sense of what is going on and how to seek support.[53]

What can community groups do to support young people?

There are a number of safe, evidence-based ways in which to engage young people so as to help to prevent suicide in this age group. The following suggestions are based on learning from research and practice carried out over the first five years of Connecting for Life:[54]

50 Jigsaw. (2019). What does one good adult mean? https://jigsaw.ie/what-does-one-good-adult-mean/

51 Dooley, B., O'Connor, C., Fitzgerald, A. & O'Reilly, A. (2019). My world survey 2: National study of youth mental health in Ireland. Dublin: UCD and Jigsaw. http://www.myworldsurvey.ie/full-report

52 WITH Project Youth Group. (2019). Wellbeing in the home: A young person's guide to parental mental health. https://www.mindspacemayo.ie/the-with-project-wellbeing-in-the-home

53 As above.

54 Centre for Effective Services & HSE National Office for Suicide Prevention. (2021). Engaging young people in suicide prevention practice: Suicide prevention in Ireland – key messages for practice. Dublin: HSE National Office for Suicide Prevention. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/2-research-brief-young-people.pdf

1. **Community outreach and awareness-raising activities should be clear, consistent and tailored for young people**
   It is important to start "where young people are at". Any materials or campaigns developed should be engaging for young people, as this will increase the likelihood that they will be more visible to this age group. It is better to promote messages on an ongoing basis rather than as a once off. The language should be sensitive to the specific issues young people face. One such example is the Mind Monster campaign, see Chapter 4, Section 4.1. Available supports should also be widely promoted.

2. **Peer support is an important feature of youth mental health initiatives**
   The use of ambassadors who share their lived experience may reduce stigma and normalise help-seeking, particularly for harder to reach groups. Seeking support for suicide or mental health problems can be difficult for some young people as they may:[55,56]

- not want to admit that something is wrong or to feel different from other peers
- be afraid of the unknown or not understand why they are feeling this way
- think they need to solve their own problems
- fear being labelled, not alone for their own behaviour, but also where there is a negative association with other members of their family

   Hearing the experiences of other young people can encourage them to reach out for support. For example, see: **Seen and heard: A creative piece by young people.**[57] https://www.youtube.com/watch?v=Wuz-XE8hCao&feature=youtu.be

   See Chapter 4, Section 4.2 for details of the Ambassador Programme run through Shine.

3. **Young people are more likely to seek out and engage with mental health information online and this is an important factor in communications, and engaging and identifying those at risk**
   Increasing awareness of supports and services is an action in Connecting for Life (Action 1.2.1).[58] Being able to access online supports can help to overcome some barriers, such as reluctance to avail of services due to fears about being seen going into

55 Headstrong. (n.d.). A mental health resource for youth workers and volunteers. Dublin: Headstrong in association with BeLonG To, Foróige and Reachout.com. https://www.foroige.ie/sites/default/files/Youth%20Mental%20Health%20Resource.pdf

56 Barkey, C., Fox, A., Horgan, C. & Gogarty, Z. (2018). Working with young people in rural and geographically isolated areas. Access all areas – a diversity toolkit for the youth work. Dublin: National Youth Council of Ireland. https://www.youth.ie/wp-content/uploads/2019/03/Chapter-14-Working-with-young-people-in-rural-and-geographically-isolated-areas-1.pdf

57 YOULEAD Research Group, National University of Ireland, Galway & Fregoli Theatre Company in collaboration with SpunOut.ie. (2020). Seen & heard: A creative piece by young people. https://www.youtube.com/watch?v=Wuz-XE8hCao&feature=youtu.be

58 Department of Health & HSE. (2015). Connecting for life, Ireland's national strategy to reduce suicide 2015–2024, p.38. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

a particular building or lack of transport, when specialised services are only available in centralised locations. Research shows that there is a need to educate young people on how to be more competent in both online and offline help-seeking behaviour.[59]

As suicidal thoughts can sometimes escalate quickly in young people, it is important to have information available on where to turn for help 24 hours a day and the internet is one way to communicate how to access safe and trustworthy services. See Chapter 8 for more information.

4. **Local partnership and interagency working is important but it needs structure to work effectively, as well as good communication between statutory and voluntary organisations**
   There are over 40 national organisations in the youth work sector in Ireland overseeing a much larger number of local, community-based projects, services and groups working on the ground.[60] They offer non-formal education (outside of education systems) to young people and aim to build self-esteem and confidence. This work is supported by Education and Training Boards throughout Ireland.[61]

   It is important that suicide prevention community groups network and work closely with youth organisations and other groups supporting young people in their local area as this will:[62]

- be of help if there is a need to link a young person to the supports other services offer
- ensure that everyone in the area is delivering the same key messages regarding supporting youth people in the community
- build partnerships in a more sustainable way, for example, by carrying out a specific piece of work together, where each partner can contribute using their skill set and capacity to deliver safely, and all organisations can learn from each other

59 Pretorius, C., Chambers, D. & Coyle, D. (2019). Young people's online help-seeking and mental health difficulties: Systematic narrative review. Journal of Medical Internet Research, 21(11), e13873. Doi: 10.2196/13873

60 National Youth Council of Ireland. (2016). Screenagers international research project using ICT, digital and social media in youth work: National report of the Republic of Ireland. Dublin: National Youth Council of Ireland. https://www.youth.ie/programmes/projects-initiatives/screenagers/

61 Education and Training Boards are statutory local education authorities. There are sixteen boards across Ireland. They have responsibility for education and training, youth work and a range of other statutory functions. Education and Training Boards support the provision, coordination, administration and assessment of youth work services. Youth Officers are employed by Education and Training Boards and their role is to engage directly with local youth organisations in their area and to support and guide their development and delivery.

Education and Training Boards also provide Further Education and Training Programmes offering the following skills:

• "Foundational" skill development, for example, Adult Literacy Programmes.

• "

Bridging" skills needed to bridge the gap between foundational learning and accessing vocational education and training, for example, Youthreach Programmes (for early school leavers aged 15 to 20 years).

• "Vocational" skill development, for example, Post-Leaving Certificate courses and apprenticeships. https://www.etbi.ie/etbs/directory-of-etbs/

62 National Youth Council of Ireland. (2020). 8 steps to inclusive youth work: Promoting best quality inclusive practice in youth work settings. Dublin: National Youth Council of Ireland. https://www.youth.ie/articles/8-steps-to-inclusive-youth-work/

For more information, see Chapter 3. This chapter also contains guidelines on how to work safely with young people when running mental health events and involving them in fundraising activities.

Ensure the voice of children and young people is included in community decision-making

The Department of Children, Equality, Disability, Integration and Youth have supported the development of a National Framework for Children and Young People's Participation in Decision-making. It aims are to put structures in place to make sure that the voices of seldom-heard and vulnerable children and young people are listened to and that they are involved in decision-making. It also supports their participation in research and in the development of services and policies.[63] It can be found here: https://www.drugsandalcohol.ie/34379/1/Child-Participation-Framework_report_LR_FINAL_Rev.pdf

5.7 Women

Middle-aged women are one of the priority groups identified in Connecting for Life.[64] However, in comparison to male suicide, fewer studies have focused on female-only deaths and the specific issues relating to women and suicide.[65] As a result, suicide may be mainly viewed as a male issue and female suicide may seem less visible.[66] Comparing males and females suicides may also fail to identify risk among certain groups.[67] This section will discuss some of the risk and protective factors for suicide in women. It will also describe activities that are being carried out to support women across the lifespan in the community.

Women and suicide

Understanding the risk factors for women is important in order to address suicidal behaviour. In Ireland, self-harm rates among females are higher than males, and this pattern has been evident for many years.[68] Depression is almost twice as common in

63 Department of Children, Equality, Disability, Integration and Youth. (2021). National framework for children and young people's participation in decision-making. Dublin: Department of Children, Equality, Disability, Integration and Youth. https://www.drugsandalcohol.ie/34379/1/Child-Participation-Framework_report_LR_FINAL_Rev.pdf

64 Department of Health & HSE. (2015). Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015–2024. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

65 Mallon, S. (2015). An exploration of the dynamics of suicide among women. Knowledge Exchange Seminar Series. https://novascotia.cmha.ca/wp-content/uploads/2019/11/4_An-exploration-of-the-dynamics-of-suicide-amoung-women.pdf

66 As above.

67 Samaritans. (2021). Research briefing: Gender and suicide. UK and Ireland: Samaritans. https://media.samaritans.org/documents/ResearchBriefingGenderSuicide_2021_v7.pdf

68 National Suicide Research Foundation. (2025). National self-harm registry Ireland. https://www.nsrf.ie/registry/

females than in males.[69] The following are examples of when women may be at higher risk of suicide:

- Women affected by domestic and sexual violence, motherhood-related issues, such as fertility problems and postnatal depression, and bereavement which can lead to emotional distress.[70]
- Marginalised women may also be at greater risk of experiencing poor mental health (for example, Traveller women, women with a disability).[71]
- Those living in deprived areas.[72]

Social support is a protective factor against suicide for women. This can take many forms, including community-based and informal social networks through women's groups, religious practices, the online community and education.[73,74] Findings from research show that some Irish women want to speak about their mental health.[75] In fact, women are generally willing to discuss their problems with others and to ask for and to be offered support. They are also more likely to access healthcare services, for example, to visit their GP, and this creates opportunities for intervention and support.[76]

What can community groups do to support women?

Communities can support women who may be experiencing mental health problems or vulnerable to suicide by being more vigilant and aware of the signs of emotional distress, including at particular life stages. This can create opportunities to be better able to respond effectively. Those living and working in a local community can play an important role in providing valuable insights into how to address suicide when rates have been identified as high among particular groups, for example, young women.

Here are some examples of some of the ways in which communities are supporting women's mental health and preventing suicide:

69 Freeman, A., Mergl, R. Kohls, E., Székely, A., Gusmao,R., Arensman, E., Koburger, N.. Hegerl, U. & Rummel-Kluge, C. (2017). A cross-national study on gender differences in suicide intent. BMC Psychiatry, 17, 234. https://www.nsrf.ie/wp-content/uploads/2017/Freeman%20et%20al%202017.pdf

70 Mallon, S. (2015). An exploration of the dynamics of suicide among women. Knowledge Exchange Seminar Series. https://novascotia.cmha.ca/wp-content/uploads/2019/11/4_An-exploration-of-the-dynamics-of-suicide-amoung-women.pdf

71 National Women's Council of Ireland. (2018). Out of silence: Women's mental health in their own words. Dublin: National Women's Council of Ireland. https://www.nwci.ie/images/uploads/NWCI_MentalHealth_Oct19_WEB.pdf

72 O'Farrell, I.B., Corcoran, P. & Perry, I.J. (2016). The area level association between suicide, deprivation, social fragmentation and population density in the Republic of Ireland: A national study. Social Psychiatry and Psychiatric Epidemiology, 51(6), 839–847. Doi: 10.1007/s00127-016-1205-8

73 Samaritans. (2021). Research briefing: Gender and suicide. UK and Ireland: Samaritans. https://media.samaritans.org/documents/ResearchBriefingGenderSuicide_2021_v7.pdf

74 National Women's Council of Ireland. (2018). Out of silence: Women's mental health in their own words. Dublin: National Women's Council of Ireland. https://www.nwci.ie/images/uploads/NWCI_MentalHealth_Oct19_WEB.pdf

75 As above.

76 Vijayakumar, L. (2015). Suicide in women. Indian Journal of Psychiatry, 57, S233–S238. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539867/

Suicide awareness and the menopause

The menopause is an important transition in a woman's life. While every woman's experience will be unique, the menopause affects all women. The average age of the menopause is 51 years.[77] Not only can it bring about hormonal and physical changes, but it can also impact upon women's emotional and mental health. Some women can experience mood changes, for example, anxiety, depression, memory problems and sleeping difficulties, and at different levels of severity.[78] Research has also shown that there is a seven-fold increase in suicide in women aged between 40 to 50 years.[79]

Other factors can contribute to women's vulnerability at this time in their lives. They may feel "caught in the middle" as they go through the "sandwich years", where they find themselves supporting teenagers and older parents, in addition to heavy work demands. Women are the primary carers in Ireland. Census figures from 2016 show that 61% of carers are women, with just over half (52.7%) aged between 40 to 59 years.[80] Research giving a voice to women regarding their mental health experiences reported that they have "internalised a message… that as a woman you have to look after all those around you and push down your own feelings and anxieties".[81]

Raising awareness and encouraging conversations in the workplace and in communities about the challenges of the menopause can promote positive messages regarding women's wellbeing, the importance of self-care and supports available. In response to this need, an awareness campaign was launched by the government in October 2022. It was informed by research commissioned by the Department of Health.[82] For more information on this campaign, see: www.gov.ie/menopause

Supporting a local community response to suicide among young women

The lack of studies on female suicide to date has limited our understanding of this issue.[83] Following the deaths of young women by suicide and suspected suicide over a short

77 Lillis, C., McNamara, M., Wheelan, J., McManus, M., Murphy, M.B., Lane, A. & Heavey, P.M. (2021). Experiences and health behaviours of menopausal women in Ireland. https://www.mentalhealthireland.ie/wp-content/uploads/2021/10/Menopause-Report-2021_Final.pdf?external=1

78 As above.

79 Usall, J., Pinto-Meza, A., Fernández, A., de Graaf, R., Demyttenaere, K., Alonso, J., de Girolamo, G., Lepine, J.P., Kovess, V. & Haro, J.M. (2009). Suicide ideation across reproductive life cycle of women: Results from a European epidemiological study. Journal of Affective Disorders, 116(1–2), 144–147. Doi: https://doi.org/10.1016/j.jad.2008.12.006

80 Family Carers Ireland. (2022). Balancing the care gap: Submission to the Joint Committee on Gender Equality. Tullamore, Co. Offaly: Family Carers Ireland. https://www.familycarers.ie/media/2440/family-carers-ireland-submission-on-gender-equality-pdf.pdf

81 National Women's Council of Ireland. (2018). Out of silence: Women's mental health in their own words, p.86. Dublin: National Women's Council of Ireland. https://www.nwci.ie/images/uploads/NWCI_MentalHealth_Oct19_WEB.pdf

82 Behaviour and Attitudes. (2022). Menopause benchmark survey. Dublin: Department of Health. https://www.gov.ie/en/publication/f1490-why-we-need-to-talk-about-menopause/

83 Mallon, S. (2015). An exploration of the dynamics of suicide among women. Knowledge Exchange Seminar Series. https://novascotia.cmha.ca/wp-content/uploads/2019/11/4_An-exploration-of-the-dynamics-of-suicide-amoung-women.pdf

period of time in Dublin South, an assessment was carried out to identify the most effective community response to take to help prevent further suicides. This assessment was supported by the HSE. People living in that specific community, including those bereaved by suicide and service providers in the area, contributed to this assessment process. The findings highlighted the strong leadership provided by local community and voluntary organisations. It also showed that they had a deep understanding of what was happening on the ground in the area, as well as the community's history. This helped to inform the recommendations made. Some examples include taking a focused approach to engaging with young women who may be at risk in the area, as well as setting up a volunteer peer support network for people who are seeking support, but currently not availing of formal support services.[84] This highlights the importance of taking local people's knowledge of their community into account, especially when addressing gaps, for example in this case, gathering information on the experiences and perceptions of young women.

Promoting women's health during international health days or weeks

Maternal Mental Health Week is one example of an international campaign that focuses on talking about mental health problems during the perinatal period, which is during and up to one year after a pregnancy. Its aim is to raise awareness of maternal mental health problems in the wider community.

Pregnancy and motherhood can sometimes be represented in an idealised way and this campaign highlights that it is time to move towards presenting a more realistic picture. While it can bring great joy, it is also a time when women are at greatest lifetime risk of experiencing a mental health difficulty. This can be the case in up to one in five women (20%) during the perinatal period.[85] In Ireland, maternal suicide is the leading cause of direct deaths within one year after the end of pregnancy.[86] However, providing the right support during this time can not only positively impact the woman and her family, but it can also have a positive effect on the mental health of her baby. Opening up honest conversations with women during this time can help to change attitudes, as well as help to empower women and families to access the information, care and support that they need.[87]

84 S3 Solutions. (2020). Rapid assessment and community response to suicide and suspected suicide in Dublin South. Dublin: HSE National Office for Suicide Prevention. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/rapid-assessment-report.pdf

85 HSE. (2022). Specialist perinatal mental health services. https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/

86 Maternal Death Enquiry. (2021). MDE Ireland: Data brief no. 5, November, 2021. Cork: Maternal Death Enquiry Ireland. https://www.ucc.ie/en/media/research/maternaldeathenquiryireland/NPEC_MDEDataBriefNo5_Nov2021.pdf

87 Kildare West Wicklow Perinatal Mental Health Working Group. (2022). Launch of post birth wellbeing plan.

5.8 Men

"Get the tea on. Starting with a cup of tea, and just even the small talk to begin with about sports and the weather, is usually what I find good. If you try and launch into a conversation about mental health they will shut down".[88]

Men, and middle-aged men in particular, are one of the priority groups identified in Connecting for Life.[89] This highlights the need to maintain a specific focus on men's health, as there is strong evidence to support gender-specific or more "men-friendly" approaches can improve health outcomes for men.[90] This section will discuss some of the risk and protective factors for suicide in men. It will also set out ways that have been found to be more effective when working with men in the community.

Men and suicide

In Ireland, men are more likely to die by suicide than women.[91] Research also shows that some risk and protective factors for suicide affect men and women differently. For example, relationship breakup, being single, unemployed and retired increases the risk of suicide more significantly in men.[92,93] While mental health difficulties can affect both genders, substance misuse and early onset of psychosis are more common in men.[94]

However, receiving social support in its many forms has been found to be a protective factor against suicide. Figure 5.3 is a health impact pyramid showing how the health and wellbeing of men and boys require actions at a number of different levels. It recognises that communities are an important resource for health, as where men and boys live, work and play has a high impact on their health and wellbeing.[95]

Access to timely and effective support is also an important protective factor against suicide. Some men do not seek help until they have reached a crisis point in their lives.[96]

88 Mental health organisation service provider cited in O'Donnell, S. & Richardson, N. (2018). Middle-aged men and suicide in Ireland. Dublin: Men's Health Forum in Ireland. https://www.hse.ie/eng/services/publications/mentalhealth/middle-aged-men-and-suicide-in-ireland-executive-summary.pdf

89 Department of Health & HSE. (2015). Connecting for Life, Ireland's national strategy to reduce suicide 2015–2024. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

90 Department of Health & HSE. (2017). National men's health action plan: Healthy Ireland men 2017–2021. Dublin: Department of Health. https://www.mhfi.org/HI-M.pdf

91 HSE National Office for Suicide Prevention. (2024). Suicide and self-harm data. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/suicide-and-self-harm-data/

92 Samaritans. (2021). Research briefing: Gender and suicide. https://media.samaritans.org/documents/ResearchBriefingGenderSuicide_2021_v7.pdf

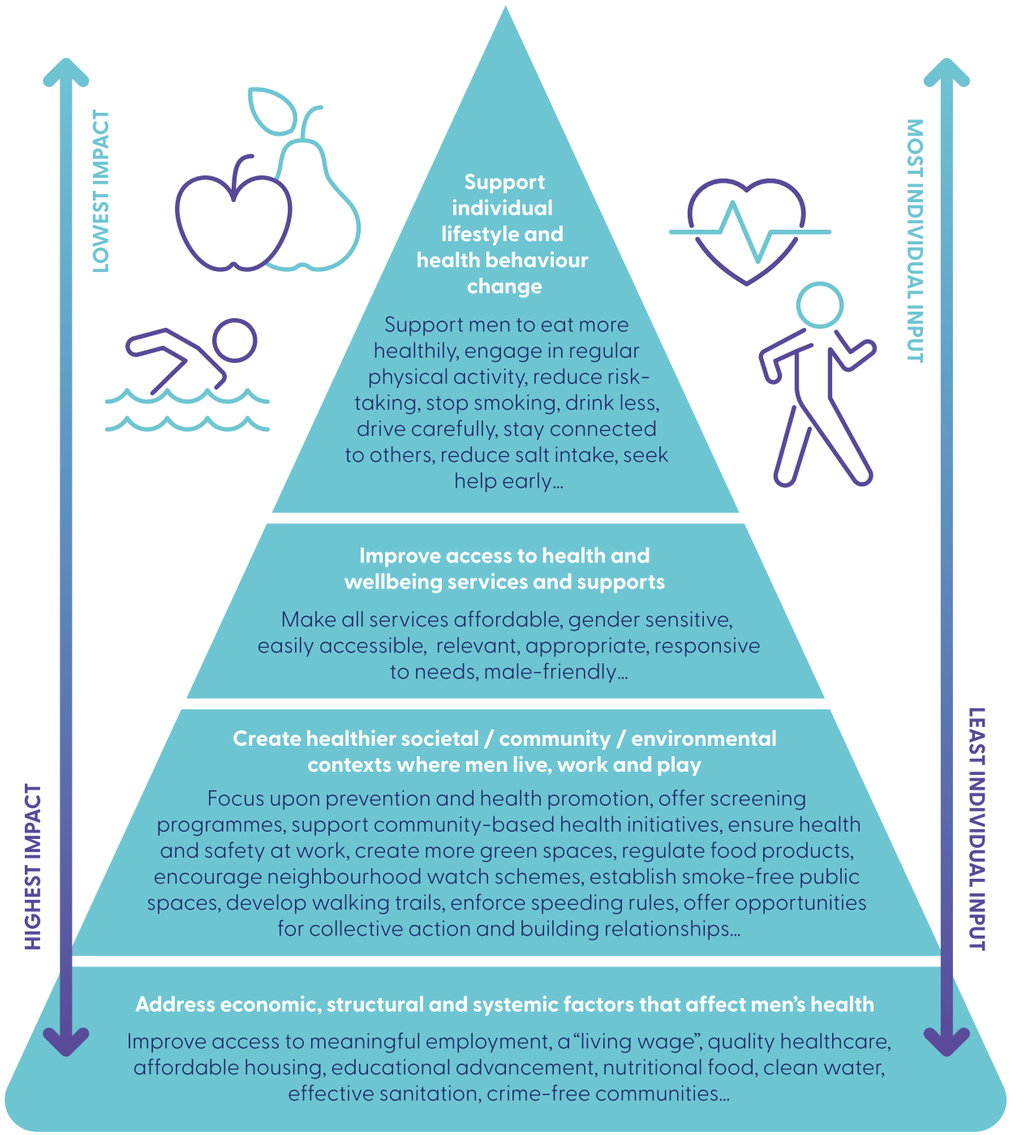
93 Freeman, A. Mergl, R., Kohls, E., Székely, A., Gusmao, R., Arensman, E., Koburger, N., Hegerl, U. & Rummel-Kluge, C. (2017). A cross-national study on gender differences in suicide intent. BMC Psychiatry, 17, 234. https://www.nsrf.ie/wp-content/uploads/2017/Freeman%20et%20al%202017.pdf

94 Samaritans. (2021). Research briefing: Gender and suicide. https://media.samaritans.org/documents/ResearchBriefingGenderSuicide_2021_v7.pdf

95 Devine, P. & Early, E. (2020). Men's health in numbers: Irish men's health report card 2020. Dublin: Men's Health Forum in Ireland. https://www.mhfi.org/MensHealthInNumbers2.pdf

96 Samaritans. (2021). Research briefing: Gender and suicide. https://media.samaritans.org/documents/ResearchBriefingGenderSuicide_2021_v7.pdf

Figure 5.3: Health impact pyramid of health and wellbeing actions for men and boys[97]



97 Devine, P. & Early, E. (2020). Men's health in numbers: Irish men's health report card 2020, p.18. Dublin: Men's Health Forum in Ireland. https://www.mhfi.org/MensHealthInNumbers2.pdf

Other men do not see community-based supports as relevant to them before they reach a crisis.[98] This highlights the need for people in the community to be more aware of effective ways in which to engage with men.

What can community groups do to support men?

While men's health can be improved in many significant ways,[99] research does show that reaching and engaging men can be challenging.[100] Fear of sigma, isolation and not using male-friendly language can be some of the reasons why men may not wish to use services.[101]

The following are some ways in which a suicide prevention community group can support men:

Learn from research and practice

The HSE National Office for Suicide Prevention has put together the learning from research and practice in relation to working with men in the first five years of Connecting for Life. Key messages from this work include:[102]

- **Building trust and rapport are essential when working with men**
  When men feel safe, they are more likely to talk. Most groups working with men have found that discussing feelings takes time. Trust has to be built up first.
- **Interventions should complement or be built into existing initiatives that men are familiar with**
  Go to where men gather. Traditional ways of reaching men are, for example, through sport, music and the workplace. Others include barbershops and marts (for men living in rural Ireland). These settings are useful to give small amounts of information over short periods of time.
- **Mental health interventions should take a strengths-based approach**
  Projects that are practical and get men involved are the most successful. Men, in particular boys and young men, usually say that they do not like sitting down and talking. Instead, they like purposeful activities that involve doing things where they are challenged and learn something.

98 Samaritans. (2020). Out of sight, out of mind: Why less-well off, middle-aged men don't get the support they need. Surrey: Samaritans. https://media.samaritans.org/documents/Samaritans_-_out_of_sight_out_of_mind_2020.pdf

99 Devine, P. & Early, E. (2020). Men's health in numbers: Irish men's health report card 2020. Dublin: Men's Health Forum in Ireland. https://www.mhfi.org/MensHealthInNumbers2.pdf

100 Centre for Effective Services & HSE National Office for Suicide Prevention. (2021). Engaging men in suicide prevention practice: Suicide prevention in Ireland – key messages for practice. Dublin: HSE National Office for Suicide Prevention. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/3-research-brief-men.pdf

101 As above.

102 As above.

- **Recognise the gender-specific barriers men can face when accessing psychological supports**
  Think carefully about how to promote a service or market a project particularly aimed at men. For example, use images and materials that appeal directly to them in order to raise interest.

Research was also carried out by Samaritans to gain a better understanding of the supports "less-well off" middle-aged men need in order to reduce their risk of suicide. It found that reconnecting with their communities and offering a sense of purpose was seen by them as a "turning point".[103]

Promote men's health during International Men's Health Week

Men's Health Week begins on the Monday before Father's Day and runs until Father's Day. While every year a specific theme is selected, its overall aims are to:

- raise awareness of preventable health problems for men of all ages
- encourage men and boys to take better care of their health
- seek support at an early stage

As part of activities planned for the week, communities can encourage men and boys to look at ways to promote their mental health and wellbeing.

[103] Samaritans. (2020). Out of sight, out of mind: Why less-well off, middle-aged men don't get the support they need, p.19. Surrey: Samaritans. https://media.samaritans.org/documents/Samaritans_-_out_of_sight_out_of_mind_2020.pdf

5.9 Case study examples

Case study 1: Galway City Alcohol Strategy 2019–2023

Background information

Galway City Alcohol Forum developed a strategy (2019–2023) to prevent and reduce alcohol-related harm in Galway City. The strategy was developed in response to the growing recognition of the multitude of problems associated with Ireland's relationship with alcohol. In addition to the serious individual health consequences, the harmful use of alcohol has a significant impact on families, communities, hospitals and health services, the economy and society.

The Galway City Alcohol Strategy builds on the work undertaken as part of its first strategy in 2013. It is based on research evidence and adopts a community action approach which recognises that changes in public policies (regulation, enforcement, laws, systems change) are necessary to prevent and reduce alcohol-related problems rather than just focusing on individual behaviour change alone.

Goals and actions

The overall aim of the Galway City Alcohol Strategy is to reduce alcohol-related harm by taking a community-wide approach based on research evidence. The strategy set out four goals and related actions to:

1. Strengthen community engagement to support implementation of the alcohol strategy and reduce alcohol harm.
2. Promote implementation of effective alcohol policies.
3. Reduce exposure of children to alcohol-related harm.
4. Promote and advocate for support and treatment services for those affected by alcohol.

Each goal has three actions to support implementation and annual action plans are developed to progress this work.

Who is involved?

The Galway City Alcohol Forum is a sub-structure of the Western Region Drug and Alcohol Task Force and oversees the development and implementation of this strategy. The forum is a multi-agency group led by HSE Health Promotion and Improvement, Western Region Drug and Alcohol Task Force, Galway Roscommon Education and Training Board and Dr Ann Hope (a leading expert in this area), with other representatives from An Garda Síochána, Galway City Partnership, Galway City Community Network, Galway City Council, Galway City Council elected representatives, Atlantic Technological University, HSE – Addiction Services, Environmental Health, Public Health, University of Galway Health Promotion, University of Galway Students' Union and Youth Work Ireland Galway.

Building on this work, the launch of Galway becoming the first Inclusive Recovery City in Ireland was held in March 2025. Its key goal was to bring relevant stakeholders across the city together to see how they can all promote recovery inclusive opportunities, create supportive communities and build community assets.

For more information, contact:

HSE Health Promotion and Improvement in Galway, email: healthpromotion@hse.ie or Tel: 091 737251.

Useful resources

Galway City Alcohol Strategy 2019–2023
https://galwaycitycommunitynetwork.ie/galway-city-alcohol-strategy-2019-2023/
This strategy was developed to prevent and reduce alcohol-related harm to make Galway City a more pleasant and safe place for everyone.

Research evidence to prevent alcohol-related harm: What communities can do in Ireland
http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2015/Research_Evidence_to_Prevent_Alcohol_Related_Harm.pdf
This is a summary of the scientific evidence available to guide local communities in deciding what actions to take to enable alcohol-related harm to be reduced.

Case study 2: Examples of initiatives relating to suicide prevention for Travellers

Background information

Travellers and Traveller organisations recognise the need for specific responses to address the high rates of suicide in the community, as well as the high levels of stigma and fear of services. The HSE Mental Health Service Coordinators for Travellers have engaged with existing community programmes and developed several initiatives which include the following:

Employment of a Traveller Peer Mental Health Support Worker (HSE Cavan, Donegal, Leitrim, Monaghan, Sligo)

A Traveller Peer Mental Health Support Worker was employed in this HSE area. This worker utilises their lived experience in a variety of contexts to nurture hope and assist members of the Traveller community in their recovery. The post holder provides emotional and practical support to male and female Travellers which allows culturally informed conversations to take place and the development of appropriate strategies for recovery. Guidance is also provided to mental health teams on how to engage and work with members of the Traveller community.

Healthy Minds (HSE Cork and Kerry)

Healthy Minds is an example of a collaborative project between Mental Health Services and Traveller organisations in Cork City, which enhances practices and service provision for Travellers in both statutory and voluntary agencies.

The Healthy Minds Project was established in May 2010 to meet the needs of the Traveller community following a series of suicides in Cork City. It is a joint initiative between two Traveller organisations (Traveller Visibility Group and Cork Traveller Women's Network) and the HSE local Traveller Health Unit (set up in HSE areas to prioritise, coordinate and monitor Traveller health). This project is funded by the HSE and is accommodated in the Community Work Department (North Lee) of Social Inclusion in the HSE.

The objectives of Healthy Minds are to:

- Establish effective multi-disciplinary cooperation so that the services delivered to Travellers will be appropriate to their needs and culture
- Provide outreach communication mechanisms to members of the Traveller community on mental health and wellbeing, and existing pathways to services
- Provide Traveller cultural awareness training to key HSE disciplines

Responding to suicide: A shared approach for Traveller organisations and health services (Cork and Kerry)

https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/local-action-plans/travellers-responding-to-suicide-plan.pdf

These guidelines are a joint initiative between the HSE Traveller Health Unit Cork and Kerry and Traveller organisations across the Cork and Kerry region. This document aims to help the Traveller community to respond when facing the stressful situation of a suspected suicide, as well as to inform and support healthcare professionals involved in a suicide response with Travellers.

Working closely together can help to support both the family and community.
The following three key areas are covered in this document:

- Section 2: Responding to suicidal ideation
- Section 3: Responding to a suicide
- Section 4: Building capacity for suicide prevention

Mental health promotion and suicide prevention initiatives for Travellers (HSE South East)

A key focus in the South East is on the area of mental health and wellbeing promotion and the importance of reaching out for support, when it is required. This approach supports the Traveller community to build a better understanding that mental health is an important part of their overall health, while also helping to reduce mental health stigma and improve help-seeking when problems arise.

A training module on mental health and wellbeing, known as Minding My Mind, was developed by the HSE Traveller Health Unit to address these issues. This training is delivered to Traveller Community Health Workers in HSE South East who provide peer education to the wider community and are in a good position to promote key messages. Minding My Mind training is also supported by co-produced resources that are culturally appropriate and available to service providers. See link to Minding My Mind poster: https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/minding-my-mind-cho5-poster.pdf

In this region, there are two posts specifically designed for Travellers. The Traveller Mental Health Liaison Nurse post in Carlow/Kilkenny provides clinical therapeutic interventions to Travellers who require mental health supports and has a key role in bridging the gaps to support services. The nurse also has a role in delivering key mental health education and suicide prevention messages through focused workshops. The Traveller Community Wellbeing Awareness Worker pilot post based in Kilkenny provides valuable peer education in mental health and wellbeing, including outreach to the wider Traveller Community and provision of information on signposting and referral pathways.

The Travelling to Wellbeing Mental Health Service (HSE Midlands, Louth, Meath)

The Travelling to Wellbeing Project, set up in December 2012 by the Offaly Traveller Movement, is a clinical or therapeutic, recovery-focused local mental health service model delivered through a community development way of working. It aims to develop individualised, culturally appropriate recovery plans with Travellers experiencing mental health problems. It also seeks to improve referral pathways and reduce mental health stigma among Travellers.

This service provides:

- One-to-one recovery and wellbeing focused support
- Wrap-around family support and group support
- Traveller-specific models of suicide prevention and mental health recovery
- Mental health education, training and advocacy

In 2018, Offaly Traveller Movement worked with the HSE to develop guidelines for implementing a local crisis response plan to suspected suicide in the Traveller community. For more information, see: https://otm.ie/wp-content/uploads/2019/03/A-Guide-to-Developing-a-Co-ordinated-Crisisn-Response-for-the-Traveller-Community-2018.pdf

Case study 3: Planet Youth

Background information

Planet Youth is an international evidence-based primary prevention model. Its goal is to prevent alcohol and drug use in young people, as well as to improve their health and life outcomes. Planet Youth was first developed in 1999 in Iceland by the Icelandic Centre for Social Research and Analysis at Reykjavik University, but it has since been set up as an independent establishment. So far, this model has been introduced in 34 countries.

In 2018, it was brought to Ireland by the Western Region Drug and Alcohol Task Force, supported by Galway, Mayo and Roscommon HSE, Tusla and City and County Councils.

What is the project?

Planet Youth is an innovative public health project. Its main aim is to ensure that young people are active, healthy, happy, connected to their families and community and achieving their full potential.

All the work being carried out as part of this project is grounded in:

- evidence-based practice
- a community-based approach
- ensuring that research, policy and practice are linked

The gathering of local data, which is analysed in Iceland within a two-month period and available for use within a short time frame, is a key aspect of this model. This means that this information collected is local, specific and current. With the support of post-primary schools, all students aged between 15 to 16 years (the year following completion of the Junior Cert) in Galway, Mayo and Roscommon are invited to complete a detailed lifestyle questionnaire. It includes questions on substance use, health, mental health, physical activity, family, school experience, bullying and internet use. The information gathered can then be used to develop planned interventions to address risk and protective factors for young people and their families in the region.

Four surveys have been carried out so far in 2018, 2020, 2022 and 2024. County reports are produced for each of the three counties and the key findings are widely shared. Each individual school taking part in the survey can also be provided with a findings report, to give them greater insight into the health and wellbeing of their students. These are confidential to each school.

In 2019, a Planet Youth Strategy and Implementation Framework was developed, which sets out to offer guidance to key people working in this area on how to build primary prevention approaches into their day-to-day activities: https://planetyouth.ie/resources/sif/

Who is involved?

Key agencies working with children and adolescents in Galway, Mayo and Roscommon are involved in this programme. Local steering committees have been set up in each county, made up of local state service providers, community and voluntary organisations, schools, parents, sport clubs and organisations, researchers, policymakers and other interested community members. A regional committee has also been established to make sure that actions are delivered consistently across the three counties.

How has it helped?

As part of this work, initiatives have been developed in a number of areas. These include:

Parents and family:

- Raising awareness of the importance of increasing the amount of quality time parents spend with their young people each week.
- Providing parental education programmes and material at a variety of developmental stages, for example, highlighting the importance of sleep by giving guidance to parents on bedtimes, screen time and social media usage based on their young people's age. Webinars have also been organised to raise awareness among parents.

School:

- Developing a StepUp website to help students and parents in making the move between primary and secondary school: https://stepup.ie/
- Developing The Facts website which can be used as a resource for teachers by providing up-to-date and local information that they can use in the classroom and to support delivery of modules on Social Personal and Health Education (SPHE). Taught as part of the curriculum in schools, it aims to support the personal development, health and wellbeing of Junior Cycle students: https://thefacts.planetyouth.ie/

Leisure time and local community:

- Work is now underway to explore how structured leisure time activities can be made more accessible to all young people, including reducing young people's access to alcohol or drugs during leisure time. This has been a central part of the work already carried out in Iceland, where state sponsored leisure cards have been made available to young people aged between 6 to 18 years. It aims to boost their attendance at more "healthy" after-school activities, including sport, art and other leisure time pursuits.

For more information, see:

https://west.planetyouth.ie/contact/

https://planetyouth.ie/ for details of other projects around Ireland.

Resources

Planet Youth guidelines for parents
https://planetyouth.ie/resources/parent-resources/
Available in English and Irish, this booklet provides guidelines to parents on family time, screen time, bedtime, interests, hobbies, sports and substance use.

Planet Youth survey results
https://planetyouth.ie/survey-results/
These are available to download for each county by year of data collection.

Case study 4: Minding Me Kildare and West Wicklow World Maternal Mental Health Day Campaign: Let's Connect

Background information

World Maternal Mental Health Day is an international campaign dedicated to talking about mental health problems during and up to one year after pregnancy. Its main aims are to raise public and professional awareness of maternal mental health difficulties, advocating for women affected, changing attitudes and empowering women and families by helping them to access the information, care and support they need to recover.

What is this project?

This mental health campaign has three main objectives:

- **Talk:** To encourage conversations about maternal mental health, and the loneliness that can be experienced after having a baby, and in the process reduce stigma.
- **Connect:** To make connections with new mothers in our communities to help combat loneliness.
- **Empower:** To empower women to look after their mental health in pregnancy and beyond by connecting women and families with the information, care and support they need.

It promotes three key messages:

- **Let's connect:** We all have a role in supporting new mothers and in helping combat loneliness. Let's make connections with new mothers in our communities.

- **Up to one in five:** Becoming a mother can be lovely but lonely. Up to 77% of mothers say they experience loneliness at some point.
- **Help is available:** There are supports and services that can help. Visit: https://www.themotherhoodprogramme.ie/

Who was involved?

Many different agencies supported this campaign in the Kildare West Wicklow area, including the HSE, Combe Women and Infants University Hospital, Tusla, Children and Young People's Services Committee, Family Resource Centres and Youth and Family Services.

How did it help?

Maternal mental health is everybody's business. The campaign sought to provide connection, comfort and support to those who are living with maternal mental health difficulties. It invited others to champion women and their families by sharing campaign messages on World Maternal Mental Health Day and throughout that week. A partner pack was developed with content and other resources. Campaign supporters could share or incorporate this into their current communications, including newsletters, email updates, direct mail or printed materials, as well as through social media.

The following post was recommended for use on social media:
"Motherhood is a journey filled with love, but at times can be isolating. Join our campaign to combat loneliness in motherhood and help create a supportive community where every mum feels connected. So Let's Connect."

Supports were listed including:

- Website: https://www.themotherhoodprogramme.ie/
- Powerful real-life stories of other women's experiences:

  Amy's story: https://youtu.be/HT2IJAyHoVg

  Lititia's story: https://youtu.be/5tmHFmKOUrQ

  Michelle's story: https://youtu.be/sbPgT0-BR4k

This work is building on the original campaign, which was called, Let's Break the Silence. Its aim was to start a conversation about maternal mental health in communities, as well as among those who work regularly with women who are pregnant or have a baby.

For more information, contact:

The local HSE Resource Officer for Suicide Prevention:
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/

Case study 5: Men's cooking group

Background information

HSE Cork and Kerry and the Northside Community Health Initiative (involved in running community health programmes) teamed up to run this project. Their aim was to promote better mental health and wellbeing through cooking in Cork City's Northside by working specifically with a group of men, using their existing community garden resources.

What is this project?

In 2019, a HSE Resource Officer for Suicide Prevention, who is a qualified chef and worked as a cookery tutor in an earlier career, ran a ten-week cooking class. A group of ten men linked with the local Northside Community Health Initiative came together once a week to develop their cooking skills in the centre's community kitchen. Some of the ingredients used for the dishes they cooked were grown in their local community garden. In this and other similar gardens around the country, fresh and healthy food is being grown close to home. During the sessions, the men talked and enjoyed each other's company as they cooked and ate together. Humour and fun played a huge part in creating a positive inclusive environment where all the men supported each other to feel at ease and often talk about their own lives.

How did it help?

The classes provided an opportunity for the men to come together to talk, including about issues such as loss, grief and mental health, as well as to laugh and evoke positive memories through cooking and food. Not only did it help to teach the life skill of cooking to men, but they also learned how to source high-quality food. Visits to the local butcher and the English Market helped to break down the barriers to shopping for food rather than relying on fast food.

Other speakers were introduced as part of the programme, for example, a dietician, so that the men could learn about diet and nutrition. This aspect was included in the programme as diet not only plays an important part in promoting physical health, but also mental wellbeing.

The classes were so successful that the group published a men's cookbook (Loafs of Laughs) with some of their favourite recipes. Other men's groups can now use this or consider developing their own. Copies of the book are available by contacting the Northside Community Health Initiative at Tel: 021 4300135.

Having built the men's confidence, another goal was to encourage them to become involved in other initiatives in the community.

The next phase of this project will be to invite younger men to join the classes with a group of older men.

For more information, contact:

The local Resource Officer for Suicide Prevention:
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/

Resources

For video and other information, see:
https://www.facebook.com/HSElive/videos/mens-cookery-classes-promoting-better-mental-health-and-wellbeing/742307442995106/

Note: Healthy Food Made Easy Programmes are also being run throughout the country, supported by the HSE. This six-week course aims to encourage healthy eating, improve knowledge of nutrition and learn how to prepare healthy meals on a budget.

Case study 6: Galway Solace Café

What is this service?

Galway Solace Café is a free out-of-hours adult mental health café. It provides peer support, in a non-clinical setting, for those experiencing mental health distress or seeking mental health support. Galway Solace Café is run by the HSE West North West and Mental Health Ireland.

For more information, see:

Website: https://galwaysolacecafe.ie/

There are many benefits to building cultural competence in a community, including increasing mutual respect, understanding and trust, creating more inclusive communities for all its members and increasing participation in the local community.

Resources and further reading

5.10 Substance misuse and suicidal behaviour

Organisations

Alcohol Action Ireland
www.alcoholireland.ie
An independent expert voice for policy change on alcohol-related issues.

Alcohol Forum
www.alcoholforum.org
A national organisation working to prevent and reduce the harm caused by alcohol. It is the lead agency for the Irish Community Action on Alcohol Network.

Resources

Alcohol guidelines
Drinking less reduces the likelihood of developing alcohol-related problems.
The recommended weekly alcohol guideline is 17 standard drinks for men and 11 for women. For more information on weekly low-risk alcohol guidelines, see: https://www2.hse.ie/living-well/alcohol/health/improve-your-health/weekly-low-risk-alcohol-guidelines/

See also a drinks calculator to learn more about how your drinking is impacting on your health, wallet and weight: https://www2.hse.ie/wellbeing/alcohol/drinks-calculator/

Ask About Alcohol website
www.askaboutalcohol.ie
A HSE website with information on all aspects of alcohol, including risks, support for parents, advice for when alcohol is affecting a family and list of support services.

Drug use
Information is available on how to reduce the harm of drugs by encouraging people to make positive changes in their lives.

For more information on an online test to identify the impact of drug use, see: http://drugs.ie/drugtest

See also information on drug risk reduction: https://www.drugs.ie/drugs_info/campaign/

Supports

HSE Addiction Services
https://www.hse.ie/eng/services/list/5/addiction
This is a link to addiction services provided by the HSE.

HSE Drugs and Alcohol Helpline
Freephone 1800 459 459 (Mon–Fri, 9.30–5.30) Email: helpline@hse.ie
A free confidential helpline for anyone with a question or concern related to alcohol and drug use.

Drug and Alcohol Task Forces
https://www.drugsandalcohol.ie/php/drug-alcohol-task-forces.php
Funded by the Department of Health, they provide a range of supports, services and training. Services offered include Drug and Alcohol Family Support, which is individualised support focusing on needs, goals, interests and strengths, as well as exploring the impact of substance misuse.

5.11 Lesbian, gay, bisexual, transgender and intersex (LGBTI+) people

Resources

Creating safe spaces

Resource pack for supporting LGBTIQ+ communities
https://www.westbewell.ie/wp-content/uploads/2022/08/LGBT-Resource-Pack.pdf
Created by the Galway LGBTIQ+ Interagency Group, this resource pack contains a code of practice and information on training and support services. It is for service providers, community groups, businesses, sports clubs and others.

Safe spaces: A resource for creating safe spaces for LGBTI+ young people
http://youthworkgalway.ie/wp-content/uploads/2021/11/Safe-Space-A-Resource-for-Creating-Safe-Spaces-for-LGBTI-Young-People.pdf
shOUT LGBT+ Youth Project and Youth Work Ireland Galway have developed this resource pack for people who work with LGBTI+ young people. The physical pack comes with

posters and stickers in English, Irish and Polish.

Grief and loss

Coping with the death of a same sex partner
https://hospicefoundation.ie/i-need-help/i-am-bereaved/types-of-grief/coping-with-the-death-of-a-same-sex-partner/
This leaflet looks at how to deal with the loss of a same sex partner. It was developed by the Irish Hospice Foundation.

Mental health promotion

Heads Up: Trans guide to mental health and wellbeing
https://www.irishpsychiatry.ie/wp-content/uploads/2016/12/TENI-Trans-Guide-to-mental-health-and-wellbeing.pdf
This guide seeks to address mental health and wellbeing. It is aimed at trans individuals, those who are questioning and the family and friends of trans people. It was developed by Transgender Equality Network Ireland.

Looking after your mental health, for LGBTI+ people
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/mental-health-and-lgbti.pdf
Developed by the HSE, this leaflet explains how an individual can improve their mental health, particularly when they might feel very low due to challenges related to being LGBTI+.

Support from parents

Tell it out! Parents of LGBTI+ persons in Europe
http://rm.coe.int/tell-it-out-/1680a2bc40
Published by the European Network of Parents of LGBTI+ Persons, the testimonies in this book give powerful insights into the huge value and importance of parents' love and encouragement, irrespective of their child's sexual orientation, gender identity or expression, or sex characteristics.

Policy

National LGBTI+ inclusion strategy 2019-2021
https://www.gov.ie/en/publication/bab0fe-launch-of-the-lgbti-inclusion-strategy-2019-2021/
Developed by the Department of Justice and Equality, this strategy sets out actions to identify and address issues that may prevent LGBTI+ people from enjoying full equality in practice in Irish society. A successor strategy is in development.

Supports

LGBTI+ telefriending services
www.lgbt.ie/telefriending/
This service was set up in 2021 for members of the LGBTI+ community over 50 years of age who may be experiencing loneliness and isolation. They can receive a weekly supportive call from a dedicated LGBTI+ telefriending volunteer.

National helpline
www.lgbt.ie
LGBT Ireland provides a non-judgemental, confidential listening and support service for LGBTI+ people and their family and friends. The National LGBT helpline number is 1890 929 539.

Support groups for young LGBTI+ people
www.belongto.org
BeLonG To is a national youth service for LGBTI+ young people in Ireland, aged between 14 and 23 years. It runs and supports youth groups, as well as offering a one-to-one chat service, professional counselling and a drugs and alcohol support service.

Transgender family support line
www.lgbt.ie
Helpline volunteers are trained to listen and provide support to the families and friends of transgender people. This support line is 01 907 3707.

Training

BeLonG To
www.belongto.org/professionals/training/
Offer training for those working in the education, youth and corporate sector.

LGBT Ireland
www.lgbt.ie/training
Provide training on LGBTI+ issues to a range of support services and community groups.

5.12 Ethnic minority groups

Resources

Cultural competency guidelines

Ethnic minorities and mental health
https://www.mentalhealthreform.ie/wp-content/uploads/2017/01/EthnicMinorityGuidelines.pdf
This resource contains guidelines for mental health services and staff on working with people from ethnic minority communities.

Health services intercultural guide: Responding to the needs of diverse religious communities and cultures in health care settings
https://www.hse.ie/eng/services/publications/socialinclusion/interculturalguide.pdf
This guide was designed to build capacity to deliver culturally competent care in Irish health settings. It also contains information on religious rituals and bereavement for a number of religious communities which may be of assistance following a death by suspected suicide.

Lost in translation? Good practice guidelines for HSE staff in planning, managing and assuring quality translations of health related material into other languages
https://www.hse.ie/eng/services/publications/socialinclusion/lostintranslationreport.pdf
These guidelines support good practice in the translation of essential health-related material into different languages.

Mental health resources

Health Connect website
www.healthconnect.ie
Cairde's multilingual website provides details on access to health services in Ireland and entitlements.

Pathways to being well: Mental health guide for ethnic minorities in Ireland (8 languages)
https://cairde.ie/mental-health/pathways-to-being-well-mental-health-guide-for-ethnic-minorities-in-ireland-2/
This guide provides information for ethnic minorities on how to look after their mental health in Ireland, as well as outlining supports and services.

5.13 Irish Travellers

Policy

National Traveller Health Action Plan (2022-2027)
https://www.drugsandalcohol.ie/37592/
Developed by the HSE, in consultation with Traveller representative organisations, and with the support of the Department of Health, this action plan seeks to improve health experiences and outcomes for Travellers.

Reading

Keogh, B., Brady, A. M., Downes, C., Doyle, L., Higgins, A. & McCann, T. (2020) Evaluation of a Traveller mental health liaison nurse: Service user perspectives. Issues in Mental Health Nursing, 41, 799–806. https://doi.org/10.1080/01612840.2020.1731889

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Tong, K., Costello, S., McCabe, E. & Doherty, A.M. (2020). Borderline personality disorder in Irish Travellers: A cross-sectional study of an ultra-high-risk group. Irish Journal of Medical Science, 190, 735–740. https://doi.org/10.1007/s11845-020-02369-2

Villani, J. & Barry, M.M. (2021). A qualitative study of the perceptions of mental health among the Traveller community in Ireland, Health Promotion International, 36(5), 1450–1462. https://doi.org/10.1093/heapro/daab009

Resources

Website
Mind Your Nuck is an online resource developed by Pavee Point. It provides information on mental health to young Travellers and their families. https://youngpavees.ie/

5.14 Young people

Resources

Young carers

Helping you understand your parent's mental health
https://www.mindspacemayo.ie/wp-content/uploads/2021/04/Understanding-your-parents-Mental-Health-7-12yo.pdf
This leaflet is a guide for young children aged between 7 to 12 years whose parent has a mental health difficulty. It was produced by the Mayo Child and Family Mental Health Initiative.

Understanding your parents' mental health
https://www.mindspacemayo.ie/wp-content/uploads/2021/04/Understanding-your-parents-Mental-Health-12.pdf
This leaflet is for young people aged 12+ years whose parent has a mental health difficulty. It was produced by the Mayo Child and Family Mental Health Initiative.

WITH Project (Wellbeing in the Home): A young person's guide to parental mental health
https://www.youtube.com/c/TheWITHProject/videos
This resource aims to provide support and advice to children and young people living with parental mental health difficulties. A series of nine videos were developed by service users with experience of living in families where mental health problems are part of family life, staff in Mayo Child and Adolescent Mental Health Services (CAMHS) and Mindspace Mayo (youth mental health service), with the support of Comhairle na nÓg.

Young people

Minding your mind
https://www.westbewell.ie/2021/12/08/online-guide-minding-your-mind-booklet-for-young-people/
This youth-friendly resource developed by Youth Work Ireland Galway aims to promote positive mental health, address issues that young people today are commonly experiencing and encourage those going through a difficult time to reach out for support.

Supports

24 hour services		
Childline (ISPCC)	Open every day for all children and young people up to the age of 18 years in Ireland. Callers can talk to Childline in confidence, about anything that might be on their mind, and they won't be given out to, judged or told what to do. Childline is there to listen and to help the caller to figure out the best solution.	Freephone 1800 666 666 (any time day or night) Text 50101 (from 10am to 4pm every day) Chat online at: www.childline.ie (from 10am to 4pm every day)
Pieta Helpline	Those in a crisis situation can call or text this service. Professionally trained therapists can help and guide people who are suicidal, engaging in self-harm or have been bereaved by suicide.	Freephone 1800 247 247 (any time, day or night) Text HELP to 51444 (standard message rates apply)
Samaritans	Provide emotional support to anyone in distress or struggling to cope.	Freephone 116 123 (any time, day or night) Visit: www.samaritans.org
Text About It	This is a text service providing everything from a calming chat to immediate support for people's mental health and emotional wellbeing. It provides a safe space where you are listened to by a trained volunteer.	Those experiencing a personal crisis, feeling unable to cope and in need of support, text HELLO to 50808 (24/7). If a person's life is at imminent risk, call 999 for emergency help. For more information, see: https://textaboutit.ie/
YourMentalHealth Information Line	Provides information and signposting on all mental health supports and services that are available nationally and locally provided by the HSE and its funded partners.	Freephone 1800 111 888 (any time, day or night) Visit: www.yourmentalhealth.ie

Young people's services		
Education and Training Boards	They employ Youth Officers who engage directly with youth organisations in their area to provide support and guidance. They also provide Further Education and Training Programmes, for example, Adult Literacy, Youthreach (for early school leavers), post-Leaving Cert and apprenticeship courses.	For contact details of Education and Training Boards, visit: https://www.etbi.ie/etbs/directory-of-etbs/
Jigsaw	Provides an early intervention, primary care youth mental health service for those aged between 12 to 25 years.	There are different ways to connect with Jigsaw clinicians, through video, phone, live chat and face-to-face, visit: www.jigsaw.ie
Youth Services	Offers a range of youth services that address the specific needs of young people who may be marginalised, disadvantaged or vulnerable.	For more information on youth services funded by the Education and Training Board listed by county, visit: https://ubu.gov.ie/about/youth-services

5.15 Women

Organisations

Women's Collective Ireland
https://womenscollective.ie/
This is a national collective of community-based women's networks that support the empowerment of and advocate for women who experience disadvantage and marginalisation.

Resources

Perinatal mental health

Looking after your mental health during pregnancy and beyond
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/local-action-plans/minding-me.pdf
This resource provides advice and support information for expectant and new mothers, anyone planning a pregnancy or partners, grandparents, family and friends that may be supporting someone who is expecting or has a baby. This resource was developed in the Kildare and West Wicklow area.

10 things to know about perinatal mental health
https://www.hse.ie/eng/services/publications/mentalhealth/10-things-to-know-about-perinatal-mental-health-poster.pdf
The HSE National Programme for Specialist Perinatal Mental Health Services has developed this poster, which outlines ten key facts on perinatal mental health.

Perinatal Mental Health Services
https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/
A range of information leaflets are available, including information on the perinatal mental health services available throughout Ireland and on postnatal depression.

Post birth wellbeing plan
https://www.themotherhoodprogramme.ie/_files/ugd/844f7a_d3d324c1279f49428d3185d13d331acb.pdf
This resource was developed in the Kildare and West Wicklow area. It aims to support the mental health and wellbeing of women during the perinatal period.

The menopause

HSE Let's talk about menopause
https://irelandsouthwid.cumh.hse.ie/file-library/patient-information-documents/hse-south-menopause.pdf
Developed by HSE Cork and Kerry, this booklet aims to increase people's knowledge and awareness about the menopause.

HSE website
https://www2.hse.ie/conditions/menopause/
This webpage provides an overview, as well as outlining symptoms and treatment for the menopause.

Irish College of General Practitioners
https://www.icgpnews.ie/menopause-patient-information/
Resources, including short videos, have been developed to provide general information on the menopause.

5.16 Men

Organisations

Men's Development Network
https://mensnetwork.ie/
This non-profit organisation seeks to work with men to achieve beneficial change. Its mission statement is, "Better lives for men; Better lives for all".

Men's Health Forum in Ireland
https://www.mhfi.org/
It seeks to promote and improve all aspects of the health and wellbeing of men in Ireland.

National Centre for Men's Health
https://www.setu.ie/research-innovation/institute-centres-and-groups/research-centres/healthcore
Based in the South East Technological University, this centre works with other key stakeholders to carry out research in the area of men's health.

Resources

www.malehealth.ie
This is a men's health resource provided by the Irish Men's Sheds Association, with the support of the HSE and Healthy Ireland.

Supports

Men's sheds
A Men's Shed is a community-based, non-commercial project open to men. Its main aim is to improve their health and wellbeing by offering a safe and friendly environment where they can form friendships, learn and share skills. Men's Sheds make it easy for men to gather together to work on meaningful projects that they enjoy doing.
For more information, see: www.menssheds.ie

Training

Engage national men's health training
https://engagetraining.ie/
Offering training to service providers seeking to work more effectively with men.

6

A guide to the organisations, the key roles and the services working in suicide prevention in Ireland

A guide to the organisations, the key roles and the services working in suicide prevention in Ireland

This chapter will outline the main pathways to care for those with mental health difficulties, including the different levels of care available. It will also describe the work of some of the main organisations working in suicide prevention nationally and in the community. Many of these organisations and those working in these roles provide a range of other services. However, in this chapter the focus is on their work in relation to suicide prevention. As mental health promotion is a core part of suicide prevention, this aspect will also be included.

6.1 What types of mental health support and services are available?

A person may need different types of support for mental health difficulties depending on their needs at particular times in their life. Often a "stepped" approach is needed, which is made up of different levels of care and support.[1]

Levels of support

Figure 6.1 shows that there are six different "steps" or levels of care offering mental health support and services. People may move between the levels of care or use more than one type of support or service at any one time. Sometimes, they may be able to get support with some, but not all, of their problems at one level. This may be because their problem is outside the scope of the support or service they are engaging with. In other cases, the problem might be within the scope of that service, but it is too complex to deal with. For example, the service might be able to support someone with a mild or moderate difficulty, but if the problem becomes more severe then specialist care may be needed.

1 Department of Health. (2020). Sharing the vision: A mental health policy for everyone. Dublin: Department of Health. https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/

Figure 6.1: Layered care framework[2,3]

Level 1: Societal wellbeing, resilience and safety

Mental health information and resources that are freely available to the whole population and they support people in keeping well and promoting mental health and wellbeing.
Examples: Resources to be found on: www.yourmentalhealth.ie or www.healthpromotion.ie

Level 2: Self-help

Tools and information that encourage you to learn how to help yourself or those around you.
Examples: Using apps and for mobile apps approved by the HSE Mental Health Group, see: https://www2.hse.ie/mental-health/services-support/supports-services/#apps or healthy reading books, see: https://www.hse.ie/eng/services/list/4/mental-health-services/dsc/dubwestsouth/addinfo/books/

Level 3: People-to-people support

This involves some form of human-to-human contact which can be one-to-one or done in a group, and it can be in person or online.
Example: A suicide bereavement support group (see case study of HUGG in Chapter 2, Section 2.6).

Level 4: Primary care and voluntary care services

Community-based professional services, including health services that meet mental health needs related to stress, anxiety and depression and signpost or refer onto mental health services, as needs be.
Examples: The family doctor and counselling services.

Level 5: HSE specialist mental health services

Community mental health services for children, adolescents and adults. Acute services, including in-patient supports.
Examples: In-patient and day hospital care.

Level 6: Severe and enduring needs

Mental health services, including residential services.
Example: A Specialised Rehabilitation Unit for mental health service users.

2 HSE. (2020). HSE psychosocial response to the Covid-19 pandemic. Dublin: HSE. https://www.hse.ie/eng/services/publications/mentalhealth/hse-psychosocial-response-to-the-covid19-pandemic-2020.pdf

3 Department of Health. (2020). Sharing the vision: A mental health policy for everyone. Dublin: Department of Health. https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/

Access to supports and services

People can self-refer to supports and services from Levels 1–4. Self-refer means being able to contact or use a support or service directly without needing a letter from your doctor or another healthcare professional. Most people will have their needs met at these levels. A much smaller number of people receive care from mental health services offered at Levels 5 and 6.

Types of support available

Levels 1–3

Descriptions and examples of types of support offered in Levels 1–3 are outlined in Figure 6.1. Other examples are provided throughout this publication, including in Chapters 2, 4 and 5.

Level 4

Counselling or talk therapies are categorised as a Level 4 service. Provided by a trained therapist, they may be offered in a one-to-one, family or group setting. Counselling can be carried out over the phone, online or face-to-face. Some therapists work with specific age groups, for example, children and young people or with adults. There are many different types of therapies on offer. For more details, see: https://www2.hse.ie/mental-health/services-support/talking-therapies/

In Ireland, a number of counselling and psychotherapy professional bodies have been established which are currently self-regulated. They set out the standards that their members must comply with, for example, in terms of education, training and professional practice. Visiting the websites of these professional bodies is one way of finding out how to access a therapist, including learning more about their qualifications, areas of expertise and geographical location. Some examples include:

- Family Therapy Association of Ireland
  http://www.familytherapyireland.com/
- Irish Association for Counselling and Psychotherapy
  https://iacp.ie/
- Irish Association of Humanistic and Integrative Psychotherapy
  https://iahip.org/Psychotherapist-Directory?&tab=1
- Psychological Society of Ireland
  https://www.psychologicalsociety.ie/

The Community Therapy of Ireland (formerly known as the Association of Agency-Based Counselling and Psychotherapy in Ireland) also accredits agencies, as opposed to

individual therapists, involved in providing low-cost community-based counselling across Ireland. To find out more about these agencies, see: https://communitytherapyireland.ie/

Pieta is a voluntary organisation that has been specifically set up to provide a therapeutic service to those who are suicidal, engaging in self-harm or bereaved by suicide: www.pieta.ie

The **family doctor**, also known as a general practitioner or GP, is usually the first person to approach about mental health concerns. More than 90% of mental healthcare in Ireland is provided at this level (Level 4).[4] The GP may also signpost to other supports and services in the community, for example, a local support group. In some cases the GP may decide to make a referral, for example, to the HSE Mental Health Service, so that the person can be assessed. This assessment is needed to find out if specialist mental health services (Level 5) are the best type of treatment for the person at that time.

Levels 5 and 6

The **Mental Health Services** are organised on a geographical basis, with Community Mental Health Teams providing most of the support to people in local areas (typically one or two teams for approximately 50,000 population). There are Community Mental Health Teams specifically for people under 18 and those over 65, as well as those with particular needs such as intellectual disabilities, with most teams providing supports to the rest of the population. There are also in-patient units, typically attached to general hospitals, and there is usually one unit for approximately 300,000 population.

The Community Mental Health Teams work closely with the in-patient units. Community Mental Health Teams are multi-disciplinary[5] and are the main way used to deliver community-based mental health supports.

Examples of specialist mental health services include:

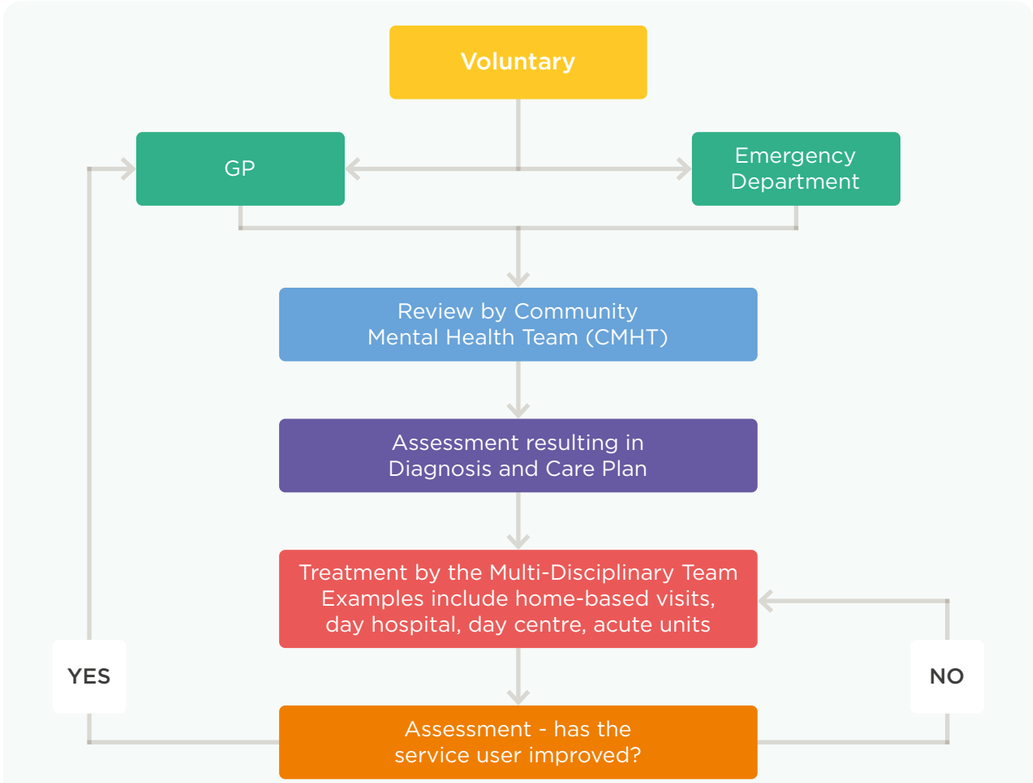
- **Child and Adolescent Mental Health Services (CAMHS):** CAMHS provides assessment and treatment for young people up to the age of 18 years, and their families or guardians, who are experiencing moderate to severe mental health difficulties. Care is provided through a multi-disciplinary team. Young people access a CAMHS service by being referred by their GP.

4 Irish College of General Practitioners. (2017). Submission of the Irish College of General Practitioners to the Oireachtas Joint Committee on the future of mental health care in relation to GP led primary care expansion. https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_future_of_mental_health_care/submissions/2017/2017-12-14_opening-statement-icgp_en.pdf

5 "A team of people with different skills and specialities – psychiatrists, non-consultant hospital doctors, mental health nurses, clinical or counselling psychologists, occupational therapists, social workers, and, where available, peer support workers and family peer support workers. The team carries out, and monitors, the care and recovery programme for individuals attending the mental health service in partnership with the individuals concerned and, where appropriate, their families and supporters". HSE Mental Health Engagement Office. (2018). Mental health services: Family, carer and supporter guide, p.24. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

- **General Adult Mental Health Services:** This provides mental health services for those aged over 18 years who have moderate to severe mental health difficulties, their families and carers.
- **Psychiatry of Later Life:** This provides mental health services for people over sixty-five years of age who are coming to the service for the first time, their families and carers.

Figure 6.2: The pathway through the mental health system[6]



6 Adapted from: HSE Mental Health Engagement Office. (2018). Mental health services: Family, carer and supporter guide, p.35. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

In an emergency and outside GP hours, it is advised to call 999 or 112 or go to the Emergency Department of your local hospital.

For more information, see:

HSE CAMHS: https://www2.hse.ie/wellbeing/mental-health/child-and-adolescent-mental-health-services/introduction-to-camhs.html

HSE Mental Health Service: https://www.hse.ie/eng/services/list/4/mental-health-services/

Video by Mental Health Ireland: How to access your local mental health services: https://www.mentalhealthireland.ie/mental-health-services/?gclid=CjwKCAjwgvIlBhBkEiwA10D2j8ekHlh-bEIDY7gKCnQZxiW6qKOIaZygIJQxKTFc57h9dJHAUGVO9BoCuCUQAvD_BwE

Information on mental health supports and services: www.yourmentalhealth.ie

6.2 What organisations are working in suicide prevention and related areas?

This section describes some of the main organisations and services working in suicide prevention and related areas. They include:

National

- HSE National Office for Suicide Prevention
- National Suicide Research Foundation

National services delivered locally

- National Educational Psychological Services
- Family Resource Centres

County structures

- Children and Young People's Services Committees

National

HSE National Office for Suicide Prevention

The National Office for Suicide Prevention (NOSP) was set up in 2005 within the HSE. It plays a key role in ensuring that strategic work on suicide prevention remains high on the national agenda. It drives the overall implementation of Connecting for Life across the HSE and in collaboration with many other sectors. These include government departments, state agencies and community and voluntary organisations.

What does the National Office for Suicide Prevention do?
The National Office for Suicide Prevention supports, informs, coordinates and monitors implementation of the Connecting for Life national strategy. The monitoring system it has put in place provides information to track progress on the 69 actions contained in the strategy. It publishes these implementation progress reports on a quarterly basis every year: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/implementation-progress-reports/

The team working in the National Office for Suicide Prevention also support the following functions:

- **Education and training:** The National Office for Suicide Prevention is the national coordinator for suicide prevention, intervention and postvention programmes and self-harm awareness training across Ireland. For more information on these programmes, see Chapter 7: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-national-education-and-training-plan.html
- **Communications:** The National Office for Suicide Prevention ensures that there is effective communication between the agencies responsible for implementation of the strategy and to the public. It also works with other partners on developing and promoting mental health and stigma reduction campaigns and on the safe reporting of suicide.
- **Suicide bereavement:** The National Office for Suicide Prevention has appointed a National Suicide Bereavement Support Coordinator to work in partnership with other key stakeholders to improve suicide bereavement supports in Ireland. https://www.lenus.ie/handle/10147/627064
- **Quality standards in suicide prevention:** The National Office for Suicide Prevention has worked with HSE colleagues and organisations that it funds to co-produce quality standards at a national level. It is now supporting the implementation of these standards, while also making sure that the work being carried out in these organisations aligns with the actions set out in Connecting for Life (see Chapter 3, Section 3.5): https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/best-practice-guidance-for-suicide-prevention-services-2019.pdf
- **Research and evaluation:** The National Office for Suicide Prevention supports research in the areas of suicide prevention and mental health promotion. It has commissioned a number of research reports: https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/research/reports/researchdate.html

  In 2021, the National Office for Suicide Prevention supported a grant scheme to fund collaborative research projects to gain a better understanding of the groups that are more at risk of suicide and self-harm. For more information, see: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/grant-scheme-for-collaborative-research-projects.html

Who do they work with?
As Connecting for Life is a whole-of-government strategy, the National Office for Suicide Prevention works with many senior officials from key government departments and state agencies that are lead partners in its implementation. The National Office for Suicide Prevention also collaborates with non-governmental organisation partners that it funds. The HSE has a lead role in the implementation of 40 Connecting for Life actions. The National Office for Suicide Prevention works with representatives from HSE services, including Primary Care, Mental Health, Health and Wellbeing and Acute Hospitals. It also works closely with HSE Resource Officers for Suicide Prevention around the country to ensure that regional activities correspond to national goals and that national activities support local needs.

What is outside the scope of the National Office for Suicide Prevention?

- **Non-clinical role:** The National Office for Suicide does not provide clinical or therapy services. While it funds a number of suicide prevention supports and services, which are outlined in its annual reports each year, https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/about/annualreports/, it is not involved in their delivery. It does, however, signpost to appropriate services, as listed on www.yourmentalhealth.ie
- **Local or regional activities:** While the National Office for Suicide Prevention links with a wide range of services and supports, it is mainly involved in activities at national level. Connecting for Life partners support this work at local or regional level.

How can they be contacted?
More information can be found at:
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/about/

National Suicide Research Foundation

The mission of the National Suicide Research Foundation is to provide a nationally and internationally recognised body of reliable knowledge from a multi-disciplinary perspective on the risk and protective factors associated with suicidal behaviour.
This provides solid evidence to inform policy development and intervention in the prevention of suicide and the management of people presenting with self-harm.
The National Suicide Research Foundation is a World Health Organization Collaborating Centre for Surveillance and Research in Suicide Prevention. Members of the research team represent a broad range of disciplines, including psychology, epidemiology, biostatistics, sociology, social science, applied social studies, public health and health services research.

What does the National Suicide Research Foundation do?

Its main aims are to:

- **Examine:** By monitoring trends, risk factors and protective factors associated with suicide and self-harm.
- **Translate:** By translating and disseminating research to inform and impact on policy and practice.
- **Intervene:** By applying information-based interventions at a local, national and international level.

The National Suicide Research Foundation compiles data on self-harm presentations to hospital via the National Self-Harm Registry Ireland, see: https://www.nsrf.ie/findings/reports/

It also provides training to healthcare professionals from general hospitals through projects such as: the Self-Harm Assessment and Management in General Hospitals Training Programme: https://www.nsrf.ie/strategic-research-clusters/development-of-a-self-harm-assessment-and-management-programme-for-general-hospitals-samagh/ and the Self-Harm and Suicide Awareness Project: https://www.nsrf.ie/strategic-research-clusters/self-harm-and-suicide-awareness-share/

See also its strategic plan for 2025-2030: https://www.nsrf.ie/nsrf-strategic-plan-launch-feb-11th-2025/

What is outside the scope of the National Suicide Research Foundation?

- It is the remit of the Central Statistics Office to compile statistics relating to suicide in Ireland.
- The National Suicide Research Foundation is not a crisis centre and does not offer individual counselling or support; however, from time to time it receives calls from distressed individuals and signposts them to appropriate services who can offer support.

Resources

- Information on all projects can be accessed in its annual reports at: https://www.nsrf.ie/findings/reports/
- The National Self-Harm Registry Ireland Annual Reports are available at: https://www.nsrf.ie/findings/reports/
- All journal articles, reports, presentations, press releases, research bulletins and information leaflets can be accessed at: https://www.nsrf.ie/findings/

National services delivered locally

National Educational Psychological Service

The National Educational Psychological Service (NEPS) is a service provided by the Department of Education. NEPS psychologists work with both primary and post-primary schools to support the wellbeing, academic, social and emotional development of all learners.

What do they do?

NEPS supports schools in prevention and early intervention for students showing signs of distress and/or social, emotional and behavioural difficulties. NEPS also supports schools in the event of a critical incident.

Preparing for and responding to critical incidents is an element of the core work NEPS does in schools. A critical incident is a situation that overwhelms the normal coping capacity of the school. The types of critical incidents experienced by schools range from the death of a member of the school community through illness, suicide or accidental death to physical assaults or serious damage to school property. NEPS provides training and support to schools on Critical Incident Planning, the development of a Critical Incident Policy and Plan and the establishment of a Critical Incident Management Team. NEPS also supports schools in the event of a critical incident. This involves NEPS supporting the school staff to support the students by helping them to:

- activate their plan
- mobilise the school's resources
- access other support systems

Who do they work with?

Following a suspected suicide, the main role of NEPS is to offer advice and support to the teachers and other adults who support the students and who know them well. This can include the school principal, the Critical Incident Management Team and individual teachers. This approach is based on best practice, in that it is important that students are with people they know and trust at this time.

NEPS also work with other organisations involved in providing interagency psychosocial supports, for example, HSE staff, in particular, clinical psychology services or other relevant agencies, such as Tusla, Child and Family Agency.

What is outside the scope of the service?

NEPS is an educational psychological service. The team do not provide counselling. Instead, they offer immediate support, information and advice for school staff to support students in the short term following a suspected suicide in the school community. This is similar to the psychological first aid approach described in Chapter 2, Section 2.3.

Resources

Responding to critical Incidents: NEPS guidelines and resource materials for schools
https://www.gov.ie/en/service/5ef45c-neps/#critical-incidents
These guidelines and further resources are available to help schools to plan for and to cope with the various challenges that arise from critical incidents.

NEPS also delivers webinars for schools on Understanding Bereavement and Loss and Supporting Children.

The service has developed a range of workshops on the promotion of wellbeing and resilience in primary and post-primary schools, which includes trauma-informed approaches. The approaches outlined in the workshops are based on research findings, on the experience of experts in their fields and on the experience of practicing psychologists working in schools.

How can they be contacted?
Contact details of all NEPS offices can be found on:
https://www.gov.ie/en/service/5ef45c-neps/#neps-contacts

Family Resource Centres

Family Resource Centres are based in over 120 communities, across the Republic of Ireland. They receive funding through Tusla.

What do Family Resource Centres do?
Family Resource Centres provide a range of services and development opportunities that address the needs of families, including:

- Providing information, advice and support
- Signposting to mainstream services
- Delivering education and training
- Setting up and running community groups and local services (for example, childcare facilities, after-school clubs, men's groups)
- Providing counselling and support
- Offering practical assistance to individuals and community groups, such as access to information technology and office facilities

They offer an open-door service which is free or at low cost.

More information about Family Resource Centres can be found at:
https://www.familyresource.ie/what-is-a-family-resource-centre.php

In relation to suicide prevention, they all work within the guidelines set out in the Family Resource Centre National Mental Health Promotion Project Suicide Prevention Code of

Practice. A code of practice sets out guidance on how an organisation should carry out its duties. This code of practice sees Family Resource Centres as having a "first aid" role in relation to supporting someone who is feeling suicidal. Their main aim is to ensure that people at risk remain safe and that they get the professional help and other supports that they need.

Who do they work with?
Family Resource Centres support children, families and individuals of all age groups, especially those who are disadvantaged. They also work closely with communities.

What is outside the scope of the role?
While each Family Resource Centre is unique and seeks to meet the needs of its own community, their work in relation to suicide prevention is guided by the Family Resource Centre National Mental Health Promotion Project Suicide Prevention Code of Practice. As set out in this code of practice, they do not work outside the scope of the first aid role they offer in their community.

Family Resource Centres cover a specific geographical area. However, they are well-connected with colleagues working in other areas as they have national and regional forums set up to share information. As a result, they have a good knowledge of supports in place in other parts of Ireland.

How can they be contacted?
For more information on where Family Resource Centres are located and the work that they do, see: https://www.familyresource.ie/family-resource-centres-regions.php

Resources

Our Story
https://www.familyresource.ie/uploadedfiles/FRCNF-Our%20Story%202020-final_web_4.pdf
This sets out the history of Family Resource Centres, as well as their current work and plans for the future. It contains many powerful case studies describing the work that is being carried out.

County structures

Children and Young People's Services Committees

Children and Young People's Services Committees (CYPSC) plan and coordinate services for children and young people (0–24 years) in every county in Ireland. CYPSC act as the structure whereby statutory, community and voluntary services can work together in a systematic manner to achieve shared goals. The overall purpose is to improve outcomes for children and young people through local and national interagency working.
See: www.cypsc.ie

CYPSC are a policy initiative of the Department of Children, Equality, Disability, Integration and Youth, with national leadership and implementation support delivered by Tusla Child and Family Agency. They were set up in 2007 and there are in every county in Ireland, with 27 CYPSC now in operation. Each local CYPSC has a chairperson from within senior management of Tusla and implementation support is provided by 26 local CYPSC Coordinators, also employed by Tusla.

What do they do?
CYPSC are a key local stakeholder in county level Connecting for Life structures and support the implementation of local plans in partnership with the HSE and other local agencies.

Each CYPSC develops a 3-year interagency plan. They also have set up a sub-group on health, with a key focus on mental health and wellbeing.

- **Signposting:** CYPSC raise awareness of local or national training, supports and services available for children, young people and families and how to access them. Improving access to services and supports is a key part of CYPSC work and this is achieved in a variety of different ways, including through local and national websites, information leaflets, booklets, posters and media campaigns.
- **Training:** CYPSC work with their stakeholders to provide and promote evidence-based training programmes which support the wellbeing of children, young people and parents in their areas.
- **Partnership working:** CYPSC facilitate inter-agency working including a response to suicide and other critical incidents. Identification and communication of emerging issues to the HSE is another aspect to the role of CYPSC.

Who do they work with?
CYPSC work with a wide range of services[7] to improve outcomes for children and young people through interagency cooperation and collaboration. These include state services and a wide range of community and voluntary groups across many sectors and themes.

What is outside the scope of their role?

- **Age remit:** CYPSC work with their stakeholders to plan and coordinate services and supports for children and young people aged 0 to 24 years. While CYPSC may work with adult services to support transitions from child to adult services, they do not plan or coordinate adult services and supports.

[7] Department of Children and Youth Affairs. (2019). About CYPSC shared vision, next steps 2019-24, p. 41 for a listing of CYPSC member organisations. Dublin: Department of Children and Youth Affairs. https://www.gov.ie/en/publication/4cd9f3-shared-vision-next-steps-2019-2024/

- **Non-therapeutic role:** The CYPSC Coordinator role is a non-clinical role; Coordinators do not provide a therapeutic or counselling service.
- **Working hours:** While CYPSC Coordinators work flexible hours, they are usually only available during office hours. However, they do signpost to services that operate outside office hours.
- **Geographical area:** CYPSC Coordinators work in a particular geographical area which is aligned to the Local Authority / City and County Council area. They may not have a strong local knowledge of activities taking place outside the area in which they serve. However, they can link you in with the relevant CYPSC Coordinator for your area.

How can they be contacted?
See: www.cypsc.ie/contact.36.html

6.3 Who is working in key roles in suicide prevention and what do they do?

To help people in communities get a better understanding of supports and services, this section describes some of the main roles of those working in mental health promotion, mental health services and suicide prevention organisations in Ireland. The examples included will be divided into:

HSE

- Resource Officers for Suicide Prevention
- Area Leads for Mental Health Engagement and Recovery
- Family Peer Support Workers
- Health Promotion and Improvement Officers
- Mental Health Service Coordinators for Travellers
- Peer Support Workers

Other state services

- Healthy Ireland – Healthy City and County Coordinators

Community and voluntary organisations

- Mental Health Ireland Development Officers

HSE and community and voluntary organisation partnerships

- Peer Educators in Recovery Colleges or Recovery Education Services

HSE

HSE Resource Officers for Suicide Prevention

The HSE first recruited Resource Officers for Suicide Prevention in 1998. For more background information on the history of suicide prevention in Ireland, see Chapter 1. There are 23 positions located across the country.

What do they do?
The role of Resource Officers for Suicide Prevention includes:

Providing advice and support on:

- Where to source suicide prevention leaflets and resources.
- Helping to ensure that best practice is followed across the community in relation to aspects relating to suicidal behaviour.
- How a community can respond to suspected suicide in a safe, balanced and effective way.
- What other groups or organisations working in suicide prevention are doing or planning to do in the community.

Information sharing and awareness raising:

- Raising awareness of local or national mental health supports and services that are available and how to access them. This is done in a variety of different ways, including publicity materials, for example, local posters, leaflets and wallet-sized support cards.
- Promoting positive mental health campaign messages through local networks, including local media and social media.

Signposting to services:

- Signposting to services that support people at risk of suicide and services that support people after a suspected suicide or suicide.

Training:

- Providing local access in a safe and coordinated way to standardised, evidence-based suicide prevention training programmes available throughout Ireland (see Chapter 7). This may involve teaming up with other organisations or groups to support the promotion and delivery of programmes locally.
- Raising awareness of a wide range of education and training programmes in mental health that are supported by the HSE, other state organisations or voluntary and community groups. (See also Chapter 7).

Partnership working:

- Working with other key partner organisations to support the development and delivery of actions set out in local action plans. For more information, see Chapter 1, Section 1.7.

A person may need different types of support for mental health difficulties depending on their needs at particular times in their life. Often a "stepped" approach is needed, which is made up of different levels of care and support.

- Participating in national HSE policymaking to ensure that the experiences and needs of the local area are included in the design and delivery of national and local suicide prevention initiatives.
- Promoting evidence-informed practice. This is using evidence based on research, lived experience and professional expertise to design, deliver and improve suicide prevention initiatives.

Who do they work with?
Resource Officers work with a wide range of HSE, other state services, voluntary and community groups. They also work closely with:

- Other Resource Officers throughout Ireland to make sure that key information and learning experiences are shared. This is done through their Learning Community of Practice.[8]
- The HSE National Office for Suicide Prevention to develop resources and supports and to make sure that the work is well-coordinated around the country.

What is outside the scope of the role?
The following is outside the scope of the role of Resource Officer:

- This is not a clinical or therapeutic role. Resource Officers do not provide a counselling service, diagnose or treat people.
- While Resource Officers work flexible hours, the supports that they provide are generally only available during office hours. They do not normally work at weekends or 24-hours a day. However, they do signpost to services that operate outside office hours.
- Resource Officers work in a particular geographical area and have knowledge of activities specific to that area. They can, however, make links with the appropriate Resource Officer for Suicide Prevention in another area.
- In line with current available best practice, Resource Officers do not provide access to suicide prevention training to those aged under 18 years.[9]
- Resource Officers do not provide access to suicide prevention training to students attending primary or post-primary schools. They do, however, offer this training to other key partners in the school community. In line with best practice, they also do not offer once-off talks in schools on suicide prevention. (See Chapter 4, Section 4.3 for more information on working with schools).

[8] HSE Resource Officers for Suicide Prevention Learning Community of Practice. A learning community of practice is a group who share a common interest and, through their interactions with one another, seek to learn how to carry out their work more effectively.

[9] HSE National Office for Suicide Prevention. (2025). Connecting for Life: National education and training plan 2025, p.16. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-national-education-and-training-plan.html

- It may not be appropriate for a Resource Officer to offer support in the case of deaths that are not suspected suicides, as their involvement may imply that the death is in some way suicide-related. Or, for example, in the case of a missing person, their involvement implies that the person has died and that the death was by suspected suicide. This may further add to the pain that a grieving or anxious family or others affected in a community may be feeling.

How can they be contacted?
For contact details, see:
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/

HSE Area Leads for Mental Health Engagement and Recovery

Area Lead for Mental Health Engagement and Recovery positions were set up in 2014 following a national consultation process with service users, family members, carers and HSE staff. There are nine Area Leads across the country.

What do they do?
The role of an Area Lead for Mental Health Engagement and Recovery is to connect with people who have used or are using mental health services, as well as their family members, carers and friends. This is done to make sure that the views and experiences of people who use mental health services are included in the design, delivery and evaluation of these services.

This "engagement" can take place in a number of ways, for example, monthly local forum meetings (see description below), online meetings, surveys, consultations, over the phone and face-to-face. These meetings and conversations involve talking about what works well, what is not working well and the changes that are needed. In this way, learning from the experiences of people who use mental health services can be applied to improve these services for everyone.

Who do they work with?
The Area Lead hosts local forum and online engagement meetings. These meetings are for people aged 18 or over who have experienced HSE Mental Health Services, and the friends, carers and family members who support them.

They work with service providers right across mental health in the various disciplines, teams and services. They also work in the community with voluntary and community sector organisations. The Area Lead can signpost to these services, when requested.

What is outside the scope of the role?
Duplicating services or providing parallel systems, for example, providing a direct advocacy service, handling formal complaints or providing traditional support group services.

How can they be contacted?
See: https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/

HSE Family Peer Support Workers

A Family Peer Support Worker aims to support the family members or friends of service users to look after their own wellbeing to ensure that they are in a good place to support the service user's recovery and the recovery of others who are important to them. They work as part of HSE mental health multi-disciplinary teams.

What do they do?
The role of the Family Peer Support Worker has been developed to support family members or significant others who have someone experiencing mental distress and are receiving care from HSE Mental Health Services. Each Family Peer Support Worker has their own lived experience of mental health difficulties in their family or in a close relationship.

The Family Peer Support Worker provides formalised peer support and practical assistance to family members in helping them to regain control over their lives and their own unique recovery journey. They work alongside an agreed number of family members on a one-to-one basis to enhance communication and problem-solving skills so that they can better support and listen to each other's experience, as well as to support family members to develop wellness plans. The Family Peer Support Worker also co-facilitates group-based activities that offer family members access to additional support and information.

They facilitate and support information sharing to promote choice, self-determination and opportunities for connecting with local communities and signposting family members to a range of integrated and community-based support programmes.

Who do they work with?
The Family Support Worker works with:

- Community Mental Health Teams
- Area Lead for Mental Health Engagement and Recovery
- Recovery education staff
- Family and community and voluntary organisations
- Mental Health Service Social Work Teams

What is outside the scope of the role?
The Family Peer Support Worker is not a therapist or a case manager. They do not share information about the service user's care and treatment. They do not manage risk, and as with all mental health professionals, must respect the limits of confidentiality in terms of safeguarding child protection and risk of harm to self or others.

HSE Health Promotion and Improvement Officers

The HSE Health Promotion and Improvement team is part of the Health and Wellbeing Division located across the country. The Health Promotion function was first introduced to the HSE in the 1980s, with very few staff in place. However, since 2021, teams have grown significantly and are continuing to expand. The Healthy Ireland Framework[10] is the overarching policy document guiding their work in this area. Health Promotion and Improvement teams also support the implementation of Slaintecare,[11] which has led to the development of Community Health Networks: https://www.hse.ie/eng/services/list/2/primarycare/community-healthcare-networks/ and Chronic Disease Management Hubs: https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/

What do they do?
Health promotion is about helping people in the general population to stay healthy and well, while also focusing on those at greatest risk of developing chronic disease.[12] Health Promotion and Improvement staff have a key role in building the capacity of other stakeholders to promote health through partnership working, in line with the priorities outlined in Healthy Ireland.[13]

Their work focuses on:

- Building the capacity of health services to support people to stay healthy and well through delivery of health and wellbeing training programmes, for example, Minding Your Wellbeing (see Chapter 7 for more details).
- Supporting social and emotional learning in primary and post-primary schools by providing training for teachers, in collaboration with the Department of Education (see programmes listed in Chapter 4).
- Providing knowledge, expertise and support to ensure the health service and models of care deliver health and wellbeing gains for the population, particularly for those most at risk.
- Reducing onset of chronic disease and supporting those with chronic conditions to live better through the provision of smoking cessation services and other behavioural change and lifestyle interventions, for example, healthy eating, physical activity and stress reduction.

10 Department of Health. (2013). Healthy Ireland: A framework for improved health and wellbeing 2013–2025. Dublin: Department of Health. https://www.gov.ie/en/publication/e8f9b1-healthy-ireland-framework-2019-2025/

11 Houses of the Oireachtas. (2017). Slaintecare report. Dublin: House of the Oireachtas. https://www.gov.ie/en/publication/0d2d60-slaintecare-publications/

12 Chronic illness can increase people's risk of suicide, for example, due to chronic pain, social isolation and the belief that they are a burden on others. Rogers, M.L., Joiner, T.E. & Shahar, G. (2021). Suicidality in chronic illness: An overview of cognitive-affective and interpersonal factors. Journal of Clinical Psychology in Medical Settings, 28(1), 137–148. Doi: 10.1007/s10880-020-09749-x

13 Department of Health. (2013). Healthy Ireland: A framework for improved health and wellbeing 2013–2025. Dublin: Department of Health. https://www.gov.ie/en/publication/e8f9b1-healthy-ireland-framework-2019-2025/

- Building partnerships and working closely with, for example, CYPSC, Local Authorities, Healthy Cities and Counties and Age Friendly Alliances to advance health and wellbeing initiatives and deliver improved health outcomes across key populations.
- Supporting HSE and HSE funded organisation staff to enjoy improved health and wellbeing. Healthcare professionals are one of the priority groups identified in Connecting for Life.

Who do they work with?
Health Promotion and Improvement staff work with a wide range of HSE, other state services, voluntary and community groups. They also work closely with:

- Other Health Promotion and Improvement Officers across the county to share information, learning and experiences.
- The National HSE Health and Wellbeing Policy Priority Programme Leads provide overall strategic guidance and direction, in line with best practice across a number of national programmes (see Table 6.3).
- Local HSE Divisions including Health and Wellbeing, Primary Care, Social Care, Mental Health, Older People's Services, Disability and Hospital Groups, particularly regarding implementation of Healthy Ireland Plans.
- The multi-disciplinary teams in HSE Community Health Networks, Chronic Disease Management hubs and Integrated Care Programme for Older People (ICPOP), which are currently in development.
- Local stakeholders including CYPSC, schools, youth services, community and voluntary organisations, higher education, local development organisations, Family Resource Centres, Drug and Alcohol Task Forces, Sports Partnerships and Healthy Cities and Counties.

What is outside the scope of their role?

- Health Promotion and Improvement is not a clinical or therapeutic role. Staff do not provide a counselling service, diagnose or treat people from a clinical point of view.
- Health Promotion and Improvement staff generally have a remit around a specific geographical area, priority group and /or a specific number of programmes or topics. They can, however, provide information or signpost to other members of the team or other stakeholders, as appropriate.
- In line with best practice, Health Promotion and Improvement staff generally do not do once-off talks unless in the context of an overall programme or initiative.
- Health Promotion and Improvement staff do not work directly with children and young people as such, but support teachers, youth workers and community and voluntary organisations to promote the health and wellbeing of young people through the provision of training, resource materials and capacity building.

- The service operates on a Monday to Friday basis during office hours. Staff do not normally work weekends. However, some training and initiatives may be provided outside of normal working hours depending on need and available resources.

How can they be contacted?
Email: HealthPromotion@hse.ie

HSE Mental Health Service Coordinators for Travellers

In 2018, the HSE recruited Mental Health Service Coordinator posts to support access to, and delivery of, mental health services for Travellers, across the country.

What do they do?
Mental Health Service Coordinators for Travellers are responsible for managing and supporting programmes and projects to improve Travellers' access to mental health services and improve staff knowledge and understanding of Traveller culture.
They work with Traveller organisations on the design of mental health promotion and suicide prevention initiatives at community level and the creation of services that meet the mental health needs of Travellers.

Mental Health Service Coordinators could be involved in any initiative related to the social determinants of Travellers' mental health and work closely with Traveller Health Units (set up in HSE areas as part of government policy to prioritise, coordinate and monitor Traveller health), community groups and Local Authorities. These initiatives include improving employment opportunities, tackling discrimination/hate speech, advocating for better housing, supporting educational attainment/retention in education, improving social cohesion and celebrating Traveller culture. All these factors can have a positive knock-on effect on Travellers' mental health.

Who do they work with?
They work in collaboration with Traveller organisations, HSE Resource Officers for Suicide Prevention and HSE Community Mental Health Teams.

What is outside the scope of the role?
This is not a clinical or therapeutic role. Mental Health Service Coordinators for Travellers do not provide a counselling service, diagnose or treat people.

HSE Peer Support Workers

Peer Support Workers were first recruited to the HSE in 2017. They work as part of HSE mental health multi-disciplinary teams.[14]

What do they do?
Peer Support Workers are individuals who have "lived experience" of mental health difficulties. This means that they have experienced mental health difficulties themselves and have used mental health services. Their role is to use their knowledge from their own lived experience (also known as experiential knowledge) to support others on their recovery journey. They facilitate discussions that allow service users to identify within themselves what they need to do for their own recovery. They then support people to achieve those goals.

Who do they work with?
Peer Support Workers are full members of traditional multi-disciplinary teams. Therefore, they work alongside other health and social care professionals in the achievement of goals set out on completed Individualised Care and Recovery Plans. They also work with community organisations including Aware,[15] Grow,[16] Shine[17] and regional Recovery Colleges (see below). They work with these organisations to support service users and to bring a focus on recovery to the services they work in. More information can be found in the policy document A National Framework for Recovery in Mental Health: https://www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/

What is outside the scope of the role?
Peer Support Workers are not medical professionals. They do not prescribe medication or promote any specific treatment options.

14 For more information on the roles of other healthcare professionals working in mental health services see: https://www.hse.ie/eng/services/list/4/mental-health-services/dsc/communityservices/multidisciplinaryteam.html and HSE Mental Health Engagement Office. (2018). Mental health services: Family, carer and supporter guide. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

15 Aware is a national mental health organisation that provides information, education and support to those affected by anxiety, depression, bipolar and other mood conditions. For more information, visit: www.aware.ie

16 Grow is a national mental health organisation that provides community-based, peer support groups for anyone who is experiencing a mental health issue. For more information, visit: www.grow.ie

17 Shine is a national mental health organisation that offers information and support to individuals with self-experience of mental health problems. It also provides support to family members, relatives and supporters of people living with mental health challenges. For more information, visit: www.shine.ie

Other state services

Healthy Ireland - Healthy City and County Coordinators

Healthy City and County Coordinators are based in each city and county in Ireland. They are part of the Healthy Ireland Healthy Cities and Counties of Ireland Network: https://www.gov.ie/en/publication/d4fa22-healthy-counties-and-cities/

The main aim of the Healthy Cities and Counties of Ireland Network is to support the implementation of national policy actions at local level to improve the health and wellbeing of all people in each county and city. These policies set out in Table 6.3 include the following:

Table 6.3: National policies and action plans for priority areas

Priority area	National policy and actions
Physical activity	• Get Ireland Active: National Physical Activity Plan https://www.gov.ie/en/policy-information/b60202-national-physical-activity/ • Get Ireland Walking Strategy 2023-2027 https://www.gov.ie/en/publication/d4bfd-get-ireland-walking-strategy-2023-2027/
Healthy weight	• A Healthy Weight for Ireland: Obesity and Policy Action https://www.gov.ie/en/publication/c778a9-a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-202/
Tobacco free	• Tobacco Free Ireland https://www.gov.ie/en/policy-information/5df1e7-tobacco-free-ireland/
Sexual health	• National Sexual Health Strategy https://www.gov.ie/en/policy-information/8feae9-national-sexual-health-strategy/
Prevention and reduction of alcohol-related harm	• Reducing Harm, Supporting Recovery: A Health-Led Response to Drug and Alcohol use in Ireland 2017–2025 https://www.drugsandalcohol.ie/27603/1/Reducing-Harm-Supporting-Recovery-2017-2025.pdf
Mental health	• Sharing the Vision: A Mental Health Policy for Everyone https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/ • Connecting for life, Ireland's National Strategy to Reduce Suicide 2015–2024 https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

What do they do?
The Healthy City and County Coordinators provide a platform to connect all the activities and networks within a city or county under the areas identified above, including physical activity, healthy food, tobacco free, sexual health, prevention and reduction of alcohol-related harm and mental health. The Healthy City and County Coordinators focus on engagement, collaboration and creating long-term innovative partnerships.

Who do they work with?
They work in partnership with local communities and through existing structures and networks within statutory, voluntary and private sectors to progress each area.

What is outside their scope?
This is a non-clinical role. Coordinators do not duplicate efforts and they work in line with good practice.

How can they be contacted?
To find out coordinator contact details for your city or county, contact your Local Authority: https://www.gov.ie/en/publication/942f74-local-authorities/#city-councils

Community and voluntary organisations

Mental Health Ireland Development Officers

Mental Health Ireland was set up in 1966 and is the longest established mental health charity in Ireland. Its aim is to promote positive mental health and wellbeing for all individuals and communities and to support people with lived experience of mental health challenges in their recovery.

Mental Health Ireland's national Development Officer team is central to supporting the delivery and implementation of the organisation's strategy – Educating, Empowering and Connecting Communities (2025-2027): https://www.mentalhealthireland.ie/strategy/

What do they do?
Their work includes supporting the development and sustainability of the network of local Mental Health Associations across the country. These are led by volunteers with a particular interest in mental health, for example, people from the local community, those with lived experience of mental health difficulties, family members, carers and mental health professionals. For more information on Mental Health Associations, see: https://www.mentalhealthireland.ie/mental-health-associations/

Their work also includes:

- The co-production and delivery of mental health promotion projects, for example, the Woodlands for Health Programme run with Coilte and Get Ireland Walking (see Chapter 4).

- Recovery education/peer initiatives, for example, co-producing and co-facilitating modules in Recovery Colleges across the country on anxiety and recovery, self-esteem, sleep improvement, trauma and recovery. (See also below more details on the role of Peer Educators in Recovery Colleges).

- Delivering mental health awareness campaigns and training across all communities, workplaces and with Mental Health Association volunteers, for example, the "Hello, How R U?" campaign. It aims to invite people to reach out to each other to ask the question, "How Are You?" in a meaningful way. This can encourage open conversations about mental health and signpost to supports and services. The H.E.L.L.O. acronym stands for Hello, Engage, Listen, Learn and Offer Support.

Who do they work with?
The Development Officer works with partners from community, statutory, voluntary and intercultural sectors. They also work closely with the HSE, including Resource Officers for Suicide Prevention and Mental Health Engagement and Recovery, in supporting the delivery of specific programmes for example: ASIST, SafeTalk, Understanding Self-Harm, WRAP and Living Well (see Chapter 7).

What is outside the scope of the role?
This is a not a clinical role. While Development Officers do deliver skills-based training, they do not provide specialist mental health services. They do, however, signpost any queries of this nature to appropriate services.

How can they be contacted?
For more information, see: www.mentalhealthireland.ie

Role in HSE and community and voluntary organisation partnerships

Peer Educators in Recovery Colleges or Recovery Education Services

Recovery Colleges or Recovery Education Services are places (online or in person) where people who use mental health services, their family and carers, and mental health professionals come together to develop and deliver recovery education courses. Recovery education is a process where people explore, understand and build the knowledge needed for recovery in their own lives or in the lives of the people that they support. People in recovery describe it as finding the best way to live a meaningful life by learning how to manage their mental health difficulties in healthy ways.

What do they do?
Peer Educators are individuals with lived experience of mental health difficulties. They are based in Recovery Colleges and/or Recovery Education Services across the country. Peer Educators are part of the co-production process, which means that they work as equal partners with mental health professionals and service users or family members

in the design, delivery and evaluation of recovery educational modules. They are also involved in groups nationally where they share their experiences. They are responsible for the collection of data relating to recovery education and, with the support of Recovery Coordinators, feeding this back to the National Office of Mental Health Engagement and Recovery.

Who do they work with?
Peer Educators work with mental health professionals, service users, family members or carers, and statutory and non-government organisations in the design, delivery and evaluation of workshops and educational programmes. They also work with higher education to support the roll out of recovery-based training to students, especially those studying nursing studies and social work. They are often managed by a Recovery Coordinator in their region.

What is outside the scope of the role?
Peer Educator roles are not members of the multi-disciplinary team and therefore do not have a case load or clinical responsibility for service users.

For more information on Recovery Colleges, see:
https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/recovery-education/

6.4 Confidentiality and its limits – a note with reference to suicide prevention

What is confidentiality?

Confidentiality is about keeping information private and respecting a person's human right to privacy. In a healthcare context, providing a confidential service means that a health professional cannot share any personal information about a service user with others who should not know, or do not need to know, unless the person has agreed to this or because it is absolutely necessary, due to legal obligations or risk. This is central to building a trusting relationship between a service user and a health service provider. Personal information can include sensitive information, such as a mental health diagnosis or treatment plans.

From the start of their engagement, health professionals need to begin a conversation with the service user about:

- What they would like kept confidential
- What they are happy to have shared
- What type of information would have to be shared, as there are certain limits to confidentiality

This conversation can also include discussion of ways in which it would be helpful for the service user to have their family or friends involved.

When a service user agrees to share their information, this is known as giving consent. For example, a "Confidentiality and information sharing consent form" has been developed by the HSE Mental Health Services to make this process easier for a service user to agree with their health professional what personal information and with whom they wish to share.

For more information, see:
"Confidentiality and information sharing consent form" developed by the HSE Mental Health Services, page 59: https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

Similarly, family members and carers also have their own right to confidentiality in terms of the information that they wish to share.

Note: While children and young people have a right to confidential medical treatment, their parents and guardians also have a legal right to access their medical records until they reach 18 years of age. This means that health professionals should let children and young people know that they cannot give an absolute guarantee of confidentiality.

In considering the issue of confidentiality in healthcare provision, it is important to note the Assisted Decision-Making (Capacity) Act (2015) (commenced 26th April, 2023). This legislation gives effect to an important shift towards the primacy of a person's will and preferences above the principle of acting "in the best interests" of a person. This Act will require the provision of a wide range of resources to assist people to make their own decisions about personal healthcare. This will apply even when a person chooses to make decisions which others deem to be unwise.

In the area of suicide prevention and with reference to the limits of confidentiality, Assisted Decision-Making legislation could potentially have an impact from the perspective that an individual's right to confidentiality may be further protected if this is in keeping with an explicit preference on their part. However, there is the potential for this Act to increase the supports in place for people in the form of decision-making assistants or co-decision-makers, roles which are provided for in the legislation.

What are the limits to confidentiality?

While service users have a right to confidentiality, there are some limits to this. These circumstances include:

- If a service user indicates that they will harm or kill themselves or someone else.
- If there is a disclosure that may indicate that a child or children has/have been or is/are being harmed or is/are at risk of being harmed.

- If information is provided that indicates that a crime has been committed.
- If a health professional is requested to do so by the Gardaí or the courts.

What does this mean in terms of suicide prevention?

For health professionals
The Guide to Professional Conduct and Ethics for Registered Medical Practitioners guides doctors on a wide range of issues that they may have to deal with, as well as letting service users know that to expect from their doctor. This guide states that:

> *Disclosure in the public interest may be made to protect the patient, other identifiable people, or the community more widely. Before making a disclosure in the public interest, you must satisfy yourself that the possible harm the disclosure may cause the patient is outweighed by the benefits that are likely to arise for the patient or for others. You should disclose the information to an appropriate person or authority, and include only the information needed to meet the purpose.*[18]

The health professional has to make a judgement as to whether it is better to disclose information than not to do so.

If the service user is at risk of harming or killing themselves or another person, then it is important that the service user is told that this information needs to be shared with someone else and why.

The health professional can encourage the service user to give consent to talk to close family members or friends who may be able to offer additional support. It is not a breach of confidentiality to hear any concerns family, carers or friends might have, including any suicide warning signs that they may have noticed. Health professionals can also give families or carers more general information, for example, on how to access support services in a crisis either for themselves or the person they are caring for.

If important information is not shared with family and carers or they are not allowed to be involved in important decisions regarding the service user, for example, when the safety of a service user is in danger, this can result in serious personal, practical and financial consequences for both the service user and the family or carer.

For adult service users
It is important that someone who is feeling suicidal gets the support that they need. Telling this to someone else will mean that they will not be able to keep it confidential. They will need to be able to help the person in distress to stay safe and this usually involves getting extra support from others.

18 Medical Council. (2019). Guide to professional conduct and ethics for registered medical practitioners (8th Ed.), p. 27. https://www.medicalcouncil.ie/news-and-publications/reports/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-amended-.pdf

As one part of a suicide support care plan, those who are thinking of suicide can sometimes use what is known as a safety plan to help them cope. It is short, easy to read and written in the person's own words. It is usually put together when the person feels able to do so. One step in the plan includes identifying others who could offer help during a crisis or when feeling stressed, for example, family and friends, as well as health professionals and other support services. The safety plan can be used before or during a crisis. This is one way of being more prepared for possible difficult times ahead and knowing who to tell and to turn to for support when feeling suicidal.[19] (See also case study example of the SafePlan App in Chapter 8, Section 8.10).

For relatives and carers
It is important that families, carers and friends know about the risks of suicide and what they can do to support their relative to stay safe. This helps them to feel more confident about how to support the person who is feeling suicidal, as well as how to look after themselves.[20] Not sharing information may lead to negative outcomes. This was found in a study on untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Services.[21]

Relatives often have prior knowledge and understanding of treatment decisions, especially when a number of services are involved, which can be of help.

They may also be of support during a suicide crisis and can encourage the person to seek help. Where individuals have put together a safety plan, relatives and carers may be listed as one of the key contacts. It is important that relatives discuss this with the person and are familiar with the plan. (See also Chapter 1, Section 1.5).

For the wider community
It is important that people in the community are aware of the limits to confidentiality and that some things cannot be kept confidential. Some people may be worried that they are breaking a trust and will lose the friendship of a person if they tell others that the person is thinking about suicide. However, not taking action may have more long-term negative consequences. This does not mean that you cannot be there to support them, but it also important to know when to involve others and to seek professional support.

19 Samaritans. (n.d.). Creating a safety plan. https://www.samaritans.org/ireland/how-we-can-help/if-youre-worried-about-someone-else/supporting-someone-suicidal-thoughts/creating-safety-plan/

20 Sane Australia. (2014). Suicide prevention and recovery guide: A resource for mental health professionals (2nd Ed.). https://www.sane.org/images/PDFs/2779_SANE_SPRG_2016_06.pdf

21 Corry, C., Arensman, E. & Williamson, E. (2016). A study of untimely sudden deaths and people who took their lives while in the care of the Donegal mental health service. Cork: National Suicide Research Foundation. https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/research/reports/nsrf-donegal-summary%20report.pdf

For more information, see:
What does “being there” for someone involve?
https://www.samaritans.org/ireland/how-we-can-help/if-youre-worried-about-someone-else/supporting-someone-suicidal-thoughts/what-does-being-there-for-someone-involve/

What does this mean when a suspected suicide happens?

When someone dies by suspected suicide, especially a well-known person in a community or a famous person, a lot of things can be said and written about them. Despite this, it is important to always remember to be sensitive to the needs of bereaved families, friends and communities. Many people who are grieving have found that talking to someone they can trust about how they are feeling and about the person who has died can really be of great help. It is important that those they turn to for this support are trustworthy and that they do not share personal information, outside the limits of confidentiality, with others.

7

Education and training programmes

Education and training programmes

Education and training programmes are one very important way of helping to prevent suicide. They are rarely delivered on their own, but as part of a wider response to suicide. This chapter lists examples of some of the programmes run by the HSE and other national mental health organisations that it funds and supports, as well as other organisations. Website links have also been provided to find out how to access the full range of programmes they offer and when they are available.

The chapter includes the following sections:

7.1 Standardised training programmes

Over the years, a range of evidence-informed and standardised suicide prevention, intervention and postvention training programmes have been made available free-of-charge for communities, care givers, volunteers and professionals to attend. These programmes are supported by the HSE National Office for Suicide Prevention as part of a National Education and Training Plan: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-national-education-and-training-plan.html. This ensures that the same programmes are available throughout the country. Training needs are reviewed on an ongoing basis and new programmes are introduced or existing programmes are updated, as required. In order to maintain good practice in suicide prevention training, a National Education and Training Plan Quality Assurance Framework has also been developed so that programmes are run in a well-coordinated and consistent way: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/quality-assurance-framework.pdf

What programmes are available?

There are three broad types of programmes on offer:

1. **Suicide prevention training:** These are suicide alertness raising programmes that prepare participants to know how to help someone with thoughts of suicide. They also help to improve awareness of and sensitivities to self-harm.
2. **Suicide intervention training:** These programmes teach participants how to recognise risk and how to intervene to prevent the immediate risk of suicide.
3. **Suicide postvention training:** This training helps to build a better understanding of the grieving process and how to support people who are bereaved by suicide.

A full breakdown of these programmes is provided in Section 2.2 of the National Education and Training Plan: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-national-education-and-training-plan.html

The HSE National Office for Suicide Prevention strongly recommends that participants attend suicide prevention training before completing suicide intervention and postvention training, for example, attending a half-day SafeTALK alertness programme before completing the two-day Applied Suicide Intervention Skills Training (ASIST) workshop (see Table 7.1 for more details).

How are they delivered?

Training is delivered in two ways:

1. **Online:** Some programmes are specifically designed so that they can be delivered online. They can be completed:
   - on an individual self-directed basis where participants can work through the training course in their own time and at their own pace, for example, the Let's Talk About Suicide Programme
   - as part of a workshop facilitated by a trainer or trainers and delivered to a set number of attendees, for example, Introduction to Self-Harm
2. **Face-to-face:** Some programmes have been developed in a way that they can only be delivered safely by having all participants present in-person and facilitated by a trainer or trainers, for example, the ASIST workshop.

Some programmes can be delivered either online or face-to-face, depending on what is most appropriate, for example, the workshop for Professionals and Key Contact People Providing Support to those Bereaved by Suicide and the Skills Training on Risk Management (STORM) Suicide Prevention and Mitigation Programme.

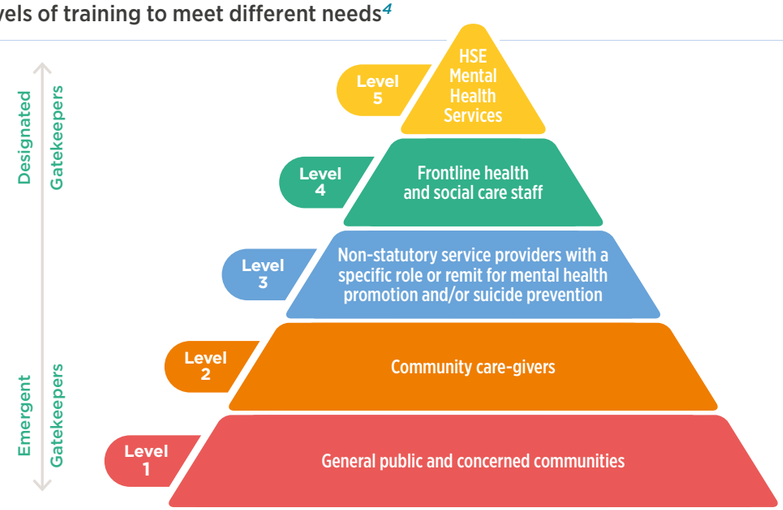
Who can attend?

The term "gatekeeper" is used to describe those in a community who are in contact with many others on a day-to-day basis and are likely to have the opportunity to interact with someone vulnerable to suicide.[1] There are two broad types of gatekeeper:

1. **Emergent gatekeepers** who are trained to be more aware of what to look out for, say and do to support someone thinking of suicide or engaging in self-harm,[2] for example, family, friends and members of the public.
2. **Designated gatekeepers** are those who, through their profession, may find themselves providing support to those in suicidal distress,[3] for example, healthcare staff, youth workers and Gardaí.

Various programmes have been designed to meet different gatekeeper needs. These have been classified into five different training need levels, ranging from Level 1 to Level 5. The general public and concerned community members are at Level 1, and programmes available at this level may be suitable for them, while Level 2 describes programmes that may be appropriate for community care givers (see Figure 7.1 for more detail).

Figure 7.1: Levels of training to meet different needs[4]



1 Burnette, C., Ramchand, R. & Ayer, L. (2015). Gatekeeper training for suicide prevention: A theoretical model and review of the empirical literature. Rand Health Q, 5(1), 16.

2 Collins, K. (2021). Review and evaluation of the implementation of a range of delivery models of suicide prevention gatekeeper training. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/review-of-suicide-prevention-gatekeeper-training.html

3 Tsai, W.P., Lin, L.Y., Chang, H.C., Yu, L.S. & Chou, M.C. (2011). The effects of the gatekeeper suicide-awareness program for nursing personnel. Perspectives in Psychiatric Care, 47(3), 117–125. https://doi.org/10.1111/j.1744-6163.2010.00278.x

4 HSE National Office for Suicide Prevention. (2025). Connecting for Life: National education and training plan 2025, p.6. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-national-education-and-training-plan.html

7.2 Suicide prevention, intervention and postvention programmes supported by the HSE

Table 7.1 provides a short outline of the different suicide prevention, intervention and postvention training programmes on offer and the audience they are aimed at. More detail on these programmes can be found in Section 2.2 of the National Education and Training Plan: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-national-education-and-training-plan.html

Table 7.1: Outline of training programmes

Programme type	Format	Audience	Name	Brief description
Suicide prevention	Online self-directed	Level 1	Let's Talk About Suicide developed by the HSE National Office for Suicide Prevention and Resource Officers for Suicide Prevention	This is a 60-minute programme that helps people to develop their skills to keep others safe from suicide.
	Online self-directed	Level 1	eSuicideTALK developed by LivingWorks	A one to two-hour programme to understand the issue of suicide and help prevent suicide in communities.
	Face-to-face workshop	Levels 1, 2, 3, 4, 5	SafeTALK developed by LivingWorks	Half-day workshop that helps recognise and engage persons who may be having thoughts of suicide, and to connect them with community resources.
	Online workshop	Level 1	Introduction to Self-Harm developed by HSE National Office for Suicide Prevention and Resource Officers for Suicide Prevention	Two-hour programme for those seeking to develop their knowledge and understanding of self-harm and the reasons behind this behaviour.

Table 7.1: Outline of training programmes (Continued)

Programme type	Format	Audience	Name	Brief description
Suicide prevention	Face-to-face workshop	Levels 1, 2, 3, 4, 5	Understanding Self-Harm developed by HSE National Office for Suicide Prevention and Resource Officers for Suicide Prevention	One-day (approx. 7 hour) programme for those seeking to improve their knowledge of self-harm, and associated risk factors, and increase their confidence in responding to people who self-harm.
Suicide intervention	Face-to-face workshop	Levels 2, 3, 4, 5	Applied Suicide Intervention Skills Training (ASIST) developed by LivingWorks	Two-day workshop that gives those taking part the skills they need to keep someone who is having suicidal thoughts safe and supported and linked in to further help.
	Online or face-to-face workshop	Levels 3, 4, 5	Skills Training on Risk Management (STORM) Suicide Prevention and Mitigation Programme originally developed by the University of Manchester and now run by a Community Interest Company	Three-day workshop that develops and enhances skills by increasing confidence and competence in dealing with suicide and safety planning.

Table 7.1: Outline of training programmes (Continued)

Programme type	Format	Audience	Name	Brief description
Suicide postvention	Face-to-face workshop	Levels 1, 2, 3	Supporting People Bereaved through Suicide in the Community developed by the Irish Hospice Foundation, with the HSE National Office for Suicide Prevention and Resource Officers for Suicide Prevention	Two-hour workshop to increase understanding of the grieving process and to reassure participants that help and support is available.
	Online workshop	Levels 2, 3, 4, 5	Workshop for Professionals and Key Contact People Providing Support to those Bereaved by Suicide developed by the Irish Hospice Foundation, with the HSE National Office for Suicide Prevention and Resource Officers for Suicide Prevention	A self-directed module is completed in advance of a four-hour workshop, which provides individuals with the skills and knowledge to understand the grieving process and to support those bereaved by suicide.
	Face-to-face workshop	Levels 2, 3, 4, 5	Workshop for Professionals and Key Contact People Providing Support to those Bereaved by Suicide developed by the Irish Hospice Foundation, with the HSE National Office for Suicide Prevention and Resource Officers for Suicide Prevention	One-day workshop which provides individuals with the skills and knowledge to understand the grieving process and to support those bereaved by suicide.

For more information on these programmes, see: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/types-of-training/

Requirements to attend

The following requirements apply to those considering taking part in these programmes. Participants must be:

- 18 years of age or over
- "ready" to complete training – it is recommended that individuals who are recently bereaved wait 12 months before attending
- open and have the capacity to learn
- aware that the course material is of a sensitive nature, and that the workshops are intensive and interactive, and may involve taking part in teaching and discussion groups
- available to attend for the full duration of the training programme and, in the case of an online self-directed programme, ensure that the programme is fully completed.

How to book a place

Places are limited on most programmes and everyone interested in taking part in training must register to attend. Access to training is coordinated throughout the country through HSE Resource Offices for Suicide Prevention or a non-government organisation on their behalf. To find out more about booking a place locally, see: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/upcoming-training/

To enrol and complete Let's Talk About Suicide, visit: traininghub.nosp.ie

7.3 Health and wellbeing programmes supported by the HSE

Table 7.2 outlines some examples of health and wellbeing programmes that are supported by the HSE.

Table 7.2: Examples of HSE health and wellbeing programmes

Name	Format	Audience	Brief description	Weblink
Balancing Stress developed by HSE Psychology and Health and Wellbeing	Online 24/7 Face-to-face in development	Levels 1, 2, 3, 4, 5	This programme aims to help manage stress, worry, anxiety, low mood and relationship difficulties. There are six sessions, each of which is 35 minutes long. Participants can do the programme any time and at their own pace.	https://www2.hse.ie/mental-health/self-help/balancing-stress/
Living Well, a Self-Management Resource Center (SMRC) Programme, originally developed at Stanford University	Online or face-to-face group programme	Levels 1 and 2, for those aged 18 years or older who are living with one or more long-term health conditions, or caring from someone with a long-term health condition (including mental health)	This programme is delivered over six weeks, with one workshop held per week which lasts 2.5 hours. Trained facilitators run the workshop, most of whom are also living with a health condition. It aims to build self-management skills and confidence.	https://www.hse.ie/eng/about/who/healthwellbeing/self management/living-well-programme/
Minding your Wellbeing developed by HSE Health and Wellbeing	Online videos	Levels 1, 2, 3, 4, 5	This programme aims to help people to look after their mental health and wellbeing. There are five video sessions of 20 minutes. They focus on practising self-care, understanding thoughts, exploring emotions, building positive relationships and improving resilience.	https://www2.hse.ie/healthy-you/minding-your-wellbeing-programme.html
SilverCloud Programme run by SilverCloud Health in partnership with the HSE	Online cognitive behaviour therapy	Levels 1 and 2	This programme helps to manage mental health and wellbeing and it runs for up to eight weeks. It is delivered by clinical staff. It can be accessed through a referral from a GP, HSE Primary Care Psychology Service, HSE National Counselling Service, HSE Mental Health Service or Jigsaw Youth Service.	https://www.silvercloudhealth.com/ie/hse-digital-mental-health

7.4 Health and wellbeing programmes run by national mental health organisations that are funded by the HSE

Table 7.3 outlines health and wellbeing programmes being run by national mental health organisations that are funded by the HSE. While one example has been listed for each organisation, more details can be found on their websites of the other programmes that they also offer.

Table 7.3: Examples of health and wellbeing programmes run by national mental health organisations

Organisation	Name of programme	Format	Audience	Brief description	Weblink
Aware provides information, education and support to those impacted by anxiety, depression, bipolar and related mood conditions	Life Skills Group Programme developed at the University of Glasgow	Online or face-to-face	Levels 1 and 2 for those aged 18 years and older	This course is delivered over six weeks, with a 90-minute session held once weekly. Using cognitive behavioural therapy principles, it is designed to help participants to learn more about how people think and how this can influence their actions in helpful or unhelpful ways.	For more details on this and other programmes, see: https://www.aware.ie/programmes/
Mental Health First Aid Ireland provides training to individuals, organisations and workplaces	Mental Health First Aid	Interactive workshop held online	Levels 1, 2, 3 for those aged 18 years and older	The aim of this 2-day workshop is to teach participants how to support someone developing a mental health problem or in a mental health crisis.	For more details, see: https://www.mhfaireland.ie
Mental Health Ireland (see Chapter 6 for more information on its work)	Five Ways to Wellbeing Workshop	Interactive workshop held online or face-to-face	Levels 1 and 2 for those aged 18 years and older	The aim of this 2-hour workshop is to support participants to define what mental health and wellbeing is and to develop an improved understanding of how they can look after their wellbeing.	For more details on this and other programmes, see: https://www.mentalhealthireland.ie/what-we-do/training/

Table 7.3: Examples of health and wellbeing programmes run by national mental health organisations (Continued)

Organisation	Name of programme	Format	Audience	Brief description	Weblink
Suicide or Survive educates, informs and inspires people to cultivate good mental health and reduce stigma leading to fewer deaths by suicide	Supporters Programme	Online course	Level 2, aged 18 years and older	This 2-day programme is for people supporting family members, friends, neighbours, work colleagues, people in their community and others who are struggling with their mental health. It gives practical tips and tools to use to look after their own mental health, while supporting others.	For more details on this and other programmes including a Wellness Workshop, see: https://suicideorsurvive.ie/

7.5 Other programmes for priority groups

Table 7.4 provides brief details of other organisations involved in the delivery of training programmes for specific priority groups, with some examples given.

Table 7.4: Examples of programmes developed to support priority groups

Priority group	Organisation	Programme	Weblink
Drug and alcohol use	**Drug and Alcohol Task Forces** Funded by the Department of Health, a network of regional and local drug and alcohol task forces are well-established around the country. They work closely with other agencies to support the implementation of evidence-based approaches to addressing substance use.	SAOR: Screening and Brief Intervention for Problem Alcohol and Substance Use gives volunteers and professionals the confidence and skills to screen for problem alcohol and drug use and either engage in a brief intervention, or signpost or refer to specialist services.	For more details on this and other programmes offered, see a list of Task Forces around the country: https://www.drugsandalcohol.ie/php/drug-alcohol-task-forces.php

Table 7.4: Examples of programmes developed to support priority groups (Continued)

Priority group	Organisation	Programme	Weblink
Families	**Family Resource Centres** throughout Ireland (see Chapter 6 for more information).	They provide a range of education courses and training opportunities.	For local contact details, see: https://www.familyresource.ie/family-resource-centres-regions.php#
LGBTI+ community	**BeLonG To** is a national organisation supporting lesbian, gay, bisexual, transgender and intersex young people in Ireland.	Supporting the Mental Health of LGBTI+ Young People is a self-directed online 2.5-hour course for adults working or volunteering with young people in their community.	For more details on this and other programmes, see: https://www.belongto.org/professionals/training/
Men	**Engage** provides men's health training to service providers at national level. This training was developed to help people on the ground to build good relationships with and meet the health and wellbeing needs of men of all ages.	Men on the Move is a community-based physical activity programme for inactive men. It uses physical activity as a way of engaging with men, so as to help them to improve their overall health and wellbeing.	For more details on this and other programmes, see: https://www.engagetraining.ie/programmes/
Mental health service users and their families and carers	**Recovery Colleges** (see Chapter 6 for more information).	Wellness Recovery Action Plan (WRAP) Programme was developed by Mary Ellen Copeland. It helps people to decrease troubling feelings or behaviours, increase their personal empowerment, improve their quality of life and achieve their goals.	For more details, see: https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/recovery-education/

Table 7.4: Examples of programmes developed to support priority groups (Continued)

Priority group	Organisation	Programme	Weblink
Traveller community	**HSE** Traveller Health Team, Traveller Mental Health Coordinator (see Chapter 6 for more information on this role) and Traveller Community Health Workers in South East Community Heathcare.	Mental Health and Wellbeing Awareness Training for Traveller Health Project Teams aims to build greater awareness of mental health, reduce mental health stigma and increase help-seeking behaviour.	For details of other initiatives, see: https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/traveller-projects-and-resources/traveller-mental-health-initiative.html
Young people	**Jigsaw** offer expert mental health advice and brief mental health support, online and in-person to young people who are aged 12–25 years in 14 communities across Ireland.	Mental Health Awareness Course for Parents is a 40-minute eLearning programme for parents or guardians of primary or secondary school students (+12 years). It raises awareness of and identifies ways to promote and support youth mental health. It also highlights how we can be a "One Good Adult" for the young people in our lives.	For more details, see: https://jigsawportal.learnupon.com/store
	National Youth Council of Ireland represents the collective voice of voluntary youth organisations and it uses this expertise to act on issues that impact on young people.	MindOut is a 2-day interactive training for teachers or youth workers to support the social, emotional and mental wellbeing of young people in the senior cycle of secondary school (transition year or 5th year). This evidence-based programme was originally developed in 2004, and it was recently revised by the University of Galway and the HSE Health and Wellbeing Division, with support from the National Youth Council of Ireland.	For more details, see: https://www.youth.ie/training/ See also report on implementation study carried out by Dowling and Barry (2021): https://www.mindspacemayo.ie/mindout-schools-programme

7.6 Educational qualification courses

Third-level colleges and non-government organisations also provide courses offering an educational qualification in this area. Two examples include: Mental Health in the Community Certificate run through University College Cork: https://www.ucc.ie/en/ace-cmhc/ and the Master's in Bereavement and Loss run by the Irish Hospice Foundation in partnership with the Royal College of Surgeons in Ireland: https://hospicefoundation.ie/our-supports-services/education-training/bereavement-post-graduate-courses/msc-loss-bereavement/ A fee is charged to attend these courses.

New and innovative programmes continue to be developed to meet emerging needs, while being informed and shaped by evidence that is being gathered.

7.7 Annual seminars or webinars

The National Suicide Research Foundation holds seminars or webinars every year to highlight and discuss issues in relation to suicide, self-harm and mental health. They are normally run in September or October around the same time as World Suicide Prevention Day or World Mental Health Week. (See also Chapter 3, Table 3.4, for more information on key campaign and initiative dates).

Shine also runs events as part of its annual Shine Green Ribbon Campaign (which seeks to raise awareness of mental health difficulties) (see Chapter 4 for more information).

8

Social media, the web and suicide prevention

Social media, the web and suicide prevention

The internet, through websites, social media, search engines and communication can play an important positive role in suicide prevention, while also being a source of potential harm. One of the main aims in helping to prevent suicide is to lower the dangers in relation to online communication and knowledge sharing through the internet, while making full use of the benefits that it can offer.[1]

Social media platforms (for example, Facebook, X, Instagram and Snapchat) have become extensions of more traditional social spaces, such as schools, colleges, workplaces and the family home. While there are benefits to using social media, there can also be some potentially harmful effects. This chapter provides tips and tools on how to respond to content about suicide and self-harm and how to post safe content online. See also the Language and Terms Explained Section at the end of this guide, if any of the words or phrases in this chapter are new or unclear.

1 Biddle, L., Derges, J., Gunnell, D., Stace, S. & Morrissey, J. (2016). Priorities for suicide prevention: Balancing the risks and opportunities of internet use. Policy Report 7/2016. University of Bristol.

8.1 Benefits of the internet in suicide prevention: Websites and search engines

The internet has become an important tool for helping, informing and supporting people of all ages. There are many websites that can help people to cope with difficult times in their lives. People use the internet as a way of finding out about health information and seeking help,[2] especially young people.[3] Even though no one should feel ashamed to seek help, for some people, being able to do so anonymously online can be an important first step.

Improvements in search engine performance mean that well-established, safely run and responsibly promoted sites can appear highest up in most search results. Many not-for-profit support services also avail of Google grants. This allows them to bid for Google AdWords, which means they often appear as the "sponsored" search results at the top or in the margin of a results page.

In March 2023, Coimisiún na Meán became the new media regulator for online safety, television broadcasting and video-on-demand services in Ireland. It is currently developing Ireland's first Online Safety Code. This code will form part of Ireland's overall online safety framework, making digital services legally accountable for how they keep people safe online. For more information, see: https://www.cnam.ie/

Research conducted in Ireland has demonstrated how Google search data can be used to explore the relationship between internet searches for words related to suicide and suicide rates during a particular time period.[4]

This chapter provides a case study example of the way in which technology, including mobile phones and other devices, can be used to support health practices (known as mobile health or mHealth). These are now useful tools in suicide prevention.

8.2 Benefits of the internet in suicide prevention: Social media

Social media platforms allow users to create, share and discuss content that can be viewed by others. However, it is important to note that content originally posted on social media platforms can be easily shared through other messaging applications, such as WhatsApp

2 Biddle, L., Derges, J., Gunnell, D., Stace, S. & Morrissey, J. (2016). Priorities for suicide prevention: Balancing the risks and opportunities of internet use. Policy Report 7/2016. University of Bristol.

3 Hawton, K., Hill, N.T., Gould, M., John, A., Lascelles, K. & Robinson, J. (2020). Clustering of suicides in children and adolescents. The Lancet Child & Adolescent Health, 4(1), 58–67. Doi: 10.1016/S2352-4642(19)30335-9

4 Barros, J.M., Melia, R., Francis, K., Bogue, J., O'Sullivan, M., Young, K., Bernert, R., Rebholz-Schuhmann, D. & Duggan, J. (2019). The validity of Google trends search volumes for behavioral forecasting of national suicide rates in Ireland. International Journal of Environmental Research and Public Health, 16(17), 3201. https://www.mdpi.com/1660-4601/16/17/3201/htm

and email. It is also worth noting that the social media world is ever-changing, as are the patterns of use by those using various sites and platforms.

Examples of some of the most popular social media platforms currently available are listed in Table 8.1 below. These have been categorised into different types.

Table 8.1: Uses and examples of different types of social media platforms

Types of social media platforms	What they are used for	Examples
Social networking	To connect people and organisations so that they can share knowledge, information and different ideas.	Facebook X Mastodon Threads
Media sharing	To find and share online resources, such as videos, photos and so on. Some also have a variety of different interactive features.	Instagram YouTube TikTok Snapchat Telegram WhatsApp
Discussion forums	To find information, ask a question, make a comment and share ideas.	Reddit Discord
Blogs	To share information that is written in a more conversational style and is uploaded onto a webpage.	WordPress Tumblr
Professional	For professional networking and career development. Users can display resumes, search for jobs, and enhance and maintain their professional reputation and relationships.	LinkedIn
Bookmarking	To promote and explore interests by pinning content onto virtual bulletin boards.	Pinterest
Audio sharing	To communicate via audio with others using voice chat rooms and live audio discussions.	Clubhouse

There are opportunities for social media to be used in a positive way. Social media allows users to create and share content or to take part in social networking. A large group of people can access these sites or the interactions can be more private, such as one-to-one messaging. Social media can be used as a way of connecting with and learning from

friends and others who are going through a similar experience. It can be of help to those who might sometimes find it easier to write things down rather than to talk.

Social media can be used in a positive way to circulate important information and build a sense of connection and support, especially in a community affected by suicide. It can also be of support to those who are living in more disadvantaged or remote communities with fewer opportunities to talk face-to-face. Many of the mental health campaigns now being run are using social media in a positive way to promote key messages.[5] This is known as the Papageno effect, where positive messages about suicide prevention, for example, stories of people who live and grow as a result of their personal experiences can sometimes be protective against suicide. It can help to steer public conversations away from the negative to focus instead on hope, support, connectedness and recovery.[6]

8.3 Potential for harm on the internet

The internet can also be a source of harmful information that can put people at risk, for example, by being able to view content that is unsafe, unhelpful, worrying and stirs up emotions. The web is made up of both public content ("surface web"), and private content ("deep web"), which can sometimes be hosted on exclusive networks known as the "darknet". These darknet search engines allow access to forums which may be pro-suicide and which are blocked or filtered by most surface web search engines (for example, Google).[7]

Some information on the internet may be out-of-date, misleading and stigmatising. Online communication channels can also be misused, for example, to engage in cyberbullying.

8.4 Potential for harm on social media

Social media may be a source of harmful information that can be difficult to monitor, contain false or misleading data and can include details of suicide location and methods which can put people at risk. As people are free to create their own content, it may be written in a way that, without meaning to, could be harmful to others or increase stigma. Messages can also be interpreted in different ways by different people, depending on their current mood, life experiences, cultural background and other factors. The speed with which information can spread can lead to users viewing information that may be false and misleading.[8] False information can be spread quickly from one community to another.

5 Biddle, L., Derges, J., Gunnell, D., Stace, S. & Morrissey, J. (2016). Priorities for sui¸cide prevention: Balancing the risks and opportunities of internet use. Policy Report 7/2016. University of Bristol.

6 Spencer-Thomas, S. (2018). The Papageno effect: What does it mean to promote the positive in suicide prevention? Interview with Dr. Thomas Niederkrotenthaler. www.sallyspencerthomas.com/hope-illuminated-podcast/18

7 McTernan, N. & Ryan, F. (2023). The harmful impact of suicide and self-harm content online: A review of the literature. Cork: National Suicide Research Foundation. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/the-harmful-impact-of-online-content-a-literature-review.html

8 Hawton, K., Hill, N.T., Gould, M. John, A., Lascelles, K. & Robinson, J. (2020). Clustering of suicides in children and adolescents. The Lancet Child & Adolescent Health, 4(1), 58–67. Doi: 10.1016/S2352-4642(19)30335-9

Young people are very active on social media, not only in Ireland, but all across the world. They may be more at risk to its negative aspects, especially in relation to suicide.[9]

8.5 Guidelines for organisations managing suicide and self-harm content online

The following guidelines have been developed by Samaritans to assist individuals or organisations (regardless of their size or function) involved in supporting sites or platforms where content on the topic of suicide and self-harm is being created and shared. The key principles include:[10]

1. **Understand the impact of self-harm and suicide content online**
   Understanding the impact of self-harm and suicide content is complex, as it can take many forms and some types are obviously harmful, while others require more nuanced thinking and judgement regarding what is appropriate.
2. **Establish clear accountability**
   Organisations should ensure that all policies relating to the protection of users are well developed, implemented and reviewed, with clear roles and responsibilities assigned to individuals or team members.
3. **Have a robust policy for addressing self-harm and suicide content**
   Sites and platforms should develop and implement clear and robust policies for limiting and addressing harmful self-harm and suicide content, including easy to follow community guidelines (see Section 8.8).
4. **Put user friendly processes in place to report self-harm and suicide content**
   Clear and easy to follow community guidelines should be put in place to report harmful content.
5. **Effectively moderate all user-generated content, considering both human and artificial intelligence approaches**
   Sites with low amounts of user-generated content may be able to rely on human moderation alone, while those with higher volumes should also use artificial intelligence.
6. **Reduce access to self-harm and suicide content that could be harmful for users**
   Take steps to reduce access to potentially harmful content, such as blocking harmful site searches, removing content and using age and sensitivity content warnings.

9 Biddle, L., Derges, J., Gunnell, D., Stace, S. & Morrissey, J. (2016). Priorities for suicide prevention: Balancing the risks and opportunities of internet use. Policy Report 7/2016. University of Bristol.

10 Samaritans. (2022). Managing self-harm and suicide content online: Guidelines for sites and platforms hosting user-generated content. https://media.samaritans.org/documents/Online_Harms_guidelines_FINAL_1.pdf

7. **Take steps to support user wellbeing**
   Signpost to supports and promote positive content.
8. **Communicate sensitively with users in distress, taking a personalised approach where possible**
   Sites must use safe and empathetic approaches, remembering that the user could be experiencing high levels of distress.
9. **Find ways to work collaboratively and demonstrate transparency in approaches to self-harm and suicide content**
   Collaborate with others, such as subject matter experts, so as to be transparent and effective in the approaches being used.
10. **Establish processes to support the wellbeing of staff exposed to self-harm and suicide content**
    This should include those in key roles, such as policymakers, moderators and communications officers, as well as all team members and volunteers across the organisation.

8.6 Key points to remember when posting online

The way in which suicide and self-harm is discussed online is very important. Here are some key points to remember:[11]

- Think before you post anything online about suicide and self-harm (see THINK acronym on next page).
- Choose the words that you use carefully – use sensitive language.
- Think about whether the content is safe and helpful to others – use a content warning, if necessary.
- Think about whether you feel comfortable to share your own story.
- Remember once something is posted it can exist forever.
- Think about how often you post.
- Be careful what you repost or share.
- Don't speculate about suicide.
- Be mindful of how you talk about people who have died by suicide or suspected suicide.
- Never post details about suicide methods or locations.

11 Adapted from: Samaritans. (2022). How to talk about suicide safely online. https://www.samaritans.org/ireland/about-samaritans/research-policy/internet-suicide/online-safety-resources/how-talk-about-suicide-safely-online/

- Report content that is harmful: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/reporting-social-media-content-v1.pdf
- Post information on support services available locally and nationally, including 24/7 services.
- Encourage others to seek support.
- Share messages of hope and recovery.

Note: The THINK acronym was created to help people be kinder when posting on social media. It suggests that before posting something to ask:

T: Is it true?

H: Is it helpful?

I: Is it inspiring?

N: Is it necessary?

K: Is it kind?

8.7 How to deal with cyberbullying

Cyberbullying is a form of bullying that takes place on online forums, as well as through texts and emails. Examples of cyberbullying include: abusive messages or slagging, hurtful comments on videos or posts (including a pile on or attack by a large group against one or a small group of others), spreading rumours online, hacking into online accounts or posting offensive images. The HSE has outlined the following advice on how to prevent and deal with cyberbullying:[12]

- **Never give out your passwords:** Always keep your passwords and PIN numbers to yourself. If you use a public computer, log out of your email and social media accounts. Use good passwords for your phone.
- **Pick your social friends carefully:** Whatever you post online can be seen by everyone who has access to your page or the discussion board. Make sure you are okay with sharing the information. Even if you have a private account, anything you post is considered public.
- **Use netiquette:** Be polite to other people online. Think about what you're saying and whether it might be hurtful or embarrass them in public, even if it's funny.

[12] HSE. (2018). Cyberbullying. https://www2.hse.ie/wellbeing/mental-health/cyberbullying.html

- **Don't send a message when you are angry:** Wait until you have calmed down and had time to think.
- **Remember – the internet doesn't forget:** Posts and messages can never be permanently deleted. Snapchat offers temporary posts. These posts can easily be screen-grabbed.
- **Don't reply:** Even though you might really want to, don't rise to the bait and reply to messages from someone who's bullying you. They want to know that they've got you worried and upset. Chances are if you never reply they'll get bored and leave you alone.
- **Report or block someone:** You can block people from phoning or sending texts. You can also report them. Find out how to report or block people in the Help Section or Frequently Asked Questions Section (FAQ) of a website or app.
- **Go offline:** If you feel like social media is becoming too much, switch off. Consider your time spent on social media and whether you need to keep your account.
- **Inform your phone company or internet service provider (ISP):** They can block texts, calls or online messages from specific people.
- **Change your contact details:** Get a new username, a new email address, a new mobile number and only give them to your closest friends.
- **Tell someone:** If it's bothering you, don't keep it to yourself. Talk to someone about it.
- **Inform the Gardaí:** If the messages are ever threatening or it's getting serious, tell the Gardaí. It's against the law to threaten people, and the Gardaí can put a stop to it. They are there to keep you safe, and they generally want to know about stuff like this.
- **Keep a record:** You don't have to read the messages, but keep them and keep a record of the time and date. This can act as evidence if you ever need it. It can also help the Gardaí or your internet service provider find out where the messages are coming from.

Parents are also encouraged to take an interest in their young people's internet use and to discuss content with them.[13]

[13] McTernan, N. & Ryan, F. (2023). The harmful impact of suicide and self-harm content online: A review of the literature. Cork: National Suicide Research Foundation. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/the-harmful-impact-of-online-content-a-literature-review.html

One of the main aims in helping to prevent suicide is to lower the dangers in relation to online communication and knowledge sharing through the internet, while making full use of the benefits that it can offer... including finding out about health information and seeking help.

Self-care

It is important to be mindful of the impact that exposure to negative online content such as conversations, videos or images relating to self-harm or suicide can have on a person's wellbeing. Research has shown that even passive exposure (which is viewing content but not creating or posting content) to suicide or self-harm-related content can be harmful.[14] For more information on promoting positive mental health, see Chapter 4.

8.8 Tips and tools on how to respond to and post safely about suicide and self-harm content on social media

These tips and tools have been put together to raise awareness of how to respond to suicide and self-harm content on social media. They set out what to avoid doing when posting, and why. They also explain how to post content in a safe and sensitive way, and the reasons why this is important.

The guidelines are divided into two areas:

1. **Intervention:** What to do if responding on social media to someone who may be at risk of suicide or engaging in self-harm.
2. **Postvention:** What to post on social media after a suspected suicide to help prevent further deaths.

1. Intervention: What to do if responding on social media to someone who may be at risk of suicide or engaging in self-harm

Social media usage	Description	What to do
Posts suggesting risk of suicide or self-harm	A self-disclosure of suicide (including suicide thoughts, plans and attempts) or self-harm on social media	Do not assume that someone else will intervene. Take action.
Changes in online activity	A change in behaviour or the presence of entirely new behaviours is something to look out for when concerned that a person may be suicidal. This includes how an individual is behaving online and on social media.	**If you feel comfortable responding to a post that suggests someone may be at risk of suicide or engaging in self-harm:** • Always respond in private message. • Look at the person's posts to acknowledge their feelings and specify why you are worried. • Ask the person directly if they are thinking of suicide. • Reassure the person that support is available and encourage them to seek professional help.

14 Arendt, F., Scherr, S. & Romer, D. (2019). Effects of exposure to self-harm on social media: Evidence from a two-wave panel study among young adults. New Media & Society, 21(11–12), 2422–2442. Doi: 10.1177/1461444819850106

1. Intervention: What to do if responding on social media to someone who may be at risk of suicide or engaging in self-harm (Continued)

Social media usage	Description	What to do
Changes in online activity (Continued)	Keep an eye out for: • Vaguebooking, i.e., posting unclear but alarming sounding posts, for example, "Don't know what to do anymore, wondering if life is worth it". Vaguebooking can be a sign of a more serious issue. • Deleting a social media account or wiping an account of content. This may be a sign of an individual withdrawing from social interaction and "putting their affairs in order" while planning for suicide.	If you cannot reach the individual, or you are still concerned about their safety: • Contact the person's family or someone in their social network who may be able to check on them. • Report the content to the Gardaí or Emergency Services. • Report the content to the social media platform: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/reporting-social-media-content.html **If you do not feel comfortable responding to a post that suggests someone may be at risk of suicide or engaging in self-harm:** • Inform a trusted individual. • Seek professional advice (for example, a phone or online service, or health professional). • Report the content to the social media platform (see link above). **Self-care:** Witnessing a self-disclosure of suicide or self-harm online can be emotionally difficult, and can lead to feelings of helplessness or can stir up emotions. Make sure that you source the support that you need for yourself afterwards. For supports, see: www.yourmentalhealth.ie
Pro-self-harm and pro-suicide communities	Harmful content from pro-suicide and pro-self-harm communities can sometimes be viewed on less accessible areas of the internet, such as the "deep web" or the "dark web". In these areas, content can be more explicit, and contain pro-self-harm or pro-suicide information, forums or communities. These communities are not commonly used and they are not as widely accessible as sites providing helpful information.	**For parents:** Encourage parents to take an interest in their young people's internet use and discuss content with them. This can help to support young people to learn how to manage their social media use safely.

1. Intervention: What to do if responding on social media to someone who may be at risk of suicide or engaging in self-harm (Continued)

Social media usage	Description	What to do
Pro-self-harm and pro-suicide communities (Continued)	However, they can still communicate very risky or harmful information.[15]	For more information, see: https://jigsaw.ie/cybersafety-and-young-people/ In relation to the dark web, see also: https://www.internetmatters.org/hub/guidance/what-is-the-dark-web-advice-for-parents/

2. Postvention: What to post on social media after a suspected suicide to help prevent further deaths

Social media usage	What to avoid	Why?
Following a death by suspected suicide in a local community, including posting on memorial pages	Those close to the person who has died finding out about the death through social media and/or after others who did not know the person that well.	This can be very upsetting for family and friends. A more gentle way of letting them know would be better (in person, if possible).
	Writing something that you would not say directly to a family whose loved one has died by suspected suicide. Remember even if you post something privately, it could become public.	Remember what goes online may be there forever. People in your community may be already going through a complex grief process and it is important that you do not post something that might make them feel worse.
	Posting suicide notes, final text messages, social media posts and emails from the person who has died.	This is unhelpful and unsafe. Sharing this information could cause even greater distress to those affected. It could also create greater risk to those in your community who may over-identify or feel at one with the person who has died.

15 McTernan, N. & Ryan, F. (2023). The harmful impact of suicide and self-harm content online: A review of the literature. Cork: National Suicide Research Foundation. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/the-harmful-impact-of-online-content-a-literature-review.html

2. Postvention: What to post on social media after a suspected suicide to help prevent further deaths (Continued)

Social media usage	What to avoid	Why?
Following a death by suspected suicide in a local community, including posting on memorial pages (Continued)	Giving descriptions of the methods used, including how the means were obtained.	This level of information may increase risk among some vulnerable individuals in the community.
	Providing detailed information about suicide in a particular location.	This may put other vulnerable people at greater risk, including those living outside your community, as information can be spread to a wide geographical area through social media. It could also draw unhelpful attention to the particular location, as a site where people go to die by suicide, or stigmatise a particular area.
	Using language which implies that suicide is noble or brave.	Use of language that glorifies or sensationalises suicide may increase risk among some vulnerable individuals in the community.
	Using stigmatising language which reinforces myths, stigma or stereotypes about suicide or self-harm (see also Chapters 1 and 2 on use of language).	This can make it harder to reach out for help, as people might worry that they will be judged if they do so.
	Oversimplifying the cause of suicide by saying it happened for one reason, for example, a break-up or job loss, or that there was no cause at all.	Others may identify with the person who has died as they may be going through a similar experience. This might put them at risk too. It might also present suicide as an understandable response to a difficult situation. Describing a suicide as having no cause, for example, in a person who seemed to be happy and healthy, might give the impression that suicide cannot be prevented.
	Assigning blame to any one person or group of people as to the cause of the death.	While blame is a common response, the circumstances that result in someone taking their own life are very complex and cannot be put down to one thing.

2. Postvention: What to post on social media after a suspected suicide to help prevent further deaths (Continued)

Social media usage	What to do	Why?
Following a death by suspected suicide in a local community, including posting on memorial pages (Continued)	Post information on factors that protect against suicide.	There are some individual characteristics or things that we can do in communities to help to protect against suicide (see Chapters 4 and 5).
	Post messages to say that suicide is preventable (see Chapter 1, Section 1.7, Table 1.11).	Communities can play a very important role in preventing suicide by looking out for those who are vulnerable, supporting them and encouraging them to seek help.
	Post messages to say that suicide is complex.	Most of the time, there is no one event or thing that leads someone to take their own life. It is usually a lot of different things coming together.
	Share information on how to access support resources for those who are, or might become, distressed or suicidal due to the death. Make sure that you are posting accurate information from reliable sites.	This lets people know where to reach out for help if they need it for themselves or for someone they are concerned about.
	Share stories of people who have got through a difficult situation, without mentioning the suicide method or location. Post messages of hope and recovery.	This can help others to cope who are going through a similar experience, or encourage them to seek help. It can also spread messages which offer hope that recovery is possible. For more information, see: https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/ Note: Before you post details of your own personal story, it is important to consider that people who did not know about your experience may find out about it through social media.

2. Postvention: What to post on social media after a suspected suicide to help prevent further deaths (Continued)

Social media usage	What to do	Why?
Following a death by suspected suicide in a local community, including posting on memorial pages (Continued)	Report harmful posts, videos, pictures, information or links that you come across on social media content on suicide or self-harm to that particular online platform, for example, Facebook and X: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/reporting-social-media-content-v1.pdf	This is the best and fastest way of having them removed so that this kind of information is not seen and read by people who may be vulnerable.
	Set out the "Terms of Use" that outline the rules for posting on an online memorial page or group. Encourage users to look after their own wellbeing.	It sets out the rules on how messages can be safely communicated. It also reminds people of the importance of looking after their own wellbeing.
	Block or unfollow a person or an account that you think is posting harmful material.	This reduces your exposure to harmful content.
	Consider if you should take a break from social media, not use it as much or be more mindful of the content that you engage with.	If the memorials or posts that you are reading are upsetting for you, it might be better to set limits on your social media use or take a break and look after yourself by doing other activities that you enjoy instead.
Social media usage	**What to avoid**	**Why?**
A suspected suicide of a celebrity or other well-known person[16]	Speculating that the death is by suicide when the cause is not immediately known.	This is unhelpful. Do not repost information that has not been confirmed. It may cause even more pain to an already grieving family, workplace or community.

[16] This can include people who are well-known locally, as well as those widely known nationally or internationally.

2. Postvention: What to post on social media after a suspected suicide to help prevent further deaths (Continued)

Social media usage	What to avoid	Why?
A suspected suicide of a celebrity or other well-known person (Continued)	Posting one message after another about the celebrity who has died.	Too many messages of this nature can affect others who might feel vulnerable at this time.
	What to do	**Why?**
	Focus on the celebrity's life, how they contributed to society and how their death can be used as an opportunity to raise awareness of suicide prevention.	The death of a celebrity by suspected suicide is usually widely reported. This can glamorise and normalise suicide. It is important to strike a balance between highlighting what the person had achieved, while also describing their death as a lost opportunity for them to have received support.
Social media usage	**What to avoid**	**Why?**
Stories of a suicide in, for example, films, television programmes, books	Using language to describe the actions of the characters which may imply that suicide is noble or brave.	This may make suicide more appealing to someone who is watching or reading this who is feeling vulnerable.[17] Sometimes people, in particular, young people may not fully understand the finality of their actions in real-life, unlike the world of the characters in works of fiction.
	Presenting suicide or self-harm in an appealing or positive manner.	It is not helpful to present suicide as a good or common way of coping with difficult life situations. **Note:** Online series and social media can be accessed at all times, which can change or increase viewing patterns, such as "marathon" or "binge watching". This can make vulnerable viewers over-identify with a person who takes their own life (real and fictional).[18]

[17] Samaritans. (2022). Guidance on depictions of suicide and self-harm in drama and film. https://media.samaritans.org/documents/Guidance_on_depictions_of_suicide_and_self-harm_in_drama_and_film_FINAL_IenoVaU.pdf

[18] McTernan, N. & Ryan, F. (2023). The harmful impact of suicide and self-harm content online: A review of the literature. Cork: National Suicide Research Foundation. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/the-harmful-impact-of-online-content-a-literature-review.html

2. Postvention: What to post on social media after a suspected suicide to help prevent further deaths (Continued)

Social media usage	What to avoid	Why?
A suspected murder-suicide	Avoid posting graphic details and speculating about the reasons why this has happened.	Not only are these very upsetting to view, but this type and level of information may increase risk among some vulnerable individuals in the community.
	What to do	**Why?**
	Share information on how to access support resources for those who are, or might become, distressed or suicidal due to the deaths. It is also helpful to share information on the 24-hour Women's Aid National Freephone Helpline, Tel: 1800 341 900.	This lets people themselves, or others who they are concerned about, know where to reach out for help if they need it. This lets other women who have been affected by domestic violence know where to contact for support.[19]

8.9 Other resources and good practice guidance

Samaritans: The internet and suicide
https://www.samaritans.org/ireland/about-samaritans/research-policy/internet-suicide/
A range of resources are available on this website including:

- an online harm advisory service
- guidance for practitioners
- the Online Excellence Programme – a hub of resources relating to online suicide prevention

[19] HSE National Office for Suicide Prevention. (2021). Developing a community response to suicide: A resource to guide those developing and implementing an inter-agency community response plan for incidents of suspected suicide, particularly where there is a risk of clusters and/or contagion. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/developing-a-community-response-to-suicide.html

Technology, mental health and suicide prevention: A good practice guide
https://www.lenus.ie/handle/10147/623896
These good practice guidelines were developed by ReachOut Ireland (2015) for the safe delivery of online mental health information and support.

Young people

A guide for communities using social media following the suicide of a young person and to help prevent suicide clusters
https://www.orygen.org.au/Training/Resources/Self-harm-and-suicide-prevention/Guidelines/Using-social-media-following-the-suicide-of-a-youn
These guidelines aim to help communities to provide information and support through social media in a safe way following the suspected suicide of a young person. They were developed by Orygen Youth Mental Health Australia (2020).

#chatsafe A young person's guide for communicating safely online about suicide
https://www.orygen.org.au/Training/Resources/Self-harm-and-suicide-prevention/Guidelines/chatsafe-A-young-person-s-guide-for-communicatin
Developed by Orygen Youth Mental Health Australia, these guidelines provide tools and tips for young people to help them to communicate safely online about suicide.

#chatsafe For parents and carers: Supporting young people to communicate safely online about self-harm and suicide
https://www.orygen.org.au/chatsafe/Resources/chatsafe-for-parents-and-carers/Ireland-English-Edition-Two
This resource has been adapted by Orygen Youth Mental Health Australia in partnership with the HSE National Office for Suicide Prevention for parents and carers living in Ireland. It was created to help adults feel more confident and better equipped to support their young person to communicate safely online about self-harm and suicide.

#chatsafe Tips for talking safely online about suicide
https://www.orygen.org.au/Training/Resources/Self-harm-and-suicide-prevention/Guidelines/chatsafe-top-10-tips/orygen-chatsafe-Top10Tips.aspx?ext=
These are the top ten tips on talking safely about suicide online, developed by Orygen Youth Mental Health Australia.

Information for parents and young people on staying safe online
www.webwise.ie
This website by the Department of Education offers advice and support on online safety issues and concerns for young people, teachers and parents.

8.10 Case study examples

Case study 1: West Be Well

"Communicating key mental health messages and promoting training and education events in Galway, Mayo and Roscommon".

"Ag scaipeadh príomhtheachtaireachtaí meabhairshláinte agus ag cur imeachtaí oiliúna agus oideachais chun cinn i nGaillimh, Maigh Eo agus Ros Comáin".

Background information

With the support of the HSE Head of Mental Health Services, and with funding provided through the HSE National Office for Suicide Prevention, a West Be Well Group was set up in Galway, Mayo and Roscommon in September 2020. Its members work in the HSE in the Resource Office for Suicide Prevention and Communications Office, as well as in a Children and Young People's Services Committee (CYPSC) and Mindspace Mayo Youth Mental Health and Wellbeing. A part-time Communications Coordinator manages the communications aspect of the work.

What does the project do?

In line with Connecting for Life, Galway, Mayo and Roscommon: Suicide Prevention Action Plan 2022–2024, the main aims of this project are to promote:

- safe and timely mental health messages, including supporting national mental health campaigns at local level
- trustworthy mental health supports and services
- mental health and suicide prevention education and training programmes

A dedicated website, www.westbewell.ie has also been developed. It has been built on a previous website, known as www.mayobewell.ie, which was set up and supported by the Mayo Suicide Prevention Alliance (voluntary, statutory and community groups involved in mental health promotion and suicide prevention initiatives in Mayo). It (www.westbewell.ie) contains:

- a directory of local supports and services
- information on upcoming events and current news
- useful resources

Traditional methods are used to communicate, such as through local newspapers and radio, as well as through a combined digital reach, for example, on the website and social media. Communities have also become involved in promoting help-seeking messages by distributing information in their local area. All these methods have been used to help

distribute flyers and fridge magnets with 24/7 mental health supports, as well as wallet-sized support cards, throughout Galway, Mayo and Roscommon.

How has it helped?

West Be Well is helping to coordinate the promotion of the wide range of activities, supports and services available in Galway, Mayo and Roscommon. It offers a "one-stop-shop" where members of the public can access trusted and current information. It also provides one central point through which to promote key information and resources. Professionals working in the area of mental health can also use the website as a platform to share information on joint projects, as well as to learn about education and training programmes. The overall goal is to make information easily available to people of all ages in the region.

Social media is being used in a positive way to reach out to communities and to share good news stories, while at the same time trying to stop the spread of misinformation.

Creative approaches are being used to promote important messages and www.westbewell.ie can support this work. For example, videos have been developed through CYPSC Roscommon to describe specific mental health services and help to "put faces to the names" of those working in these organisations. Radio ads have also been developed by young people in the region through Galway Comhairle na nÓg (child and youth councils supported by Local Authorities) with the aim of reducing stigma around mental health issues.

For further information, see:

www.westbewell.ie

Case study 2: Mobile health technology in suicide prevention: The SafePlan App

Background information

In recent years, rapid advances in technology have changed the way in which healthcare can be delivered. Developments in the area of mobile health or mHealth, which is the use of mobile phones and other devices to support medical and public health practices, has meant that it can now provide useful tools in suicide prevention. For example, it can facilitate access to mental health supports and safety planning.

A safety plan is a plan that a person can create with others (for example, a health professional, family and friends) and use to help them to remain safe if they are feeling suicidal. It can help them to notice signs that indicate this and to start to take steps to

prevent things from getting worse. Creating a suicide safety plan usually involves six key steps. These are to identify:

- warning signs, which can be emotions, thoughts or behaviours that indicate that a crisis may be developing
- their own internal ways of coping to distract them from suicidal thoughts
- family and friends who can distract or talk to them
- named people who can help provide support during a suicidal crisis
- mental health professionals and urgent care services to contact during a suicidal crisis
- ways in which to make their environment safer

What is this project?

Safety plans were traditionally paper-based. This project recognised the benefits in developing a mobile app to create and store safety plans for individuals using mental health services who are at risk of suicide. Being able to install this app onto their smartphone allows service users to update and use their plans on an ongoing basis, when and where they are needed. A review of existing apps at the time also showed that none of them had been designed to record, store and share safety plan information, a user's diary entries and other therapy worksheets all on the one app.

A safety plan app, known as SafePlan, was developed. It contains a number of core features. These include:

Ecological momentary assessment: This allows the recording of real-time suicidal thoughts and behaviours in a person's natural environment, for example, sleep quality, mood or emotional state. This information can be timestamped and used to build awareness of warning signs and monitor the impact of introducing different coping skills.

Dialectical behaviour therapy (DBT) worksheets: SafePlan can be used to record and update DBT worksheets between therapy sessions. DBT is an evidence-based programme which aims to help people with ongoing difficulties in managing intense emotions. The app provides a means by which to combine safety planning information and DBT worksheets. DBT does not show up as a default setting (automatically), as not all users will be involved in this treatment programme.

20 Stanley, B. & Brown, G.K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. Cognitive and Behavioral Practice, 19(2), 256–264. https://doi.org/10.1016/j.cbpra.2011.01.001

21 O'Grady, C., Melia, R., Bogue, J., O'Sullivan, M., Young, K. & Duggan, J. (2020). A mobile health approach for improving outcomes in suicide prevention (SafePlan). Journal of Medical Internet Research, 22(7), e17481. https://www.jmir.org/2020/7/e17481/

Reasons for living: Personalised photos, text and videos can be uploaded onto the SafePlan app and displayed in prominent places to help build hope among its users.

The next step in this project involves carrying out a pilot randomised controlled trial of the SafePlan app. Its main aim is to assess the feasibility and acceptability of using the app with individuals at risk of suicide who are accessing HSE Child and Adolescent Mental Health Services and Adult Mental Health Services. It will take place in the West and Mid-West. Ethical approval has been granted. Mental health services users taking part in the study will be randomly allocated to one of two treatment conditions: treatment as usual, supported by the SafePlan app; or treatment as usual, supported by a paper-based safety plan. Participants will be followed over a six-month period, with clinical measurements taken at baseline, eight weeks and six months.

Who is involved?

A core group made up of members of the Psychology and Information Technology Departments in the University of Galway and Clinical Psychology, Mental Health Services and Suicide Prevention in the HSE formed in 2016. Now known as the West of Ireland Suicide Research Alliance, they continue to lead out on this project. Information technology students on summer placements have assisted in developing the app. Young people have been involved throughout the design, development and user testing stages. Health professionals working in the Mental Health Services in the West and Mid-West are supporting the development and trial testing of the app so as to make sure that it is clinically useful and safe to use. Mental health service users taking part in the randomised controlled trial will evaluate the app. This project is being funded by the HSE.

How has it helped?

Suicide is a complex area. As a result, it can be difficult to accurately predict those who are most at risk. The features built into the SafePlan app offer many practical benefits, in that it has made real-time monitoring of suicidal thoughts and risk factors possible. It allows users to record changes at an individual level, for example, in their sleep quality, thoughts, behaviours and mood over the course of a day, week or month. This may provide more accurate information than a once-off clinical assessment, as suicide thoughts can vary over time. SafePlan can present this information to its users visually on a graph, which can help them to identify patterns, for example, a link between their sleep quality and mood, which may be a warning sign that they may need to act on early so as to get the support that they need at that time. This research hopes to build on current knowledge of the predictors of suicidal thoughts and behaviours.

The app also supports user autonomy. Users can choose to digitally share data collected on the SafePlan app with their health professional, which can add value to individual therapy sessions. This information can also be shared with named helpers to support the activation of the person's support network.

For more information, contact:

Ruth Melia, Associate Professor in Clinical Psychology: ruth.melia@ul.ie

Relevant published studies

Barros, J., Melia, R., Francis, K., Bogue, J., O'Sullivan, M., Young, K., Bernert, R., Rebholz-Schumann, D., & Duggan, J. (2019). The validity of Google trends search volumes for behavioural forecasting of national suicide rates in Ireland. International Journal for Environmental Research and Public Health, 16(17), 3201. https://www.mdpi.com/1660-4601/16/17/3201/htm

Melia, R., Francis, K., Duggan, J., Bogue, J., O'Sullivan, M., Chambers, D. & Young, K. (2018). Mobile health technology interventions for suicide prevention: Protocol for a systematic review and meta-analysis. Journal of Medical Internet Research, Research Protocols, 7(1), e28. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5807620/

Melia, R., Francis, K., Duggan, J., Bogue, J., O'Sullivan, M., Young, K., Chambers, D., McInerney, S.J., O'Dea, E. & Bernert, R. (2023). Using a safety planning mobile app to address suicidality in young people attending community mental health services in Ireland: Protocol for a pilot randomized controlled trial. Journal of Medical Internet Research, Research Protocols, 12, e44205. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9993232/

Melia, R., Monahan, L., Duggan, J., Bogue, J., O'Sullivan, Young, K., Chambers, D. & McInerney, S. (2021). Exploring the experiences of mental health professionals engaged in the adoption of mobile health technology in Irish mental health services. BioMed Central Psychiatry, 21, 412. https://doi.org/10.1186/s12888-021-03426-5

O'Grady, C., Melia, R., Bogue, J., O'Sullivan, M., Young, K., & Duggan, J. (2020). A mobile health approach for improving outcomes in suicide prevention (SafePlan). Journal of Medical Internet Research, 22(7), e17481. https://pubmed.ncbi.nlm.nih.gov/32729845/

9

The role of the media in suicide prevention

The role of the media in suicide prevention

"There is abundant international evidence that media reporting and portrayal of suicide can be extremely influential. Poor media practice can cause further loss of life, especially in more vulnerable groups such as the young and people with mental health problems. On the other hand, careful and responsible media handling of this important issue can contribute to suicide prevention".[1]

Suicide is often a topic of interest across all media, which can be broken down into four broad types:

1. Print media, for example, newspapers and magazines.
2. Broadcast media, for example, radio and television.
3. Out-of-home media, for example, advertisements in cinemas and billboards and posters in public places, such as bus shelters or buses.
4. Internet media, for example, online platforms, including social media.

The internet, social media and suicide prevention are discussed in Chapter 8. This chapter will focus on the role of the media, including broadcasting, journalism, advertising and internet media. The positive role the media can play, as well as its negative influence will be outlined. Guidance will be provided to support coverage of suicide to a high standard, along with information on how to make a complaint about published articles.

1 Hawton, K. cited in Samaritans. (2020). Media guidelines for reporting suicide, p. 6. Surrey: Samaritans. https://media.samaritans.org/documents/Media_Guidelines_FINAL.pdf

9.1 Positive role of the media

The media is a powerful tool and, when used in the right way, can help to save lives.[2] It can change people's way of thinking or looking at the world. Responsible reporting on suicide can have a "Papageno" or preventative effect.[3] The media can be used effectively to build a greater understanding of and attitude to mental health, suicide and wellbeing issues (Goal 1 of Connecting for Life[4]).

Newspapers and local radio, in particular, can be excellent places to publicise important information in your community. This can include:

- positive mental health messages, for example, through campaigns
- suicide prevention activities in your area

Following a death by suspected suicide, the media can also play a very useful role in supporting your community by:

- promoting messages of hope and empowerment
- encouraging help-seeking
- making people aware of support services available locally and nationally

9.2 Suicide risk and the media

Negative or insensitive reporting of suicide can cause great hurt and offence to an already grieving family, as well as to friends, colleagues and members of the wider community. There is strong evidence to show that if the media sensationalises a suspected suicide or gives it too much or inappropriate coverage, it can increase the risk of further suicides, especially among young adults and vulnerable people.[5] Young people are more likely to be influenced by what they see and hear in the media than other age groups.[6]

2 Samaritans. (2020). Media guidelines for reporting suicide. Surrey: Samaritans. https://media.samaritans.org/documents/Media_Guidelines_FINAL.pdf

3 The Papageno effect is the preventative effect of responsible reporting of suicide and presenting non-suicide alternatives to crises in the media. Spencer-Thomas, S. (2018). The Papageno effect: What does it mean to promote the positive in suicide prevention? Interview with Dr. Thomas Niederkrotenthaler. www.sallyspencerthomas.com/hope-illuminated-podcast/18

4 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p.30. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

5 Samaritans. (2020). Media guidelines for reporting suicide. Surrey: Samaritans. https://media.samaritans.org/documents/Media_Guidelines_FINAL.pdf

6 Samaritans. (2020). Guidance for reporting on youth suicides (Ireland). Dublin: Samaritans. https://media.samaritans.org/documents/ROI_Guidance_on_reporting_youth_suicides_FINAL.pdf

Media guidelines for reporting on suicide

Suicide is a complex topic and it can be difficult to report on it in a safe and sensitive way. In order to support the responsible coverage of suicide, Samaritans has developed guidelines offering tips and practical advice to journalists and those working in the media.[7] Their aim is not to limit the freedom of the press, but instead to help those working in this industry to deal with the dilemmas they may face when reporting on this topic. This can, in turn, help to build a better understanding among the public. Here are 10 top tips that journalists should remember:[8]

1. Avoid reporting methods of suicide.
2. Include references to suicide being preventable and signpost sources of support.
3. Steer clear of language that sensationalises or glorifies suicide.
4. Don't refer to a specific site or location as popular or known for suicides.
5. Avoid dramatic, emotive or sensational pictures or video footage.
6. Avoid excessive amounts of coverage and overly prominent placement of stories, such as a front page splash.
7. Treat social media with caution.
8. Including content from suicide notes or similar messages left by a person who has died should be avoided.
9. Speculation about the cause of a suicide can oversimplify the issue and should be avoided.
10. Young people are more susceptible to suicide contagion.[9]

7 Samaritans. (2020). Media guidelines for reporting suicide. Surrey: Samaritans. https://media.samaritans.org/documents/Media_Guidelines_FINAL.pdf

8 Samaritans. (2020). 10 top tips for reporting suicide in Ireland. Dublin: Samaritans. https://media.samaritans.org/documents/ROI_10_top_tips_for_reporting_suicide_poster_FINAL.pdf

9 Contagion: Suicidal behaviour in one or more people can influence those who are exposed to or affected by it. This can happen either directly, for example, knowing someone, or, indirectly, for example, through the media. This is known as suicide contagion. It can lead to some people being at increased risk of suicidal behaviour themselves, particularly adolescents and young adults. Not all suicides that occur in clusters are the result of contagion. A rise in suspected suicides after a widely publicised suspected suicide is known as the Werther effect.

9.3 Headline: National programme for responsible reporting

Headline is a national programme that promotes responsible and accurate coverage of mental health and suicide-related issues in the Irish media. Set up in 2007 by the non-government organisation, Shine, with the support of the HSE National Office for Suicide Prevention, it aims to:

- improve the way in which mental health problems are represented in the media
- improve Irish people's understanding of mental health problems
- reduce the stigma associated with mental health problems
- reduce the effect of suicide contagion linked to media reporting

Main activities

Headline is involved in four main activities:

1. **Media monitoring:** Articles covering the topic of suicide and mental health are monitored every day in order to identify potentially harmful content, as well as content that encourages readers to consider challenging issues. Headline also offers advice to the public on how to address irresponsible or harmful reporting.
2. **Support:** Information and resources are provided to media professionals, including guidelines and factsheets.
3. **Research:** It is building an evidence base of what works in terms of improving the way in which mental health problems are represented in Irish media.
4. **Education:** It offers education and training, including workshops, for those working in the media.

Headline also organises Mental Health Media Awards each year to acknowledge excellence in the coverage of stories, topics or issues relating to mental health. Entries open in September and the award ceremony takes place in December. Nominations can be made by third parties or by the nominee themselves: https://headline.ie/awards/

For example, in 2020, RTÉ One's Nationwide programme won the Mental Health Broadcasting Short Form category for reporting on Kinvara Alive, a local community group set up in South Galway to raise awareness of mental health and wellbeing.[10]

For more information, see:

www.headline.ie/

10 RTÉ. (2020). RTÉ wins three awards for coverage of mental health. https://about.rte.ie/2020/12/03/rte-wins-four-awards-for-coverage-of-mental-health/

9.4 Representation of mental health problems in the media

Research carried out by Headline has found that content on severe and enduring mental health problems seldom appears in the Irish media.[11] In addition, when content does appear, it tends to mainly focus on specific mental health problems, such as anxiety, depression and stress. It is only in the context of the reporting of more violent crime that some other conditions are mentioned, for example, bipolar and psychosis.[12]

As a result, the information available to the public is restricted in its focus in terms of how mental health problems can present, who they affect and how they are managed. For example, some articles might give the impression that depression and anxiety are the only issues impacting on people, that only young people are affected, and good self-care will address all needs. Mental health problems can affect anyone at any time in their lives.[13] According to the World Health Organization, approximately 14% of adults over 60 years of age experience a mental health problem.[14] While, unquestionably, self-care plays a really vital role, other treatment options may also need to be considered. These may include medication, counselling or other interventions (see Chapter 6), depending on the type of mental health problem, its severity and what works best for the individual. Those affected by mental health problems highlight the need for more open, honest and, above all, real conversations on this issue.[15] Research findings continue to shape and inform ongoing national conversations in this area.[16]

9.5 Education and training of media professionals

Action 1.4.4 in Connecting for Life is to: "Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting".[17] This action is included in local Connecting for Life Suicide Prevention Action Plans, where the HSE establish and maintain links with local media. It supports them in their work by teaming up with Headline, Samaritans and the National Suicide Research Foundation to deliver training

11 Headline. (2022). Mental illness. https://headline.ie/mental-illness/

12 O'Meara, A. (2022). Reporting on mental health and suicide. Safe and sensitive reporting of suicide and promoting positive mental health and wellbeing. Online media training event, Community Healthcare West, 1st February: Headline.

13 National Council on Ageing and Older People & HSE National Office for Suicide Prevention. (2008). Look after yourself, look after your mental health: Information booklet for older people. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/mentalhealtholder.pdf

14 World Health Organization. (2023). Fact sheets: Mental health of older adults. https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

15 REGARI Recovery College. (2020). Newsletter 2020. https://www.recoverycollegewest.ie/regari/images/2020/regari-newsletter-2020.pdf

16 O'Brien, A. (2018). Reporting mental health and suicide: Challenges facing journalists. Dublin: Headline. https://headline.ie/wp-content/uploads/2018/10/Reporting-Mental-Health-and-Suicide-Challenges-Facing-Journalists.pdf

17 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p. 39. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf

on the safe and sensitive reporting of suicide and promoting positive mental health and wellbeing. The content of this training is informed by research by the National Suicide Research Foundation, Samaritans and Headline (see Section 9.8 below). The voice of people with lived experience of mental health difficulties is also included at these events, focusing in particular on the way in which people have personally been affected by the portrayal of mental health and suicide issues in the media.

9.6 How to make a complaint about the media

A "Code of Practice" has been developed by the Press Council of Ireland and the Office of the Press Ombudsman: https://pressombudsman.ie/code-of-practice/ It provides the public with an independent forum for resolving complaints about the press. The Press Council of Ireland is responsible for overseeing this Code of Practice, while upholding the freedom of the press. The Office of the Press Ombudsman is part of an independent regulation system for the print and digital media. The Code of Practice contains eleven principles, and Principle 10 specifically refers to suicide. It states that,
"In the reporting of suicide, excessive detail of the means of suicide should be avoided".[18]

A complaint can be made about:

- any article in a newspaper or periodical published by a member publication of the Press Council of Ireland
- the behaviour of a journalist that is thought to breach the Code of Practice

However, anyone making a complaint must prove that they have been directly affected or involved in the article, or by the behaviour being highlighted. The complaint must reach the Office of the Press Ombudsman in writing within three months of the date of publication of the article or of the behaviour taking place.

Steps in making a complaint

Write to the editor
A complaint must first be made in writing to the editor of the publication, with the person affected outlining how they believe the Code of Practice has been breached: https://pressombudsman.ie/complaints-procedure/

If unhappy with the response, write to the ombudsman
If a reply is not received within two weeks or the person is dissatisfied with the reply received, they can then complain to the Office of the Press Ombudsman. Again, the person should let this office know about how they believe the journalist or article has breached the Code of Practice.

18 Press Council of Ireland & Office of the Press Ombudsman. (n.d.). Code of practice. https://pressombudsman.ie/code-of-practice/

Include a copy of the article concerned or an account of the journalist's behaviour. It is also important to include any previous correspondence with the editor of the relevant publication.

Complaints can be submitted by letter, email or by completing an online complaints form: https://pressombudsman.ie/online-complaint-form/

9.7 What can communities do to promote safe reporting in the media?

You should become familiar with the guidelines on reporting suicide in the media, particularly if your community group:

- actively engages with the media, for example, when promoting local activities
- is speaking out about how to improve the media coverage around suicide, self-harm and mental health problems
- is nominating a media professional for entry to Headline's Mental Health Media Awards
- comes into contact with the media following a suspected suicide in the community[19]
- intends to highlight insensitive reporting in the press (if personally affected) or to advise someone who would like to address irresponsible or harmful reporting

9.8 Other resources and further reading

Other resources

These are other guidance documents, in addition to those listed above:

Guidance for reporting on inquests for Republic of Ireland
https://www.samaritans.org/ireland/about-samaritans/media-guidelines/guidance-reporting-inquests/
Samaritans (2020) has developed guidance when reporting on inquests. It advises journalists of the importance of striking a balance between reporting a sensitive issue that is in the public interest, with also reducing any potential harmful effects on vulnerable people and those affected by the death.

[19] Talking to the media: Samaritans' top ten reporting tips are also relevant if you are talking to the media about a suspected suicide.
https://media.samaritans.org/documents/ROI_10_top_tips_for_reporting_suicide_poster_FINAL.pdf
It is very important to make sure that you as a community group, and the member you nominate to represent you, are the most appropriate organisation/person to be talking to the press. Remember, once something has been said, it is very likely that it will be recorded forever in print or online. It may also be helpful to be familiar with guidance issued to journalists on working with people bereaved by suicide:
https://media.samaritans.org/documents/ROI_Guidance_for_working_with_people_bereaved_by_suicide.pdf

Guidance on reporting suicide for broadcast media for Ireland
https://media.samaritans.org/documents/ROI_Guidance_on_reporting_suicide_for_broadcast_media_FINAL.pdf
This guidance, developed by Samaritans (2020), offers practical advice on how to avoid risks and produce safe and informed coverage when reporting on suicide using broadcast media, including online.

Severe mental health conditions, trauma and media participation: A practice guide for media professionals
http://qualitymatters.ie/work/headline-report-mental-health-trauma-media-participation/
Developed by Headline (2021), these guidelines are for use by the media wishing to engage with those with lived experience of severe mental health problems or people with trauma experiences.

Further reading

Media reporting of suicide and adherence to media guidelines

This study was carried out by the National Suicide Research Foundation (2018). Its aims are to:

1. Examine the quality of media reporting of suicide and adherence to media guidelines in Ireland and identify specific guidelines which require reinforcement.
2. To identify, review and summarise the literature and evidence on the impact of harmful suicide or self-harm content online and propose clearly defined descriptions of categories of online material that are considered to be harmful in relation to suicide and self-harm.
3. Examine if the media can have a positive impact in terms of reducing stigma related to mental health, addressing common misconceptions and encouraging help seeking behaviour: https://journals.sagepub.com/doi/10.1177/0020764018784624?fbclid=IwAR2%20YO13C8gD1ipNpY4S6GNmIP8fUzZ1prXmCqxgVY0S1x7_LnUhLi5li4co

The harmful impact of suicide and self-harm content online: A review of the literature
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/the-harmful-impact-of-online-content-a-literature-review.html
Originally published in 2020, and updated in 2023, the National Suicide Research Foundation has presented this review and summary of research findings on the impact of harmful suicide or self-harm content online to Connecting for Life stakeholders and the Broadcasting Authority of Ireland.

Using a television programme as a tool to increase perceived awareness of mental health and wellbeing: Findings from Our Mental Health survey
https://www.cambridge.org/core/journals/irish-journal-of-psychological-medicine/article/abs/using-a-television-programme-as-a-tool-to-increase-perceived-awareness-of-mental-health-and-wellbeing-findings-from-our-mental-health-survey/423E-B4255AF5D3934F91CF0E891A553D
The National Suicide Research Foundation conducted a survey, aimed to obtain people's perceptions on the impact of a television documentary on awareness of mental health, wellbeing and help-seeking behaviour, following the airing of the documentary, My Other Life: Ireland's young and their mental health on RTÉ. It featured testimonies from young people in their early 20s talking about their mental health problems.

The media is a powerful tool and, when used in the right way, can help to save lives.

Language and terms explained

App (which is short for **Application**): This is a type of software programme that performs a specific function and is run on devices such as mobile phones.

Artificial intelligence: This is the ability of computers or robots to do tasks that are usually carried out by humans.

Bipolar: This is a mental health problem which can lead to extreme mood swings. These can range from extreme highs (mania) to extreme lows (depression).[1]

Brand: It is a service's promise to its customer. It says who you are, who you want to be and what the public thinks of you. A brand can build confidence and trust.

Clinical governance: This ensures that healthcare services are of a high standard, safe and meet the needs of their service users.

Code of practice: This is a document which sets out guidance on how an organisation should carry out its duties.

Cognitive behavioural therapy: This looks at the way in which people's thoughts, emotions and behaviours are linked and how they affect one another. Its aim is to help people to change the way in which they deal with problems.

Complicated grief: If a person is not feeling better over time following a death, or the grief is getting worse or they cannot seem to move through their grief and are stuck in it, this may mean that they are experiencing complicated grief.

Contagion: Suicidal behaviour in one or more people can influence those who are exposed to or affected by it. This can happen either directly, for example, knowing someone, or, indirectly, for example, through the media. This is known as suicide contagion. It can lead to some people being at increased risk of suicidal behaviour themselves, particularly adolescents and young adults. Not all suicides that occur in clusters are the result of contagion. A rise in suspected suicides after a widely publicised suspected suicide is known as the Werther effect.

Content warning (also known as a **content notice**): A statement made before sharing content that could be potentially disturbing. This might include graphic references to topics such as sexual abuse, self-harm, violence, eating problems and so on, and can take the form of an image, video clip, audio clip or piece of text.

Co-production: This is a process where people with mental health difficulties, their carers and staff members who provide mental health services work together to create new knowledge, for example, producing resources, such as a booklet or an education programme.

Critical incident: This describes any incident or sequence of events which overwhelms the normal coping mechanisms of an organisation, for example, a school[2] or a community.

Cultural competence: This is described as having the right knowledge and skills, as well as policies in place, to meet the needs and practices of people from different cultural backgrounds.[3] It is made up of a number elements, which include: cultural awareness, cultural knowledge and cultural sensitivity.

Cyberbullying: Cyberbullying is a form of bullying that occurs on social media, online forums, text and email.

Darknet: The internet is made up of both public content ("surface web") and private content ("deep web") which can sometimes be hosted on exclusive networks known as the "darknet". These darknet search engines allow access to forums that may be pro-suicide and which are blocked or filtered by most surface web search engines (for example, Google).[4]

Dialectical behavioural therapy: This is an evidence-based programme which aims to help people with ongoing mental health difficulties in managing intense emotions.

Disenfranchised grief: This is hidden loss and grief. Sometimes people might be denied the usual practical and emotional support that is offered after bereavement. This can happen when a loss cannot be openly acknowledged or when the relationship to the bereaved person is not recognised.

Ecological momentary assessment: This allows the recording of real-time suicidal thoughts and behaviours in a person's natural environment, for example, sleep quality, mood or emotional state.

Ethnic minority group: An ethnic group is a group of individuals who share common traits such as language, religion, nationality and traditions and regards itself, or is regarded by others, as distinct. Ethnic minority groups make up a smaller portion of the population in a country.

1 HSE. (2022). Bipolar disorder. https://www2.hse.ie/conditions/mental-health/bipolar-disorder/bipolar-disorder-symptoms.html

2 Department of Education and Skills. (2016). Responding to critical incidents: NEPS guidelines and resource materials for schools. Dublin: Department of Education and Skills. https://www.gov.ie/en/service/5ef45c-neps/#critical-incidents

3 Mental Health Reform and Diverse Cymru. (2021). A practice guide for mental health professionals, services and staff on working with ethnic minority communities in Ireland. Dublin: Mental Health Reform and Diverse Cymru. https://www.mentalhealthreform.ie/cultural-competency/

4 McTernan, N. & Ryan, F. (2023). The harmful impact of suicide and self-harm content online: A review of the literature. Cork: National Suicide Research Foundation. Available at: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/the-harmful-impact-of-online-content-a-literature-review.html

Evidence-informed practice: This is using evidence based on research, lived experience and professional expertise to design, deliver and improve suicide prevention initiatives.

Gatekeeper: This term is used to describe those in a community who are in contact with many others on a day-to-day basis and are likely to have the opportunity to interact with someone vulnerable to suicide.[5]

General Data Protection Regulation (GDPR): This law came into effect in May 2018. It sets out key principles on the collection and processing of personal information on individuals.

Learning community of practice: This is a group who share a common interest and, through their interactions with one another, seek to learn how to carry out their work more effectively.

LGBTI+: People who are lesbian, gay, bisexual, transgender and intersex. The "plus" represents other sexual identities and gender identities.

Means: Any method that a person may use to end their life.

Memorial: "Any act of remembrance following the death of a loved one…It might be in the form of placing flowers, cards, balloons or other tokens, an organised event such as a walk, run or cycle, or the creation of a book of condolence".[6]

Memorialising a social media account: This usually means that the account will still be there to visit or post messages to, but will be made more private, so that only people who knew the person who has died can find it.

Mental health literacy: This is made up of many aspects, including having knowledge and beliefs about mental health problems that help to recognise, manage and prevent them, as well as attitudes and knowledge that facilitate help-seeking.[7]

Mental health difficulties or problems: These are conditions like depression, anxiety, eating problems or psychosis. Sometimes these difficulties are noticeable as the person is engaging in self-harm or feeling sad, worried and stressed, and this is lasting for a longer period of time.[8]

5 Burnette, C., Ramchand, R. & Ayer, L. (2015). Gatekeeper training for suicide prevention: A theoretical model and review of the empirical literature, Rand Health Q, 5(1),16.

6 Public Health Agency. (2018). Advice for communities, groups and schools on public memorials following a sudden death that is a suspected suicide, p.2. Belfast: Public Health Agency. https://www.publichealth.hscni.net/publications/advice-communities-groups-and-schools-public-memorials-following-sudden-death

7 Jorm, A. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. British Journal of Psychiatry, 177(5), 396–401. Doi: 10.1192/bjp.177.5.396

8 HSE Child and Adolescent Mental Health Services. (2022). Child and adolescent mental health services (CAMHS). https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/

Mindfulness: This is about learning to be more "present", so as to be able to pay attention to whatever is going on in the here and now. It is another way of strengthening people's mental health.

Mission statement: This sets out the main purpose of a group. The statement should accurately describe the work that members have agreed to carry out.

Mobile health (or mHealth): This is the use of mobile phones and other devices to support medical and public health practices.

Moderators: They use their judgement, based on guidelines, to decide what information is approved or what should be removed from online media. There are three types of moderation: pre-moderating, which is removing content before it goes live; post-moderating, which is removing comments immediately when they go live; and reactive moderating, which relies on the community to report inappropriate content.[9]

Multi-disciplinary team: "A team of people with different skills and specialities – psychiatrists, non-consultant hospital doctors, mental health nurses, clinical or counselling psychologists, occupational therapists, social workers, and, where available, peer support workers and family peer support workers. The team carries out, and monitors, the care and recovery programme for individuals attending the mental health service in partnership with the individuals concerned and, where appropriate, their families and supporters".[10]

Murder-suicide: This is when someone takes the life of another person or persons before taking their own life.

Non-clinical: A non-clinical job is a healthcare role that does not involve diagnosing and treating someone. It also does not include offering medical or therapy services.

Obsessive compulsive disorder (OCD): This condition usually causes a particular pattern of thoughts and behaviours. This pattern has four steps: obsession, anxiety, compulsion and temporary relief.[11]

Organisational governance: This describes the structures and processes that are put in place to make sure that organisations are accountable, fair and managed well.

Papageno effect: The preventative effect of responsible reporting of suicide and presenting non-suicide alternatives to crises in the media.

9 Chambers, D. & Murphy, F. (2015). Technology, mental health and suicide prevention in Ireland: A good practice guide. Dublin: ReachOut Ireland. https://www.lenus.ie/handle/10147/623896

10 HSE Mental Health Engagement Office. (2018). Mental health services: Family, carer and supporter guide, p.24. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

11 HSE. (2022). Obsessive compulsive disorder. https://www2.hse.ie/conditions/obsessive-compulsive-disorder/

Passive exposure to suicide or self-harm: This is viewing, but not creating or posting content on suicide or self-harm, which can be harmful.[12]

People with lived experience of mental health difficulties: People who have first-hand experience of mental health difficulties or substance misuse challenges.

People with lived experience of suicide: They are people who "have experienced suicidal thoughts, survived a suicide attempt, cared for someone who was suicidal, been bereaved by suicide, or have been touched by suicide in another way".[13]

Perinatal mental health: Mental health problems can occur during the perinatal period, which is during and up to one year after a pregnancy.

Pile on: This is where online harassment or attacks are coordinated by a large group of people against one person or a much smaller group.

Platform: This is software that supports the building of other software programmes or the storage of data.

Post: This is the publishing of original content online, and includes, but is not limited to, art, GIFs (image files), images, links, memes (video, picture or phrase), messages, photos, poetry, videos and vlogs (a blog or online material that contains videos).

Priority groups: Some groups of people are at higher risk of suicidal behaviour. These have been identified in the national suicide prevention strategy Connecting for Life and are described as priority groups.

Private message (also known as **PM, direct message** or **DM**): It is a private message sent between specific people, which cannot initially be viewed by others. However, messages can be shared by recipients by forwarding or screenshotting (see description below), regardless of the initial intention.

Psychosis: This is a state of mind in which delusions (believing something that is not true) and/or hallucinations (seeing things that do not exist outside the mind), with or without thought confusion, lead to distress or disruption of functioning. It is often accompanied by major changes in mood and mental functioning. It may be associated with disturbed behaviour.[14]

12 Arendt, F., Scherr, S. & Romer, D. (2019). Effects of exposure to self-harm on social media: Evidence from a two-wave panel study among young adults. New Media & Society, 21(11–12), 2422–2442. Doi: 10.1177/1461444819850106

13 Suicide Prevention Australia. (2014). Lived experience network: Thinking about your personal readiness to be involved. https://mhaustralia.org/general/thinking-about-your-personal-readiness-be-involved-suicide-prevention

14 Adapted from: HSE Mental Health Engagement Office. (2018). Mental health services: Family, carer and supporter guide, p.26. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

Racism: The Irish Network Against Racism defines racism as: "Any action, practice, policy, law, speech or incident which has the effect (whether intentional or not) of undermining anyone's enjoyment of their human rights, based on their actual or perceived ethnic or national origin or background, where that background is that of a marginalised or historically subordinated group. Racism carries connotations of violence because the dehumanisation of ethnic groups has been historically enforced through violence".[15]

Recovery: People in recovery describe it as finding the best way to live a meaningful life by learning how to manage their mental health difficulties in healthy ways.

Referral: This is when a healthcare professional, for example a family doctor or general practitioner (GP), writes to another healthcare professional or a service, for example, a psychiatrist or a mental health service, asking them to assess or treat a patient. This usually includes making an appointment.

Safety plan: This is a plan that a person can create with others (for example, a health professional, family and friends) and use to help them to remain safe if they are feeling suicidal.

Schizophrenia: When "experiencing an episode of schizophrenia, a person's thinking becomes distorted, making it hard for them to distinguish reality from what is imagined. When severe, this can lead to immense panic, anger, depression, elation or over activity, perhaps, punctuated by periods of withdrawal".[16]

Screen grab (also known as a **screenshot** or **screen recording**): A means of capturing what can be seen on a display screen, which can then be shared with others.

Self-care: This means looking after your mental and physical health by taking the time to do the things that you enjoy or that make you feel good.

Self-harm: This describes the various methods by which people 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.[17]

Self-refer: This means being able to contact or use a support or service directly without needing a letter from your doctor or another healthcare professional.

15 Irish Network Against Racism. (2022). Understanding racism: Defining racism in an Irish context, p.2. Dublin: Irish Network Against Racism. https://inar.ie/wp-content/uploads/2020/03/UNDERSTANDING-RACISM.pdf

16 HSE Mental Health Engagement Office. (2018). Mental health services: Family, carer and supporter guide, p.48. Dublin: HSE. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

17 Department of Health & HSE. (2015). Connecting for Life: Ireland's national strategy to reduce suicide 2015–2024, p.5. Dublin: Department of Health. https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/family-carer-and-supporter-guide/family-carer-and-supporter-guide.pdf

Service user: This term is most often used nowadays to describe a person who uses health or social services, for example, someone with a mental health difficulty who has contact with mental health services.

Signposting: Sometimes one service can support a person with some but not all of their problems. Signposting is giving someone details of other supports and services that may be able to help them.

Social determinants of health: Social determinants of health are the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, their risk of illness and life expectancy.[18]

Social inclusion: Social inclusion aims to reduce inequalities in health and improve access to mainstream and targeted health services for vulnerable and excluded groups.

Social media influencers: These are people who have built up a large social media following, as well as knowledge of a particular issue, and they connect with others to inform, persuade and inspire them.

Social media platform: Online platforms, such as websites and mobile applications (apps), allow users to create, share and discuss content that can be viewed by others. Popular examples include, but are not limited to, Facebook, Instagram, X, Tumblr, Snapchat and YouTube.

Social prescribing: Social, environmental and financial factors impact on health outcomes. Problems such as loneliness, social isolation, poverty and sleeping difficulties have negative consequences for health.[19] Social prescribing recognises this and seeks to address people's needs in a holistic way.

Stigma: It has been described as a sign of disgrace which distinguishes one person from another. In the context of mental health, it usually involves the use of negative labels to identify people as different. This can result in the person feeling devalued, and may lead them to isolate themselves and hide their mental health difficulty.

Substance misuse: This describes the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines.[20]

Suicidal behaviour: This describes a broad range of behaviours relating to suicide, which can include thoughts of suicide, self-harm, attempted suicide and death by suicide.

18 World Health Organization: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

19 HSE Health and Wellbeing. (2022). Stronger together: The HSE mental health promotion plan 2022–2027. Dublin: HSE. https://hsehealthandwellbeingnews.com/stronger-together-the-hse-mental-health-promotion-plan-2022-2027/

20 Department of Health. (2017). Reducing harm, supporting recovery: A health-led response to drug and alcohol use in Ireland 2017–2025. Dublin: Department of Health. https://www.drugsandalcohol.ie/27603/1/Reducing-Harm-Supporting-Recovery-2017-2025.pdf

Suicidal intent: This describes the seriousness of a person's wish to die by suicide.

Suicide cluster: "A situation in which more suicides than expected occur in terms of time, place or both. It is difficult to define a cluster. It usually includes three or more deaths; however, two suicides occurring in a specific community or setting in a short time should also be taken very seriously".[21]

Suicide intervention: This describes making a direct effort to intervene so as to help someone who is experiencing suicidal thoughts or behaviours.

Suicide intervention training: These programmes teach participants how to recognise risk and how to intervene to prevent the immediate risk of suicide.

Suicide postvention: This is an organised response following a suspected suicide which aims to support those who have been bereaved and to reduce other negative effects of exposure to suspected suicide.

Suicide postvention training: This training helps to build a better understanding of the grieving process and how to support people who are bereaved by suicide.

Suicide prevention training: These are suicide alertness raising programmes that prepare participants to know how to help someone with thoughts of suicide. They also help to improve awareness of and sensitivities to self-harm.

Vaguebooking: An online post that is cryptic but also alarming in that it attracts attention and concerned responses from friends and family. The practice initially began on Facebook but has since spread to other social media platforms.

Werther effect: This describes a risk of suicide associated with a highly publicised suicide. The term comes from the name of the main character, a young man, in Johann Wolfgang von Goethe's novel, The Sorrows of Young Werther, who died by suicide. Following its publication in 1774, there were indications of imitative suicides among young men in Germany, and in Denmark and Italy.[22]

21 Hawton, K., Lascelles, K., Husband, D., John, A. & Percy, A. (2019). Identifying and responding to suicide clusters: A practical resource, p.14. London: Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf

22 Arensman, E. (2022). Self-harm and suicide in young people: Associated risk factors and evidence based interventions, UCD ACAP Webinar 15th July 2022. Available at: https://www.nsrf.ie/wp-content/uploads/2022/07/Webinar_UCD-ACAP_15-07-2022_Prof-Ella-Arensman.pdf

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Input from:

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Case studies:

- HSE Community Pharmacists, Louise Creed, HSE South and Louisa Power, HSE Mid-West
- Paula Lawlor, former CEO, Suicide or Survive and Mary Kilcommins Greene, Director, HSE National Counselling Service, Galway, Mayo and Roscommon

Chapter 2: Grief after suicide: Community response

Input from:

- Siobhán McBrearty, Tracy Nugent and Michael Collins, HSE Resource Officers for Suicide Prevention
- Ciaran Austin, Communications Manager, HSE National Office for Suicide Prevention
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Resources:

- Irish Hospice Foundation and Public Health Agency

Chapter 3: Setting up a community group for suicide prevention

Input from:

- Tracy Nugent, Josephine Rigney (former), Jennifer Clancy (former), Ciara Dempsey (former), Andrea Koenigstorfe (former) and Emer Mulligan, HSE Resource Officers for Suicide Prevention
- Brid Casey, National Programme Manager and Ciaran Austin, Communications Manager, HSE National Office for Suicide Prevention

Case studies:

- Emma Freeman (former), HSE Resource Officer for Suicide Prevention
- Pat Connolly, Lions Club

- Shauna Diamond and Grace McGee (former), National Family Resource Centre Mental Health Project

Resources:

- Samaritans and The Wheel

Chapter 4: Suicide prevention and mental health promotion in community settings: Focus on schools, higher education, the workplace and sports clubs

Input from:

- Barbara Brennan (former), Shine (See Change) Programmes Lead
- Sarah Woods, Lead for Strategy Coordination, Quality and Education, HSE National Office for Suicide Prevention
- Colin Regan, GAA Community and Health Manager

Case studies:

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- Samaritans
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Input from:

- Jennifer Clancy (former) and John Duffy, HSE Resource Officers for Suicide Prevention
- Emilia Marchelewska, Cairde: Challenging ethnic health inequalities
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Chapter 6: A guide to the organisations, the key roles and the services working in suicide prevention in Ireland

Input from:

- Fidelma Morrissey (former), HSE National Office for Suicide Prevention
- National Suicide Research Foundation, Niall McTiernan, Eileen Williamson (former) and Ella Arensman
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- Fiona Donovan, Project Manager, National Healthy Cities and Counties, HSE Health Promotion and Improvement
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- Maria McGoldrick, Area Lead for Mental Health Engagement and Recovery, Galway, Mayo and Roscommon
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Chapter 7: Education and training programmes

Input from:

- HSE Resource Officers for Suicide Prevention and members of the National Suicide Prevention Education and Training Subgroup: Mary McGrath, Josephine Rigney (former), Helena Cogan, Tracy Nugent, John Duffy, Sean McGrory (former), Emma Freeman (former) and Ailish O'Neill, National Education and Training Manager, HSE National Office for Suicide Prevention

Chapter 8: Social media, the web and suicide prevention

Based on:

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Education and training programmes are one very important way of helping to prevent suicide. A wide range of programmes are available free-of-charge to communities, care givers, volunteers and professionals.

Notes

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