

SUICIDE IN MODERN IRELAND
NEW DIMENSIONS, NEW RESPONSES

Questions & Answers

SUICIDAL IRELAND: A FUTURE?

Sunday Morning 14 November 2004

In the Chair: **Olivia O'Leary**
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Speaker: **Derek Chambers**
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Olivia O'Leary: Welcome everybody. My name is Olivia O'Leary and I am very conscious that I probably know less about this subject than everybody sitting in that room, all of you and our speakers. Basically, my job here this morning is just to try to introduce speakers and then mediate the discussion.

Just to say to you quickly, the shape of our morning. We are going to have two presentations, one from Prof Kevin Malone, the other from Derek Chambers. We will then have a Panel Discussion including the two Professors (I am told not to call them Professors), Paul Soloff and John Mann and then at 1100hrs, having had a Panel Discussion which includes, I hope, lots of contributions from all of you, either questions or comments on what has been said, we will break before the final presentation after that.

Our first speaker this morning is Derek Chambers who as you know is the Research & Resource Officer of the National Suicide Review Group and he previously worked as Research Sociologist with the National Suicide Research Foundation. He is currently acting a Project Manager for the development of the National Action Plan on Suicide Prevention. Derek Chambers.

Derek Chambers: Thank you, Olivia. Thank you, everyone. Firstly, I would just like to thank Kevin for asking me here to participate in this conference. I was here yesterday and it was a really fantastic occasion in terms of the energy and it is great for me to be a part of it. It could be start of an important series of conferences.

Just this morning, I realised that people have received a lot of information over the last two days. There have been a lot of presentations to everyone who has been at the conference. For this morning, I think it is more about interaction and discussion so for just about 10-12 minutes, I am going to fly through a bit of scene setting just in terms of Suicide Prevention in Irish Society.

In three parts, let us have a look at Setting the Scene in terms of the Suicide Problem. We will look a little bit at the past and at where we are now in terms of the problem, then talk about what has happened in the interim in relation to the prevention and to touch on the future. I think this is an important focus of this conference also and to maybe to suggest some of the areas where we might be going.

Setting the Scene:

I am actually setting the scene back probably further than we normally do, going back to 1897, to probably one of the first mentions of Ireland in the international literature, to Emile Durkheim, who was a French sociologist. I think he was one of the first people really to establish the problem of suicide as a social issue and not just the product of insanity, the way it might have been viewed 150 or 200 years ago. So I think it is interesting what he said about Ireland and poverty.

What proves that economic distress does not have the aggravating influence attributed to it...(is that) there is very little suicide in Ireland where the peasantry leads so wretched a life".

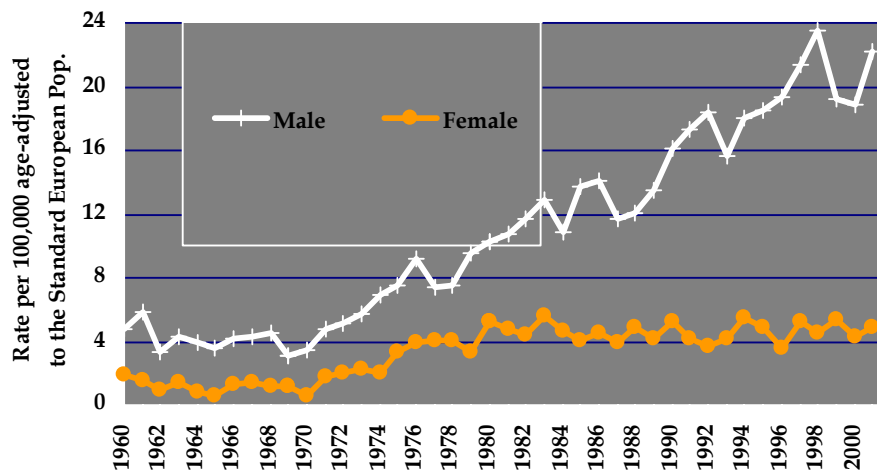
(Durkheim, 1897, Le Suicide)

Basically, he is saying that what proves that poverty does not have the influence in terms of suicide that people might think is the situation in Ireland where the peasants lead so wretched a life and yet back then there was so little suicide.

I think that is very interesting in terms of where we are now with one of the fastest growing suicide rates internationally.

A little more recently and this is one of only two charts I am going to present, but just to look at the overall suicide rate in Ireland going back to 1960 for Men & Women.

Male and female suicide rate, 1960-2001



Durkheim wrote about Ireland over 100 years ago, saying that we had a low suicide rate then. Even going back to the '60's, '70's or '80's, it was quite low then. The white line represents the male suicide rate so you can see that throughout the '60's the rates remained quite low, obviously higher amongst men, but something changed in terms of recording practices at the beginning of the '70's. The Confidential Police Form was brought in and since then we notice the rates rising in the '70's. I think it is pretty dramatic what has happened since. Obviously, you can see the female rate of suicide has levelled off and the male rate has shot up the scale. It has gone up to around 20 per 100,000 for men. In real terms, that translates to around 450 - 500 recorded suicides each year. It is important to note that the rise, especially in the '90's, did coincide with Celtic Tiger Ireland and the economic wealth that we acquired.

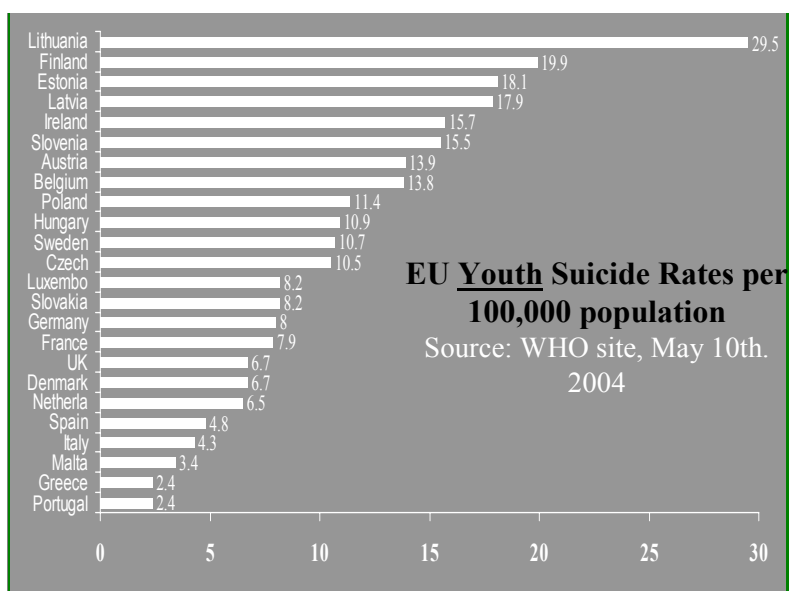
This shows the overall averages for men and women in Irish society. I am just going to take us to another quote from the international literature. Just more recently we have merited some international acknowledgements as well in a report by the OECD, the Organisation for Economic Co-operation & Development in their Social Indicators Report.

"Averages tend to hide large cross-country differences, especially for the young. People aged under 25 years old are more prone to commit suicide in Ireland, Finland, and New Zealand."
Society at a Glance: OECD Social Indicators Report (2002).

In that report, they said that averages tend to hide large cross-country differences, especially for the young. I think people in this room would be aware that we do have a particular problem amongst our young population. I think historically and still internationally it holds that the suicide rate increases with age. As you get older, there is a greater risk of suicide. Ireland bucks that trend. One or two other countries do also - New Zealand and I think England is going that way a little bit too. Our rates actually peak in the twenties and thirties. So I think it is really important in terms of our focus for prevention as we need to be targeting those people.

Just to show that graphically also, myself & a colleague, Karl Vincent in the Research Foundation, put this together recently taking the EU countries for 15-24 yr olds.

To look at where we are on a "league table" of Youth Suicide rates within the EU, this graph features 24 of the 25 countries that we have now. You can see, sadly, that we are the fifth highest in the EU. Three of the countries that have higher rates are amongst the new accession countries from Eastern Europe who have just joined. If we take away the new accession countries, we are second behind Finland.



What is interesting there in some ways is that the poorer countries or more traditional countries within Europe tend overall to have the lower rates also, so perhaps that harps back a little bit to the idea that poverty and suicide, that a regulated, traditional society does not tend to have high suicide rates but that societies that have gone through economic change do. Societies with high rates of income do tend to have high suicide rates and lower levels of life satisfaction.

Brief History of Suicide Prevention in Ireland

- 1993** Criminal Law (Suicide) Act
- 1995** National Task Force est., NSRF
- 1996** Irish Association of Suicidology
- 1998** Task Force Final Report, NSRG, Health Board ROs
- 2001** Suicide in Ireland: A National Study
- 2003** Turning The Tide of Suicide
- 2004** Review of the Task Force Implementation
- 2005** Strategy for Action on Suicide Prevention

To ask the question "What is being done about it?" or "What has happened in terms of Suicide Prevention?" When I say a "A Brief History of Suicide Prevention in Ireland", it is brief. Anyone who heard Theresa Millea speak yesterday would have heard the stories around 1993 of decriminalisation and the importance of it. I think it was a milestone in terms of suicide prevention. It finally acknowledged suicide as a major public health and social problem. So, as Theresa explained eloquently yesterday, and told us some of the stories behind it in 1993, finally the Criminal Law (Suicide) Act was passed. It was very symbolic in terms getting the issue on the public agenda.

So armed with the fact that we could now talk about suicide, pressure was put on the government of the time and eventually a National Taskforce on Suicide Prevention was established in the same year that the National Suicide Research Foundation in Cork was established by the late Dr Michael Kelliher. That Foundation has done great work in terms of asking the questions, finding out what the real problem is so that we can go to policy makers with the facts straight and a well thought out way.

You can see that it is building momentum when in 1996 Michael Kelliher, along with Dr John Connolly, established the Irish Association of Suicidology. I suppose that in some ways they are a lobby group. They are about educating, creating public awareness. 1998 was an important year when the Taskforce reported, producing their final report, which was in some ways a shopping list of 86 recommendations in terms of how we can prevent suicide. One of the remits of the Taskforce was to produce a National Suicide Prevention Strategy. I guess reflecting 6 years later, I think that people working in the area will generally agree that it fell short of the National Prevention Strategy. There was no provision for how we would actually implement the recommendation, by when or who would do it. It was still very important I think because it is the template by which people working in suicide prevention have worked for the last number of

years and I suppose it is the catalyst for the appointment of a Resource Officer for Suicide Prevention in each health board – in some ways under-resourced but a very important group and a very important network to help move the issue along. It also made provision for the establishment of the group that I work to, The National Suicide Review Group.

In the meantime, a major public health study was going on and they reported in 2001 – Suicide in Ireland: A National Study. I think that was an important landmark document also, because before then we didn't have a lot of information on what was happening in suicide in Ireland except what we could get from the CSO (Central Statistics Office). We didn't really know much about the real issues and the risk factors. This public health study went some way towards establishing better information, not quite far enough. I think Kevin referred to a study that hopefully will be initiated next year that will go that bit further and will delve into the real stories about what is going on in Irish suicides. What happened in this study, the information was based on questionnaires that were returned by GPs or Psychiatrists, if they could identify over a 2 year period where somebody had died by suicide.

Some of the interesting things that have come out of that, I suppose, were things like:

- 25% of people in their sample had communicated their suicidal intent before they died.
- Things like the issue of unemployment had come up very strongly. One third of the men in the survey were unemployed at a time when unemployment was really low in the country. It probably made it more of a risk factor.
- The issue of alcohol in relation to this came up very strongly also.

It has helped and contributed to our knowledge base. Officially, 3Ts (Turning the Tide) was launched in 2003 and this is the reason why we are all here this weekend. Some of the work that we are currently at is finalising a Review of the 1998 Report of the Taskforce, looking at what has happened over the last 6 years and looking at where we need to go to in the future. That is to be published hopefully before the end of the year.

Finally, the major piece of work we are trying to develop at the moment is a National Strategy for Action on Suicide Prevention, recognising that we didn't go far enough with the Taskforce, but taking all the work that has been done to date and trying to draw everybody together who has an interest and who can contribute to a National Strategy on Suicide Prevention. One of the failings of the Taskforce Final Report is that they didn't really consult with people at all before they produced the document. I think they did have an ad in one paper and they did get a certain number of people around the table but when the document came out, I don't think that people working in the health services or in the education sector were aware of the document, it was just presented to people. What we have tried to do is to get out there a bit more. We have had five regional consultation meetings at which we had about 625 people attend, to talk about the issues in a very open format. Perhaps some of you were at one of the open days. The other thing we have done recently is to have what is called a "Future Search Meeting" with key stakeholder groups. There was about 60 people representing a range of organisations e.g. the services you would expect but also we had a really strong presence from education which is usually important, I think. Different interest groups were represented also. That was only last week in Portlaoise. As part of that two days, towards the end of it, we asked people to look into the future and to give us an idea of where you would ideally like to see suicide prevention moving in a few years time, or what initiatives would you like to see in place; how would you like to see Ireland in relation to suicide prevention in 2014. I have just picked four quotes out of a ton of information we received.

- "One-stop health shop in every town and city"
- "Counselling services for young people funded jointly by the Dept. of Health and the Dept. of Education"
- "Minister of State for Emotional Health & Well-Being"
- "Lowest Suicide Rate in Europe"

One of our groups mentioned the One-stop Health Shop. The reason to mention that is that it is something practical, it is something real. There is one that exists in Galway, called The Gap and it has proved really success. It is not something that you can easily evaluate. You cannot tell what in fact is having on the rate of suicide or on the rate of deliberate self-harm but you can see that it is working without sophisticated evaluation.

How?

- Inter-departmental working together? (political will)...
- A society that is aware and able to deal with the issues? (no stigma)...

This is from our education group, unsurprisingly. There are huge shortages in terms of certain counselling services especially for young people. I know it has been mentioned over the last few days also, but the important thing about this point is the idea that services for young people would be jointly funded by the Department of Health and the Department of Education and that is the key point that Departments would actually recognise the need to work together and that it is not just a health issue, that they have got to deal with out of their budget. I think that everybody, especially from government level, will have to sit up and take ownership of this issue.

There was a suggestion from one of our groups that in 10 years time we would have a Minister for State for Emotional Health & Wellbeing. Another group, I think, suggested a Minister for Happiness & Health. That might look a little bit outrageous or a little off the wall, but I don't believe it should at all. In Scotland, they have as part of their Executive under the Department of Health, a National Programme for Mental Health & Wellbeing. It's about emotional health, wellbeing etc. The funding they have in the Executive is fantastic. They have £24m over the period 2003-2006 and the fact that it is recognised. In this country, there is a Minister for State for Mental Health Services, there is a Mental Health Policy Group, but nobody is really taking time to address primary prevention and positive mental health promotion awareness and education. That is something we need to push.

Finally, what it comes back to, I know that the group hope that in 10 years time we will be reporting on the news that Ireland has the lowest suicide rate in Europe and that brings us back down to earth to put it in context that this is how we will be judged and rightly so. This is what we have got to aspire to.

How Do We Get There?

Just two points. I don't have definite answers, but hopefully we will have discussion around that now.

I think that it is really important to have political will. We have some political interest but strong political will, especially in terms of other departments but it is not there yet. We really have to push for it.

How do you push for it? I think it is about people lobbying; the public, society in general being aware and educated and able to talk about the issue so I think the two things feed into each other. Events like this are hugely important in terms of motivating that enthusiasm and to lobby and to encourage that political will.

Thank you.

Olivia O'Leary: Thanks, Derek, I love your notion of the Minister for Health & Wellbeing, Minister for Livin' & Lovin'. I was just trying to think of a candidate. I couldn't see Brian Cowen fitting into it, but maybe David Norris would be nearer the mark! Thank you.