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**PQ Ref 2941/21**

**To ask the Minister for Health if consideration will be given to providing emergency funding to NGOs providing support to persons at risk of suicide given reports of an increase in suicide rates during the Covid-19 pandemic; and if he will make a statement on the matter.**

**PQ Ref 2946/21**

**To ask the Minister for Health if consideration will be given to providing emergency funding to NGOs who provide outreach and mental health services to young persons given reports of an increase in suicide rates among young persons during the Covid-19 pandemic; and if he will make a statement on the matter.**

Dear Deputy,

The HSE National Office for Suicide Prevention (NOSP) has been requested to respond to your two questions above.

**Suicide rates during the COVID19 pandemic**

It is not currently possible to accurately determine changes in national suicide rates during the COVID-19 pandemic. In Ireland, the decision as to whether someone has died by suicide is a legal determination made by Coroners, not a medical decision by doctors or the HSE. Death due to intentional self-harm is classified as an unnatural death and therefore, must be referred to the Coroner for investigation.

This investigation can take a protracted length of time to complete for various reasons (such as getting medical reports, health and safety reports, engineer's report, the involvement of the Director of Public Prosecutions etc.) and this delays the registration of such deaths.

Data from the CSO is delivered in three stages (and is all publicly available on [www.cso.ie](http://www.cso.ie));

1. Provided firstly by year of registration – “provisional”
2. Revised later, by year of occurrence – “official”
3. Revised later again, to include “late registrations”.

At present provisional data is available from the CSO, for Q1 and Q2 2020. Data for Q3 2020 is scheduled for publication in March.

- Q1\_2020 (72 deaths due to intentional self-harm)
  - <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsfirstquarter2020/>
- Q2\_2020 (25 deaths due to intentional self-harm)
  - <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticssecondquarter2020/>

Note the CSO have given the following caveat to Q2 information: “*The number of deaths registered in Quarter 2 2020 that were assigned an Underlying Cause of Death of intentional self-harm was 25, this is less than a quarter (24.0%) of the number assigned the same Underlying Cause of Death code of intentional self-harm in the same quarter of 2019. All unnatural deaths, which includes deaths from intentional self-harm must be referred to the Coroner's Office. However, the Coroner's Court did not hold public hearings as a consequence of the restrictions imposed due to the COVID-19 pandemic and this would impact on the number of deaths registered and subsequently assigned an Underlying Cause of Death of intentional self-harm.*”

- For information on years previous, you are welcome to access our briefing document on CSO suicide data which is publicly available here <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-briefing-on-suicide-figures.html>.

## Other international research to note

- Members of the International COVID-19 Suicide Prevention Research Collaboration (ICSPRC) are monitoring trends on suicide based on available data including real-time suicide mortality data at international level. Based on the available data on suicide and suspected suicide obtained during the first months of the COVID-19 pandemic (March-July 2020), there does not appear to be a significant increase in suicide in high income countries during this period. There are some suggestions that the picture may be different in low- and middle-income countries but it is not possible to be definitive about this due to the paucity of data from these countries. The absence of a significant increase in suicide in high income countries may be associated with protective factors, as well as the implementation of national suicide prevention strategies, with all high-income countries involved currently implementing their second national strategy.
- [The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review](#) - “There is thus far no clear evidence of an increase in suicide, self-harm, suicidal behaviour, or suicidal thoughts associated with the pandemic. However, suicide data are challenging to collect in real time and economic effects are evolving.”
- [The Impact of Infectious Disease-Related Public Health Emergencies on Suicide, Suicidal Behavior, and Suicidal Thoughts A Systematic Review](#) - Eight primary papers were included, examining the effects of five epidemics on suicide-related outcomes. There was evidence of increased suicide rates among older adults during SARS and in the year following the epidemic (possibly motivated by social disconnectedness, fears of virus infection, and concern about burdening others) and associations between SARS/Ebola exposure and increased suicide attempts. A preprint study reported associations between COVID-19 distress and past-month suicidal ideation. Limitations: Few studies have investigated the topic; these are of relatively low methodological quality. Conclusion: Findings support an association between previous epidemics and increased risk of suicide-related outcomes. Research is needed to investigate the impact of COVID-19 on suicide outcomes.
- [Suicide risk and prevention during the COVID-19 pandemic.](#)

## **HSE funding to NGOs providing mental health and suicide prevention services**

There are different levels of support for mental health difficulties and in suicide prevention. A considerable number of NGOs are already funded by the HSE to provide supports for the general population, mental health promotion, self-help and information services, encompassing societal wellbeing, resilience and safety. More formalised people-to-people services (for those with more mild to moderate difficulties) may also be delivered by HSE-funded agencies, and within GP and Primary Care services.

At present, the HSE National Office for Suicide Prevention (NOSP) funds 20 NGOs, all providing support at different levels or to specific groups. This is provided in alignment with goals, objectives and actions in Connecting for Life, Ireland's National Strategy to Reduce Suicide. These include;

- Aware
- BeLonG To Youth Services
- SpunOut.ie
- Dublin Simon Community
- First Fortnight Ltd
- GAA
- ISPCC/Childline
- LGBT Ireland
- Men's Health Forum Ireland
- MyMind
- National Suicide Research Foundation (NSRF)
- Pieta House
- Samaritans
- Shine (SeeChange, Headline)
- Suicide or Survive (SOS)
- Transgender Equality Network Ireland (TENI)
- Turn2Me
- Union of Students in Ireland

- Exchange House
- National Family Resource Centres Mental Health Promotion Project.

Further, HSE Mental Health funds the following NGOs;

- Grow Ireland
- ADHD Ireland
- Mental Health Ireland
- Mental Health Reform
- Jigsaw
- Text 50808
- BodyWhys.

These NGOs are funded on a national basis. The lists exclude others that may receive funding at local level, from HSE Community Healthcare Organisations (CHOs) or from other sources (e.g., Healthy Ireland or the Sláintecare Integration Fund).

Each NGO is an independent Section 39 organisation with a Board of Directors who has responsibility to adhere to compliance with the law and support best practice in the governance, management and administration as set out by the Charities Regulator. Funding provided by the HSE is restricted and provided for specific purposes which are agreed annually with each organisation, in Service Level Agreements (SLAs). Documentation related to Section 39 funding applications is available [here](#).

Since the onset on the pandemic in Ireland, the HSE has been proactive in considering both the financial and non-financial challenges of Section 39 agencies due to COVID-19. In recent months, the process of negotiating SLAs for 2021 with each agency, has involved careful consideration and analysis of needs, with particular emphasis on adapting services and responding to the challenges of the current pandemic.

It should be noted that in addition to pre-agreed funding, the NOSP allocated an additional €800k to Section 39 organisations in 2020, provided on a once-off basis and to support specific initiatives or work related to COVID-19.

HSE Mental Health has also supported a range of new low-intensity, highly scalable online mental health supports, in response to the challenges of COVID-19. For example: Silvercloud (self-guided online CBT for HSE staff and the wider health and social care sector); Text 50808 (24 hour, free text support); Turn2Me (online support groups) and; MyMind (free COVID19-specific online counselling).

There remains a considerable level of ongoing engagement between the HSE and Section 39 agencies, to address challenges presented by COVID-19 in a consistent, solution-focused and collaborative manner.

I trust this information is useful for you. Please do revert should you require anything further.

Yours sincerely,



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