North South Inter-Parliamentary Association

Second Meeting

Suicide

5th April 2013

Background briefing prepared by the Research and Information Service (RalSe) of the Northern Ireland Assembly and the Library & Research Service of the Houses of the Oireachtas (*Tithe an Oireachtais*)

Key points

- Suicide is an emotive subject and risk factors include depression; alcohol and drug misuse; personality disorder; hopelessness; low self-esteem; bereavement; break-up of a relationship; social isolation and financial problems.
- Suicide data can be problematic, as it is known that suicide can be under-reported. All suspected suicides are referred to the coroner and take time to be investigated; therefore, there is a period of time between when the suicide *occurs* and when the death is *registered*.
- The overall suicide rate in Northern Ireland has more than doubled in the past thirty years, from 7.7 per 100,000 in 1980 to a peak of 17.4 in 2010. For males, the increase has been even steeper, from a low of 9.9 per 100,000 in 1980 to a peak of 27.1 in 2010. Over the same period, the female rate has risen from 5.5 per 100,000 in 1980 to 8.0 in 2010.
- In Ireland, similar increases have been seen with the suicide rate having increased from 6.4 per 100,000 in 1980 to 12.4 per 100,000 in 2009 with a peak at 13.9 per 100,000 in 1998. The increase in male suicides is responsible for most of the overall rise, as rates for women have been much steadier over the period.
- Both Northern Ireland and Ireland have specific suicide strategies, that aim to tackle the issue through a combination of general population and more targeted approaches directed at 'at risk' groups.
- *Protect Life – A Shared Vision*, *The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011* and the subsequent refreshed Strategy *Protect Life A Shared Vision, The Northern Ireland Suicide Prevention Strategy Action Plan 2012 – March 2014* provide the most recent strategic context for Northern Ireland. *Reach Out* (2005-2014) is Ireland's national suicide strategy.
- The parallel implementation of Northern Ireland's *Protect Life* Strategy and *Reach Out* in Ireland has facilitated North/South work on suicide prevention. As part of this an All-Island Action Plan on suicide prevention has been developed by the two jurisdictions and the rolling programme of actions are regularly reviewed at sectoral meetings of the North South Ministerial Council.

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1. The Position in Northern Ireland

1.1 Introduction

Suicide is an emotive subject and known risk factors include depression; alcohol and drug misuse; personality disorder; hopelessness; low self-esteem; bereavement; break-up of a relationship; and social isolation. It is important that interventions address all these factors as part of a broader approach to promoting mental health and well-being.[1]

In Northern Ireland, (NI), deaths officially classified as 'events of undetermined intent' and 'intentional self-harm' are reported jointly as suicide. In 2011 there were 289 such deaths *registered* in Northern Ireland and 313 in 2010 (the highest figure on record - 240 were males and 73 were females). All suspected suicides are referred to the coroner and take time to be investigated; therefore, there is a period of time between when the suicide *occurs* and when the death is *registered*. For example, of the 313 suicides registered in 2010, only 141 actually occurred in 2010 with the remainder occurring in earlier years.[2]

Table 1 shows the number of suicides *registered* each year in NI from 2000. It should be noted that there are likely to be a significant number of deaths occurring after 2008 which have not yet been registered. For example, of the 289 such deaths registered in 2011: 120 occurred in 2011, 131 in 2010, 12 in 2009, 15 in 2008 and 11 in 2007 or earlier.[3]

[1] *Protect Life – A Shared Vision*, The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011, DHSSPS, October 2006, Chapter 1, paragraph 1.5
[2] *Statistics Press Notice: Deaths in Northern Ireland (2010)*, 24th March 2011, National Statistics and Northern Ireland Statistics and Research Agency (NISRA), page 11
[3] NISRA, 90th Annual Report of the Registrar General 2011, November 2012, paragraph 1.8.14, http://www.nisra.gov.uk/archive/demography/publications/annual_reports/2011/RG2011.pdf

Table 1: Northern Ireland - Number of suicides registered (2000-2011)[4]

Year	Suicides Registered	Rate (per 100,000 pop.)
2000	185	11.0
2001	158	9.4
2002	183	10.8
2003	144	8.5
2004	146	8.5
2005	213	12.4
2006	291	16.7
2007	242	13.8
2008	282	15.9
2009	260	14.5
2010	313	17.4
2011	289	16.0

Table 1 shows that 2005 saw a significant increase in the numbers of suicides registered and this higher level has remained in subsequent years. It has been reported that suicide rates have risen markedly in NI and between 1999 and 2008 rates of suicide rose by 64%, with most of the rise attributable to young men in the 15-34 age group and in the areas of North and West Belfast.[5]

Figure 1 presents the crude suicide rate per 100,000 population in Northern Ireland for the period, 1980 – 2011 and this also shows the significant increase in 2005 and beyond, particularly for males.

[4] Table 1 compiled from data in NISRA Births and Deaths Reports – Additional tables for Deaths in NI, 2011, http://www.nisra.gov.uk/demography/default.asp23.htm
[5] Sharp Increase in Suicide Rates in Northern Ireland, The Guardian, 16th March 2011

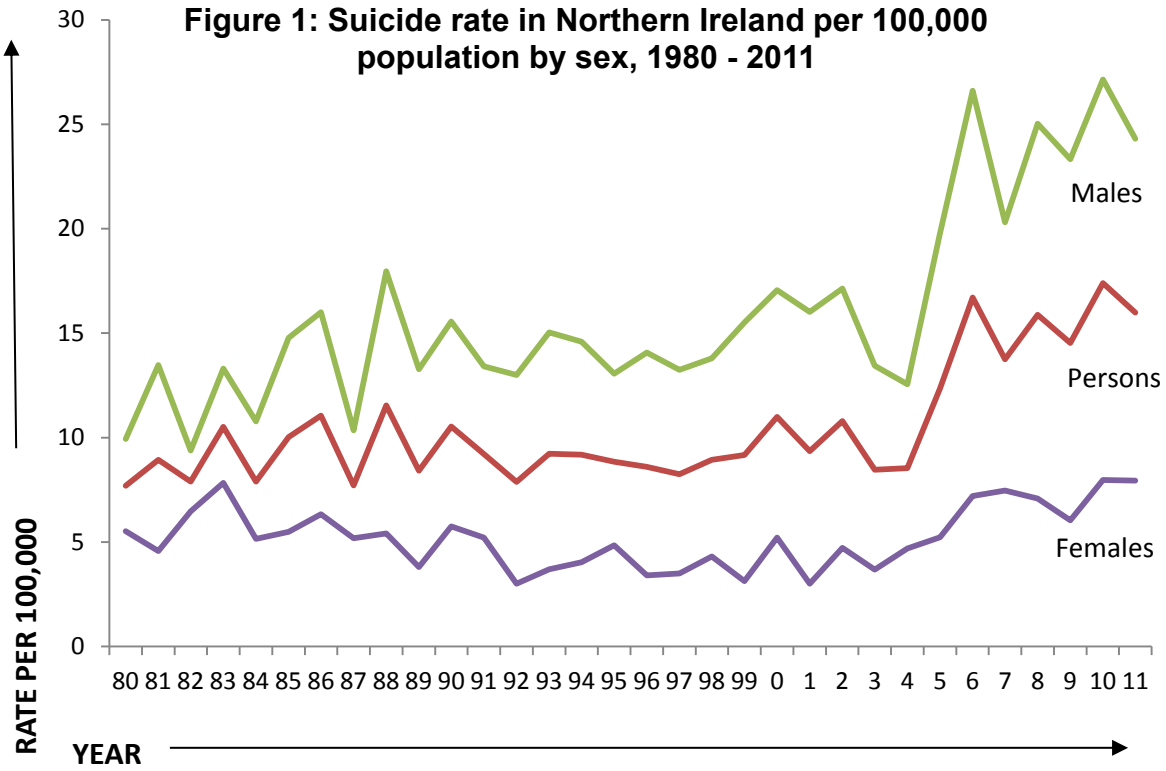


Figure 1 reveals that the overall suicide rate in Northern Ireland has more than doubled in the past thirty years, from 7.7 per 100,000 in 1980 to a peak of 17.4 in 2010. For males, the increase has been even steeper, from a low of 9.9 per 100,000 in 1980 to a peak of 27.1 in 2010. Over the same period, the female rate has risen from 5.5 per 100,000 in 1980 to 8.0 in 2010 [6].

During the period 1980 – 2011, at total of 5,617 suicide incidents were registered in Northern Ireland [7]. Males accounted for three-quarters of such deaths (74.8 per cent), a total of 4,201, while females accounted for a quarter (25.2 per cent), a total of 1,416.

Overall, the largest proportion of suicide incidents occurred in the 15 – 44 age band (60 per cent of all deaths). Young men (aged 20 – 39 years) were the largest single group, accounting for just over one-third (34.4 per cent) of all suicide incidents over the 31 year period, a total of 1,934 deaths.

As a result of concern about this increase, particularly the recent increase from 2005, the Department of Health Social Services and Public Safety (DHSSPS) established a Taskforce in July 2005 to develop a suicide strategy for NI which was published in October 2006 entitled *Protect Life – A Shared Vision*, *The Northern Ireland Suicide*

[6] NISRA (2012) Suicide Deaths by Sex and Age, 1970 – 2011. Available at: http://www.nisra.gov.uk/archive/demography/publications/suicides/Suicide_sex_5yrbds_1970_2011.xls
NISRA (2012) Home Population by Sex and five-year age bands. Available at: http://www.nisra.gov.uk/archive/demography/population/midyear/NI_Home_Pop_5yrbds(1961_2011).xls
[7] Data for 2011 is provisional.

Prevention Strategy and Action Plan 2006-2011 ('the Suicide Strategy'). Following an evaluation of the Strategy, a refreshed Strategy was published in June 2012.[8]

Further analysis of suicides in Northern Ireland for the development of the Strategy showed that in deprived areas the *age standardised* suicide rate over the five years prior to the publication of the Strategy was 14.5 per 100,000 persons compared to a rate of 8.5 per 100,000 persons in non-deprived areas. This age standardised rate increased further to 16.5 per 100,000 persons in economically deprived areas, compared to 8.1 suicides per 100,000 persons in non-economically deprived areas. The work also highlighted that suicide rates tend to be higher in urban rather than rural areas.[9]

Recent research has indicated that the conflict in NI may have had a profound impact on suicide rates and that the steep recent increase may be accounted for by the cohort of children and young people who grew up in the 1970s in the worst years of violence. The research acknowledges the complex social and psychological factors involved.[10]

Suicide prevention was included as a target in the DHSSPS Public Service Agreement (PSA) [11]: PSA 8 "*Promoting Health and Health Inequalities*", Indicator 12 "*By 2011 achieve a reduction of at least 15% in the suicide rate*". It was also a Key Goal in the Programme for Government (PfG) (2008-2011).[12] However, whilst the PfG 2011-2015 notes, in Priority 2, that an outcome of health improvement work is a reduction in suicide, "*there are no specific commitments or priorities identified for suicide prevention, and suicide prevention is therefore not explicitly developed within many other Departmental business plans*".[13]

1.2 Northern Ireland Suicide Strategy and Action Plan

Protect Life – A Shared Vision, *The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011* and the subsequent refreshed Strategy *Protect Life A Shared Vision, The Northern Ireland Suicide Prevention Strategy Action Plan 2012 – March 2014*[14] provide the most recent strategic context for NI and were developed with input from the statutory, voluntary and public sectors, and from church representatives and bereaved families.

[8] www.dhsspsni.gov.uk/suicide_action_plan.pdf
[9] *Protect Life – A Shared Vision*, The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011, DHSSPS, October 2006, Chapter 1, paragraphs 2.4, 2.5 and 2.6, http://www.dhsspsni.gov.uk/phnisuicidepreventionstrategy_action_plan-3.pdf
[10] Tomlinson, M.W. (2012), War, peace and suicide: The case of Northern Ireland, International Sociology, **27**(4), 464-482, http://iss.sagepub.com/content/27/4/464.abstract
[11] *Protect Life – A Shared Vision*, The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011, DHSSPS, October 2006, Chapter 1, paragraphs 1.4 and 1.10
[12] Response to Assembly Question - AQW 4878/11
[13] Evaluation of the Implementation of the NI Protect Life Suicide Prevention Strategy and Action Plan 2006-2011, DHSSPS and Moore Stephens, October 2012, paragraph 5.1.1, www.dhsspsni.gov.uk/protect_life_evaluation_report.pdf
[14] www.dhsspsni.gov.uk/suicide_action_plan.pdf

In May 2008, the Committee for Health, Social Services and Public Safety published its Inquiry Report into the Prevention of Suicide and Self Harm. The Committee examined the scope of the Suicide Strategy and highlighted the Departmental commitment to deliver on its implementation. The Committee also identified a number of areas where it believed the Strategy could be strengthened, including[15]:

- The funding provided must remain ring-fenced for a number of years as community groups need a greater degree of financial certainty;
- Greater commitment and involvement is required from all Departments;
- The level of stakeholder involvement could be enhanced with a greater role for churches, local authorities and sporting bodies; and
- A need for improved training for those who may come into contact with people at risk of suicide.

Chapter 4 of the original *Protect Life* Strategy identified the actions, timescales and delivery partners for each of the areas within 'Population' and 'Targeted' sections of the Action Plan.[16] The Strategy was taken forward by Northern Ireland Suicide Implementation Body. A key development was 'Lifeline' – a 24/7 suicide prevention helpline throughout Northern Ireland established in January 2008. By September 2010, the service was receiving on average 1,500 calls per week and making around 300 referrals to associated wrap-round services.[17]

The evaluation of the Strategy highlighted that progress had been made but the issue of suicide had not diminished and recommendations were made under four themes[18]:

- Partnership and inter-Departmental working:
    - Building a strong collaborative approach to the continued development and delivery of the *Protect Life* Strategy is vital;
    - There should be a more specific focus on suicide prevention and self-harm both in the NI Programme for Government and in relevant Government Departments business plans; and
    - Suicide should remain a focus for the North/South Ministerial Council and potentially be included as an area of work for the British/Irish Council.
- Structures and governance for oversight and delivery of the Strategy;

[15] The Committee for Health , Social Services and Public Safety, Report on the Inquiry into the Prevention of Suicide and Self Harm, 1 May 2008, Executive Summary http://www.niassembly.gov.uk/health/2007mandate/reports/report27_07_08r.htm

[16] The 'Population' approach sought to tackle the issue of suicide in a wider context, with actions aimed at protecting the general population and implementing upstream interventions to build emotional resilience, including actions focusing on the community, the family, children and young people, health and social services, workplaces, police and emergency services, churches, and media. The 'Targeted' section listed actions focusing on self-harm, mental illness, drug and alcohol misuse, young males, those bereaved by suicide, survivors of sexual, physical and emotional abuse, marginalised and disadvantaged groups, and prisoners.

[17] McGimpsey supports World Suicide Prevention Day, NI Executive Press Release, 10 September 2010

[18] Evaluation of the Implementation of the NI Protect Life Suicide Prevention Strategy and Action Plan 2006-2011, DHSSPS and Moore Stephens, October 2012, paragraph 5.2, www.dhsspsni.gov.uk/protect_life_evaluation_report.pdf

- Measuring effectiveness and impact with a robust monitoring and evaluation framework; and
- Resources – current funding should continue to be ring-fenced; there should be a combined budget for suicide prevention, contributed to by all relevant Government Departments; and funding to community and voluntary sectors should be provided for a minimum of three years.

At a meeting of the Ministerial Co-ordination Group on Suicide in June 2012, the Minister for Health, Social Services and Public Safety (HSSPS) Edwin Poots, highlighted that the refreshed *Protect Life* Strategy acknowledges that a person's risk of suicide is increased by a range of factors including unemployment, alcohol/drugs misuse, educational underachievement, being part of the justice system and mental health illness. It focuses efforts on young males in deprived areas and the role that the entire NI Executive has to play, with the Strategy requiring a greater commitment from a number of Government Departments.[19]

The actions in the refreshed Strategy remain split between those which address population-wide issues and those which are targeted at sections of society most at risk.[20] It contains a number of new actions, including involving sporting organisations in delivering positive mental health messages; identifying specific arts interventions; and providing community-based health checks in rural areas.[21]

Suicide prevention in NI is overseen by the *Ministerial Co-ordination Group on Suicide Prevention* and the role of the group is to ensure that suicide prevention is a priority across relevant Government Departments and to enhance cross-departmental co-operation on this issue.[22]

1.3 Suicide Prevention and Awareness Services in Northern Ireland

In January 2011, the Minister for HSSPS outlined the following suicide prevention services provided by the Health and Social Care Network, working in partnership with voluntary and community groups[23]:

- Primary Care Services- GPs have been provided with specific training to assist with crisis assessment/management, and can also arrange follow-up support or an immediate mental health service referral;

[19] Suicide prevention strategy to target deprived areas , DHSSPS Press Release, 28 June 2012, http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-releases-dhssps-june-2012/news-dhssps-280612-suicide-prevention-strategy.htm
[20] Protect Life, A Shared Vision, The Northern Ireland Suicide Prevention Strategy Action Plan, 2012-March 2014, DHSSPS, Refreshed June 2012, http://www.dhsspsni.gov.uk/suicide_action_plan.pdf
[21] NI Assembly, Assembly Questions to Minister for HSSPS, Protect Life Strategy, 26 February 2013, http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-12-13/26-February-2013/#7
[22] Response to NI Assembly Question 16461/11-15
[23] Response to Assembly Question AQW 3856/11

- Medical support for individuals who have self-harmed or are at risk of suicide who present at A&E, including urgent referral to specialist mental health services and next day follow up as part of the "Card Before You Leave" initiative;
- Health and Social Care Trusts - Mental Health Crisis Response and Home Treatment Teams;
- 'Lifeline' 24/7 crisis response helpline and associated wraparound counselling, mentoring, and befriending support services;
- Extensive community-led suicide prevention and bereavement support programmes (funded by the Public Health Agency Suicide Prevention Programme);
- Training in suicide prevention and public awareness programmes designed to foster help-seeking behaviour.

With regard to the input provided by other Departments, the Department for Social Development (DSD) works closely with DHSSPS to address underlying issues in local communities in relation to a wide range of health related matters.[24] In 2001 the Department of Agriculture and Rural Development (DARD) helped establish (and provides on-going funding) the charity *Rural Support*, which works within the farming and rural community and provides a 24-hour helpline to help deal with paperwork, financial issues, stress and feelings of anxiety, including suicide.[25]

[24] Response to Assembly Question AQW 4825/11-15
[25] Response to Assembly Question AQW 4413/11-15

1.4 Financial Resources

Table 2 below outlines an overview of *Protect Life* Expenditure in NI from 2009 to 2012:

Table 2 *Protect Life* Expenditure 2009-2012

Area of Spend	2009/10 (£)	2010/11 (£)	2011/12 (£)
Implementation Groups (Belfast, South Eastern, Western, Northern and Southern)	1,949,665	2,328,245	2,694,288
Regional Spend (E.g. Self-harm registry, R&D, Evaluation, All-Island Co-operation)	1,095,235	938,000	903,044
Lifeline (Delivery of Lifeline service)	3,075,000	3,141,882	3,141,882
Public Health Agency (E.g. Public Information Campaigns)	540,175	551,924	209,459

Source: Information Extracted from - *Evaluation of the Implementation of the NI Protect Life Suicide Prevention Strategy and Action Plan 2006-2011*, DHSSPS and Moore Stephens, October 2012, Appendix I, Tables 21-25, www.dhsspsni.gov.uk/protect_life_evaluation_report.pdf

2. The position in Ireland

2.1 Introduction

Suicide has been described by many commentators as an 'epidemic' and is acknowledged to be a leading cause of death in young men. Suicide is also prevalent in older people. Mental Health Reform's pre-budget submission warns that:

"*Against a background of continuing recession, the mental health of the population of Ireland is under severe strain. Known contributors to poor mental health such as unemployment and income inequality are persisting and a rise in the rates of suicide and self-harm has been reported in recent years. The Government has a duty to protect the vulnerable in society, and must ensure that the already negative effects of*

the economic crisis are not exacerbated by the lack of services for people experiencing poor mental health."[26]

Suicide data are notoriously problematic, as suicide is under-reported. For instance, the cause of death may go unrecorded due to insufficient evidence to determine intent or where no inquiry is held. Another possibility is that of concealment - there is substantial literature on this citing such motivations as religion, stigma and life assurance. Table 3 shows the incidence of suicide in Ireland from 2001-2011.

Table 3: Suicide in Ireland from 2001-2011[27]

Year	Number	Rate
2001	519	13.5
2002	478	12.2
2003	497	12.5
2004	493	12.2
2005	481	11.6
2006	460	10.9
2007	458	10.6
2008	506	11.4
2009	552	12.4
2010*	490	11
2011*	525	11.4

* Figure subject to future revision

Suicide rates by gender

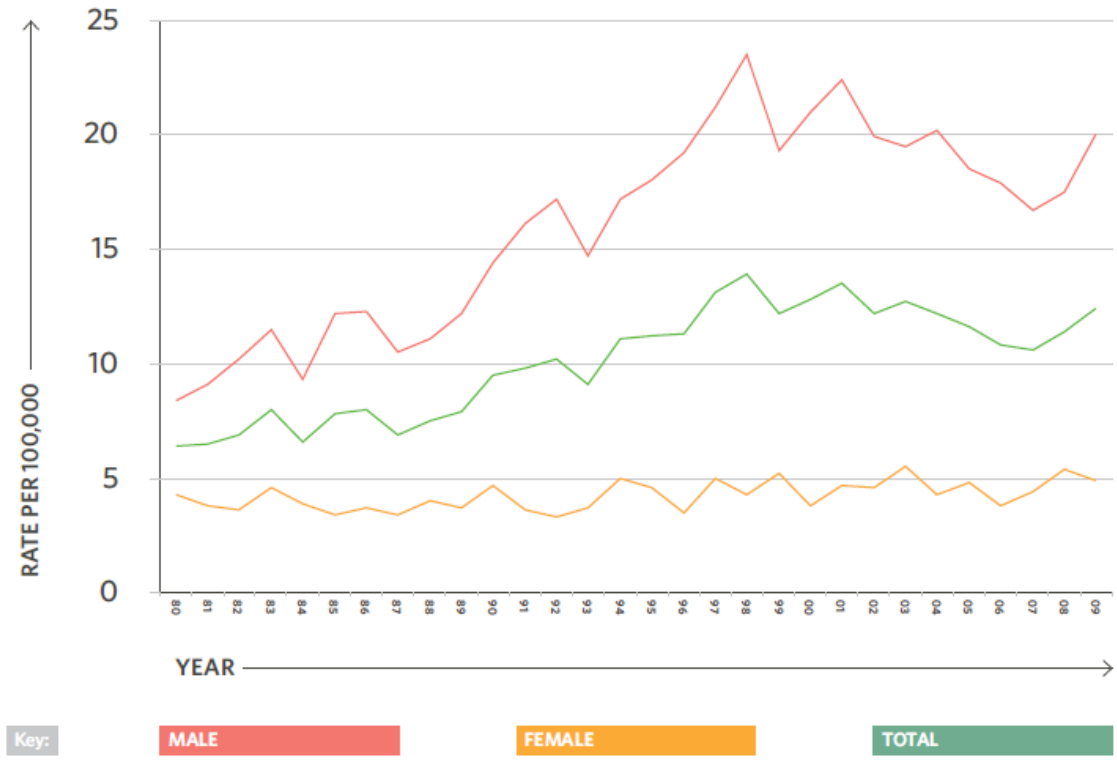
Figure 2 looks at the Irish numbers in greater detail, showing that the rate of death by suicide increased from 6.4 per 100,000 in 1980 to 12.4 per 100,000 in 2009. It peaked at 13.9 per 100,000 in 1998. The figure shows clearly that men are much more vulnerable to suicide than women. The increase in male suicides is responsible for most of the overall rise, as rates for women have been much steadier over the period.

Figure 2: Suicide rate per 100,000 population, by gender, 1980 to 2009[28]

[26] Mental Health Reform (2012) *Pre-Budget Submission*; http://www.mentalhealthreform.ie/wp-content/uploads/2012/10/MHR-Final-Prebudget-2013-submission-3-Oct-2012.pdf

[27] National Suicide Research Foundation. (2012). http://www.nsrf.ie/cms/?q=node/36

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



2.2 Ireland Suicide Strategy and Action Plan

Reach Out (2005-2014) details Ireland's national suicide strategy. The Strategy addresses suicide prevention on four levels:[29]

Level A: General Population Approach

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

Level B: Targeted Approach

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

Level C: Responding to suicide

[28] Source: National Office for Suicide Prevention, *Annual Report 2011*; http://www.nosp.ie/annual_report_2011.pdf
[29] NOSP. (2012). Annual report 2011.

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

Level D: Information and research

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

The targeted approach focuses on at risk groups / issues set out below:[30]

- **Deliberate Self-Harm:** A history of one or more acts of deliberate self-harm is the strongest predictor of repeated suicidal behaviour, both fatal and non-fatal;
- **Mental Health Services**: Suicidal behaviour, especially completed suicide, is strongly associated with mental health;
- **Alcohol and Substance Abuse:** Alcohol and substance abuse are strongly related to suicide;
- **Marginalised Groups** often experience discrimination and can be vulnerable to self-harming behaviour;
- **Prisons**: Prisoners are internationally recognised as particularly vulnerable in relation to suicidal behaviour and mental health difficulties;
- **Unemployed People:** Unemployed people are at an increased risk of engaging in suicidal behaviour when compared with the general population;
- **People who have experienced abuse**: People who experience traumatic life events, in particular sexual and/or physical abuse in childhood, have a high risk of engaging in suicide;
- **Young Men**: there is a certain increased vulnerability associated with being young and male in Ireland today compared with the past, sometimes manifest in unhealthy and anti-social behaviours; and
- **Older Men:** In older people, particularly among older men, psychiatric illness (most notably depression), certain personality traits and physical illnesses are associated with an increased risk of suicide.

2.3 Implementation of current policy

There have been no progress reports on the implementation of *Reach Out*, however the Minister of State, Kathleen Lynch, in a Dáil Topical Issues debate on 17 July 2012, stated that the following *Reach Out* actions were being implemented, through a 'four-way' strategy, by the National Office for Suicide Prevention (NOSP):

- Delivering a general population approach to mental health promotion and suicide prevention;
- Targeted programmes for people at high risk of suicide;

[30] An Garda Síochána is included in this targeted approach for their role in attending calls, identifying vulnerable individuals, making reports but is not included here as has no bearing on at-risk groups, per se.

- Delivering services to individuals who have engaged in deliberate self-harm; and
- Providing support to families and communities bereaved by suicide.

The former deputy head of the NOSP, Mr Derek Chambers, has commented publicly on the current staffing levels and structure of the Office. He points out that NOSP is staffed by a 'handful' of people – just four at present and an acting director. Mr Chambers highlighted the following options for restructuring the NOSP:

> "*They could take it into the mainstream HSE structure, probably under the banner of mental health, and they would have the advantage of a bigger team to draw on and more resources. Or they could make it independent in the manner of the Road Safety Authority*."

Mr Chambers said the Government could also maintain the existing structure:

> "…*which has its own advantages and disadvantages…Having a national office does get people's attention and it is a good focal point for communities who find it difficult to know how to respond*." [31]

Work in the communities

The annual budget for work in the communities has been increased by the Government to more than €12 million. In addition, there are some awareness and training programmes available, including safeTALK (NOSP) and ASIST (NOSP). These programmes train participants to detect early warning signs of suicide in their communities. The Irish College of General Practitioners is also currently developing a specific suicide prevention skills training programme which will be rolled out in the near future.

Work by medical practitioners

The NOSP has piloted a system under which suicide crisis assessment nurses work with emergency departments and GPs (Suicide Crisis Assessment Nurse (SCAN)). This was reviewed in 2012 by the HSE.[32] The report found that almost all GPs with experience of SCAN agreed that the SCAN service leads to better treatment adherence than 'usual care' and patients are more readily agreeable to being referred to SCAN.

[31] Irish Examiner (2012) *Strategy on suicide left to a 'handful' of people*; http://www.irishexaminer.com/ireland/cwausngbqlmh/rss2/
[32] http://www.nosp.ie/scan-report-2012.pdf

2.4 Suicide Prevention and Awareness Services in Ireland

Research involving 21 OECD countries has found that overall suicide rates decreased after government-led, nationwide suicide prevention programmes were introduced. These were particularly effective among elderly and young people. [33]

Reach Out sets out a series of specific actions and calls for a multi-sectoral approach to the prevention of suicidal behaviour in order to foster cooperation between health, education, community, voluntary and private sector agencies. There are up to 20 voluntary organisations part-funded by the HSE who are providing prevention, intervention and postvention support services including phone help-lines and web based support.[34]

A range of awareness and training programmes are available in the area of mental health promotion and suicide prevention. These include Taking Control (Shine), MindOut (National Youth Council of Ireland) and STOP (HSE).

In addition, there are a number of services specifically designed for people in crisis / at risk of suicide, such as Pieta House in Dublin and the Samaritans support service. The private sector also plays a role with private consultants, private clinics / counsellors and private hospitals offering psychiatric and related services.

In 2011 the NOSP funded a specialist liaison nurse service, on a three-year pilot project basis. The aim of the liaison nurse is to provide timely interventions to minimise risk for individuals experiencing non-acute suicidal thoughts and to signpost appropriate services.[35] The NOSP is also involved in on-going development of National Guidelines for Post Primary Schools on Mental Health and Suicide Prevention.[36]

The NOSP has developed the Your Mental Health campaign, which includes radio advertisements and a campaign website (www.yourmentalhealth.ie). Independent evaluation of the Your Mental Health campaign demonstrated high levels of awareness of the campaign among the target population and high levels of effectiveness.[37]

A number of media awareness campaigns have been run in recent years including the *'Let someone know'* campaign which focused specifically on young people and delivered the message that it is important to reach out and seek the support of others. Other awareness programmes include the *' Please Talk'* initiative, running in third level colleges since 2007, which encourages young people experiencing problems to talk to others and identifies the supports available to those in need.

[33] Matsubayashi, T. and Ueda, M. (2011). The effect of national suicide prevention programs on suicide rates in 21 OECD nations. *Journal of Social Science & Medicine* 73 (2011) 1395-1400.
[34] Link to debate: http://debates.oireachtas.ie/dail/2012/07/17/00023.asp
[35] Ibid.
[36] Ibid.
[37] NOSP (2012). Annual Report 2011.

2.5 Financial Resources

At a Committee meeting on 7th March 2013, Mr. Tony O' Brien, Director General Designate of the HSE, presented the Committee with an outline of the HSE's priorities for 2013 which are to:[38]

- Further develop suicide prevention initiatives, forensics, and community mental health teams.
- Continue to rationalize adult inpatient and continuing care provision.

The Programme for Government provides for the ring-fencing of €35 million annually from within the overall health budget to develop community mental health services and to implement *Reach Out.*

In Budget 2012 an additional €35m was allocated to mental health services. [39] This funding is to be used mostly to strengthen Community Mental Health Teams, to provide psychological and counselling services in the primary care setting for people with mental health problems and to fund additional activities on suicide prevention.

As part of the process, the Government approved the creation of an additional 414 posts for healthcare professionals as recommended in *A Vision for Change* to support the delivery of modern secondary mental health care in the community.

.Table 4, taken from the National Service Plan 2013, shows how this additional €35m allocated to mental health is likely to be spent in 2013.

[38] http://www.hse.ie/eng/services/news/openingstatementmedical.html

[39] http://www.dohc.ie/press/releases/2012/20120906.html