

# Request for Tender

## Evaluation and scalability assessment of the implementation of Suicide Observatory in Cork and Kerry

### SUMMARY

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The HSE National Office for Suicide Prevention (NOSP) invites applications from suitably qualified and experienced consultants/researchers to undertake an evaluation of the Suicide Observatory in Cork and Kerry, along with a scalability assessment to determine the feasibility of taking the Suicide Observatory to scale. It is envisaged that the successful applicant will work collaboratively with key stakeholders and involve them in the evaluation design process.

#### The primary objectives of this tender project are:

1. To conduct an independent evaluation of the implementation of the Suicide Observatory in Cork and Kerry against the aims and objectives of the Suicide Observatory, with a focus on process, outcomes and outputs;
2. Compare and contrast the differences in the Suicide Observatory in both Cork and Kerry;
3. To review the impacts of the Suicide Observatory in relation to suicide surveillance, intervention and prevention activities;
4. To review the scalability of the Suicide Observatory and feasibility of the wider implementation of the Suicide Observatory at national level;
5. To prepare a report based on the outcomes of the evaluation and scalability assessment (including costings) with evidence-based recommendations.

### BACKGROUND

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The public health prevention model of suicide prevention begins with and relies heavily on surveillance data (WHO, 2021; 2014). Monitoring a public health phenomenon such as suicide requires continuous, systematic data collection, analysis and interpretation, as well as efficient dissemination of outputs to those involved in prevention efforts. However, the process of verification, registration and classification of external causes of death, including suicides in Ireland can involve a time span of more than two years due to the requirement of a Coroner's inquest and the involvement of An Garda Síochána, pathologists and other health service staff, in addition to Vital Statistics Registrars. Having access to a real-time suicide surveillance system, the outputs of which can be measured against Central Statistics Office data once published, will assist in early identification of emerging suicide clusters and suicide data, a timely response to people affected by suicide, and verification of anecdotal evidence and public statements on suicide that are disseminated via media outlets, including social media.

The Suicide Observatory<sup>1</sup> was established in County Cork, Ireland, by the National Suicide Research Foundation (NSRF) and the School of Public Health, University College Cork (UCC), in 2018. The Suicide Observatory collates real-time data on suspected suicides to identify emerging clusters, provide a timely response to people affected by suicide, and verify unfounded statements on suicide and self-harm disseminated via media outlets. It comprises a core database of 16 variables (see Appendix 1) that capture demographic information relating to the deceased, circumstances of the death, history of abuse, and mental health service use (see Benson et al., 2022). The Suicide Observatory was expanded to include the full county of Kerry on the 1<sup>st</sup> of April 2021.

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<sup>1</sup> Please note that the Suicide Observatory is referred to as the Suicide and Self-Harm Observatory (SSHO) in Benson et al. (2022).

The Suicide Observatory captures all deaths of which the circumstances are consistent with a suspected suicide, based on operational screening criteria. NSRF-UCC researchers collect data fortnightly from the Cork Coroner via onsite manual data entry to an encrypted Microsoft Excel spreadsheet. In Kerry, data are collected from the Coroner by the HSE Resource Officer for Suicide Prevention (ROSP) and shared with the NSRF-UCC researchers.

The Resource Officer for Suicide Prevention in both Cork and Kerry provides data relating to service user deaths by suspected suicide from the Health Service Executive Patient Mortality Register via fortnightly telephone contact with the researchers. A two-way path exists with the Health Service Executive, as data captured by the Suicide Observatory are shared with the Resource Officer for Suicide Prevention to initiate a crisis response plan for emerging suicide clusters and provide timely support to bereaved communities.

The aims and objectives of the Suicide Observatory include:

- Access real-time data on suspected suicide in advance of coroner's inquest.
- Maintain a live database containing data on cases of suicide that have occurred as recent as 2 weeks previously.
- Address false media reports (and respond with fact in the community)
- Prevent contagion and clustering of suicide or self-harm.
- Identify frequently used methods and specific locations.
- Facilitate timely support for people bereaved by suicide.
- Inform and direct suicide prevention measure in the community.

The aims of the Suicide Observatory are in line with both national and international objectives based on the need for real-time suicide mortality data, including Ireland's National Strategy to Reduce Suicide 2015-2024 *Connecting for Life*, objective 7.2: "Improve access to timely and high-quality data on suicide", suicide prevention priorities included in *Sharing the Vision – A Mental Health Policy for Everyone*, and the UN Sustainable Development Goals, objective 3.4: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing".

The methods and procedures of the Suicide Observatory align to international best-practice criteria for real-time surveillance of suicide mortality data and align with existing systems such as the Thames Valley Real-Time Surveillance System Buckinghamshire, Berkshire & Oxfordshire, United Kingdom; the interim Queensland Suicide Register, Queensland, Australia; the Victorian Suicide Register, Victoria, Australia, and the Coronial Suspected Suicide Data Sharing Service, New Zealand (Benson et al., 2022).

Since the establishment of the Suicide Observatory in Cork and the upscaling and wider implementation in Kerry multiple peer review papers have been published (see Appendix 2).

## **METHODOLOGY**

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Proposals should set out the design and methodology to conduct the evaluation and scalability assessment of the Suicide Observatory taking into account a mixed-methods approach. A detailed description of the methodology must be set out addressing the primary objectives of the request for tender.

In the proposals, applicants are asked to consider the following in relation to the evaluation:

- i) an audit of data from the Suicide Observatory for County Cork<sup>2</sup> and County Kerry<sup>3</sup>, compared against available data (from for example the [Irish Probable Suicide Deaths Study](#) and/or the Central Statistics Office).
- ii) an assessment of how the data from the Suicide Observatory has contributes to changing practices (of the Resource Officers for Suicide Prevention, and the area level implementation of Connecting for Life.
- iii) a comparison of data from the Suicide Observatory before covid-19 and at present, to ensure that the data items are reliable over time and to identify any trends in the data over time;
- iv) semi-structured interviews with national and international stakeholders, including but not limited to, members of the Coroner’s Society of Ireland, members of An Garda Síochána, mental health professionals, Cork City Council, and Kerry County Council, Resource Officers for Suicide Prevention (ROSPS), people with lived experience of suicide bereavement, experts in suicide research, public health practitioners and policy makers.

In relation to assessing the scalability of the Suicide Observatory, applicants are asked to consider using for example, the Intervention Scalability Assessment Tool (ISAT)<sup>4</sup>. This tool allows information to be collected and stored, and assessments made about a program or intervention for future use. The potential implementation and scale-up requirements may be assessed across the five domains of fidelity and adaptation, reach and acceptability, delivery setting and workforce, implementation infrastructure and sustainability.

Applicants are also expected to apply to the relevant ethical review committee for approval prior to commencing this research.

#### **TIMELINE & BUDGET**

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The researcher/consultant is expected to provide a suggested timeline and costing for the work. It is anticipated that the work will be carried out over a 12-month period, with the project ending in April 2025. The budget (not exceeding €48,000) must include all expenses and VAT.

You may need to consider PSWT (Professional Services Withholding Tax) -

<https://www.revenue.ie/en/self-assessment-and-self-employment/pswt/index.aspx>

In the event of serious problems or delays, the team leader should inform the point of contact from the HSE NOSP Research and Evaluation Team immediately. Any significant changes to review timetables shall be approved by the Steering Group.

#### **COORDINATION AND MANAGEMENT OF RESEARCH**

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The HSE NOSP will manage the contract. A Steering Group will be established to oversee the project, coordinate and facilitate stakeholder interviews and access to data.

#### **FORMAT OF PROPOSAL**

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Applicants are requested to submit tenders which cover the following domains:

- Background of applicants/organisation
- Overview of expertise in the areas of suicide surveillance/health surveillance

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<sup>2</sup>Suicide Observatory data for Cork is available for the period January 2019-June 2022.

<sup>3</sup> Data collection in Kerry commenced on the 1st of April 2021 – so approximately 3 years of data are available.

<sup>4</sup> [https://preventioncentre.org.au/wp-content/uploads/2019/11/The-ISAT-Oct-2019\\_FINAL.pdf](https://preventioncentre.org.au/wp-content/uploads/2019/11/The-ISAT-Oct-2019_FINAL.pdf)

- Proposed methodology for the evaluation and scalability assessment
- Detailed project plan and budget (costs quoted must be VAT inclusive and apply for six months from tender deadline)
- Overview of the proposed team, including CVs.

#### PROPOSALS WILL BE MARKED ON THE FOLLOWING CRITERIA

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1. **Candidate profile/evidence of expertise** – including the strength and relevancy of the candidates' background, knowledge/understanding of public health surveillance and suicide prevention and evidence of expertise in this area (20%)
2. **Quality of proposal** – including level of effort/details put into proposal, level of understanding of assignment scope and feasibility of the methodology presented (30%)
3. **Costing of project** – and value added (20%)
4. **Proposal meets the tender brief** - as related to the stated objectives, and timelines – detailed project plan outlining evaluation approach with timelines and how these address the objectives of the advertised tender (30%)

#### REQUIREMENTS FOR THE PROPOSAL

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It is a requirement that the following documentation is supplied at this stage of the proposal process. Please follow the numbering sequence outlined below:

1. Full consultant/organisation name, address, phone/fax number(s), email, registered organisation number, and VAT / Tax clearance number if relevant.
2. An outline (no more than 5 pages) should set out how the consultant/organisation would approach all aspects of the work as indicated previously; including methodology to be followed, timelines, cost etc.
3. If more than one consultant/organisation is submitting the proposal (i.e., the project will be delivered in partnership), the proposal needs to clearly outline which consultant/organisation will be the project lead and take responsibility for the financial management of the project. The responsibilities and qualifications of relevant personnel within each organisation need to be clearly defined.
4. Applicants must submit their CV setting out their experience and qualifications. Personnel referenced in the tender must be the appointed personnel carrying out this work.

#### APPLICATION PROCESS

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Please submit completed proposals via to Dr. Katerina Kavalidou, Data and Research Officer, HSE National Office for Suicide Prevention, **by 5pm Friday 26<sup>th</sup> April, 2024**, via email (katerina.kavalidou@hse.ie).

#### REFERENCES

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- Benson R, Rigby J, Brunsdon C, Corcoran P, Dodd P, Ryan M, Cassidy E, Lascelles K, De Leo, Crompton D, Kölves K, Leske S, Dwyer J, Pirkis J, Shave R, Fortune S, Arensman E (2022). Real-Time Suicide Surveillance: Comparison of International Surveillance Systems and Recommended Best Practice. *Archives of Suicide Research*, 1-27

- Department of Health (2020). Sharing the Vision: A Mental Health Policy for Everyone. Department of Health, Dublin
- Department of Health (2015). Connecting for Life: Ireland’s National Strategy to Reduce Suicide 2015 - 2024. Department of Health, Dublin
- United Nations (2015) Sustainable Development Goals. Retrieved from: <https://sdgs.un.org/goals#goals> [Accessed October 26<sup>th</sup>,2022]
- World Health Organization (2021). Live life: an implementation guide for suicide prevention in countries. Geneva. Retrieved from: <https://www.who.int/publications/i/item/9789240026629> [Accessed October 26<sup>th</sup>, 2022]
- World Health Organisation (2016). Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm. Retrieved from: <https://apps.who.int/iris/handle/10665/208895> [Accessed October 26<sup>th</sup>, 2022]

### Appendix 1. Data items recorded in the Suicide Observatory

• <b>Name/names (encrypted)</b>
• <b>Age</b>
• <b>Gender</b>
• <b>Marital status</b>
• <b>Address/addresses (including educational institution)</b>
• <b>Map-co-ordinates of address(es)</b>
• <b>Occupation</b>
• <b>Date of death</b>
• <b>Location of death</b>
• <b>Cause of death</b>
• <b>Method(s) used</b>
• <b>Drug /alcohol abuse</b>
• <b>Domestic abuse</b>
• <b>In the care of the HSE Mental Health Services</b>
• <b>Inpatient/outpatient service user – narrative</b>
• <b>Covid-19 related factors – narrative</b>

### Appendix 2. Publications from the Observatory

- Benson R, Rigby J, Brunson C, Corcoran P, Dodd P, Ryan M, Cassidy E, Lascelles K, De Leo , Crompton D, Kölves K, Leske S, Dwyer J, Pirkis J, Shave R, Fortune S, Arensman E. Real-Time Suicide Surveillance: Comparison of International Surveillance Systems and Recommended Best Practice. *Archives of Suicide Research*,2022:1-27
- Benson R, Brunson C, Rigby J, Corcoran P, Ryan M, Cassidy E, Dodd P, Hennebry D, Arensman E. The development and validation of a dashboard prototype for real-time suicide mortality data. *Front. Digit. Health*,2022: 4:909294

- Benson R, Brunsdon C, Rigby J, Corcoran P, Ryan M, Cassidy E, Dodd P, Hennebry D, Arensman E. Real-time suicide surveillance supporting policy and practice. *Global Mental Health*, 2022: 1-5