Evaluation of the National Strategy to Reduce Suicide in Ireland, 2015-2020, *Connecting for Life*

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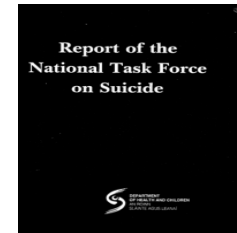
Context and national strategic approaches to suicide prevention in Ireland
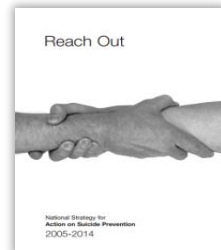
1993: Decriminalisation of suicide
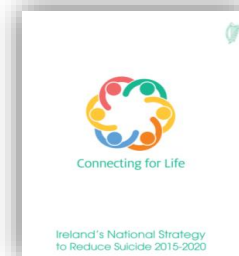
1995: National Task Force on Suicide (Report 1998)

1998: Establishment of the National Suicide Review Group (NSRG)

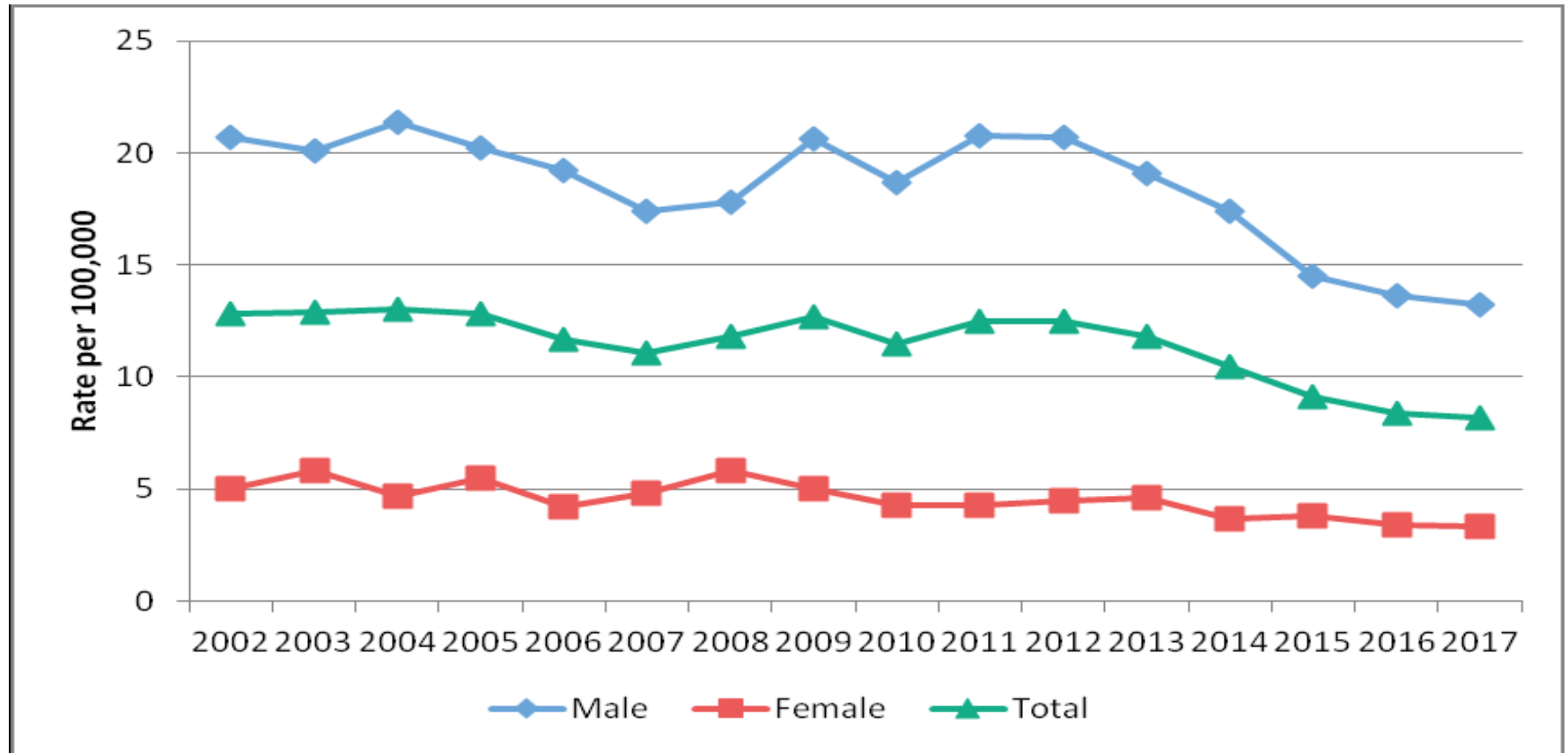*Reach Out:* National Strategy for Action on Suicide Prevention Ireland, 2005-2014

Connecting for Life: Ireland's National Strategy to Reduce Suicide, 2015-2020
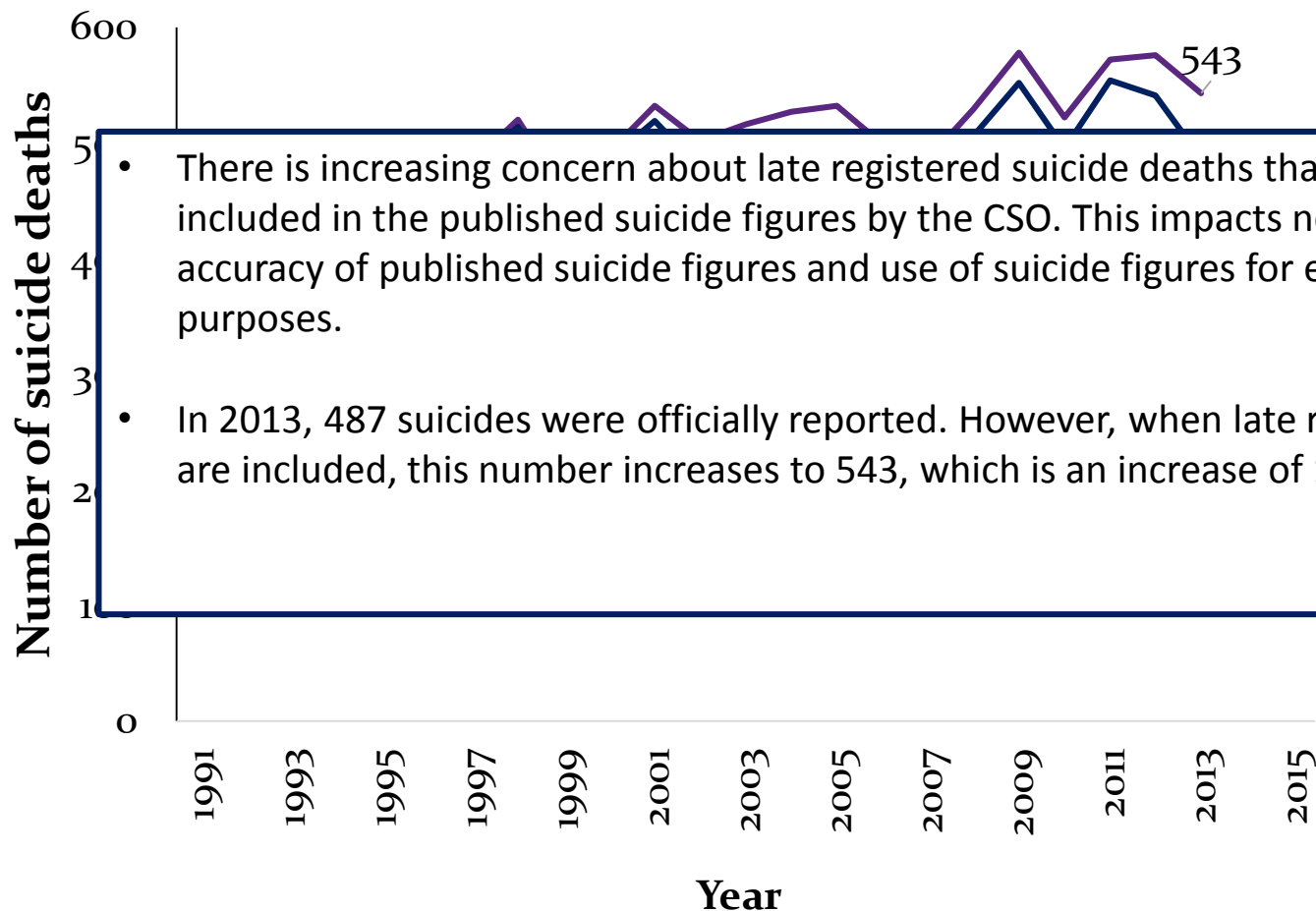
Trends in suicide in Ireland by gender, 2002-2017

2016-2017: Provisional data CSO

Discrepancy between published suicide figures and suicide figures including late registered suicide deaths

Number of suicide deaths (y-axis: 0, 100, 200, 300, 400, 500, 600)

Year (x-axis: 1991, 1993, 1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009, 2011, 2013, 2015)

543

- There is increasing concern about late registered suicide deaths that are not included in the published suicide figures by the CSO. This impacts negatively on the accuracy of published suicide figures and use of suicide figures for evaluation purposes.

- In 2013, 487 suicides were officially reported. However, when late registered deaths are included, this number increases to 543, which is an increase of 11.5%.

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Trends in self-harm, 2004-2016

- Compared to 2007, the start of the economic recession and austerity, the rates of self-harm were still 10% higher in 2016.

- Recommended next care varied according to hospital location, with general admission rates ranging from 11% to 61% across administrative health regions.

- Uniformity in self-harm assessment and management procedures across hospitals should prioritised.

Arensman et al, 2018

300

0

2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016

Men Women
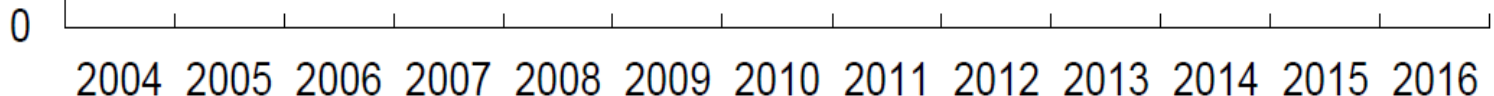
Increasing trend of self-harm acts involving highly lethal methods among males and females aged 15-29 yrs (rates/100,000)
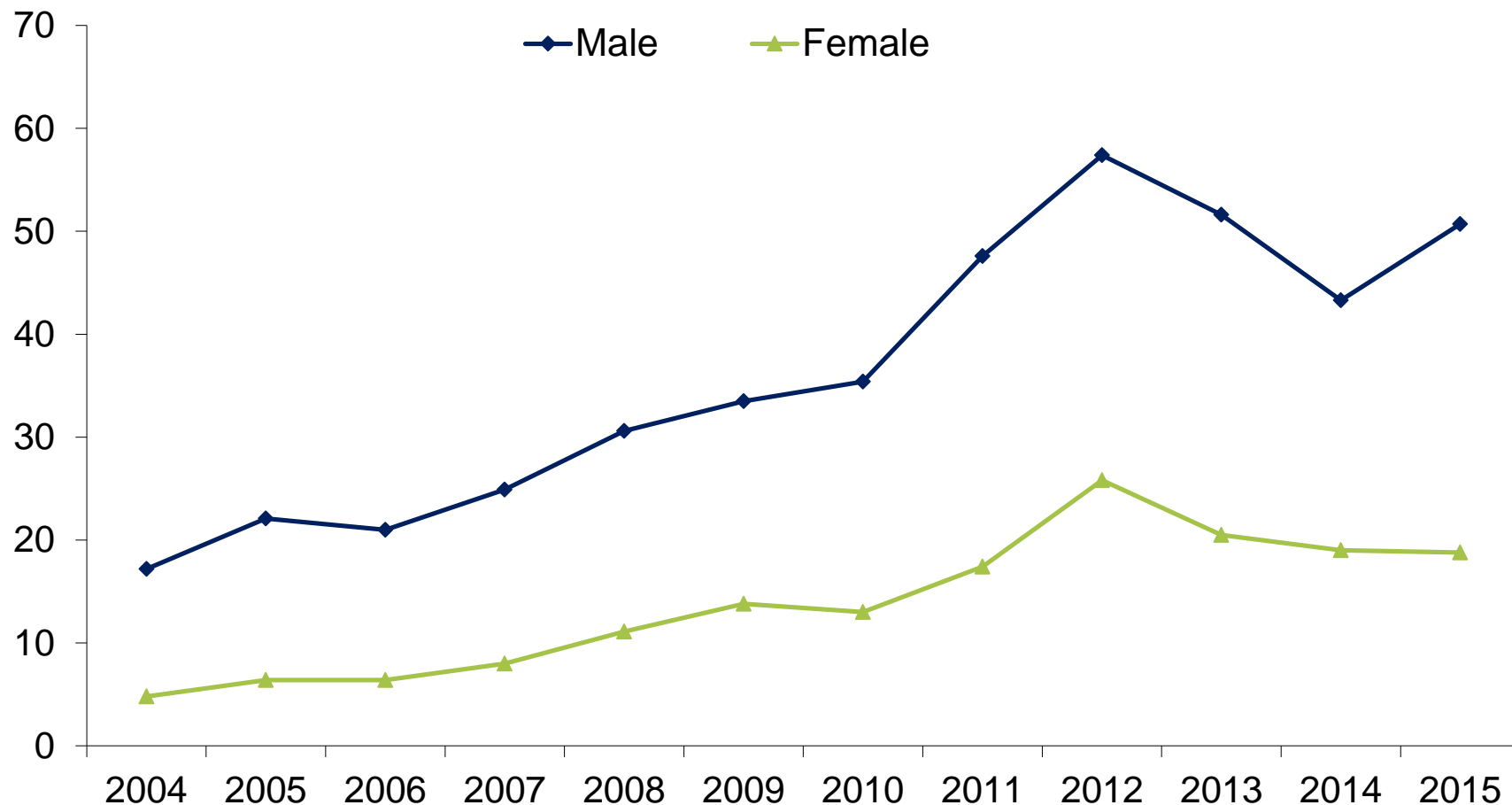
Increasing rates of self-harm among children, adolescents and young adults, 2007-2016

ORIGINAL PAPER

CrossMark

Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007–2016

Eve Griffin[1] · Elaine McMahon[1] · Fiona McNicholas[2,3,4] · Paul Corcoran[1,5] · Ivan J. Perry[5] · Ella Arensman[1,5]

Abstract

Purpose Rates of hospital-treated self-harm are highest among young people. The current study examined trends in rates of self-harm among young people in Ireland over a 10-year period, as well as trends in self-harm methods.

Methods Data from the National Self-Harm Registry Ireland on presentations to hospital emergency departments (EDs) following self-harm by those aged 10–24 years during the period 2007–2016 were included. We calculated annual self-harm rates per 100,000 by age, gender and method of self-harm. Poisson regression models were used to examine trends in rates of self-harm.

Results The average person-based rate of self-harm among 10–24-year-olds was 318 per 100,000. Peak rates were observed among 15–19-year-old females (564 per 100,000) and 20–24-year-old males (448 per 100,000). Between 2007 and 2016, rates of self-harm increased by 22%, with increases most pronounced for females and those aged 10–14 years. There were marked increases in specific methods of self-harm, including those associated with high lethality.

Conclusions The findings indicate that the age of onset of self-harm is decreasing. Increasing rates of self-harm, along with increases in highly lethal methods, indicate that targeted interventions in key transition stages for young people are warranted.

Keywords Self-harm · Young people · Epidemiology

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Summary of the strategy process for *Connecting for Life,* 2015-2020

Co-ordinated by the
National Office for Suicide Prevention

Research and Evidence

- An examination of key learning points from *Reach Out;*

- 272 written submissions arising from the public consultation;

- Evidence brief on risk and protective factors for suicide;

-   Information from the Central Statistics Office (CSO);

- National Self-Harm Registry Ireland research reports;

- A review of the evidence base for interventions
  for suicide prevention by the Health Research Board

- The WHO 2014 Report *Preventing suicide:
  A global imperative*

Research, Evidence & Outcomes

Learning from *Reach Out*

Strategy Planning Oversight Group

5 Expert Advisory Groups

Preventing suicide
A global imperative
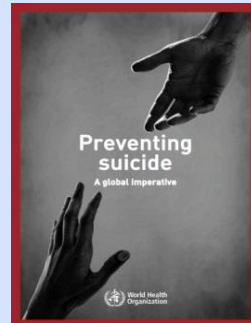
Core components of national suicide prevention strategies

1) Surveillance	7) Crisis Intervention
2) Means Restriction	8) Postvention
3) Media	9) Awareness
4) Access to Services	10) Stigma Reduction
5) Training and Education	11) Oversight and Coordination
6) Treatment	

Connecting for Life
Ireland's National Strategy to Reduce Suicide, 2015-2020
(launched June 2015)

Strategic Goals of the Strategy (7 goals and 69 actions):

1. To improve the nation's understanding of and attitudes to suicidal behaviour (fatal and non-fatal), mental health and wellbeing

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

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

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

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Connecting for Life
Ireland's National Strategy to Reduce Suicide, 2015-2020

Strategic Goals of the Strategy:

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

6. To reduce and restrict access to means of suicidal behaviour

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

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Primary outcomes of the strategy

1. Reduced suicide rate in the whole population of 10% by 2020, and reduced suicide rates among specified priority groups.

2. Reduced rate of presentations of self-harm, including self-harm repetition rates, in the whole population and among specified priority groups

Implementation, Monitoring and Evaluation

CABINET COMMITTEE ON SOCIAL POLICY AND PUBLIC SERVICE REFORM
(SUICIDE PREVENTION AS A REGULAR AGENDA ITEM)
PROVIDING HIGH LEVEL POLITICAL LEADERSHIP

NATIONAL CROSS SECTORAL STEERING AND IMPLEMENTATION GROUP

DRIVING POLICY, IMPLEMENTATION AND CHANGE

NATIONAL OFFICE FOR SUICIDE PREVENTION

PROVIDING CROSS SECTORAL SUPPORT FOR IMPLEMENTATION

LOCAL CROSS SECTORAL IMPLEMENTATION STRUCTURES FOR SUICIDE PREVENTION

RESPONSIBILITY: HSE National Mental Health Division through Community Health Organisation structures

PLANNING: Local Area Suicide Prevention Plans, linked to the Local Economic and Community Plans

SUPPORT: HSE Resource Officers for Suicide Prevention

INDIVIDUAL AGENCY IMPLEMENTATION SYSTEMS:

INCLUDING CO-ORDINATED HSE SYSTEM

Innovative aspects of *Connecting for Life*

- Whole-of-Government engagement and collaboration, and multi-agency approach to suicide prevention

- A focus on formal accountability, adequate response, informed evidence and openness for change in line with emerging evidence-based initiatives

- Systematic approach to evaluation and research with regard to suicidal behaviour by tracking the progress of the strategy implementation against set indicators over the next five years

- National and regional *Connecting for Life* implementation plans

Evaluation of national suicide prevention programmes from an international perspective

- Evaluation of implementation in 6 countries; reports from 3 countries: Finland, Scotland and Northern Ireland

- Evidence of impact of national suicide prevention programmes: inconsistent

- Challenges related to evaluating complex interventions, incl. multiple interacting components, change over time, quality of implementation, synergistic effects

Evaluation Advisory Group (EAG)

- **Main purpose of the EAG:**

To provide advice and guidance to the Research & Evaluation Team of the National Office for Suicide Prevention (NOSP) on the monitoring and evaluation of *Connecting for Life*

Specific tasks:

- Provide insights about programme and evaluation realities and operating contexts and environments
- Support the conduct of high quality evaluation activities and the production of credible, actionable evidence
- Provide legitimacy, leadership and experience to NOSP's evaluation function and support on-going use of data for improvement and accountability
- Review and comment on drafts of evaluation outputs
- Conduct mid-term strategy review

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Evaluation of National Suicide Prevention Programmes - Challenges

Primary outcomes:

- Identify effects on the incidence of suicide and suicide attempts/self-harm at national level

- Issues related to accuracy and timeliness of suicide mortality data

Intermediate outcomes:

- Changes in intermediate outcomes, e.g. knowledge, attitudes, help-seeking behaviour, not consistently associated with changes in primary outcomes

- Assessing the impact of confounding factors

Zalsman et al, 2016

Evaluation of the quality of the implementation/ process evaluation

- Follow steps of a logic model via assessment of resources, actions, outputs and outcomes

- Process evaluation measures
- Assessment of the actual implementation of a programme (whether and how well services are delivered as intended or planned),

Including:
- Tracking participation or attendance (exposure and intensity)
- Participant satisfaction
- Programme fidelity, i.e. implementation adherence to original design
- Assessing capacity and resources required to implement tasks

Process evaluation

- Assessment of progress of implementation via implementation data dashboards provided by department lead agents on a quarterly basis

- Progress an challenges discussed at national Cross-Sectoral Steering group meetings

Status & Implementation Stage of Actions, Q4 2017

| | On Track (39) | Needs Attention (15) | Off Track (3) |
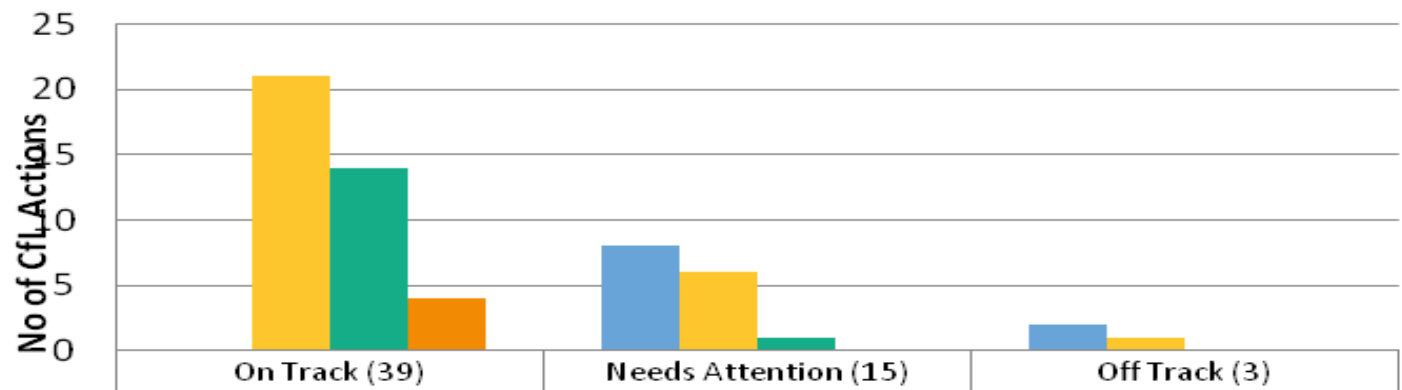
Intermediate and long-term outcome measures

- Increased awareness of suicide signs and symptoms
- Improved identification of those at risk
- Improved access to care
- Improved provision of capacity and quality mental health care
- Reduction in access to lethal suicide methods
- Reduction in suicidal ideation and behaviour
- Reduction in completed suicide

Connecting for Life, example of Strategic Goals and impact indicators

Reduced rates of Suicide and self-harm by 2020

Strategic Goal 1
Improved understanding of & attitudes towards suicidal behaviour

Strategic Goal 2
Improved community capacity to prevent and respond to suicidal behaviour

Strategic goal 3
Reduced suicidal behaviour and improved mental health among priority groups

Increased gatekeeper confidence in dealing with someone who may be suicidal

Reduction in breaches of media guidelines

Improved community capacity

Stronger inter - organisational working

Increased suicide prevention capacity among primary care and social inclusion

Improved primary care responses to those at risk of suicide

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Next steps

- Completion of interim review report

- Ongoing engagement of relevant stakeholders in evaluation process

- Address ongoing challenges related to primary, secondary and intermediate outcome measures

- Coordination of evaluation at national and local level

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