



National FRC
Mental Health
Promotion Project

SUICIDE PREVENTION CODE OF PRACTICE

Family Resource
Centre National Forum



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Our Responsibility for this Code of Practice

We have done everything we can to make the information in this COP accurate and of a high quality. If there are any mistakes we will correct them in the next publication.

We mention many organisations and services. This does not necessarily mean that we endorse them. This is a reference document.

Foreword

**By Gerry Raleigh, Director,
HSE National Office for Suicide Prevention**



In Ireland today, one of our key priorities is to continue to harness and develop the knowledge, skills, and energy that clearly exists within communities in relation to suicide prevention. Over the years, the HSE's National Office for Suicide Prevention has worked to build and

maintain strong working relationships with a wide range of statutory, voluntary and community groups. The Family Resource Centres is one such network that we are delighted to continue to work in partnership with.

Family Resource Centres have a strong ethos of being inclusive and family centred. Their aim is to provide an accessible support service within communities throughout their 107 centres in Ireland. Therefore, they are an ideal network of organisations to team up with to work towards promoting positive mental health and resilience in communities. They also have a key role in ensuring that those using their service who present in a suicide crisis are signposted to the appropriate support that they need.

In 2011, we funded an initial project supported by the Western Regional Forum of Family Resource Centres in Galway and Mayo. They developed a Code of Practice to set out good practice guidelines on how best to respond to people presenting or contacting centres in a suicide crisis. Because of the success of this initiative, we are now delighted to be able to fund the expansion of this project to other

Family Resource Centres nationally. The second phase of this work is being overseen by a National Working Group with representation from the Family Resource Centre National Forum, the Child and Family Agency, Mental Health Ireland and a broad range of other HSE staff, including our Office.

Building on the learning from the first publication, this second edition of the Code of Practice further expands and clarifies their support role. This policy development aims to provide a clear framework and practical guidance to staff and volunteers around identifying and responding to those presenting with a suicide risk in their centre. It also includes a procedure for recording and reporting any such incidences. It is part of a suite of training and resource materials developed to reflect the specific needs and demands that staff and voluntary management committees face on an ongoing basis in their centres.

We look forward to continuing to build on this important work within communities.

A handwritten signature in blue ink, which appears to read 'Gerry Raleigh'. The signature is fluid and cursive.

Foreword

By Karin Jonsson, Chairperson,
FRC National Forum



A death by suicide is a tragic event for those who love and care for that person, and it is a traumatic event for the communities where that person lived, worked and went to school.

Family Resource Centres are committed to the prevention of suicide.

Our goal is to provide the best possible supports to those who seek our help, while at the same time ensuring that the self-care needs and welfare of our staff and volunteers are met.

We believe that suicide prevention is a collective responsibility and this is why many FRCs work closely with a range of voluntary organisations and statutory agencies to develop co-ordinated responses within our communities. Indeed, this Code of Practice is in itself an example of a successful collaborative effort.

This Code of Practice was developed to provide guidance for FRC staff members and volunteers on how to identify warning signs and support people who feel suicidal. If implemented, it will have a very practical impact on the day-to-day running of our centres; from the information on display to the professional development of our staff and volunteers.

In addition to providing a first aid response, FRCs also play important roles as local anchors for mental health promotion initiatives that may help prevent suicides. Building social connections, developing community resilience, offering information on

supports and services, and combating stigma are all examples of how FRCs are promoting positive mental health within our communities. There are many good local initiatives around the country that we can learn from, and in the FRC National Forum we will do our part to facilitate sharing of learning across the counties.

I wish to acknowledge the pioneering work, the pilot projects and the administrative supports undertaken by Family Resource Centres around the country, and the HSE Resource Officer for Suicide Prevention, in putting this Code of Practice together. I also wish to acknowledge the HSE National Office of Suicide Prevention, the HSE Child Protection Office, West Training and Development, MABS, and everyone else involved for their contributions to the production and implementation of this Code of Practice.

I am confident using this Code of Practice will enhance our efforts to prevent suicides and I would encourage all FRCs to take full advantage of the training opportunities and other supports available as part of the FRC National Mental Health Promotion Project.

A handwritten signature in blue ink that reads "Karin Jonsson".

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How this Code was Developed and Why

Worldwide, more than one million people die by suicide each year. That is greater than the total number of deaths in all road accidents and wars combined. The most recent CSO figures shows that 525 people died by suicide in Ireland in 2011 alone (CSO, 2012).

These figures are, however, only half the story. They do not include unconfirmed deaths by suicide or incomplete suicides. It is estimated that for every confirmed death by suicide, there are 10 - 30 uncompleted suicides or episodes of self-harm with 5% of the population having thoughts about death in any 12-month period. Death by suicide or uncompleted death by suicide not only affects the person directly but has dramatic effects on their family, friends, colleagues, and the community as a whole.

The increase in rates of suicide in Ireland has been linked with the economic recession. This strongly underlines the need to prioritise ongoing implementation and evaluation of suicide prevention programmes in Ireland (National Suicide Research Foundation 2012).

In 2011 the FRC Western Regional Forum identified the need for a suicide prevention programme based on 'Reach Out', the Government's national strategy for suicide prevention 2005-2014. A working group of the Western Regional Forum which included the HSE Suicide Prevention Resource Officer for Galway, Mayo and Roscommon was established to develop a plan of action for suicide prevention. Funding was secured from the HSE National Office for Suicide Prevention to deliver a one-year project, which among other things included mapping existing supports and services, and developing a Code of Practice for suicide prevention in FRCs.

The Code of Practice was endorsed by the FRC National Forum in 2013 and a National Working Group was subsequently set up to progress the implementation of the Code of Practice across the 107 FRCs in Ireland.

The HSE National Office for Suicide Prevention made a commitment to fund the project for a further two-year period, which will involve the delivery of training to FRC staff and volunteers, and the development of a national framework for mental health promotion. As part of this process, the National Working Group facilitated a review of the Code of Practice and this revised version was published in February 2015.

Staff Guidelines

On a day-to-day basis staff and volunteers at each FRC have contact with many individuals within the community where they are based. At times some of these people may be at risk of death by suicide, or know someone who is at risk. In such situations your aim is to:

- Help the person through the crisis without harm
- Offer hope and alternatives to suicide
- Assist the person in identifying and accessing appropriate professional help

Step 1: Recognising Suicide Warning Signs

Initially you will need to identify that there is a risk of death by suicide. How do you do that?

When talking to a person they may or may not mention suicide directly, but it is important to look out for warning signs. The following tables list some of the signs that indicate someone may be thinking about suicide; however, these particular signs may not always be visible.

Table 1: Warning Signs

BEHAVIOUR	PHYSICAL SIGNS
<ul style="list-style-type: none"> • Isolation • Sudden changes in mood or behaviour • Abusing drugs or alcohol • A suicide attempt or act of self-harm • Difficulties in school or work • Dropping out of activities • Sleeping or eating difficulties • High-risk activities such as driving a car at high speed 	<ul style="list-style-type: none"> • Neglecting appearance • Neglecting personal hygiene, or clothing • Persistent physical complaints like chronic pain • Weight loss or weight gain due to appetite loss or pain • Tired or finding it difficult to concentrate
FEELINGS	THOUGHTS
<ul style="list-style-type: none"> • Depression • Helplessness • Feeling life is meaningless • Hopelessness • Failure 	<ul style="list-style-type: none"> • Gloomy, negative thoughts • Unable to solve problems • Very self-critical • Saying things like <ul style="list-style-type: none"> o 'I won't be needing these things anymore' o 'I can't do anything right' o 'I just can't take it anymore' o 'All of my problems will end soon'

Staff Guidelines

The more warning signs there are, the higher the risk. Some of these signs can be associated with everyday behaviour. Some people might show none of these signs or only show them in very subtle ways, but still feel suicidal. On the other hand, others might show some of these signs but are coping alright. It can be different for everybody so it is important to treat each person and their circumstances as individual and unique.

Table 2: Very Specific Warning Signs

Constant Thoughts of Death	Recent Loss or Trigger	Putting Things in Order
<p>A person may be particularly vulnerable at a specific time or event, such as:</p> <ul style="list-style-type: none">• Anniversaries• A life change• Change of financial circumstances• A trauma or loss	<p>Talking about:</p> <ul style="list-style-type: none">• Dying• Disappearing or going away• Funerals• Suicide methods or other types of self-harm• Listening to songs with a suicidal theme• Drawing or writing about suicide	<p>Tidying up affairs, such as:</p> <ul style="list-style-type: none">• Arranging wills, childcare, care of pets etc.• Giving away prized possessions



Step 2: Responding to the Situation

When talking to the person you may be worried that there is a risk of death by suicide for the person themselves or for someone they are talking about. What do you do now?

Remember your main aim is to ensure the person at risk remains safe and that they get professional help. The first thing that you need to do is to ask the person directly about the possibility of death by suicide, and establish how immediate the risk is. The person may be in mental or emotional pain, having thoughts of suicide, they may have prepared definite plans, or they may have already taken an overdose of medication, or have self-harmed. How immediate the threat is will affect what actions you take.

Emergency Guidelines

In the event of a medical emergency, for example where the person has taken a self-reported overdose, they will require urgent medical attention:

1. Stay calm and confident

- While crises are often characterised by panic and confusion, acting confidently and calmly will help ease the situation.

2. Diffuse the situation

- While every event is unique, attempt to diffuse the situation. Your tone of voice and mannerisms are extremely important

3. Keep the person safe. Never leave them alone

- Designate at least one member of staff to stay with them and support them while help is being sought

4. Attend to emergency needs

- It is important to deal with emergency needs immediately and contact the emergency services by dialling 112 or 999
- Give emergency services a contact number along with clear and exact directions
- Arrange to have the person taken to the emergency services, if necessary

5. Notify your co-ordinator

6. Record the incident using the template in appendix 4 or equivalent used by your FRC, and keep it confidential in a safe place

REMEMBER: Do not be afraid to contact emergency services if you feel the situation is critical

Staff Guidelines

Guidelines for Situations where Urgent Medical Attention is not required

Each situation is unique and while the risk will vary, most situations will not be medical emergencies. The issue of suicide may present in the following ways in your FRC:

- Coming in person
- By telephone
- By Email, Text or Social Media
- Third Party Concerns

Generally your response should follow the same steps, however, you will need to modify your response depending on the situation, as outlined below.

Coming in Person

1. Voice your concern in a calm and caring manner

- *Are you thinking about suicide?*

2. Remain calm and confident

3. Take the threat of suicide seriously

4. Get assistance from a colleague if necessary

- You may wish to contact an ASIST trained member of staff if one is available

5. Bring the person somewhere private and safe. Not in an open office or noisy setting

6. Do not leave the person alone for a longer than necessary period of time

7. Reassure them, offer them support and show you care

- Say something like: *'I'm worried about you and I want to help'*

8. Empathise with them and listen

- Say something like: *'It sounds like you're having a very difficult time at the moment'*

9. Ask the person directly if they have thoughts of harming or killing themselves

- Say something like: *'Are you thinking of ending your life by suicide?'* or *'Do you feel like harming yourself?'*

10. Never promise absolute confidentiality

11. Help the person to get support

- Ask the person if they would like you to contact somebody on their behalf e.g. a relative or friend.
- If the person agrees to you making contact with a relative or friend, let the relative or friend know that a suicide threat has been made, what professional assistance has been provided (if any), and what they need to do to help with the immediate situation:
 - o Bring the individual to a GP if risk is immediate
 - o Organise a counselling session
- If the person doesn't agree then seek professional help
- Support the person to get professional help. Say something like: *'Let's talk to someone who can help'*



12. Advise the person where to seek help

- GP, Out of hours GP, local Accident and Emergency Department
- Local Health Services, or
- Samaritans on 116 123 or email: jo@samaritans.org

13. Remain with the person until either a relative or friend has arrived, or the person has received professional help. If contact cannot be made with a relative or friend, and you consider the threat of suicide immediate, escort the person to professional help

14. Record the incident using the template in appendix 4 or equivalent used by your FRC, and keep it confidential in a safe place

REMEMBER: Even if the threat of suicide is not immediate you must still take it seriously

By Telephone

From time to time FRCs may receive telephone calls from people who are in suicidal crisis.

The aim should be to signpost the caller to the type of support appropriate to their needs, to be supportive to the caller and to have a co-ordinated response by all staff in the FRC.

1. Stay confident and calm

- While crises are often characterised by panic and confusion, acting confidently and calmly will help ease the situation. Therefore, speak clearly and be aware of your tone of voice

2. Ask for the caller's first name, where they are calling from and a contact number

3. Get assistance from a colleague if necessary

- You may wish to contact an ASIST trained member of staff if one is available

4. If possible, take the call in a quiet room where you can give the person your full attention

- Specify that this is not a crisis service but that you can give them some phone numbers and direct them to support services that may be able to help. Ask them if they would need to get a pen to take down numbers

5. Advise the caller to seek help from

- Family, GP, Out of hours GP, local Accident and Emergency Department
- Local counsellors - see list of local services available in your service
- HSE Helpline: 1850 241 850
- A local health services provider
- Samaritans on 116 123 or email: jo@samaritans.org
- Pieta House, a specialist centre for people experiencing suicidal behaviour. Anybody can make a referral, they have 2 emergency slots every day, and the therapeutic support is free of charge. Look up www.pieta.ie for details

Staff Guidelines

6. Ask the person to repeat back to you what contact details they have written down

- When you feel that you have listened and offered as much support as you can and have given the signposting information and phone numbers. Reiterate that you are not working in a crisis service. However, the information you have given are the services that can help. If you feel a resistance on the part of the caller to end the telephone call and accept the advice you have offered, recap what you have said and point out the options the caller has, based on the information you have given.
- Offer that you hope that they will choose to follow up on these options.
- Remember, by the time it is appropriate to end the call you will already have listened calmly to the person and you will have given them contact information for support services that can provide more appropriate help than you can provide.

7. Record the incident using the template in appendix 4 or equivalent used by your FRC, and keep it confidential in a safe place

REMEMBER: Don't give out your private contact details or use your private phone when responding

By E-mail, Text, or Social Media

When a suicidal person contacts you by Email, Text or Social Media, it is important that you respond as quickly as possible. You do, however, have more time to get advice from a third party on the best response. You also have the opportunity to provide useful links and contacts for the person.

Ideally you should try and get the person to call in to you, or at least get them to telephone.

1. Keep a warm but professional tone to the email or text response

2. Encourage the person to phone you or call in

3. Give FRC opening hours and telephone number

4. Give additional support contacts and useful links

5. Record the incident using the template in appendix 4 or equivalent used by your FRC, and keep it confidential in a safe place

6. Get advice from third party e.g. HSE Suicide Resource Officer

REMEMBER: Check your e-mail, text messages and Facebook account regularly



Third Party Concerns

When contacted by a third party you cannot provide support directly to the suicidal person, but you can provide support for the person expressing the concerns:

- 1. Provide information on suicide prevention**
- 2. Ask the person if they have supports for their own self care**
- 3. Offer the person supports provided by the FRC and any additional supports**
- 4. Record the incident using the template in appendix 4 or equivalent used by your FRC, and keep it confidential in a safe place**

REMEMBER: Talking directly about suicide can be a very difficult thing to do, but it must be done if you are worried there is a threat



Staff Guidelines

Step 3: Self Care in the Aftermath of an Incident

Dealing with a threatened suicide can be an intense and stressful experience. You may feel emotionally drained and physically exhausted afterwards.

1. Take time to debrief by talking with your co-ordinator or a nominated member of your Voluntary Management Committee. If you are a co-ordinator, it may be helpful to talk to one of your peers in a different Centre.
2. Manage your boundaries.
 - A person involved in an incident may be a user of the Centre and while you wish to be supportive and helpful you are not responsible for them or any action they might take. A threatened, attempted or actual suicide is never someone else's fault. Remember that self-harm or completed suicide may occur even when appropriate professional treatment is accessed.



If a Person Returns following Signposting to Another Service

A suicidal person may return to you following signposting to a support service:

- Ask if the person attended the service/organisation
- If the person was unhappy with the service ask why
- If the person was unhappy with a service provided by the HSE and wish to make a complaint, direct the person to the 'Your Service, Your Say' guide on how to make a comment or complaints; <http://www.hse.ie/eng/services/yourhealthservice>
- If the person is a user of mental health services inform the person of relevant advocacy support services, such as the Irish Advocacy Network
- Encourage the person to contact their GP to discuss their needs and match the person with a more suitable service

If a Person is Bereaved by Suicide

If you are contacted by a person bereaved by suicide your role is to

- Listen and offer support
- Provide information on the range of bereavements supports available in your area
- Assist the bereaved in accessing social support and practical help with tasks
- Guide the person to additional supports as required

Be aware of any warning signs suggesting that they may be at risk of suicide. If you feel there is a threat, follow the guidelines outlines in Step 2.

REMEMBER: When supporting someone who has been bereaved by suicide:

Do

- Give time to listen and understand
- Ask what can you do that would help
- Be yourself and communicate naturally
- Ask the person if he/she would like to talk about it
- Know what supports and services are available elsewhere
- If you don't know what to say, explain that you don't know what to say

Don't

- Avoid the person or allow awkwardness to prevent you offering support
- Offer too much opinion or speculate on events
- Avoid talking about the person who has died
- Assume you know how the person is feeling
- Use clichés ('there is a reason for everything', 'time is a great healer', 'they must be at peace now')
- Attempt to find reasons for or pass judgement on their loss
- Ask how they are, unless you have time to listen

Console and Irish Hospice Foundation, (2012). Breaking the Silence in the Workplace: A Guide for Employers on Responding to Suicide in the Workplace

Confidentiality and Child Protection

Confidentiality and its Limits

Let the person know that there are limits to confidentiality. Sometimes we have to share information with others, on a need to know basis, in the best interest of the child or family. Both child protection and suicide intervention policies are guided by the principle that any information that could result in risk of or actual harm to a young person or to others cannot be kept in confidence. Sharing of information in this regard is not a breach of confidentiality. However, regardless of whether the disclosure pertains to abuse or suicide, key skills are required in creating an environment of trust in assisting a young and perhaps vulnerable person, to share this information.

If a young person (under 18 years of age) presents with suicidal thoughts, suicide act/action, or is bereaved by suicide, there is always a child welfare concern.

A child welfare concern is defined as:

- A problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may or may not require a child protection response (Child Protection and Welfare Practice Handbook, HSE, page 6).

There are sometimes child protection concerns. These are defined as:

- When there are reasonable grounds for believing that a child may have been, is being, or is at risk of being physically, sexually, or emotionally abused or neglected (Child Protection and Welfare Practice Handbook, HSE, page 5).

Both child welfare concerns and child protection concerns need to be discussed at the appropriate time with your FRC's Designated Liaison Person. Informing parents always needs to be discussed with the Designated Liaison Person. It is best practice to work in partnership with parents. However, there are times when one needs to consider any risk to the child involved, the timing of talking to parents and who is best placed to communicate with the parents.

Immediate risk to the child's life always needs to be responded to (emergency first aid/ medical intervention), to ensure the safety of the child's life. Staying alive is of paramount importance.

Parents with Children

Should a parent of children present with:

- Suicidal thoughts
- Suicide act/action
- Bereavement by suicide

There may also be child welfare concerns or child protection concerns.

Discussion with the Designated Liaison Person is required at the appropriate time.

It is important to always follow the reporting procedure in the FRC's Child Protection Policy.



Confidentiality and Child Protection

One-to-one Situations

Child protection codes of behavior recommend the safe management of all interactions with a young person, so as to prevent the occurrence of accidents that might harm children or practices of staff that might place children at risk. In creating this safe environment, it is recommended that there is more than one facilitator in all group activities for young people and that open environments are created that best suit the particular activity.

If it is established that one-to-one work best suits the needs of a child or young person, then clear written agreements are made with the young person or their parent as to the purpose of the one-to-one work, the time frame, the venue and the review of the one-to-one work. This is planned one-to-one work.

In the context of engaging in an issue such as suicide, unplanned one-to-one work may emerge. The worker or volunteer needs to feel confident that it is good practice in this situation to allow this one-to-one situation, as it is in the best interests of the child. The worker or volunteer will be following up with the Designated Liaison Person and thus a record of the one-to-one work will be kept.

See also your code of behavior guidelines in your Child Protection Policy.

Using the Code in your Centre

The successful implementation of the Suicide Prevention Code of Practice is a shared responsibility that requires active participation of all parties in each FRC:

The Voluntary Management Committee is responsible for:

- Ratifying the Code of Practice
- Amending FRC policies, procedures, and strategic plans accordingly
- Ensuring necessary resources are provided to implement the Code of Practice
- Reviewing implementation of the Code of Practice on an annual basis

The Coordinator is responsible for:

- Putting in place an implementation plan
- Making a written copy of the Code of Practice available to all staff and volunteers
- Introducing the Code of Practice to the team
- Ensuring that training is available to all staff and volunteers

Staff members and volunteers are responsible for:

- Following the procedures in the Code of Practice
- Participating in training, as necessary

The National FRC Mental Health Promotion Project is responsible for:

- Promoting the Code of Practice
- Offering training and other supports on the implementation of the Code of Practice
- Facilitating sharing of learning
- Monitoring implementation of the Code of Practice

Please see appendices 2 and 3 for a ratification template and a check list, which may help you in using the Code of Practice in your Centre.

Links with other policies

Child protection and suicide prevention policies also link closely with other policies within the organisation e.g. anti-bullying, drug and alcohol, recruitment and selection, training, supervision and support, complaints procedures and record keeping. Contact your support agency for advice on how to align your policies with the Code of Practice.

Training

Training is an essential part of implementing the Code of Practice. As part of the introduction of the Code of practice, the National FRC Mental Health Promotion Project will offer a range of training opportunities and other supports that may help you in implementing the Code of Practice.



Using the Code in your Centre

Please contact Poul Walsh Olesen, National Mental Health Promotion Development Worker, Tel 087 744 6596 or email frmentalhealthpromotion@eircom.net for further information.

When offering training each FRC must realise that suicide can be a sensitive issue for some people. Training participants must be:

- 18 years and over
- 'Ready' to complete training i.e. it is not recommended that people who have been affected by a loss (any kind of loss) in the last twelve months attend
- Open and should have the capacity to learn
- Aware that while your organisation is fully supporting the training, no one individual or group should feel obliged to participate
- Informed that the courses are intensive and the course material is of a sensitive nature. The training is interactive and includes teaching and discussion groups
- Available to attend for the full duration of the training programme
- Made aware that there are only a limited number of training places available on each programme
- Drawn from as wide a range of disciplines as possible, work place settings, etc., as this greatly increases the learning

When offering training in your community, the timing of its delivery is an important consideration. Be mindful of recent deaths by suicide in your community and how families in your area who have been bereaved by suicide may feel. It might be helpful to let them know in advance of any public meetings or training events, so that they don't feel the spotlight is on them.

REMEMBER: A useful resource - 'Suicide Prevention in the Community. A Practical Guide', HSE 2011

Appendices

Appendix 1: Terms we use

Appendix 2: Check list

Appendix 3: Ratification template

Appendix 4: Report template

Appendix 5: Contact details for Regional Suicide Resource Officers

Appendix 1: TERMS WE USE

Suicide

Is the result of an act deliberately initiated and performed by a person in the full knowledge or expectation of its fatal outcome (WHO, 2001).

Suicidal Behaviour

Suicidal behaviour is a broad spectrum of behaviour related to suicide including thoughts, self-harming behavior and completed suicide (Reaching Out: Awareness Training on Suicide Prevention in Ireland, HSE, 2010).

Self-Harm

Self-poisoning or self-injury, irrespective of the apparent purpose of the act. Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself. The individual's reasons for self-harming may be different on each occasion (NICE, 2004).

Suicide Prevention

The science and practice of identifying and reducing the impact of risk factors associated with suicidal behaviour and of identifying and promoting factors that protect against engaging in suicidal behaviour (Reach Out: National Strategy for Action on Suicide Prevention, 2005).

Mental Health Promotion

Mental health promotion is an approach characterised by a positive view of mental health, rather than emphasising mental illness or deficits, which aims to engage with people and empower them to improve population health (World Health Organisation, 2004).

Intervention

The act of intervening, interfering or interceding with the intent of modifying the outcome. In medicine, an intervention is usually undertaken to help treat or cure a condition (Responding to Suicide in the Workplace, 2012).

Appendices

Bereavement


The period after a loss during which grief is experienced and mourning occurs. The time spent in a period of bereavement is undefined (Responding to Suicide in the Workplace, 2012).

Postvention

(In suicide) actions directed to intervene in a crisis, support and assist those affected by completed suicide (National Quality Standard for the Provision of Suicide Bereavement Services, 2012).

Appendix 2: CHECK LIST

- ✓ The Code of Practice has been discussed at a meeting of your Voluntary Management Committee and subsequently ratified
- ✓ A member of the FRC Voluntary Management Committee has been given special responsibility for the implementation of the Code of Practice
- ✓ The Code of Practice has been discussed at a staff meeting and all your staff members have received a copy
- ✓ FRC policies around anti-bullying, drug and alcohol, recruitment and selection, training and other relevant policies are aligned with the Code of Practice
- ✓ Actions around suicide prevention and mental health promotion have been considered for inclusion in your Strategic Plan
- ✓ Relevant staff members and volunteers have received training in Suicide Prevention, such as SafeTALK or ASSIST
- ✓ Up-to date information with contact details of mental health services, suicide prevention supports and emergency services is displayed in your Centre and on your website
- ✓ Positive mental health events and initiatives that seek to increase public awareness of suicide prevention are actively promoted
- ✓ Written records are kept whenever someone contacts or visits the Family Resource Centre with an issue relating to suicide
- ✓ Records are kept in a safe and confidential place at all times

- 
- ✓ Strong working relationships are maintained with local and national organisations that have expertise in mental health promotion and suicide prevention
 - ✓ Groups and individuals that are particularly at risk of experiencing poor mental health and suicidal behaviour are supported

Appendix 3: RATIFICATION TEMPLATE

[Insert name of Family Resource Centre] **is committed to this Code of Practice because:**

We are committed to the prevention of suicide and promotion of positive mental health.

Our goal is to provide the best possible supports to those who seek our help, while at the same time ensuring that the self-care needs and welfare of our staff and volunteers are met.

We acknowledge that Family Resource Centres have a special responsibility

- to identify and respond to individuals at risk and ensure timely referrals to specialist services and voluntary supports
- to support and facilitate community-based responses around suicide prevention, mental health promotion and bereavement support
- to help reduce the stigma that still surrounds mental health, and promote social inclusion for all

On behalf of *[insert name]* **Board of Management:**

Date:

Appendices

Appendix 4: REPORTING TEMPLATE

REPORTING TEMPLATE

Name and contact details of the person you have supported

Name:.....

Date:.....

Address:.....

Tel:.....

Email:.....

Query / Purpose of visit

.....

.....

.....

Referral Details

.....

.....

Follow-up details

.....

.....

Your name:

HSE Dublin Mid-Leinster

Josephine Rigney

Suicide Prevention Office
HSE Dublin Mid-Leinster, Old Birr Hospital,
John's Terrace, Birr, Co. Offaly
Phone: 057 9357807 (Tullamore office)
josephine.rigney@hse.ie

Pauline O'Reilly

Dept of Health Promotion
52 Broomhill Road, Tallaght, Dublin 24
Phone: 01 4632800
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HSE Dublin North-East

Roisin Lowry

Resource Officer: Mental Health Promotion and Suicide
Prevention
HSE Dublin North East
Health Promotion Department
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Ballycoolin, Dublin 15
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