



YOU'RE NOT ALONE

ALONE Submission to Connecting for Life, Ireland's Suicide
Reduction Strategy
Department of Health

16 April 2025



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To Whom it May Concern,

ALONE is grateful for the opportunity to input into the next Connecting for Life strategy. Ireland's population of people over 65 has grown by 35% over the past ten years, ageing faster than any other European country and continuing to increase significantly. The number of people in this age group is projected to double by 2051, reaching 1.6 million. As populations age, rates of suicide and deliberate self-harm (DSH) are increasing among older adults. Contributing risk factors specific to this age group include homelessness, widowhood, bereavement, poverty, and social isolation.

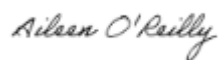
We propose three key policy recommendations for inclusion in the next *Connecting for Life* strategy:

1. **Expand mental health supports tailored to older adults**, ensuring services are accessible, age-appropriate, and responsive to their unique needs.
2. **Prioritise reducing loneliness among older people** as a core suicide prevention measure.
3. **Implement targeted interventions for older adults**, such as addressing the risks associated with polypharmacy and promoting mental health literacy within this population.

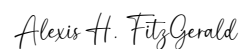
As Ireland prepares its next suicide reduction strategy, the growing population of older adults—projected to rise significantly in coming decades—must be seen not as an afterthought, but as a priority.

We hope to continue to engage with the Department on a regular basis throughout the lifetime of the next strategy. Should you have any queries about the recommendations in this submission, or any other aspect of ALONE's work, please do not hesitate to contact us.

Kind regards,



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Context

While often overlooked in suicide prevention strategies, older people in Ireland face distinct and pressing risks that warrant focused attention.

The Irish National Registry of Deliberate Self-Harm¹ has reported rates of DSH at roughly 100-120 people per 100,000 in the 60-64 age group, gradually decreasing with age. Older people in the 65+ age group face unique risks that are specific to the onset of age; for example, widowhood, having other mental illnesses, physical illnesses, and bereavement.² Research has shown that rates of attempted suicide are notably higher among older individuals residing in retirement residences or nursing homes, settings that can compound feelings of isolation and loss of autonomy³ As noted in the previous strategy, loneliness is also an important risk for DSH or suicide. Indeed, newer research from TILDA highlights the growing problem of death ideation and the increasing rates of both loneliness and suicidal thoughts among older individuals⁴. ALONE's ECC Report 2024 reinforces the scale of the issue, revealing that over half (52%) of the older people we support have experienced loneliness⁵.

It is crucial to recognise that older people are not a homogenous group. Risk varies across subgroups; for instance, Harris⁶ found a higher lifetime prevalence of DSH among those aged 65–74 compared to those aged 75–84, pointing to the need for targeted, age-sensitive interventions. Furthermore, in 2023, the Centers for Disease Control (CDC) in the US reported that in 2021 and 2022 people aged 75+ had the highest suicide rate among all age groups, largely driven by age⁷.

Recommendations

Goal 1: Improved Understanding

- The strategy to improve mental health and mental health campaigning is helpful for all ages and should continue to be a priority. We also welcome the integrated use of community care to address mental health issues. However, additional attention should be made for older people as a priority group as they are less likely to use mental health services due to stigma. Additionally, many older adults experiencing symptoms of mental health conditions

¹ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0031663>

² Bonnewyn A, Shah A, Demyttenaere K. Suicidality and suicide in older people. *Rev Clin Gerontol*. 2009;19:271–94.

³ Sinyor M, Tan LPL, Schaffer A, et al. Suicide in the oldest old: an observational study and cluster analysis. *Int J Geriatr Psychiatry*. 2016;31:33–40

⁴ https://www.tcd.ie/news_events/articles/2024/tilda-study-reveals-crucial-insights-on-loneliness-and-death-ideation-among-older-adults/

⁵ <https://alone.ie/library/alone-ecc-report-2024/>

⁶ Hawton K, Harriss L. How often does deliberate self-harm occur relative to each suicide? A study of variations by gender and age. *Suicide Life Threat Behav*. 2008;38:650–60.

⁷ <https://www.cdc.gov/suicide/facts/data.html>

do not have a diagnosis. Consideration should be given to the mode of campaigning as older people are less likely to be social media users.

- Loneliness is a critical issue in Ireland. A nationwide public awareness campaign that highlights loneliness and social isolation, portrays a diverse range of populations to address stereotypes and directs people to support if they are lonely or how to support someone who is lonely, should be considered as part of this strategy.

Goal 2: Empowered Communities

- The current goals are very welcome, particularly the commitment to consistency of training and resources across the country. However, if these are retained for the next strategy, it is critical that these resources are evidence-based and if monitoring and feedback evaluations were much more frequent.

Goal 3: Focus on Priority Groups

- As outlined previously, given the shifting national trends in suicide rates, we strongly believe that prioritising older adults in the next strategy is both timely and necessary. With evidence pointing to increased vulnerability in later life - driven by factors such as loneliness, isolation, bereavement, and underdiagnosed mental health conditions - a focused approach is essential to address their unique needs and reduce suicide risk in this population.

Goal 4: Better Access to Supports

- Based on ALONE's experience, 25% of the older people who come to us report experiencing mental health challenges. Those who seek help often face significant delays, with waiting lists stretching to 18 months or more. Our staff frequently report that many older individuals referred to us with mental health difficulties are in acute distress, yet there are no appropriate services available to support them.
- In 2020, the Mental Health Commission⁸ highlighted significant challenges in mental health services for older adults. It reported that no CHO region was meeting the recommended number of dedicated acute mental health beds for this population, with overall provision at just 50% of the levels set out in *A Vision for Change*. Similarly, staffing for Mental Health Services for Older People (MHSOP) teams stood at only 54% of the recommended levels. Although the 2025 Programme for Government committed to "fund mental health supports across all Integrated Care Programme for Older People (ICPOP) teams" the full recommendations of this earlier report, including those for community staffing levels, have not been implemented. ALONE strongly urges that they are.

Goal 5: High Quality Services

- The next strategy must prioritise equitable access to mental health and suicide prevention services nationwide, with particular attention to marginalised groups such as older people

⁸ [Mental Health Commission Annual Report 2020 | Mental Health Commission](#)

living alone or in poverty. Financial barriers, housing insecurity, and other structural issues must be addressed to ensure no one is excluded from care.

- In line with Sláintecare principles, the strategy should embed universal design across mental health and suicide prevention services. This approach reduces reliance on specialist pathways and ensures inclusive, accessible services.

Goal 6: Reduced Access to Means

- Research has shown that drug overdose is a common mode of DSH and suicide amongst older people, with risk increasing by age⁹. This highlights the need for targeted measures to reduce access to potentially harmful medications, particularly among older adults who may have multiple prescriptions. Strategies could include regular medication reviews, safe prescribing practices, secure storage of medications, and increased awareness among healthcare professionals and caregivers about the risks. Tailored interventions in both community and residential settings are essential to mitigate this risk and protect vulnerable older individuals.

Goal 7: Better Data and Research

- In Ireland, there is limited research examining self-harm and suicide in older adults. Specifically, the profile of older adults who self-harm is not well known, or what factors affect older people who self-harm¹⁰.
- Furthermore, better quality data on suicide mortality across the entire population in a more timely manner would be helpful, where possible.

⁹ [The Incidence and Repetition of Hospital-Treated Deliberate Self Harm: Findings from the World's First National Registry | PLOS One](#)

¹⁰ <https://www.nsrif.ie/shoar-improving-care-pathways-and-understanding-of-self-harm-in-older-adults/>