

First Report of the Suicide Support and Information System

Forum Discussion
based on the Key Recommendations

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Suicide Support and Information System Key Recommendations

1. The outcomes of the SSIS pilot study and the independent evaluation by the University of Manchester recommend the maintenance of the SSIS in Cork and expansion to other regions, including those with high rates of suicide and a history of suicide clusters.

Recommended options for expansion of the SSIS include:

- a) Phased implementation in collaboration with the Department of Health and the Department of Justice and Equality;
- b) Phased implementation in collaboration with suicide bereavement support services.

2. Pro-active facilitation of bereavement support would be the recommended approach for services working with families bereaved by suicide, ensuring that these families are offered bereavement support through the services currently in place.

Suicide Support and Information System Key Recommendations

3. The association between the impact of the recession (unemployment, financial problems, loss of possessions) and suicide as identified by the SSIS underlines the fact that suicide prevention programmes should be prioritised during times of economic recession.
4. Based on the association between alcohol/drug abuse and suicide as identified by the SSIS, it is recommended that:
 - a) National strategies to increase awareness of the risks involved in the use and misuse of alcohol should be intensified, starting at pre-adolescent age
 - b) National strategies to reduce access to alcohol and drugs should be intensified
 - c) Active consultation and collaboration between the mental health services and addiction treatment services be arranged in the best interests of patients who present with dual diagnosis (psychiatric disorder and alcohol/drug abuse)

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5. It is recommended that suicide risk assessment be included as a core element of routine practice within health care services working with clients with deliberate self harm, mood disorders, alcohol/drug abuse, and long-term adversity and/or traumatic life events as well as services delivering bereavement support.
6. The fact that the majority of people who died by suicide had been in contact with their GP 4 times or more in the year prior to death provides evidence for increased suicide awareness and skills training for GPs.

Suicide Support and Information System Key Recommendations

7. Recommendations based on the SSIS findings related to suicide clustering:
 - In areas with emerging suicide clusters, the HSE-NOSP guidelines for responding to suicide clusters should be implemented and supported by additional capacity and specialist expertise as a matter of priority.
 - It is recommended that in areas with large and ongoing suicide clustering effects, high levels of socio-economic deprivation and fragmentation, the implementation of suicide prevention programmes should be combined with interventions that address these social problems as part of a multi-agency approach.

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8. Comparing the characteristics of confirmed cases of suicide to open to open verdicts, the SSIS identified more similarities than differences, which underlines the need for further in-depth investigation into cases classified as open verdicts.
9. Based on the value of linking SSIS mortality data with the Self Harm Registry (NRDSH) data it is recommended to link the NRDSH data with the CSO mortality data, which will be a fundamental next step in improving the prediction of people at risk of suicide.