



## **Submission to the National Office for Suicide Prevention on a National Suicide Prevention Framework**

Dual Diagnosis Ireland (DDI) welcomes this opportunity to contribute to the development of a National Suicide Prevention framework following on from the *Reach Out* strategy.

As members of Mental Health Reform we concur with the separate comprehensive submission made and make these points **in addition** to the matters raised by MHR.

### **1. What do you think should be the priority actions for the new framework on suicide prevention in Ireland?**

We have observed where people present with a dual diagnosis i.e. an addiction or mental health problem; service response is fragmented with people often turned away. This can often result in people who seek help then subsequently completing suicide. See individual examples in appendix which illustrate this problem.

All services funded by the HSE should have a clear protocol in place, where they ensure clients they turn away are supported to engage in another service to ensure that client “does not fall between the gaps”

This should apply both to persons in acute crisis and to those who have received some supports e.g. after suicide crisis, client receives x number of sessions from suicide prevention organisation but then given phone number to ring with no support or clinical hand over. Effectively there should be a “no wrong door” approach which has been adopted in other countries. So once a client makes contact with a service, there is a clear hand over to ensure client is accepted into correct services.

### **2. What do you think has worked well in suicide prevention in Ireland? What do you think could be improved?**

The increased focus on suicide prevention & attempts to reduce stigma of mental health issues is welcomed.

There needs to be a much stronger focus on **timely routine** gathering of evidence on all life aspects of people who attempt/commit suicide in a manner which supports performance improvement in those services/supports/organisations which may make a difference to suicide prevention.

For example:

- Range of risk factors from homelessness, alcohol, relationships status, previous assault etc, engagement with services present in each case of suicide
- Measurement of quality of life outcomes for people with suicidal tendencies engaging in services

With so many different agencies/service providers there needs to be much more inter agency team working.

Clearer service pathways are needed for both person with suicide ideation and family/friends supports For example, worried Mother contacted GP re son who had expressed suicidal ideation. GP referred son to suicide prevention organisation. After assessment this organisation decided they could not work with son as he used cannabis. Son referred back to original GP contributing to significant stress to family. Fortunately Friend of family intervened and managed to get son and mother into community addiction service which also worked with mental health difficulties.

### 3. What do you think we can do at a community-wide level to reduce suicide and promote positive mental health?

Alcohol is a factor in 50% of suicides in Ireland<sup>1</sup> In 2011 the National Substance Misuse Strategy group made recommendations to reduce the harm caused by alcohol. These recommendations should be prioritised for implementation.

#### About Dual Diagnosis Ireland

*Dual Diagnosis Ireland is a registered charity, all volunteer team which aims to raise awareness of the need to treat addiction and mental health issues together. We are available to discuss these recommendations. Contact Carol at 087 647 8604*

[www.dualdiagnosis.ie](http://www.dualdiagnosis.ie) or email [info@dualdiagnosis.ie](mailto:info@dualdiagnosis.ie)



<https://www.facebook.com/pages/Dual-Diagnosis-Ireland/186851388160166>



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<sup>1</sup> [http://alcoholireland.ie/home\\_news/alcohol-is-a-factor-in-fifty-per-cent-of-suicides-regional-health-forum-told/](http://alcoholireland.ie/home_news/alcohol-is-a-factor-in-fifty-per-cent-of-suicides-regional-health-forum-told/)

## **Appendix: People tell their stories**

(All Case histories verified by Dual Diagnosis Ireland)

### **Mary's story**

I was desperately worried about my mother Mary. Eight months ago she had attempted to take her own life, she was taken to hospital and released two days later as she had told the psychiatrist that she had "felt fine" and wanted to go home. The psychiatrist agreed she needed addiction treatment which they did not provide. Mary's original diagnosis of depression was over 10 years ago and this was her third suicide attempt since then.

My Mother had only started drinking two years previously, but it was a big problem, and she had agreed to get help and was due to go into a residential addiction treatment centre. She had been waiting two weeks for a bed. The day before she was to be admitted, the treatment centre phoned to say she was not eligible for their programme. The treatment centre had noticed on her GP referral that she had attempted suicide previously and they did not "deal with mental health problems".

I spent months with my GP's help emailing and ringing, treatment centres, the mental health commission, my TD to no avail. The Mental Health Commission do not deal with individual cases, the TD sent me some aware brochures. Eventually one treatment centre agreed to take my Mother on a week's trial.

I was so relieved that at last my mother was at last going to get some help. Sadly the morning my Mother was due to go into the centre she took her own life.

She was 57.

### **Mark's story**

It had been a year since I had come out of residential treatment for alcohol addiction. I spent three months in the treatment centre learning about the damage alcohol does, part of the programme was attending mass every day, daily chores were also given. I did not receive one to one counselling or have any kind of assessment. I had been told that once I gave up the drinking I would feel better and start to enjoy life. I actually felt worse than I had ever felt.

So I picked out the place where I would take my life and had the tablets organised.

I had not drank alcohol in that year and the only thing that had stopped me drinking was the valium and sleeping tablets my doctor prescribed. I could not face going back to my old drinking life but this new sober one wasn't any better, the depression and anxiety were all too much. I just wanted it all to stop.

I broke down one day while having coffee with a friend; my friend gave me a number of a professional counsellor and asked me “please try talking to someone before making any rash decisions”

Two years on, and I’m doing much better. With the help of my counsellor I worked through the underlying problems and realised that along with depression I had social anxiety. I’d describe my experience in the residential treatment centre as:

“It’s like if your car broke down, you bring the car to a mechanic. He tells you it has no oil because there is an oil leak. He fills your car back up with oil and sends you on your way. At some point down the road you are going to break down again because he hasn’t fixed the leak”

## **Valerie’s story**

After 10 long years of misery, with numerous treatments in residential addiction rehabs, I had attempted to kill myself. I believed my family would be better off without me. Later, in Mayo hospital A&E, my 18 year old daughter Louise screamed at hospital staff that this time I had to see a psychiatrist.

After those 10 long years of misery for me, my husband and our five children, it turned out the major reason why I could not stay off alcohol was postnatal depression. Because seeing a psychiatrist finally led to effective treatment, I’m now leading a happy and fulfilling life.

(Valerie’s full story can be read in her book “Come back when you’re sober”. In this book she also makes recommendations for improving services for people with both a mental health and an addiction issue)