

Synthesis of Public Consultation Submissions to Inform Ireland's New Suicide Reduction Strategy

On 5th of March 2025, Minister for Mental Health Mary Butler TD launched a public consultation to support the development of Ireland's new suicide reduction strategy. The consultation aimed to gather input from individuals, communities, and organisations on progress made so far in suicide prevention and their priorities for the upcoming strategy. Special emphasis was placed on hearing from those with lived experience of suicide. Information was gathered via an online survey, open to all members of the public and organisations. The findings of this survey are summarised in the report entitled "Findings from the Public Consultation Survey to Inform Ireland's New Suicide Reduction Strategy" (National Suicide Research Foundation, 2025). The survey included an open-ended question which was analysed qualitatively, identifying five main themes: Ensuring accessible and high quality services; enhancing care systems; targeted interventions and support; education and stigma reduction; and addressing social determinants in suicide prevention.

Additional standalone submissions (n=25) to complement the public consultation survey were received from individuals and organisations who wished to provide further information on the public consultation. The majority of these additional submissions were provided by organisations (80%, n=20). The remaining 20% (n=5) were from individuals contributing based on their lived experience of suicide. In addition to the five themes presented in the survey report, analysis of these 25 additional submissions resulted in the generation of two additional themes. This report presents these additional themes: *suicide surveillance and research* and *learning from Connecting for Life*. Thematic analysis was used to analyse the standalone submissions. Qualitative data was coded by one author with 10% independently coded by a second author. The two authors compared their coding, and no major differences were identified.

This research has been commissioned by the Department of Health to inform the development of Ireland's New National Suicide Reduction Strategy.

This report was undertaken by Grace Cully, Eve Griffin, Leigh Huggard and Isabela Troya.

The Department of Health had no influence on analysis or reporting of findings. The assessment of the results, analysis and write up of the report were carried out independently by NSRF researchers.

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Suicide surveillance and research

Many organisations reported the importance of suicide surveillance and ongoing research to increase our understanding of suicidality. Several submissions expressed concern over current underreporting of suicide rates and suggested that a “balance of probabilities” approach be taken in determining cause of death at inquest. Others more broadly reported the need to record probable suicide in any suicide surveillance system. The importance of timely data was also noted, and some submissions felt that a national real-time suicide surveillance system is necessary to prevent contagion effects and improve responses. Submissions reported the need for improved systems for data sharing between key stakeholders, such as Members of An Garda Síochána, Coroners, and Resource Officers for Suicide Prevention. Additionally, some submissions reported that suicide attempts and related factors should be recorded.

“The Community Response to Suspected Suicide protocol has been a success in our region, yet its effectiveness is hampered by the lack of real time data. Delays in data sharing can limit our capacity to respond swiftly to contagion.”

Some submissions emphasised the value of empirical research, particularly examining the causes and impacts of suicide, with the aim of developing more effective reduction strategies. Several noted that attention should be given to investigating the causes of suicide in at-risk groups and incorporating co-design strategies.

“Data gathered should seek to better understand the prevalence, causes, impacts of suicide and self-harm and most effective interventions to reduce the number of suicides. Making this data available would inform mental health service development and delivery and promotion of prevention strategies.”

Submissions also reported a need for further research on effective interventions and suggested improved surveillance and monitoring of existing systems and services, to ensure optimal resourcing and quality assurance.

“Routine clinical audits of practise in services where individuals are most likely to present at-risk of suicide i.e. case file audit of safety plans completed in secondary level mental health services, using a fidelity to model approach. Such audits could consider the completeness of the safety plan, the extent to which an individual’s preferences and own language was used, the extent to which the feasibility of the plan was addressed, the involvement of a broader support network etc.”

Learning from Connecting for Life

Many submissions, particularly those from relevant mental health organisations/ departments, recognised the impact of the existing suicide prevention strategy, Connecting for Life. The importance of building upon the existing strategy was emphasised, ensuring continual progress and improving upon any existing limitations.

“CFL has provided a valuable framework and fostered significant progress in raising awareness, improving services, and encouraging collaboration. The next strategy must acknowledge these achievements while critically examining areas where implementation has faced challenges or where outcomes have fallen short.”

Despite acknowledging the significant progress being made during the course of the previous strategy, submissions reported particular components of the strategy that require further attention. In particular, some submissions reported the need for further resourcing and implementation of the new strategy.

“Future strategic plans should be clearly resourced before actions are included, and implementation should be monitored with transparent, evidence-based reporting systems at national and regional levels and connected directly to national data and research outputs.”

Submissions also reported that the new strategy requires a focused approach. Some submissions felt that the existing strategy had too many priorities, thus undermining its feasibility, and that a more targeted focus is needed.

“The current strategy’s broad scope dilutes impact. Future efforts must prioritise a tighter focus on high-impact, high feasibility evidence-based actions to drive measurable progress.”

Lastly, submissions reported the importance of collaborative efforts. It was noted in submissions that as suicide prevention is a complex issue that stretches beyond the health sector, it requires multiple governmental departments and organisations to work together in developing a multi-layered approach to prevention.

“Suicide is a societal issue, requiring active engagement and commitment to deliver across all sectors, including health, local government, education, social protection, housing, justice, and community and voluntary sector. Every department and stakeholder has a role to play in reducing the drivers of suicide. Obtaining this engagement and commitment to lead, resource and report on actions should be a key focus in the design of the new strategy.”